



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT OF PERSONS WITH A DEVELOPMENTAL DISABILITY

REMEMBER this meeting is being audio recorded. Please speak clearly into the microphone during the meeting.

Champaign County Mental Health Board (CCMHB)

WEDNESDAY, June 27, 2018

Brookens Administrative Center, Lyle Shields Room

1776 E. Washington St. Urbana, IL

5:30 p.m.

1. Call to Order - Dr. Fowler, President
2. Roll Call
3. Citizen Input/Public Participation
The CCMHB reserves the authority to limit individual public participation to five minutes and limit total time to 20 minutes.
4. Approval of Agenda*
5. President's Comments
6. New Business
 - A. Needs Assessment Survey Results (pages 3-245)
Alex Campbell, EMK Consulting, to present results of the online Needs Assessment Survey initiated last fall. Included in the Board packet is a copy of the presentation for information only.
 - B. Promise Healthcare Child Psychiatry Request* (pages 246-249)
Decision Memorandum with request from Promise Healthcare to increase funding to support the addition of child psychiatry services at Frances Nelson is included in the packet. Action is requested.
 - C. University of Illinois "Build Program Evaluation Capacity: Year 4" Proposal* (pages 250-253)

Decision Memorandum with proposal is included in the packet. Action is requested.

D. Anti-Stigma Community Event* (page 254)

Decision Memorandum on sponsorship of an anti-stigma film and concurrent anti-stigma activities at the 2019 Roger Ebert's Film Festival is included in the Board packet. Action is requested.

E. CCMHB FY2018 Budget* (pages 255-262)

Decision Memorandum on the CCMHB Fiscal Year 2019 Budget is included in the packet. Action is requested.

7. Agency Information

The CCMHB reserves the authority to limit individual agency participation to five minutes and limit total time to 20 minutes.

8. Old Business

A. Schedules & Allocation Process Timeline (Pages 263-266)

Updated copies of meeting schedules and allocation timeline are included in the packet.

9. CCDDDB Information

10. Approval of CCMHB Minutes (Pages 267-275)*

5/16/18 and 5/23/28 minutes are included. Action is requested.

11. Executive Director's Comments

12. Staff Reports (Pages 276-304)

Staff reports from Mark Driscoll, Kim Bowdry, Shandra Summerville, and Stephanie Howard-Gallo are included.

13. Board to Board Reports

14. Financial Information (Pages 305-313)*

The Expenditure Approval List is included in the packet. Action is requested.

15. Board Announcements

6.A.

BRIEFING MEMORANDUM

DATE: June 20, 2018
TO: Members, Champaign County Mental Health Board (CCMHB) and
Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Mark Driscoll
SUBJECT: Online Needs Assessment Surveys

Background: Last fall, our team developed surveys for use in the 2018 community needs assessment. These were available online from October 24th through January 31, 2018. Respondents were invited to self-select from among eight surveys the one most appropriate to their circumstance. One set was specific to mental health and substance use services and the other focused on developmental disability services. The surveys within each set solicit responses on a person’s experience with the system, access to services, and gaps in services. All are anonymous.

Promotion: Posters and postcards announcing the survey were also distributed, including at the information desk at Brookens, through the Alliance and facebook pages, and at events such as the Celebrate disABILITY Festival in October. Paper copies of each survey instrument were available upon request. Information was provided to groups and individuals with an interest in the behavioral health and developmental disabilities service systems, with a request to distribute the information within their networks:

- CCMHB and CCDDB funded providers
- Champaign Community Coalition
- Champaign County Continuum of Care
- Champaign County Health Care Consumers
- Champaign County Reentry Council
- Child and Adolescent Local Area Network
- Child and Family Connections – Champaign County Local Interagency Council
- Choices Coordinated Care Solutions
- Circle of Friends Adult Day Care Center
- Community Resource Center at Presence Covenant Medical Center
- Council of Service Providers to the Homeless
- Crisis Intervention Team Steering Committee
- Crisis Response Planning Committee
- CU at Home
- C-U Cradle2Career
- C-U Mental Health Public Education Committee
- disABILITY Resource Expo Coordinators and Steering Committee
- Family Service Self Help Center
- GROW in Illinois
- Human Services Council
- Ligas Court Monitor, Ronnie Cohn
- Local Funders Group
- Metropolitan Intergovernmental Council
- NAMI-Champaign County Chapter
- NAMI-University of Illinois Chapter

- Parkland College – Counseling Services Office
- Senior Task Force
- Specialty Court Steering Committee, Drug Court Team, and Alumni Association
- The Autism Project at UIUC
- The Illinois Alliance (Youth and Family Peer Support Alliance)
- University YMCA – the New American Welcome Center
- Urbana School District
- Veterans Administration – Justice and Homeless Outreach Workers

Participation: The surveys featured similar questions but targeted eight different audiences. While a few questions were open-ended, most included numerous choices so that the data can be aggregated and analyzed. Due to the surveys' length and complexity, respondents could treat all answers as optional. Incomplete surveys that were substantially completed will be included in analysis.

Survey Category/Types:

MHSUD:

- **CONSUMER:** A person who has a mental health and/or substance use disorder (25 questions)
- **CAREGIVER:** Family member, caregiver, loved one, or guardian of a person with a mental health and/or substance use disorder. (25 questions)
- **PROVIDER:** of services or supports to people who have mental health and/or substance use disorders (18 questions)
- **STAKEHOLDER:** with an interest in services and supports for persons with a mental health and/or substance use disorder (10 questions)

IDDD:

- **CONSUMER:** A person with an intellectual or developmental disability (29 questions)
- **CAREGIVER:** Family member, caregiver, loved one, or guardian of a person with an intellectual or developmental disability (31 questions)
- **PROVIDER:** of services for persons with an intellectual or developmental disability (14 questions)
- **STAKEHOLDER:** with an interest in services and supports for persons with an intellectual or developmental disability (7 questions)

Summary Statistics:

Category	Type	# of Questions	# of Surveys				
			Completed				Incomplete
			Total	On-Line	Paper	Ave Time*	
MH/SA	Consumer	25	25	20	5	10	25
	Caregiver	25	39	30	9	10	26
	Provider	18	59	56	3	21	22
	Stakeholder	10	20	20	0	16	30
DD/ID	Consumer	29	9	7	2	16	21
	Caregiver	31	42	37	5	17	29
	Provider	14	28	27	1	15	10
	Stakeholder	7	8	8	0	12	14

*Minutes

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The survey results are presented to the Boards in two forms:

- **Individual Survey Write-up:**

This format highlights key statistics from each survey type/question and is summary in format. However, each write-up does contain the full text of all comments made by respondents.

- **Addenda – Survey Detail:**

This includes the raw data from the cumulative set of surveys for each survey type. Note: the respondent comments are truncated so as to manage length of the document to some extent. See writeups for full comment text.

Next Steps: This project is meant to support the community needs assessment process which informs strategic planning for each board, every three years. A draft plan will be presented to each board in the fall. Because we have not used this survey approach before, some activities will be based on what we learn from these data.

For most respondent groups, there are enough responses to conduct an analysis and report on findings, which will be completed next month. We had hoped that, by making the survey tools anonymous, available for three months, promoted broadly, and with all responses optional, we would learn from people outside of our immediate spheres, including those who are not aware of funders, those who have limited time due to providing family care, and those who experience stigma. While this appears to be the case for most groups, we suspected that the responses from people who have ID/DD would still be very low. An alternative method of seeking their input will be explored.

Champaign County MHSUD/IDDD Boards
Needs Assessment Survey
Summary Statistics

Category	Type	# of Questions	# of Surveys				
			Completed				Incomplete
			Total	On-Line	Paper	Ave Time*	
MH/SA	Consumer	25	25	20	5	10	25
	Caregiver	25	39	30	9	10	26
	Provider	18	59	56	3	21	22
	Stakeholder	10	20	20	0	16	30
DD/ID	Consumer	29	9	7	2	16	21
	Caregiver	31	42	37	5	17	29
	Provider	14	28	27	1	15	10
	Stakeholder	7	8	8	0	12	14

*Minutes

**Champaign County Mental Health Board
MHSUD_Consumer Survey
Report/Results**

INTRODUCTION: Twenty-Five (25) complete responses were received and processed via on-line and manually.

Initial Questions:

Question	Yes	No	Don't know	% Yes
1. Have you been told that you have a mental health diagnosis?	24	1	0	96%
2. Have you been told you have a substance use disorder diagnosis?	20	5	0	80%
3. Have you been screened?	18	4	3	72%
4. Have you had an assessment?	21	2	2	84%

5. What mental health services have you used or are you getting now? CHECK ALL THAT APPLY. Above 25% -

Item	# Selected	%
Psychiatry	20	80%
Therapy or counseling	18	72%
Medication Management	14	56%
Integrated primary care and behavioral health services	8	32%
Coordination of services across providers	7	28%
Called a Crisis Line	7	28%

Other Services:

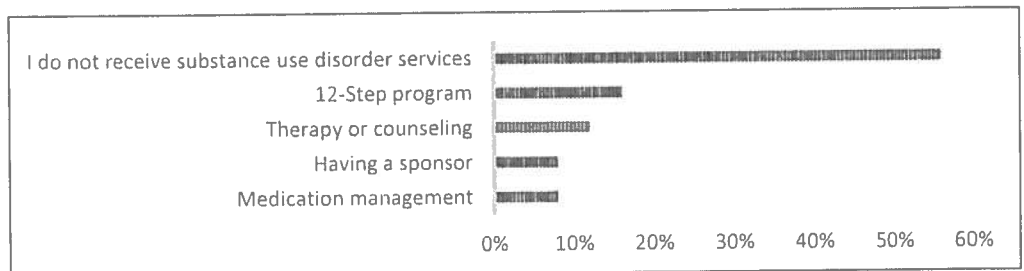
I see a psychiatrist and get medication for anxiety condition.
Medication management through psychiatrist, Intensive Outpatient treatment (IOP)
Psychiatric & Neurologic care

6. What mental health services do you need but are NOT getting now? CHECK ALL THAT APPLY. I need...
Only 2 options had more than 2 persons responding and each had 3 responses: **Peer Support** and **Do Not Know**

Other Services Needed:

EMDR for complex PTSD
Either more intensive or specified therapy for my diagnosis/diagnoses and concerns.

7. What substance use disorder services have you used or are you getting now? CHECK ALL THAT APPLY. Top 5 responses:



8. What substance use disorder services do you need but are not getting now?.....CHECK ALL THAT APPLY
Only 2 options had more than 1 person responding and each had 2 responses: **Both mental health and substance use disorder services (co-occurring) from same or different agencies** and **Do Not Know**

Another Type of Service:

Peer run living room project
I do not have substance abuse issue
None

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Champaign County Mental Health Board
MHSUD_Consumer Survey
Report/Results

9. What barriers do you face when trying to get services? Top responses by Response category:

RESPONSE	QUESTION	%
<i>Often</i>	I feel embarrassed or afraid	16%
	I can't pay for services	16%
<i>Sometimes</i>	I have to wait too many days to get services	36%
	I can't pay for services	28%
	I feel embarrassed or afraid	16%
	I cannot get services at hours that are convenient for me	16%
<i>Seldom</i>	I don't think the services I need are available in my area.	16%
	I do not try to get services	20%
	I feel embarrassed or afraid	20%
	I don't believe services will help	16%
	I cannot get services at hours that are convenient for me	16%

Another kind of barrier:

- ER Services inadequate for mental health care (acute)
- My own depression makes it hard to follow through.
- My psychiatrist does not prescribe prazosin for PTSD according to the VA protocol or any other PTSD medication protocol

10. If you have been arrested and booked into the jail, have you received any of the following services while in jail? CHECK ALL THAT APPLY.

MENTAL HEALTH SERVICES

- Counseling/therapy – Once
- Case management – Once
- Psychiatry – Once
- Screening – Once
- Assessment - Once

SUBSTANCE USE DISORDER SERVICES

- Screening – Twice
- Assessment -Twice
- None of the above - Twice
- Counseling/therapy - Once
- Case management – Once

Other: For alcohol abuse, I used AA for 13 years. I am 22 years sober now.

10. If you have been arrested and booked into the jail, what barriers do you face when trying to get services while in jail? Only one option was answered more than once in the "Often"/"Sometimes"/"Seldom" categories:

I do not know what service are available (Twice/8%)

Other:

Was only in jail for a few hours at a time, did not consider asking about services

12. Is there anything else you would like to tell us about your experience getting mental health and/or substance use disorder services? Comments include:

As someone on Medicaid/Medicare, I can say that it is difficult to receive even the same basic care as someone with good insurance

Champaign County Mental Health Board
MHSUD_Consumer Survey

Report/Results

For people in our area who do not have insurance, there is limited assistance available. For people who need detox for drug or alcohol abuse, there is nowhere anymore that does this as a medical detox, unless you have insurance. People have to leave this county and have a way to do that to get help. Otherwise, it falls on the hospital emergency departments.

Good therapists who accept Medicaid are extremely difficult to find. This leaves me settling for sub-standard care with therapists who do not understand my diagnosis.

High turn-over of counselors, case-managers. Indifference/lack of understanding/compassion of psychiatrist

I really need weekly service. It is very hard to find someone who can provide this because of a combination of my low income and the shortage of providers.

I'll most likely live in CU all my life because I can't imagine what it would be like to live in another town. I don't think there is a single town/city like Champaign/Urbana. Not only would I not get the same help, I'd be leaving close friends.

It was difficult finding a therapist/psychiatrist that was covered by my insurance and even now, it's hard meeting that deductible. A lot of it is money issues, especially since I am a student and having withdrawn from the University had me lose a lot of benefits that I previously had.

No

Primarily, I do not seek further treatment because I am receiving counseling services from the University of Illinois. Although I am not seeing an eating disorder specialist, I believe counseling helps momentarily, but does not help with receiving "homework" or tips to practice between sessions. Secondly, I do not seek further mental health treatment because I worry about the financial costs to my parents, since they pay for my treatment. When I become financially independent, I do not want the costs to become a burden.

I wish it was easier to be able to see a psychiatrist. I wish that universities and middle and high schools discussed when you should get help and steps to getting it.

13. Based on your experience, is there a service need or gap about which you would like to tell us? If so, please describe. Comments include:

EMDR for PTSD

I believe there should be more accommodating services for people who are in school and out of school. Even when I was enrolled in the University, it took me at least a semester to get in touch with a therapist.

No

Providing better, longer-term services for college students. Providing students with specialty care (e.g., eating, mood, behavioral, substance use, and other disorder specialists). Providing better mental health and substance abuse treatment opportunities for incarcerated individuals.

There were times I wanted to get into counseling I could not afford even when fees were on a sliding scale

We desperately need a peer run living room project in our area.

Champaign County Mental Health Board
MHSUD_Consumer Survey
Report/Results

YES. Seeing psych and counseling - too long of a gap between need and availability.

14. What is your job (employment) status? Two responses were selected by more than 10% responding –

- I am working a job for pay (outside the home, home-based, etc) 32%
- I am retired and not in the workforce 12%

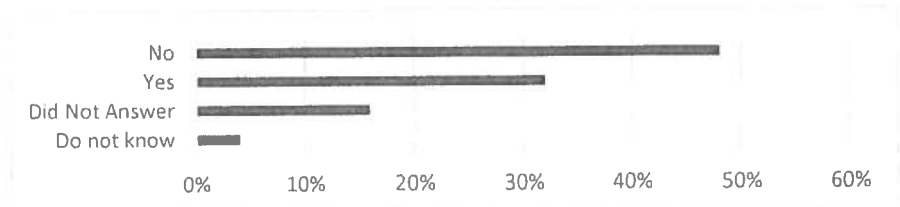
Other:

- I am employed as a student taking a gap year.
- I have a full-time job, a home business, and I'm in school.
- I take employment not necessarily for money, but for practical time use. I am a volunteer receptionist at PACE, & sometimes help in various paper work, 1 or 2 days a week, about 4 hours a day.
- Also answered: disabled & not in workforce; Student and not in work force
- Applying for disability - attempting appeal process at the moment
- I am a full-time student with a part time job

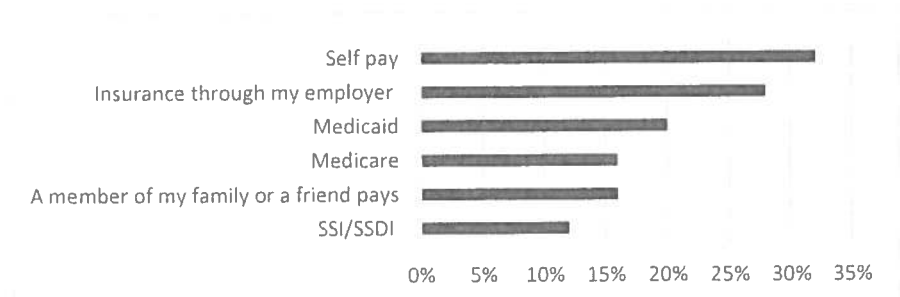
15. In the past 30 days, where did you live most of the time? 76% of the respondents responded –

Private home - Taking care of yourself (living alone, with friends, a partner, or family members)

16. Do you have Medicaid?



17. How do you pay for your treatment/services?.....CHECK ALL THAT APPLY. Responses selected by more than 10% of respondents:



Other:

- Father's insurance (BCBS-IL) and parents pay the outstanding co-pay balance.
- I'm currently under parent insurance.
- Hospital program (financial)
- Insurance I am able to purchase through being a student
- Parent's insurance blue cross blue shield

Champaign County Mental Health Board
MHSUD_Consumer Survey
Report/Results

18. Where do you live in Champaign County? Urbana – 10 (48%); Champaign – 7 (28%)

19. What is your race and/or ethnic background? CHECK ALL THAT APPLY.

White 17/68%
Asian / Pacific Islander 2/8%
American Indian or Alaska Native 1/4%
Black or African American 1/4%

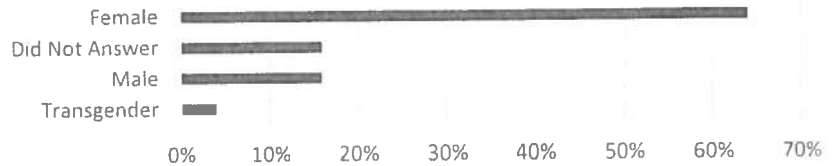
Other: Ashkenazi, Hispanic

20. Are you of Hispanic or Latino/a origin? Only one respondent answered "Yes"

21. What is the primary language spoken in your home?

English: 80%
Did Not Answer: 16%
Spanish: 4%

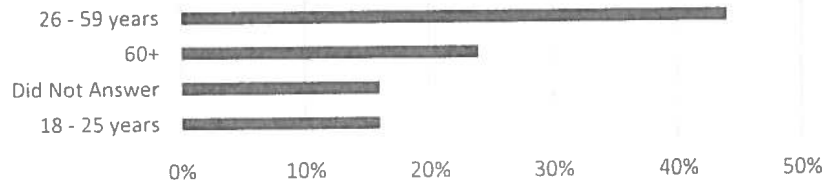
22. What is your gender?



23. What is your military status now?

Non-Military: 72%
Did Not Answer: 20%
Veteran: 8%

24. What is your age?



25. What is the HIGHEST LEVEL of education that you have completed?....CHOOSE ONLY ONE

Response	# Selected	%
I graduated from college and got a bachelor's degree	9	36%
Did Not Answer	4	16%
I attended some college	3	12%
I earned a master's, doctorate, medical or law degree	3	12%
I finished high school (ninth through twelfth grade) and graduated	3	12%
I earned an associate's degree	2	8%
I took some graduate level courses	1	4%



Champaign County Mental Health Board
MHSUD_Caregiver Survey
Report/Results

INTRODUCTION: Thirty-nine (39) complete responses were received and processed via on-line and manually.

Initial Questions:

Question	Yes	No	Don't know	Did Not Answer	% Yes
1. Has your family member or a person you are caring for been told that they have a mental health diagnosis?	34	1	3	1	87%
2. Have they been told they have a substance use disorder diagnosis?	9	27	2	1	23%
3. Have they been screened?	28	4	7	0	72%
4. Have they had an assessment?	32	2	4	1	82%

5. What mental health services have they used or are they getting now? CHECK ALL THAT APPLY. Above 25% -

Item	# Selected	%
Therapy or Counseling	26	67%
Psychiatry	17	44%
Medication Management	16	41%
Called a Crisis Line	13	33%
Case management or other professional who helps link them to services and resources	12	31%
Inpatient Hospitalization/Residential	11	28%
Care Coordination	10	26%

Other Services:

- Has an IEP at her school
- We had trouble finding suitable mental health services to help our family member
- Living in Eden's Supportive Living and currently is not getting other services

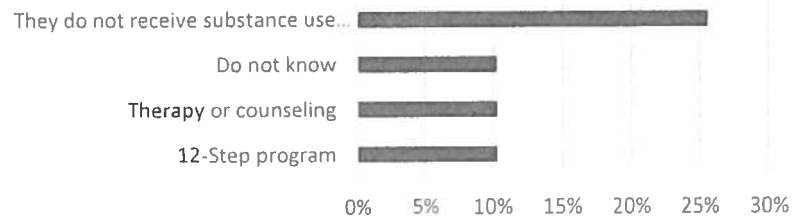
6. What mental health services do they need but are NOT getting now? CHECK ALL THAT APPLY. I need....Top 4:

Item	# Selected	%
Case management or other professional who helps link them to services and resources	9	23%
Coordination of services across providers	9	23%
Employment support services for person with mental health issues	9	23%
Therapy or counseling	8	21%

Other Services Needed:

Someone to check to make sure they aren't still using substance. Some kind of follow-up or blood test.

7. What substance use disorder services have they used or are they getting now? CHECK ALL THAT APPLY. Top 4 responses:



Another Type of Service:

I'm not sure. They met in Urbana in a building a block or so East of Lincoln St. Not far from I74. It might have been 12-Step program

Champaign County Mental Health Board
MHSUD_Caregiver Survey
Report/Results

8. What substance use disorder services do they need but are not getting now?.....CHECK ALL THAT APPLY

Only 2 options had 10% or more of respondents responding:

- They do not receive substance use disorder services. 18%
- 12-Step program 10%

Another Type of Service:

As per his neurologist, he needs medical cannabis to combat intractable seizures, but due to state laws it is impossible to administer it in the group home (CILA) where he resides. THIS DRACONIC LAW MUST CHANGE!

Recognition by the local mental health providers that substance abuse is extremely common for those with mental health issues, rather than treated disrespectfully when clients ask for help with substance abuse. A coordination of services in our community is vital.

9. What barriers do they face when trying to get services? Top responses by Response category:

RESPONSE	QUESTION	%
<i>Often</i>	They have to wait too many days to get services	31%
	They don't believe services will help	28%
	They can't pay for services	23%
	They don't think the service provider meets their needs	23%
	They have medical issues	23%
<i>Sometimes</i>	They do not know what services are available	23%
	They cannot get services at hours that are convenient for them	21%
	They don't know how to find services	21%
<i>Seldom</i>	They have medical issues	8%
	They have been told they are not eligible for services	8%
	They do not know what services are available	8%
	They don't know how to find services	8%
	They need transportation	8%
	They do not have insurance	8%

Another kind of barrier:

- Not many choices in care providers and long waiting lists.
- The young adult is involved with the legal system and has limited access to services.
- They don't think they have a problem because they casually use the substance.
- Those who have been denied services should be given a second chance.
- Emergency doctor belittled subject for wasting his time w/ anxiety - needed else

10. If the person had been arrested and booked into the jail, have they received any of the following services while in jail? CHECK ALL THAT APPLY.

MENTAL HEALTH SERVICES

- Psychiatry – Twice
- Assessment – Twice
- Counseling/therapy – Once
- Screening – Once

SUBSTANCE USE DISORDER SERVICES

- None of the Above – Six
- Screening - -Twice
- Counseling/therapy – Once
- Assessment – Once

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Champaign County Mental Health Board
MHSUD_Caregiver Survey
Report/Results

Substance Use Disorder Other Service:

The only reason they went through a program was because their attorney said it would look good to the Judge if the case went to court

11. If the person has been arrested and booked into the jail, what barriers do they face when trying to get services while in jail? None of the categories ("Often"/"Sometimes"/"Seldom") had any one option selected by more than 8%.

12. Is there anything else you would like to tell us about the person's experience getting mental health and/or substance use disorder services? Comments include:

He received services in Champaign many years ago for several years with intermittent long and short term hospitalizations, but wasn't able to stabilize. he was eventually hospitalized for about a year and then lived independently and was stable for more than 10 years due to very intense supportive services in another county. We wish those intense comprehensive services existed here.

Because he is receiving medical cannabis, no psychiatrist will see him (to consider change in his medication).

Extremely frustrating that the law enforcement officers do not seem to understand and pay attention to the fact that the person is trying to tell them about Bipolar and Traumatic Brain Injury.

Hard to a cess

I believe she is currently homeless on the street (possibly sleeping in the parking garage) in Urbana. She has been estranged from her family for many years so we are not sure if she has been diagnosed or ever received services other than treatment for ADHD. She is probably challenged with schizophrenia. Lives on the street, carries large garbage bags with garbage and talk/yells to herself. Likely doesn't believe she needs help.

I believe subject should have been inpatient and not left in the community to fend for self. Barriers from within like fear prevent seeking services in crisis.

I don't think it was a lot of services

My daughter has mental health issues, developmental disabilities and substance abuse issues. Because she appears to be "normal", communication issues always develop. Because of misunderstandings she has been denied services at Rosecrance or Champaign County Mental Health and the Pavilion. I wish providers would look at the whole person, rather than just treat mental illness or developmental issues or substance abuse, but sadly that is not the case.

We are able to pay for services and struggled to find good assessment and therapy options. The barriers for families with fewer resources must seem insurmountable. It was a frustrating and difficult time for our family.

Doctors and health care providers do not coordinate on drug interactions, side-effects etc. do not, in fact, act like they are allowed to talk to each other directly.

Help with appropriate job search.

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Champaign County Mental Health Board
MHSUD_Caregiver Survey
Report/Results

13. Based on your experience as a family member, caregiver or guardian, is there a service need or gap about which you would like to tell us? If so, please describe. Comments include:

Given he has been involved with the legal system since he was 16, I was surprised to find out that he did not receive help connecting with the services he needed at the time. Therefore, it would have been helpful as a family member to have an understanding of step down and transitional programs for youth and their families.

Having had 2 children with mental health issues, I can say there is a tremendous service gap in our community. All of the agencies should be working together to provide services. Quality psychiatrists should be hired for our county and we need more psychiatrists. I believe our local police force is better trained and more understanding than our county psychiatrists.

He has recently moved to Champaign, and still sees a doctor he likes in Springfield. He seems to have trouble often getting the correct meds. I would like him to have someone who could coordinate various services for him. Right now his mother does it, and it is a terrible burden on an aging parent with health care issues of her own.

It has been a nightmare to get good, consistent help for my son with ADHD. This is a common condition and early intervention greatly improves outcomes (which helps every person in our society), so why in the world do I feel all alone fighting for my son? The wait lists at Carle for psychology are months-long, many of the service providers at private counseling centers are not well-trained for children with behavior disorders, and there are no parent support groups or respite services. Once you've been dealing with this problem for a few years you begin to get your bearings but it should not take that long. There should be a "one stop shop" for mental health, especially for children, or at least a "What do I do now" guide specific to C-U resources.

More psychiatric services and shorter waiting lists.

None

One of my children is very high needs but has been excluded from Choices services, one has no services but doesn't want to be excluded from activities my other 3 receive.

PTSD services/supports for non-veterans

Someone to keep him on track at school. His behavior is an issue.

Stabilization on an inpatient basis is needed, rather than leaving in community. This results in ER visits and "meltdowns" due to fear and in my opinion neglect on the part of providers who expect patients to seek services during business hours.

The mental health system in Champaign-Urbana is very poor and NOT enough qualified psychiatrists and Christian counselors! The need is great and the providers are few!

They do not listen..the family like the parent

We really need a place where individuals with mental health issues and their family members can drop in for talking!!! Then refer to other resources. Living Room model would be good but at least staff a location 11am-7pm with peers for talking. Could keep a lot of individuals from the ER or jail.

Wish there was a place she could stay by herself cause she gets kicked out of shelters for behavior issues.

**Champaign County Mental Health Board
MHSUD_Caregiver Survey
Report/Results**

How and where to go to get respite care.

Need more respite type services, voluntary/involuntary mental health services have become scary.

14. What is their job (employment) status? Three responses were selected by 10% or more responding –

- They are a student and not in the workforce – 13%
- They are unemployed and not looking for a job – 10%
- They are disabled and not in the workforce – 10%

Other:

He would like to work, but needs guidance to seek and apply for appropriate work. He has not had a job for more than 20 years.

He would probably like to eventually find a job but is not currently looking.

They are employed part-time.

Unable to keep a job because bipolar condition and traumatic brain injury erupts and causes problems.

Works for DSC at a sheltered facility.

15. In the past 30 days, where did they live most of the time? Two responses were selected by 10% or more responding

Private home - Taking care of themselves (living alone, with friends, a partner, or family) – 21%

Private home-Someone helping to take care of them-relying on others to help them live in this setting – 13%

Other:

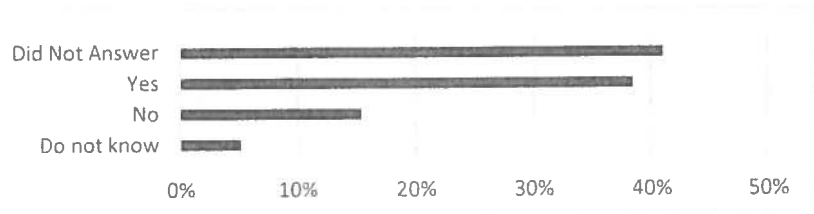
Also - Crisis Facility

Assisted living facility for the physically disabled.

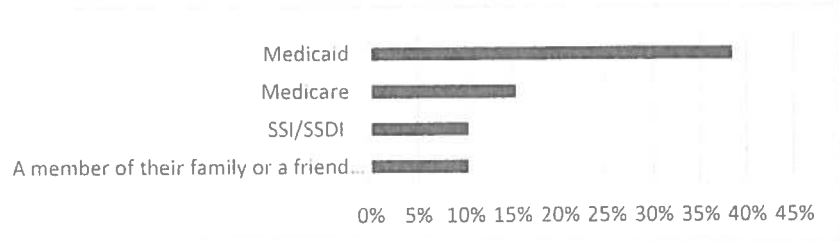
Assisted living facility with our 94 year old Father.

Eden's Assisted Living

16. Do they have Medicaid?



17. How do they pay for your treatment/services?.....CHECK ALL THAT APPLY. Responses selected by 10% or more of respondents:



Other:

Aetna

Carle Community Care Financial

Dependent on husband's insurance

Obamacare through their family

**Champaign County Mental Health Board
MHSUD_Caregiver Survey
Report/Results**

18. Where do they live in Champaign County? Champaign – 12 (31%); Rantoul – 5 (13%); Urbana – 4 (11%); (36% = “Did Not Answer”)

Other:
61550
Homeless

19. What is their race and/or ethnic background? CHECK ALL THAT APPLY.

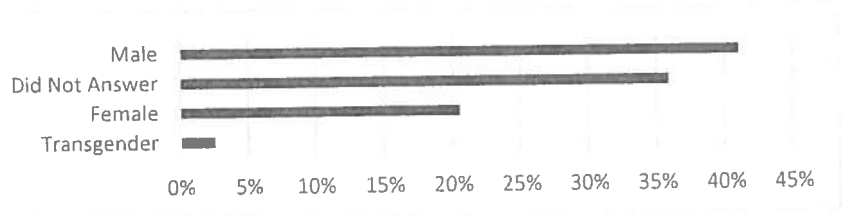
White **17/44%**
Black or African American **7/18%**
Bi-Racial/Multi-racial **2/5%**

20. Are they of Hispanic or Latino/a origin? Only one respondent answered “Yes”

21. What is the primary language spoken in their home?

English: 64%
Did Not Answer: 36%

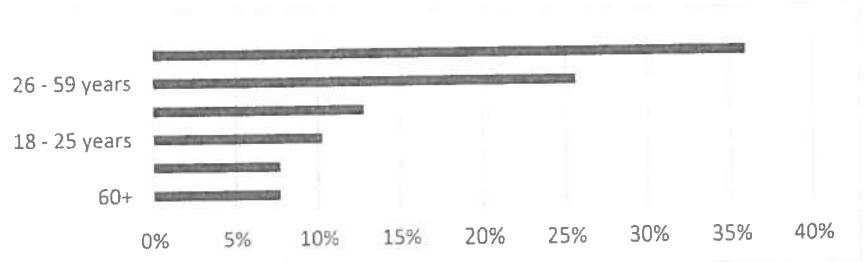
22. What is their gender?



23. What is their military status now?

Non-Military: 54%
Did Not Answer: 41%
Dependent of someone on active national guard or reserves: 3%
Dependent of someone who is a veteran: 3%

24. What is their age?



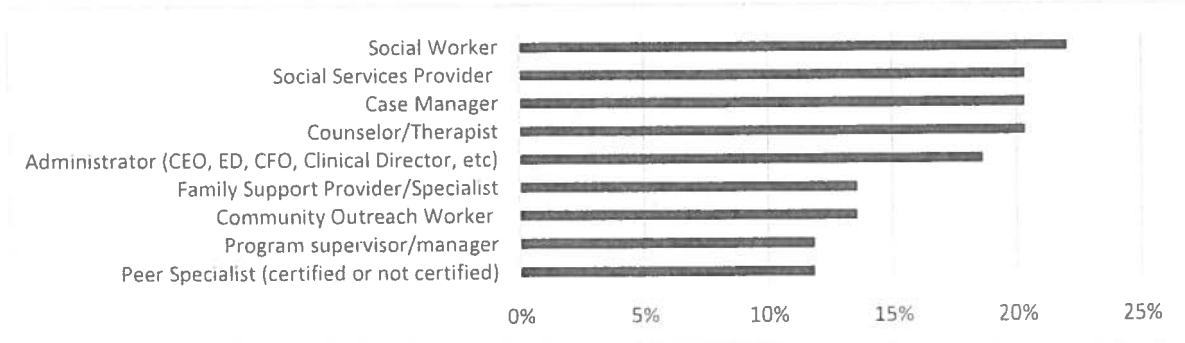
25. What is the HIGHEST LEVEL of education that they have completed?...CHOOSE ONLY ONE

Response	# Selected	%
Did Not Answer	20	51%
I finished high school (ninth through twelfth grade) and graduated	5	13%
They attended some college	4	10%
They earned an associate's degree	3	8%
They went to self-contained special education class (not in a specific grade)	3	8%
They finished a GED	2	5%
They graduated from college and got a bachelor's degree	2	5%

**Champaign County Mental Health Board
MHSUD_Provider Survey
Report/Results**

INTRODUCTION: Fifty-nine (59) complete responses were received and processed via on-line and manually.

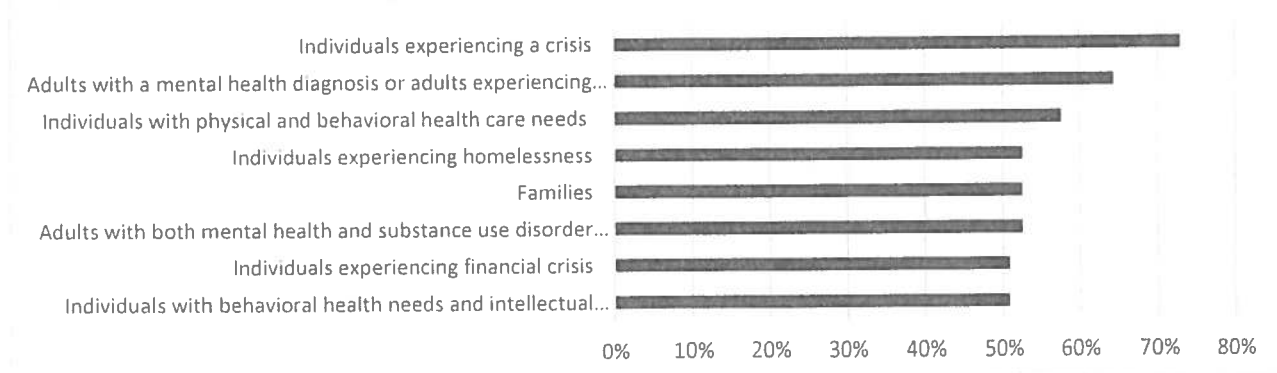
1. What type of provider are you? CHECK ALL THAT APPLY....Responses selected by more than 10% of responding:



Other:

- Educator - community college counselor
- Home health services
- License clinical Professional Counselor in Private Practice
- MSW intern
- domestic violence court advocate

2. To whom do you provide services? CHECK ALL THAT APPLY - Over 50% of respondents:



Other:

- Alcohol and Drug Counselor Training completed. Chose not to get Certification.
- Mothers from pregancy until baby is two. Service mother and her baby.
- Parents of youth with mental health challenges
- Students and other community members for prevention education services
- individuals age 3 and above who are survivors of sexual assault, + sign others

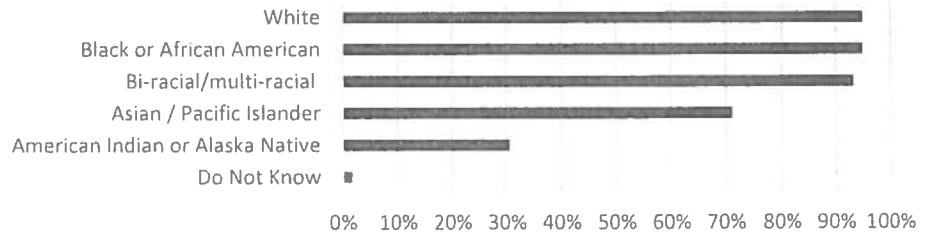
3. Do you offer evening and/or weekend appointments? Yes: 54% No: 44% Did Not Answer: 2%

**4. Do you provide Language Access and Communication Assistance services to people?
Yes: 53% No: 36% Do Not Know: 8% Did Not Answer: 3%**

**5. Within the last year, did you or your agency serve persons of Hispanic or Latino/a origin?
Yes: 83% No: 12% Do Not Know: 3% Did Not Answer: 2%**

**Champaign County Mental Health Board
MHSUD_Provider Survey
Report/Results**

6. Within the last year, did you or your agency serve persons in the following race/ethnic group categories? CHECK ALL THAT APPLY.

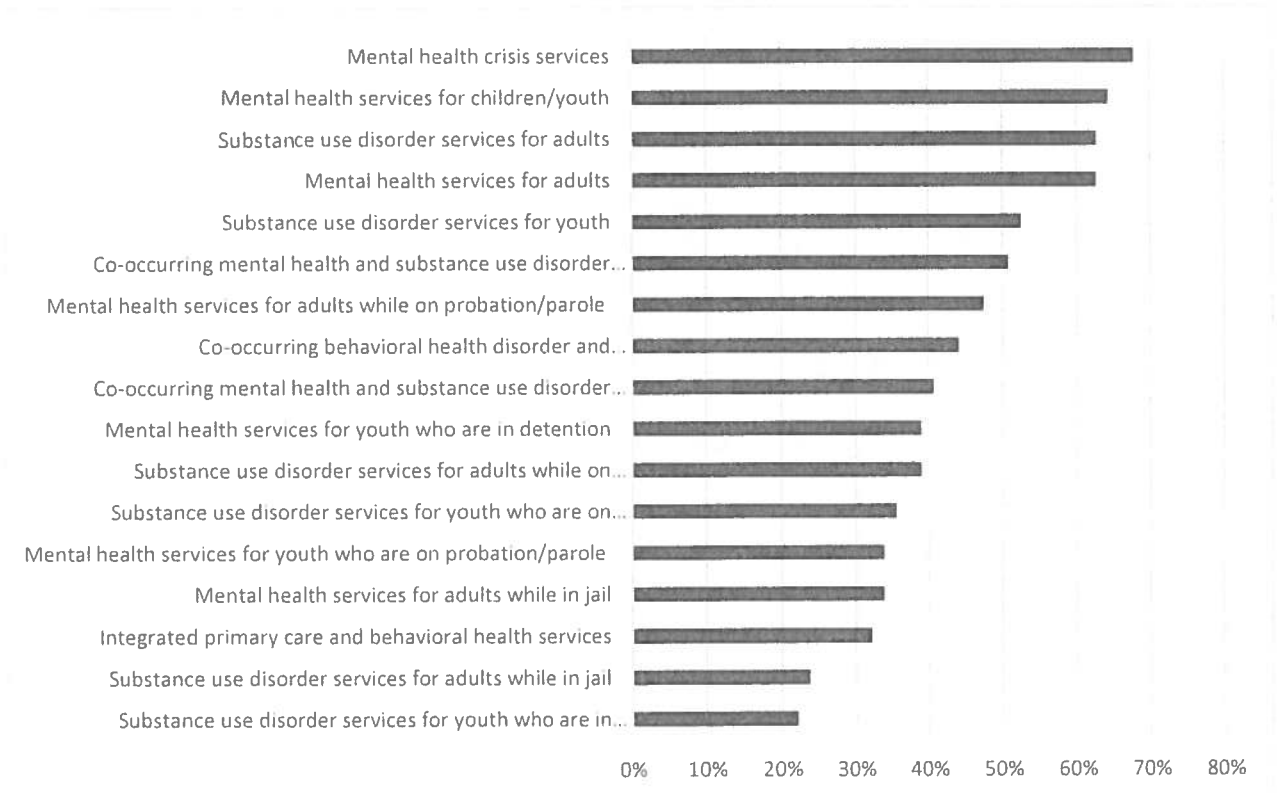


Other:

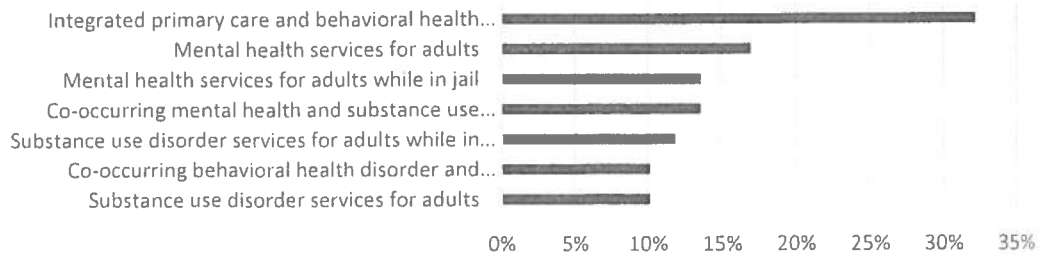
- Hispanic
- Hispanic/mexican
- Latinx, middle-eastern
- middle East, European, Caribbean

7. Do you believe that persons in your community can access the following services?

Answering: "Yes"

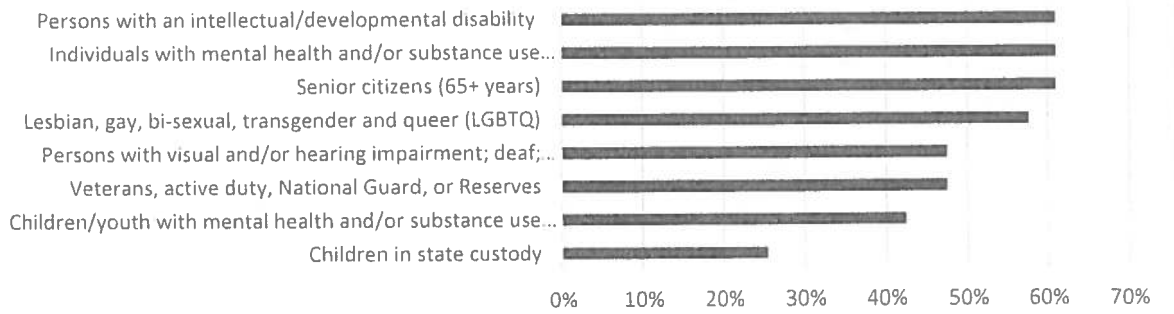


Answering "No": Responses more than 10%



**Champaign County Mental Health Board
MHSUD_Provider Survey
Report/Results**

8. Within the last year, did you or your agency serve persons who may belong to one of the following groups? CHECK ALL THAT APPLY.



Other:

People with trauma and complex PTSD

Persons with an intellectual/developmental disability that are also Lesbian, gay, bi-sexual, transgender and queer (LGBTQ).

Pregnant opiate dependence

We serve many international persons whose needs, culture and norms are quite different from the dominant American culture.

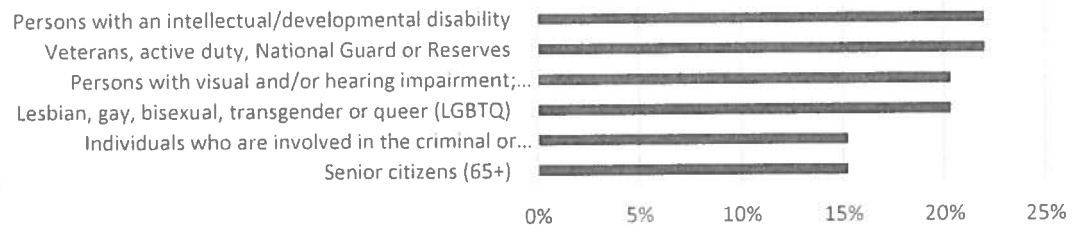
Illiterate individuals

9. Within the last year, did your agency serve immigrants or undocumented persons?

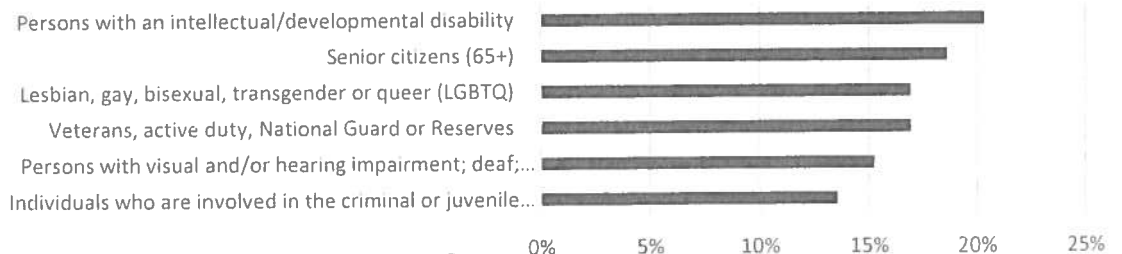
Yes: 36% Do Not Know: 25% Did Not Answer: 20% No: 19%

10. For the following groups, are there services needed that are NOT available in your community? CHECK ALL THAT APPLY - for each of the sections.

**Mental Health
Services for
Adults:**



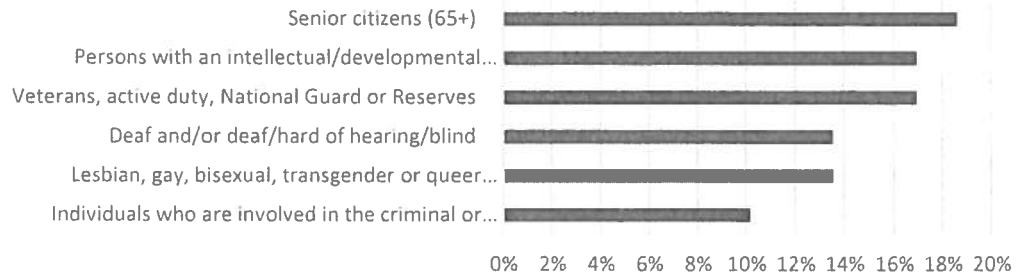
**Substance Use
Disorder
Services for
Adults:**



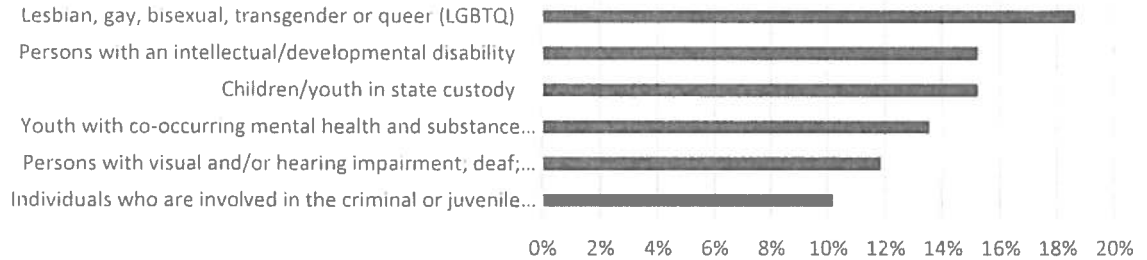
20

**Champaign County Mental Health Board
MHSUD_Provider Survey
Report/Results**

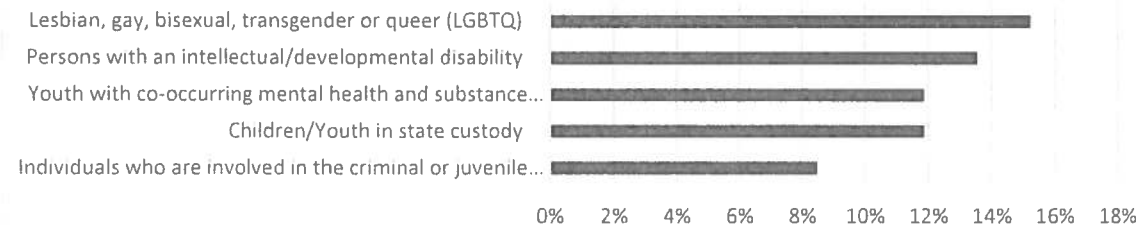
Co-Occurring Mental Health & Substance Use Disorder Services for Adults:



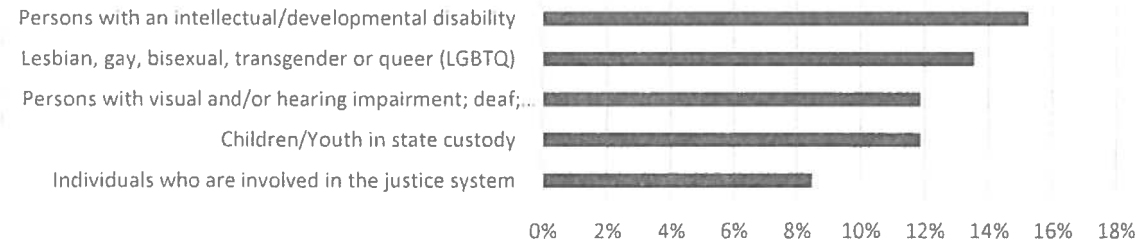
Mental Health Services for Children & Youth



Substance Use Disorders Services for Children & Youth



Co-Occurring Mental Health & Substance Use Disorder Services for Adults:



11. Please rate the availability of the following ADULT MENTAL HEALTH services in your area. (Please note that "Available with Challenges" means that services are available but there are barriers such as transportation concerns, waiting lists for intakes, inconvenient hours for working persons, etc.)...25% or more responding -

RESPONSE	QUESTION	%
Available When Needed (25% or more)	Assessment/screening	32%
	Health and wellness	31%
	Crisis team	29%
	Grief services	29%
	Recovery support services such as NAMI or GROW	25%
	Suicide prevention services	25%
Available w Challenges (50% or more)	Case management/Community supports	59%
	Homelessness services	56%
	Therapy or counseling (individual, interactive, group, or family)	56%

Champaign County Mental Health Board

MHSUD_Provider Survey

Report/Results

	Residential treatment	54%
	Psychiatric/medication evaluation and management	53%
Service Not Available (over 10%)	Integrated primary care and behavioral health services	20%
	Psychosocial rehabilitation	20%
	Homelessness services	12%
	Justice diversion or deflection programs	12%
	Residential treatment	12%
	WRAP (Wellness Recovery Action Plan)	12%

Other:

Services provided in other languages are limited or non-existent

12. Please rate the availability of the following ADULT SUBSTANCE USE DISORDER services in your area. (Please note that "Available with Challenges" means that the service is available but there are barriers that may prevent persons from accessing the service such as transportation concerns, waiting lists for intakes, hours not convenient for working persons, etc)

RESPONSE	QUESTION	%
Available When Needed (15% or more)	12-Step program	34%
	Assessment/Screening	17%
	Peer support	17%
	DUI class	15%
	Substance use disorder outpatient (OP)	15%
Available w Challenges (34% or more)	Psychiatric/medication evaluation and management	39%
	Crisis Services	36%
	Residential treatment	36%
	Co-occurring substance use disorder and mental health services	34%
	Integrated primary care and behavioral health services	34%
	Recovery support services (such as case management or support groups)	34%
Service Not Available (over 10%)	Detoxification	20%
	Sober living (transitional housing)	15%
	Halfway house	12%
	Integrated primary care and behavioral health services	12%
	Residential treatment	12%

13. Please rate the availability of the following CHILD AND YOUTH MENTAL HEALTH services in your area. (AVAILABLE WITH CHALLENGES means that the service is available but there are barriers that may prevent persons from accessing the service such as transportation needs, waiting lists for intake, hours inconvenient for working persons, etc.)

RESPONSE	QUESTION	%
Available When Needed (Over 15%)	Crisis services	27%
	Suicide prevention	24%
	Assessment screening	17%
	Early childhood education and training	17%
	Sexual assault survivor services	17%
Available w Challenges (34% or more)	Therapy or counseling (individual, interactive, group or family)	46%
	Psychiatric/medication evaluation and management	44%
	Day treatment/partial hospitalization	36%
	School-based services	36%

Champaign County Mental Health Board
MHSUD_Provider Survey
 Report/Results

	Case management	34%
	Parenting with Love and Limits (PLL)	34%
Service Not Available	Transitional youth housing	14%
(over 5%)	Respite/crisis stabilization	8%
	Domestic violence offender services	7%
	Trauma informed care	7%

14. Please rate the availability of the following CHILD AND YOUTH SUBSTANCE USE DISORDER services in your area. (AVAILABLE WITH CHALLENGES means that the service is available but there are barriers that may prevent persons from accessing the service such as transportation needs, waiting lists for intake, hours inconvenient for working persons, etc.)

RESPONSE	QUESTION	%
Available When Needed	Outpatient Therapy (OP)	14%
(10% or more)	In-school prevention program	12%
	Assessment screening	10%
	Therapy or counseling (individual, interactive, group, or family)	10%
Available w Challenges	Parenting with Love and Limits (PLL)	31%
(Over 25%)	Assessment/screening	29%
	Crisis services	29%
	Therapy or counseling (individual, interactive, group, or family)	27%
Service Not Available	In-home services	12%
(5% or more)	Integrated primary care and behavioral health services	7%
	Intensive outpatient (IOP)	7%
	Crisis services	5%
	Residential treatment	5%
	Trauma informed care	5%

15. Are there barriers that deter consumers from accessing the most appropriate mental health and/or substance use disorder services in your area? If so, how often do the barriers occur?

RESPONSE	QUESTION	%
Often	Insurance coverage issues	41%
(34% or more)	Financial issues	41%
	Stigma/embarrassment/fear	36%
	Don't know how to access services	36%
	Unaware of service availability	34%
Sometimes	Services do not meet needs	47%
(Over 30%)	Services not offered at convenient times	41%
	Transportation issues	31%
	Child care needs	31%
	Medical issues	31%
	Services too far away	31%
Seldom	No interpreter for deaf/hard of hearing	14%
(5% or more)	Insurance coverage issues	5%
	Involvement with justice system	5%

Other barriers:

Culture competency

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Champaign County Mental Health Board
MHSUD_Provider Survey
Report/Results

Home & Office Visits

In the absence of county funding there would be a more significant barrier in supports and services due to the number of individuals and families that are 'in line' for state funding. While they are eligible by definition, they do not have access to state funded services. People with no personal means to pay for services would go without as they wait for access to services based on PUNS selection process and state resources. At the state level, there is also a 'one size fits all' rate structure for many services regardless of the individual needs of each person leading to inadequate funding for personalized supports.

Language Spanish speaking providers.

Even with sliding scale, many people cannot afford even a small copay for counseling.

Lack of coordination/follow through

Stereo type persons with dementia or disability that mental health treatment couldn't help. Blame problems on the disease not mental health.

16. As a provider, are your services office/facility based or delivered in natural settings or both? (Please explain.)

Office based facility

All our groups and social activities meet in a community setting.

Both in office and in home, or facility

Both, in office and client's home

Both. By definition, some services are location-based, but all others are located wherever is most convenient and helpful to the person(s) seeking service.

Both: counseling and advocacy office//facility; 24-hour hotline delivered wherever the person calls from. Sexual Violence Prevention Education delivered in schools, churches and community centers.

Delivered in natural settings

Delivered/offered in office/facility.

Facility based.

Meet in available places that do not charge for use.

My services are provided in an office building.

Office, group homes, family residences, individual residences

Office/facility based

Outreach services for people with Substance Abuse/mental health disorders access to care remains a problem getting clients connected with services they need

Private practice office setting

Services are offered/provided in individual/family homes, community locations, daycare centers, and in center.

Services both ways

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Champaign County Mental Health Board
MHSUD_Provider Survey
Report/Results

We provide services primarily in natural settings. Services can be provided in the home or in the community. Whatever works best for the client.

Yes, we go out to homes
both
both office and in-home
facility based, their base, in nature going for walk.
office
office based

yes. We serve our clients primarily in their own homes but can see them in the office or the community if they prefer.

17. Do you have other comments regarding service needs or service gaps in your area that you would like us to consider?

Detoxification outside of the pavilion. Medication assisted therapy including Suboxone and methadone for state-funded treatment facilities.

As state resources become available, people that are supported through county-funding convert to state funding. This typically creates opportunities for people that are waiting for state funding to have an opportunity to access services which is one of the most significant benefits to county-funded service delivery. While all funding is limited, access has definitely improved as a result of CCMHB and CCDDDB funding.

Better funding of mental health services. As a business, I'm unable to afford to provide counseling services to the most vulnerable population because the reimbursement rates of Medicaid (and the copious amounts of unnecessary paperwork required only by Medicaid and Medicare) do not even cover my costs.

Carle/Health Alliance should expand their network of mental health providers and also provide at least some reimbursement for out-of-network providers to allow more clients/patients access to specialized mental health care (specifically trauma-informed) with shorter wait times for intake.

Geriatric mental health assessment

I am deeply concerned about the gaps in services for people without great insurance and waits for people with Medicaid. There are also fewer holistic services for individuals living with severe psychiatric disorders.

Mental Health Court would divert some from the judicial system.

No/None

One suggestion is to create a list of all the services and providers in the community. Then, publish the list on this website and, maybe, promote said services/providers. It would help the process of identifying appropriate services and facilitate the referral of clients. Moreover, in my experience, some providers and agencies might benefit from establishing partnerships to provide services. For example, one provider might provide mental health counseling while another agency/provider provide treatment for substance use.

Also, there is a considerable need for Spanish-speaking providers of mental health services. Some providers have left the area in pursuit of better economic opportunities. Perhaps the board can create some incentives to retain providers.

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Champaign County Mental Health Board

MHSUD_Provider Survey

Report/Results

Overall, there is a lack of needed services - nothing stands out, as people's unfulfilled needs are diverse and constant.

Services for autistic spectrum disorders including patient and family are non existent in Champaign County. The most frequent request that goes unmet is for child psych.

There are many

There is a need for more mental health services for all populations in most areas outside of Champaign/Urbana.

There is not enough to go around/meet the growing need!

While many services are available, a great many of them are for Medicaid only or have prohibitive waiting lists.

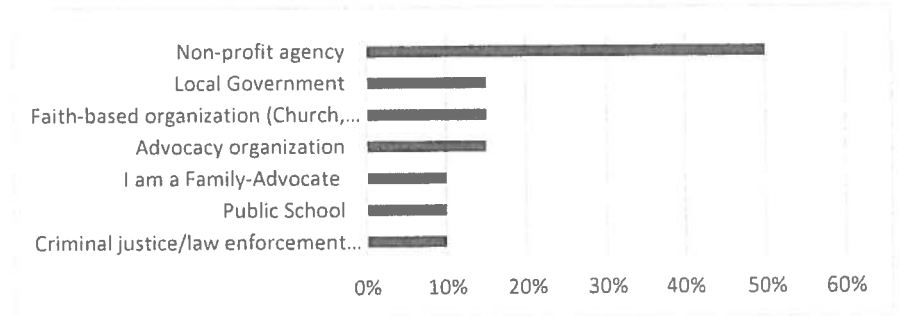
18. Do you as a provider serve people outside Champaign County? Yes: 44%; No: 19%; Did not Answer: 37%

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Champaign County Mental Health Board
MHSUD_Stakeholder Survey
 Report/Results

INTRODUCTION: Twenty (20) complete responses were received and processed via on-line and manually.

1. What type of organization do you represent? CHECK ALL THAT APPLY



Other:

- A member of a collective impact organization focused on children's well-being and development
- Adult Education
- Federal government
- Parent Peer Support Specialist

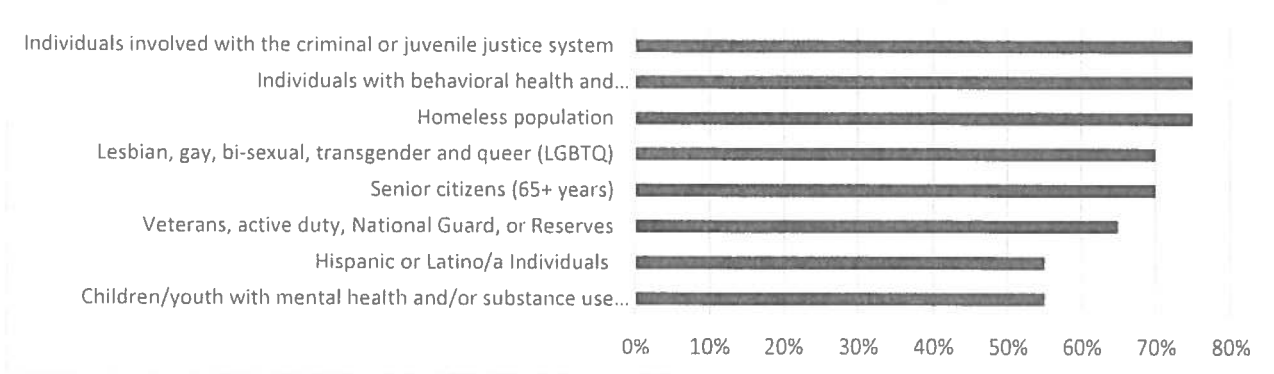
2. Please enter the ZIP CODE where you complete the preponderance of your work. 20% or more:
 61820: 35% 61801: 25% Did Not Answer: 20%

3. Did you or your organization interact with persons who received any of the following services?

RESPONSE	QUESTION	%
Yes (70% or more)	Mental health services for adults	90%
	Substance use disorder services for adults	75%
	Mental health crisis services	75%
	Co-occurring mental health and substance use disorder services for adults	70%
	Co-occurring behavioral health and intellectual/developmental disability services for adults	70%
No (50% or more)	Mental health services for children/youth	70%
	Substance use disorder services for juveniles who are in detention	70%
	Domestic violence offender services	70%
	Sex offender treatment	70%
	Mental health services for juveniles who are in detention	65%
Do Not Know (25% or more)	Mental health services for adults while in jail	50%
	Substance use disorder services for adults while in jail	50%
	Co-occurring mental health and substance use disorder services for children/youth	35%
	Sexual assault survivor services	35%
	Co-occurring mental health and substance use disorder services for adults	25%
	Substance use disorder services for adults while in jail	25%
	Sex offender treatment	25%

Champaign County Mental Health Board
MHSUD_Stakeholder Survey
 Report/Results

4. Within the last year, did you or your organization interact with people who receive or need services and who are also members of any of the following groups? CHECK ALL THAT APPLY - Over 50%



Other: Hospitalized, community, jail. Students with children

5. Based on your experience and knowledge of the service system in Champaign County, please rate the availability of the following ADULT MENTAL HEALTH services. (Please note that "Available with Challenges" means that the service is available but there are barriers that may prevent people from accessing the service, such as transportation concerns, waiting lists for intake, inconvenient hours for working persons, etc.)".

RESPONSE	QUESTION	%
Available When Needed (25% or more)	Information and referral	45%
	Crisis Team	35%
	Health and wellness	30%
	Suicide prevention services	30%
	Assessment/screening	25%
	Domestic violence victim services	25%
Available w Challenges (65% or more)	Care coordination	70%
	Case management/Community supports	70%
	Coordination of services across providers	65%
	Therapy or counseling (individual, interactive, group, or family)	65%
Service Not Available (15% or more)	Assertive community treatment (ACT)	15%
	Mental health services while in jail	15%
Do Not Know (75% or more)	Sex offender treatment	85%
	Illness management and recovery (IMR)	75%

Other:

Modest to limited support for peer to peer, 12-step and group for mental health

6. Based on your experience and knowledge of the service system in Champaign County, please rate the availability of the following ADULT SUBSTANCE USE DISORDER services. (Please note that "Available with Challenges" means that the service is available but there are barriers that may prevent people from accessing the service, such as transportation concerns, waiting lists for intake, inconvenient hours for working persons, etc.)

RESPONSE	QUESTION	%
Available When Needed (15% or more)	Case management/community supports	20%
	Assessment/Screening	20%

**Champaign County Mental Health Board
MHSUD_ Stakeholder Survey
Report/Results**

	Information and referral	20%
	Crisis team	20%
	DUI class	15%
Available w Challenges	Assessment/Screening	45%
(40% or more)	Crisis team	45%
	Therapy or counseling (Individual, interactive, group, family)	45%
	Coordination of services across providers	40%
	Outpatient treatment (OP)	40%
Service Not Available	Detoxification	25%
(15% or more)	12-Step program	15%
Do Not Know	Integrated treatment for co-occurring disorders (MI/SUD/ID/DD)	60%
(55% or more)	Intensive Outpatient treatment (IOP)	55%

7. Based on your experience and knowledge of the service system in Champaign County, please rate the availability of the following CHILD AND YOUTH MENTAL HEALTH services. (Please note that "Available with Challenges" means that the service is available but there are barriers that may prevent people from accessing the service, such as transportation concerns, waiting lists for intake, inconvenient hours for working persons, etc.)

RESPONSE	QUESTION	%
Available When Needed	Assessment screening	20%
(15% or more)	Crisis services	20%
	Parenting with Love & Limits	20%
	Suicide prevention	20%
	Information and referral	15%
	Family advocacy/support	15%
Available w Challenges	Case management	50%
(50% or more)	Therapy or counseling (individual, interactive, group or family)	50%
Service Not Available	No Service mentioned more than once	
Do Not Know	Multi-systemic therapy (MST)	80%
(60% or more)	Sex offender treatment	80%
	Domestic violence offender services	70%
	Recreational therapy	65%
	Mental health services while in detention	60%

8. Based on your experience and knowledge of the service system in Champaign County, please rate the availability of the following CHILD AND YOUTH SUBSTANCE USE DISORDER services. (AVAILABLE WITH CHALLENGES means that the service is available but there are barriers that may prevent persons from accessing the service such as transportation needs, waiting lists for intake, hours inconvenient for working person, etc.)

RESPONSE	QUESTION	%
Available When Needed	Parenting with Love & Limits	10%
	No other services answered more than once	
Available w Challenges	Therapy or counseling (individual, interactive, group, or family)	35%
(30% or more)	Assessment/screening	30%
	Residential treatment	30%
Service Not Available	No other services answered more than once	80%
Do Not Know	Integrated treatment for co-occurring disorders (MI/SUD/ID/DD)	65%
(60% or more)	Substance use disorder services while in detention	60%
	Out-of-school prevention program	60%

Champaign County Mental Health Board
MHSUD_Stakeholder Survey
 Report/Results

9. Based on your experience and knowledge of the service system in Champaign County, are there barriers that deter persons from accessing the most appropriate mental health and/or substance use disorder services? If so, how often do the barriers occur?

RESPONSE	QUESTION	%
Often (40% or more)	Unaware of service availability	50%
	Transportation issues	45%
	Financial issues	45%
	Child care needs	40%
	Collaboration between providers of services	40%
	Don't know how to access services	40%
	Wait too many days for intake	40%
	Services too far away	40%
Sometimes (25% or more)	Involvement with justice system	40%
	Belief that mental health/substance use disorder services won't be helpful	35%
	Stigma/embarrassment/fear	30%
	Services do not meet needs	30%
	Services not offered at convenient times	30%
Seldom	Medical issues	25%
	No other services answered more than once	
		8%

Other:

How quickly they can receive help in the moment they are in crisis and the length of the service they are provided.

10. Please tell us about service needs or service gaps you have experienced that you want brought to our attention.

Respite services and parent peer support

Sober housing, homeless sheltering, and medical treatment for psychological issues, including and many times leading to substance abuse. These services are limited, and do not have the availability, resources, and proper therapeutic value for more rehabilitation of derelict members in society to get a chance to get better and become less of hazards in our community and more of contributing and docile members of the public. We need LONG TERM recovery housing as well as homeless housing. We need assistance available to send case workers to people's homes, and even doctors, and/or better transportation availability for people with no money. They also need better means of how to find the help, like the 211 line.

There is a tremendous need for housing (i.e. rent subsidy) for people with developmental or mental disabilities whose sole source of income is SSI. Far too many are homeless simply because of their low incomes. People with developmental disabilities or mental health issues can't qualify for any help through Housing Authority if the individual has had any criminal involvement -- unless at least 5 years has passed since completion of any sentence or probation. As a result, some of the most vulnerable people in our community have no housing and no hope of acquiring housing at any time in the foreseeable future. Housing Authority's policy must change and we need more subsidized housing options for people with disabilities.

Transportation and child care are the two most often cited when I work with families. In addition, the lack of flexibility/not getting their schedule ahead of time with employment makes it very difficult to make it to appointments while trying to hold a job.

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Champaign County Mental Health Board
ID/DD_Consumer Survey
Report/Results

INTRODUCTION: Nine (9) complete responses were received and processed via on-line and manually.

Initial Questions:

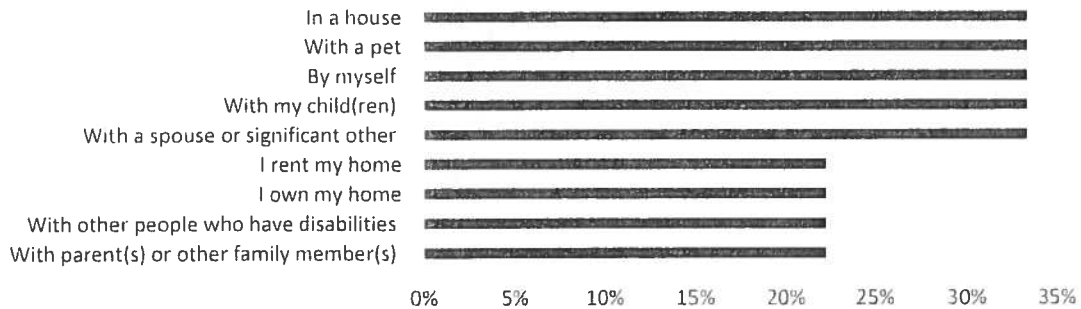
Question	Yes	No	Don't know	% Yes
1. Are you a person who has a developmental disability?	2	7	0	22%
2. Do you live in Champaign County, Illinois?	1	8	0	11%

3. What is important to you?

- Advocating for myself and for others.
- Community involvement and accessibility
- Family
- Make a way for someone else.
- More free events fun events not just going to library events. If they want to do a paid trip but has no money being treated once awhile.
- My Family
- My children and their needs
- To live your life and not have to be bothered by the remnants of being a strove survivor.

4. Do you like where you live? Yes: 55% Did Not Answer: 45%

5. Tell us about where you live. (Check all that apply.) Two or more responses -



6. Do you want to change something about your home? No: 56%; Yes: 22% Did Not Answer: 22%

If "Yes" describe":

- Needs Repair
- Taking care of the situation but defiantly location.

7. Does someone help you with anything in your home? Yes: 44% No: 33%; Did Not Answer: 22%

If "Yes" describe":

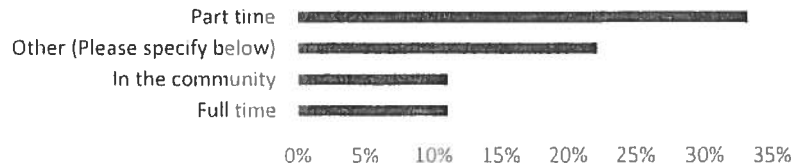
- Finances, bills, shopping
- I have a psw who helps me
- I hire my own Personal assistants to assist me.
- My mom.

8. Do you have a job? Yes: 56% No: 22%; Did Not Answer: 22%

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9. Do you have the job you want? Yes: 44% No: 33%; Did Not Answer: 22%

10. Tell us about your job. (Check all that apply.)



If "Yes", please describe:
I'm retired and I volunteer
Volunteer

11. Do you want to change something about your job? No: 67%; Yes: 11% Did Not Answer: 22%

If "Yes", please describe:
Disability sensitivity, and following the law about discrimination

12. Does someone help you with anything at your job? No: 44%; Yes: 33% Did Not Answer: 22%

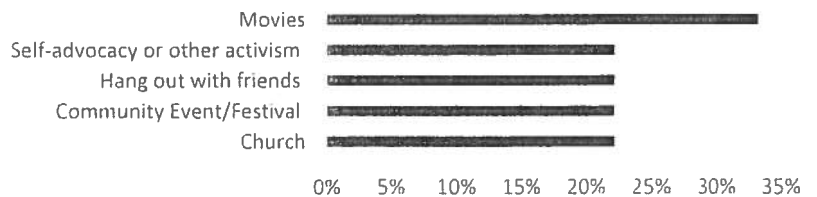
If "Yes", please describe:
My coworkers.
Other workers help

13. Does someone help you learn skills for a job that you want? No: 44%; Yes: 33% Did Not Answer: 22%

14. Do you go to school or take classes? I do not go to school or take classes: 67% (only option selected)

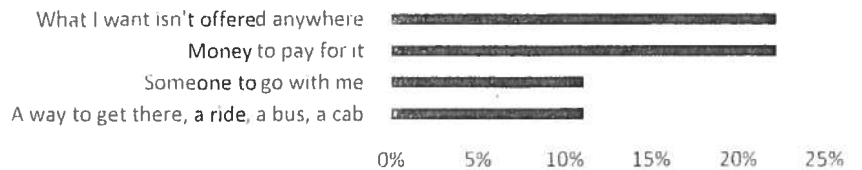
15. Does someone help you with classes? No: 56%; Did Not Answer: 44%

16. What do you do with your spare time? (Check all that apply.) Receiving more than one Response....



Other:
No spare time
Work part-time, hang out with my mom and live a low-key life.

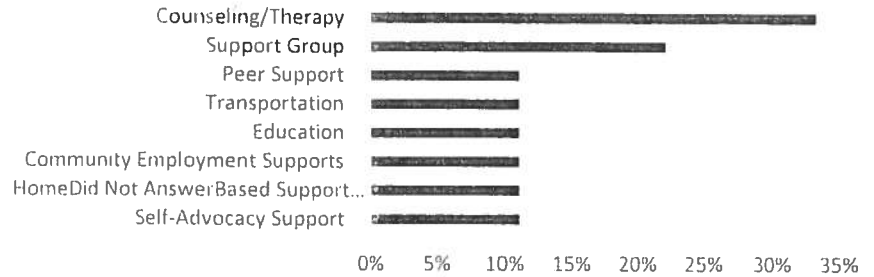
17. If you want to do any of the things listed above, what do you need and do not have access to? (Check all that apply.)



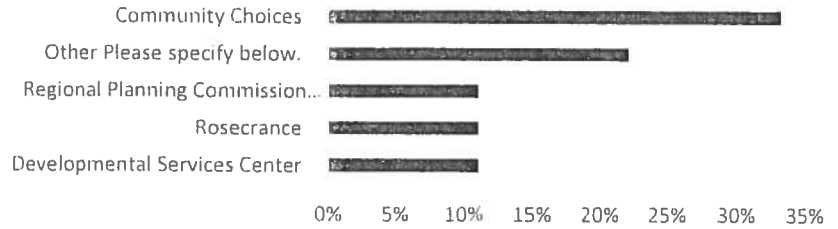
Other:
No extra money get disability

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18. What services or supports are you receiving? (CHECK ALL THAT APPLY)

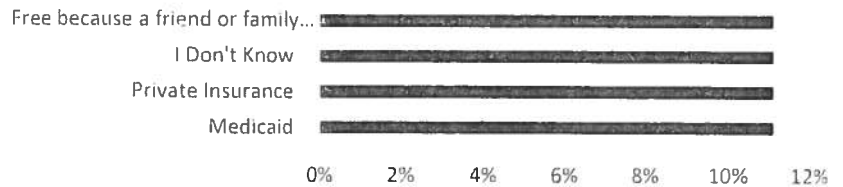


19. Who provides your services and/or supports? (CHECK ALL THAT APPLY)



Other:
My employer

20. How are these services paid for? (Check all that apply)



Other:
Through my employer

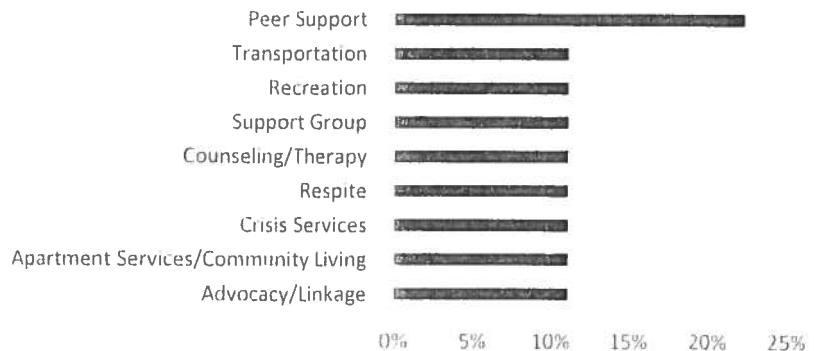
21. Do you know how to find the services you want? No: 44%; Yes: 33% Did Not Answer: 22%

22. How long did you wait for services you wanted?



Other:
I do monthly tutorials through Relias Learning per my employer.

23. What services do you need or want that you are not receiving? (CHECK ALL THAT APPLY)



Other:
Legal assistance for discrimination

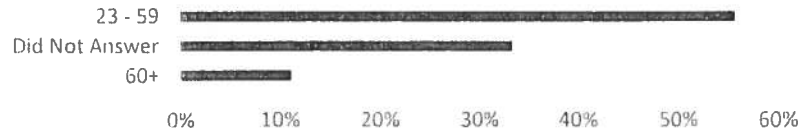
33

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24. What are the barriers to you having what you want and need?

RESPONSE	QUESTION	%
Often (22% or more)	Unaware of service availability	33%
	Transportation issues	22%
	Stigma/embarrassment/fear	22%
	Don't know how to access services	22%
Sometimes (22% or more)	Services do not meet needs	22%
	Services not offered at convenient times	22%
	I am not sure who to ask.	22%
Seldom	No barrier noted more than once	8%

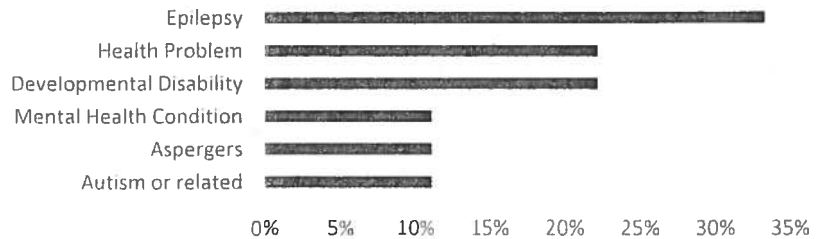
25. Select your age range.



26. In which zip code do you reside?

- 61820 Champaign – 33%
- 61853 Mahomet – 11%
- 61880 Tolono – 11%
- Did Not Answer – 44%
- Other: 61607

27. Have you ever been told you have any of the following diagnoses?



28. Did anyone help you fill out this survey? No: 56%; Yes: 11% Did Not Answer: 33%

29. Is there anything else we should know about you?

I am a stroke survivor who suffered an absence seizure in 2016. I am currently taking Keppra, feel fine now, but am having visual disturbances in my left eye (the stroke affected my left side as well) but can see ok. I will visit my neurologist through his nurse practitioner in December and may need my eyes checked out.

I do not like DHS or DCFS. They are not fair.

No

None

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**Champaign County Mental Health Board
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INTRODUCTION: Forty-Two (42) complete responses were received and processed via on-line and manually.

Initial Questions:

Question	Yes	No	Don't Know/Did Not answer	% Yes
1. Are you a family member, caregiver, loved one, and/or guardian of a person who has an intellectual and/or developmental disability?	42	0	0	100%
2. Do you live in Champaign County, Illinois?	38	1	3	90%

3. What is important to you regarding the person in your life who has a developmental disability?

A nice place to live and a job to do.

A safe and caring living situation (group Home) that provides 24 hr care. A supervised work environment. Being included in a community, access to various services, therapies and equipment.

Feeling safe in the group home he lives in. Participating in activities with his house mates. Continuing to enjoy working at Clark Rd.

Happy, painfree, inclusive life

I have him in a behavior facility for his disability at this time for him to get help he needs at this time so he'll be able to come back home.

I want my daughter to live as independently and safely as possible. I want her to be challenged but successful. I want her to be able to live in a safe neighborhood with support. I want her to have a paid job and a way to safely get to that job. I want her to have friends. I want to maximize her abilities.

I want to know that my family member who can not always articulate things is not being mistreated and being taken care of. I want to know that they are in a safe environment both in the home and at work.

I would like for them to be happy and content and to live as independently as possible.

I would like for them to be happy in their life and living as independently as they possibly can.

It is important my brother be able to live in his community of choice, a small town in rural Champaign County, and have access to community services and programs that anyone else in the community has access to without regard to ID/DD.

It is important that my son have the opportunity to live a fully integrated life in the community with the supports he needs to live outside our family home. It is important that he gets to decide how he lives his life - as long as it is safe for him and others.

It is important to me that she has the same choices as all people; however, it is equally important that she receives the guidance and assistance needed in making those decisions. It is extremely important to me that she be able to get services when needed, and we know in the state of Illinois that is not the case.

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Just want them to have the best life possible.
 Options and supports for participating in community life.
 Quality of life outcomes such as friendship, self-determination, & employment!
 School resources and community resources

Services for the individual at Development Services Center as a young adult graduating from High School and needing a shadowing for him!

Services/Supports

Services/support

That he has the same opportunities for his future as any other child
 That she grows up to be a happy and mostly independent adult
 That she is happy, healthy and safe.
 That they are treated with respect.

That they can live independently (hold a job, take care of finances, etc) and have meaningful relationships with others.

That they have opportunities to be contributing members of their community. I have two daughters with disabilities, one is 18, the other is 8.

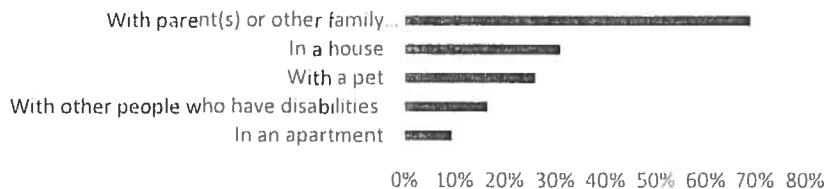
That this person gets treated with the respect they deserve and not looked down upon because they have a developmental disability.

To feel that there are opportunities in our community to truly develop living skills, social skills, and recreation to increase chances for more independence and a more fulfilling life. Simply housing someone and trying to fill up the day with activities is not enough. More group homes are needed in our community. These homes should be a true "home", a place of support and not treated as institutions where normal everyday choices are nonexistent (what to eat for each meal etc.etc.)

Where she can live, work and enjoy her life
 Ability to receive services so she can eventually lead an independent lifestyle
 Resources to live an enriched life in East Central IL, full of opportunities
 respite care and life coaching

That he is able to live a productive and interdependent life in this community

4. Tell us about where they live. (Check all that apply.)



Other:

Home is owned 25% each by his 3 brothers and sisters and special needs trust.
 They pay room and board to parents

5. Do you want to change something about their home and/or where they live? Yes: 52%; No: 48%

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If "Yes":

Although my son will be turning 18 soon, we worry about where he will live, and if he can keep a job or afford rent.

Another bedroom on main floor with accessible bathroom

As brother ages, the home will need modifications. It has stairways to get into the house and to his 2nd floor bedroom.

So perhaps buy a different house or get an apartment, but will he be welcomed by neighbors and safe?

Better pay so that there is not so much staff turnover. Also, perhaps, a group home with fewer residents would help quality of life.

Eventually, I would like my daughter to live in supported housing with a roommate or 2. It would be great if there was some sort of step down system. High support initially but moving her toward less support as she learned more skills.

I know that with the ongoing State budget getting quality help is often difficult. However, I believe that there are issues at some of the group homes that is overlooked because they are already understaffed and under paid. It is a shame they can't address issues because they fear losing more bodies. I have also heard that staff have complained about issues up the chain of command however, when asked about complaints I have been told there are none when I know for a fact there have been staff complaints.

I want him to live outside our family's home. He is an adult. I want there to be a continuum of supported housing available so individuals can move from their family homes with the right amount of support. Something like a dorm first - then on to more independent living as he acquires the skills he needs.

I want him to get well so he'll come back home.

I want them to live in a group home instead of with their parents.

I want them to someday be living outside of our home, but they are too young and not ready yet.

I would like a bigger house but that is unrelated

I would like for her group home to get staffed, so she can move in.

I would like for my child to eventually move into their own house (with a basement) and a roommate and a pet.

I would like for them to be able to eventually move out of the family home and into a small house (with a basement) where they could live with a roommate and a pet.

It would be nice if they could get the home fully staffed as it was when they moved in, and also have a house manager(which they have been without for six months).

It would be nice to have a second bathroom.

Make more accessible/comfortable

Not for now, he is only 14

Stairs

We love having our son live with us but realize we will not be around forever.

We recently moved in with my sister and brother in law

Would love to have someone that wants to live with her for more than one year at a time

We would like him to be living with other young people in the community

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6. Do they want to change something about their home and/or where they live?

No: 62%; Yes: 31%; Did Not Answer: 7%

If "Yes", Please describe:

A big problem is that my son does not want to leave the family home. However, if there was the right supported housing available for young adults that looked like fun - and had the right support - he could change his mind.

He wants a dish washer!

He wants more independence ;)

He wants to live independently, but is not sure he can do it yet.

I assume this is geared more toward adults that are considering independent living situations vs group homes or living with their families?

It would be nice to have a second bathroom.

My family member wants good staff who don't yell and take good care of them.

Our son is 14 now. At his recent "transition" I.E.P. when talking about living arrangements, he's interested in living ON OUR PROPERTY, but not necessarily WITH us, as we eye home improvements and upgrades to the backyard Shed as a "guest house" inside the next 10 years!

Our son seems to enjoy living with us. We try to be very supportive and provide opportunities.

Stairs

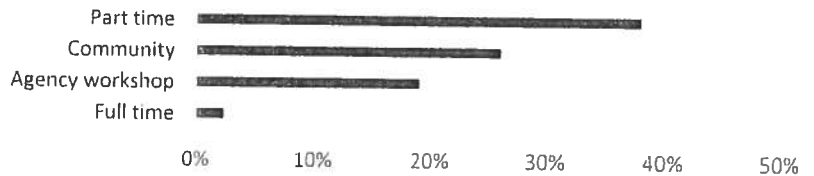
Transportation to DSC!

Unknown for sure. Individual is nonverbal.

He would like to live in an apartment or house like his sisters do, not with his parents

They like moving in with aunt and uncle

7. Tell us about the person's job. (Check all that apply.)



If "Other", please specify.

Champaign County Humane Society "Pet Pal Program" volunteering 2x a month

Child does not work

Currently volunteers are a long term care facility in town.

Elementary school

Elementary school student

Junior High Student

Minor

My daughter is in her last year of Young Adult Program through the school system

None

Still in High School doing the life skills program. Needing a job at DSC!

Student

Volunteer

currently a student

looking for work

student

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8. Does the person have the job they want? Yes: 50%; No: 29%; Did Not Answer: 21%

If "No", please describe.

Brother has had an employment consultant since August 2016. He wants a job at the nursing home in town where he volunteers. He applied for 2 jobs with help of the employment specialist. The employment specialist has been playing phone and email tag with people at the nursing home. I am very frustrated and feel the employment consultant needs to make things happen or I might as well be doing it myself! But I live 100 miles away; other brothers and sisters are out of state.

Currently a full time student

He has a job at the high school for an hour a day, but it is ending (he wasn't able to keep up).

He's not "of working age" but DOES want to work with non-judgemental animals

He's only 14, but has had one temporary job mowing grass. He did NOT like that. He wants to go to college, be a lawyer, and live in his own house in Seattle.

Not really applicable

She is still in school and exploring job possibilities. It's difficult for her to know what she might like to do when she is unaware of all the possibilities.

Still looking for work

The places he wants to work have not been willing to hire him.

9. Do they want to change something about their job? No: 50%; Did Not Answer: 33%; Yes: 17%

If "Yes", please describe:

At this point, she and I would like to see her hours lowered by eight hours a week.

Could use more hours if behavior better

He wants a job - where he wants it.

He would like more hours (after school/weekends) at a job that does not overwhelm him.

He's only 14

Not sure

She would like to be working more.

Too much "free" time. Need more actual work.

she would like more hours

10. Do you want to change something about their job? No: 43%; Yes: 24% Did Not Answer: 33%;

If "Yes", please describe.

"Job" is not a particularly relevant description. Individual does not understand economic goals, achievement, earning, etc. very well.

As my family member ages I feel that consideration needs to be given to the hours they currently work. I feel my family member requires more rest and the schedule and the house hours of staff do not allow for this.

He needs a job coach to check in with his employer once a week, and then offer guidance/feedback. However, the school took away his IEP so he does not have access to job coaching/life skills classes.

He's only 14

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His volunteer job could be developed to be more than the menial tasks he does; why not work with the facility to develop meaningful volunteer projects? He just gets shoved aside, No one seems to be mentoring him or supporting him to get out in the community.

I want him to have a job with a good fit.

I would like her to have more hours

I would like to see her get more hours at Clark Rd and learning some different jobs.

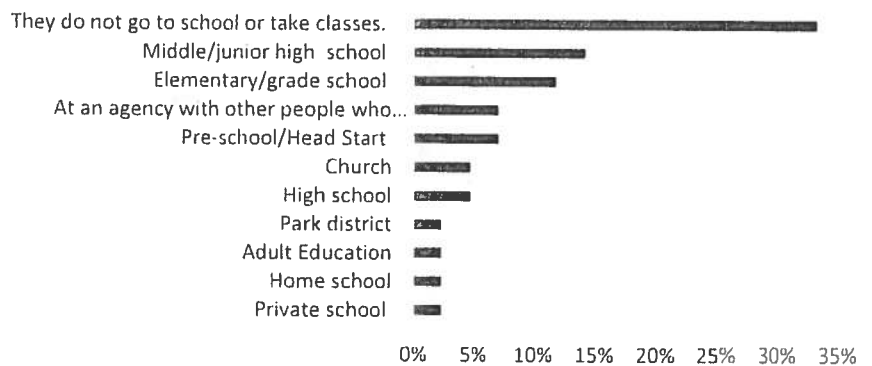
More hrs

Same as above

Too much "free" time. Need more actual work.

Would like to increase the number of hours he works but he needs to be supported. Not sure how to move to next step. Trying to work on that with DSC.

11. Does the person go to school or take classes? (Check all that apply)
 (25% or more)



If "Other", please specify:

Early Intervention

Family events.

Homeschool preschool

Mom is a stay at home mom. son is in elementary school.

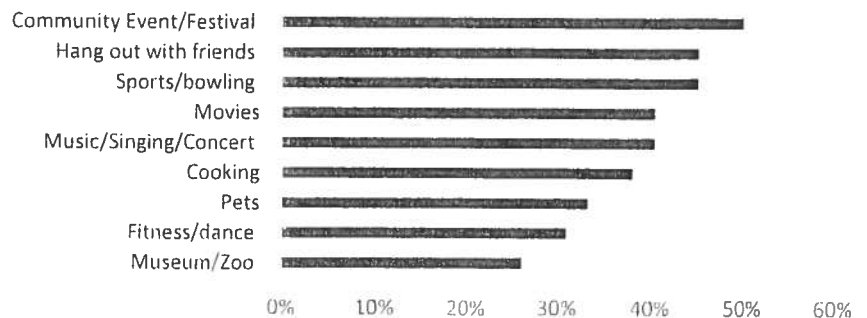
Stephens Family YMCA

Young Adult Program through school district

Has taken Community Choices workshops but experienced CCARTS problems!

We are trying to get into the Reading Group (but it's \$67 per hr, ouch!)

12. What does the person like to do with their spare time? (Check all that apply.)



If "Other", please specify:

Adaptive sports,

Computer

Computers. Games.

Eat fried chicken!

Going to restaurants and live musicals.

Play video games and watch YouTube videos

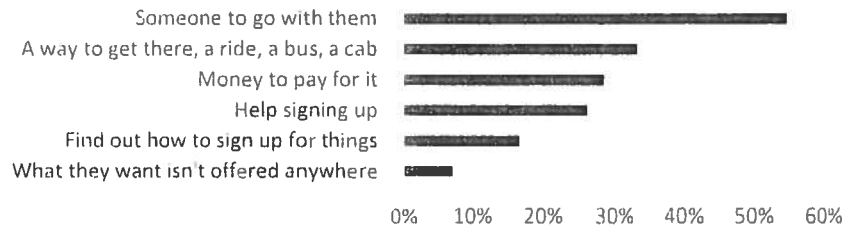
Play, sleep

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Puzzles, games and computer
 Scouts, Civil Air Patrol, Archery
 Using his computer and watching tv in his room.
 Video gaming
 Volunteers at Y to keep busy
 being read to
 coloring
 flea market, church 50 and Over club, German club; family outings; volunteering
 gaming (?)
 my son loves Antique Stores
 play video games and go swimming
 swimming

13. If they want to do any of the things listed above, what do they need and do not have access to? (Check all that apply.)



If "Other", please specify:

Just a voice for them to be able to do the things.
 My daughter needs a friend to go with her and encourage her. Sign language interpreters would also be helpful.
 Need additional money to pay for support workers.
 No
 No they have support workers working with them.
 Not at this time.

She needs help with money management, including making sure she pays the correct amount for things and gets correct change.

Some nursing support is required to participate in outdoor/overnight activities
 Someone to go with her, a ride and money.
 Someone with a sense of humor who will entice him to go places with him/her.
 Transportation
 Transportation and someone to go with him!
 Transportation, help to sign up and reminders

YES. my brother needs more support workers, it is very difficult to recruit. when his support worker is ill or caring for sick family members he just sits at home (quite often). Need training for support workers on how to motivate and support him; yelling and threats are not a good method. Bullying doesn't help. It is very frustrating the lack of supports to help someone with ID/DD stay in their own rural community. Lack of community understanding. They think the family should do everything.

Yes

Yes, if my husband and I were not available, then our son would need much support similar to the needs of a child.

Yes, more "supported" activities--something in between regular extracurricular and completely segregated groups, particularly as related to after school opportunities!

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Yes. He does not travel independently or stay home alone. He needs to be in a structured class or event.
Yes. DSC doesn't have sufficient staff for recreational outings like bowling.
family
people from the alliance and choices

14. Are there supports you need for the person to be able to do the things they want to do?

Just a voice for them to be able to do the things.
My daughter needs a friend to go with her and encourage her. Sign language interpreters would also be helpful.
Need additional money to pay for support workers.
No
No they have support workers working with them.
Not at this time.

She needs help with money management, including making sure she pays the correct amount for things and gets correct change.

Some nursing support is required to participate in outdoor/overnight activities
Someone to go with her, a ride and money.
Someone with a sense of humor who will entice him to go places with him/her.
Transportation
Transportation and someone to go with him!
Transportation, help to sign up and reminders

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Yes

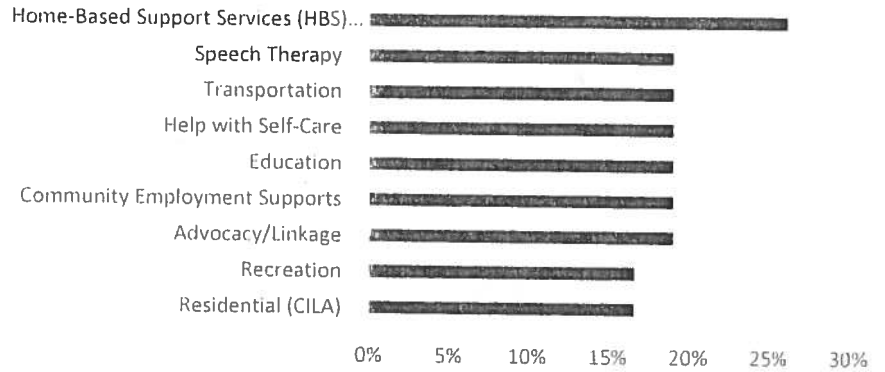
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family
people from the alliance and choices

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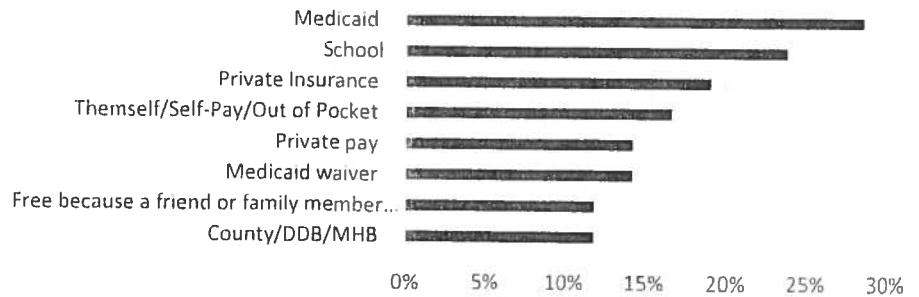
15. What services or supports is the person receiving? (CHECK ALL THAT APPLY) - 17% or more



If "Other", please specify:

- Applied Behavioral Analysis Therapy
- None
- Physical therapy
- Physical therapy, respite
- Supports are not the greatest.
- TAP
- Tutoring - He has 3rd grade math skills, but needs to pass high school courses
- Social work
- We WERE receiving a "respite" allowance from DSC until funding ran out

16. How are these services paid for? (Check all that apply) Over 7%



If "Other", please specify:

- DSC
- I do it myself
- SSDI
- she's on Medicaid because of foster status rather than because of disability

17. If the person is currently waiting for services or not yet in need of services, do they have Medicaid?

Did Not Answer: 36%; Yes: 33%; No: 29%; I Don't Know: 2%

18. If the person is currently waiting for services, are they enrolled in the state's PUNS (Prioritization Urgency of Need of Services) database?

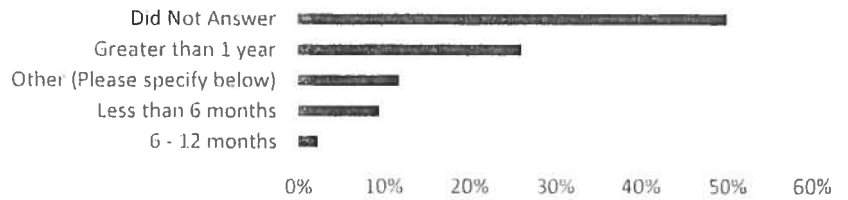
Did Not Answer: 38%; Yes: 31%; No: 19%; I Don't Know: 12%

19. Do they know how to find the services they want?

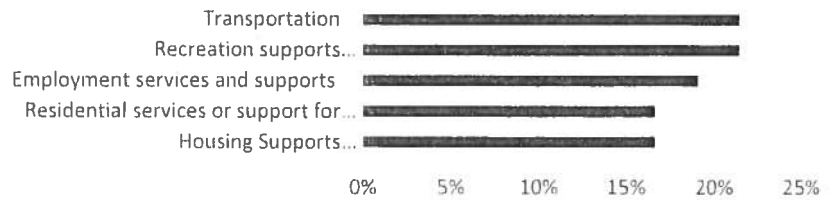
Yes: 36%; Did Not Answer: 26%; No: 24%; I Don't Know: 14%

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20. How long did the person wait for services they wanted?



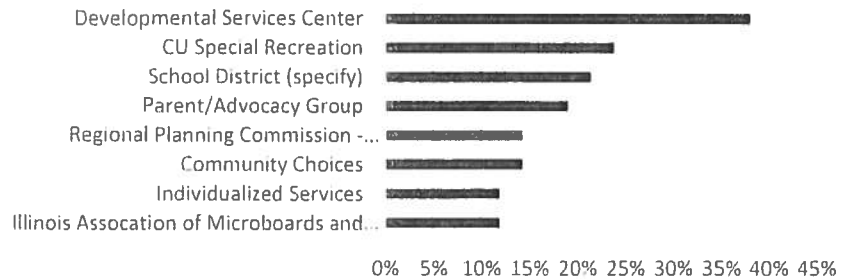
21. What services do they need or want that they are not receiving? (CHECK ALL THAT APPLY) - 17% or more



If "Other", please specify:

After school programming!
we are just getting into the age where more of this applies

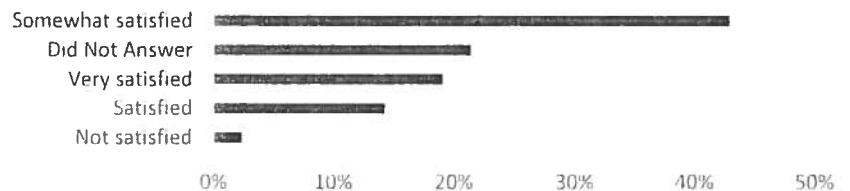
22. Who does the person currently receive services from? (CHECK ALL THAT APPLY) - 12% or more



If "Other", please specify:

Dsc
Family
I personally have an intern from "Community Choices"
Once we lost IEP, no supportsjust parents
Skill Sprout
TAP
Dsc will start providing some assistance in the near future

23. If the person with a disability currently receives services, are you satisfied with those services?



24. Did you and/or the person have a choice about the service provider?

Yes: 45%; Did Not Answer: 24%; No: 19%; I Don't Know: 12%

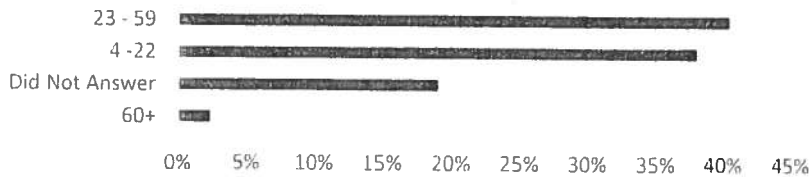
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25. Did you and/or the person have to take the only option available?
 No: 48%; Did Not Answer: 26%; Yes: 14%; I Don't Know: 12%

26. What are the barriers to having what they want and need?

RESPONSE	QUESTION	%
Often (10% or more)	Transportation issues	12%
	Financial issues	10%
	Services do not meet needs	10%
	There is a waiting list.	10%
Sometimes (21% or more)	Transportation issues	29%
	Don't know how to access services	24%
	They are not sure who to ask.	24%
	Unaware of service availability	21%
Seldom (12% or more)	There is a waiting list.	21%
	Medical issues	19%
	Don't know how to access services	19%
	Unaware of service availability	17%
	Stigma/embarrassment/fear	14%
	Services not offered at convenient times	12%
	They are not sure who to ask.	12%

27. Select the age range of the person with disabilities.

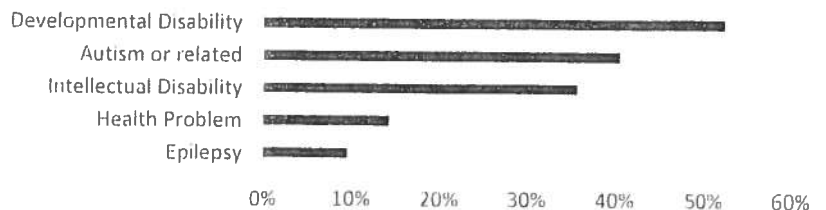


28. In which zip code does the person reside? - Top two: Champaign: 36%; Urbana: 12%

29. In which zip code do you reside? - Top two: 61822 – 19%; 61821 – 10%

30. Have you ever been told that the person has any of the following diagnoses?

(10% or more)



If "Other", please specify:

- ADHD
- Hearing impairment
- Soto Syndrome
- behavior disorder
- hearing loss. Childhood Apraxia of Speech, Global Apraxia

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ID/DD_Caregiver Survey

Report/Results

31. Is there anything else you would like us to know about your experience as a loved one, caregiver, family member, or guardian of a person with an intellectual and/or developmental disability?

As a parent of a two children (ages 3 and 4), who both have autism, I would like to see more information or more access to information of what is available. I have found it difficult to find, and then, I will find out and think, man, I wish I would've known that a year ago. Also, I think it's important to have access and financial help for respite services for young children. My husband and I have a hard time finding time for ourselves because we only have one person to watch our kids. We can't just go hire anyone. It needs to be someone who understands our kids' disabilities and is able to handle them. (Also, I found this survey kind of hard to fill out. It seems a little more geared toward older people with disabilities.)

At the time the individual left high school there was only one option available. That is why the above question was answered that way. We are not looking for another option.

Currently staff at CILA are not being paid enough. They are dedicated, capable people who stay as long as they can "survive" on low pay. Often they work longer hours.

DSC does a great job!

DSC is a very good organization. There just seems to be a problem hiring and retaining group home staff.

I fear that when my daughter ages out of school this summer, she will have no options but to sit at home doing nothing but losing the skills she has gained through school. I know of many families that are in this situation now. Or, I will need to quit work in order to keep her active in volunteer situations.

I know I would like to see a movie theater that shows movies that are not dark and not loud for sensory sensitive children.

I like the disability expos offered in the area to explain so many difference resources. We also do things with T.A.P. family resiliency center & CU autism group. We'd like to do Challenger League and CUSpecRec and therapy ponies but haven't yet. I think we have a lot of caring people to help around here! Good job!

My son falls through the cracks. He needs support, but not intensive support. He will not be independent without a set amount of critical support outside the home. A little support goes a long way with him. He will need support if he wants to go to Parkland, for example. He will not be able to "graduate" Parkland due to his severe math learning disability, although he is very accomplished in history/social studies/civics. He needs a supportive and flexible post-secondary educational opportunity that develops his strengths so he can contribute to society.

Need help to provide and teach residential success as parents will not be here forever to provide needed supports

No

Parenting a child with special needs is the hardest thing that we have ever done. Besides being parents, we have to become specialists in the disability and savvy navigators of a complex system of care. We live with a lot of stress and it is taking its' toll on all of us in the family. Also, thanks for all that you do to help us!

Some needs: A continuum of supported housing options - from Dorm style - to supported housing (less than 24 hours support) Also - more behavioral support for adults who still exhibit challenging behavior.

Thank goodness for DSC

Thank you for all that you do for our community!

Champaign County Mental Health Board
ID/DD_Caregiver Survey
Report/Results

We currently don't receive any services from the State of Illinois and are waiting for the disability waiver for many years. All the services that our son receives at this time have to be paid by us (his parents), including all the respite that we need to take a break of taking care of a child with sever disability

We have received a lot of help from the Illinois Association of Microboards and Vicki Niswander since 2014, when she met with our family to do a PATH person centered plan. This was a life changing event for our family and my brother. I am very appreciative of the present support of the IAMC project in Champaign County. My brother updated his PATH in May 2017 and we are building a support team in Gifford. IAMC needs better funding to help more families in the future. Our parents had to both die in order for my brother to get services. This is wrong and terrible. He needed employment supports 20 years ago; Also the employment supports are inadequate. Once a person with disability is employed they should have access to continued support according to their needs. One size model does not fit all. Elderly parents need to know that the disability service system can help them NOW not at some future date, at the event of their demise and death.

We love the staff and clients at McKinley 3!!
not at this time

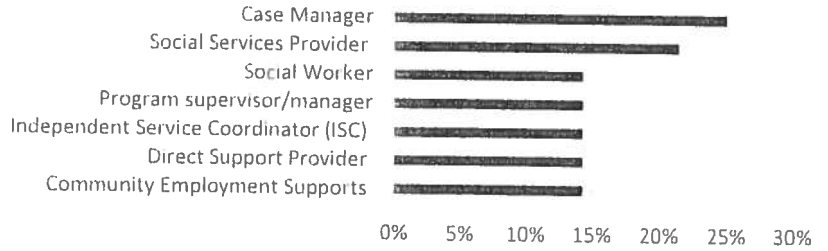
That it's frightening to not know that there will be services and opportunities when we are not around. Everything he receives now has to be initiated and coordinated by us. He pays or we pay.

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**Champaign County Mental Health Board
ID/DD_Provider Survey
Report/Results**

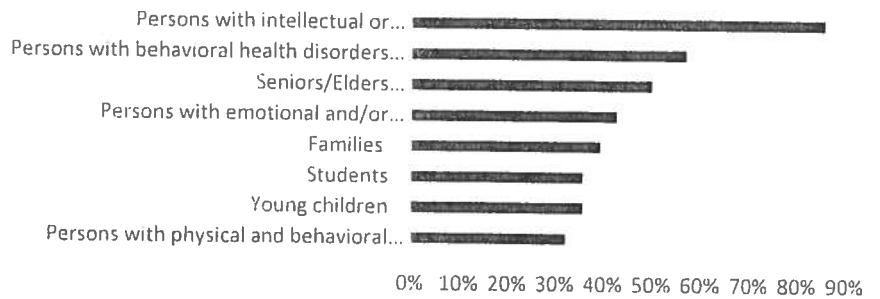
INTRODUCTION: Twenty-eight (28) complete responses were received and processed via on-line and manually.

1. What type of provider are you? CHECK ALL THAT APPLY
(14% or more)



If "Other", please describe:
Director of Special Programs
Home Care Services

2. To whom do you provide services? CHECK ALL THAT APPLY - Over 30%



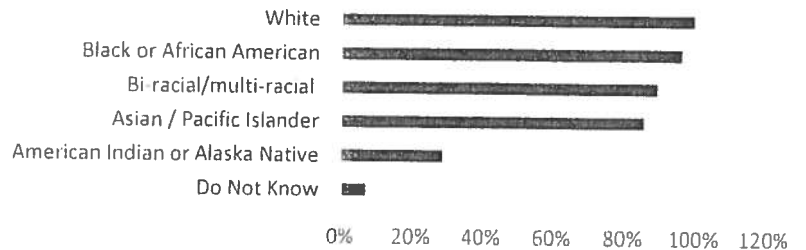
If "Other", please describe:
blind/visually impaired

3. Does your organization offer evening and/or weekend appointments? Yes: 50%; No: 50%

4. Do you provide Language Access and Communication Assistance services?

Yes: 64%; No: 25%; Don't Know: 7%; Did Not Answer: 4%

5. Within the last year, did your agency serve persons in the following race/ethnic group categories? CHECK ALL THAT APPLY.



Other:
Latinos/Hispanic and International students as well as indigenous populations

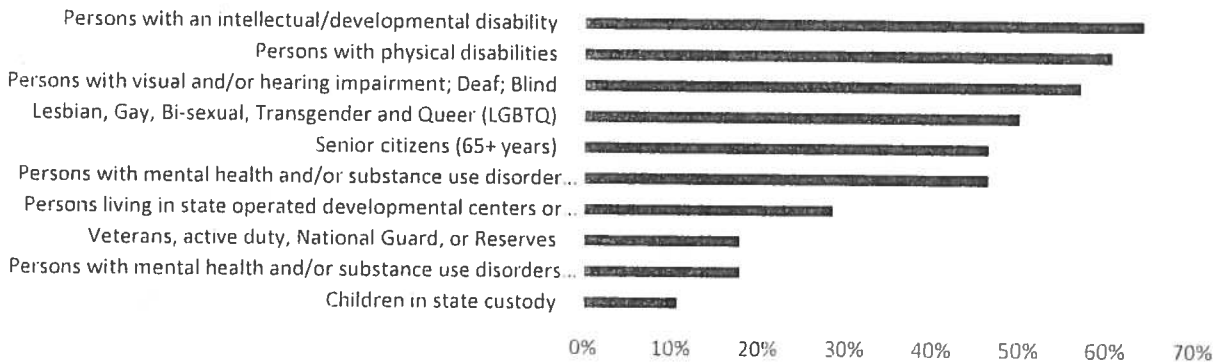
6. Do you believe that people with intellectual and/or developmental disabilities can access the following services in Champaign County?

RESPONSE	QUESTION	%
Yes	Employment services and supports	57%
(50% or more)	Benefits Support	54%
	Day Program	54%
	Crisis Services	50%

Champaign County Mental Health Board
ID/DD_Provider Survey
 Report/Results

	Mental health services	50%
	Recreation supports	50%
No	Housing Supports	18%
(14% or more)	Services for those who have intellectual and/or developmental disabilities and behavioral health conditions	18%
	Co-occurring behavioral health disorder and intellectual/developmental disabilities services	14%
	Coordination of services/care	14%
	Respite services	14%
Don't Know	Substance use disorder services while in jail or juvenile detention or on probation or parole	32%
(11% or more)	Legal Services	18%
	Co-occurring mental health and substance use disorder services	11%
	Recreation supports	11%
	Residential services or support for independent community living	11%
	Substance use disorder services	11%

7. Within the last year, did your agency serve persons who may belong to one of the following groups? CHECK ALL THAT APPLY.



8. Within the last year, did your agency serve persons of Hispanic or Latino/a origin?

Yes: 54%; Did Not Answer: 39%; Don't Know: 7%

9. Within the last year did your agency serve immigrants or undocumented persons?

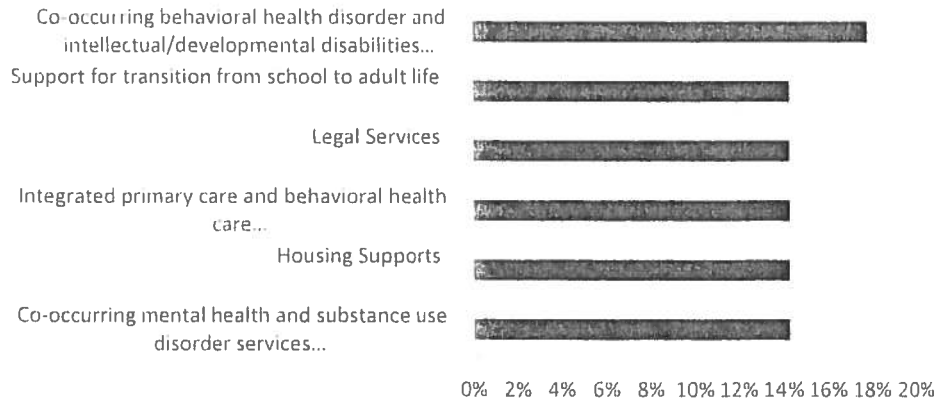
Don't Know: 43%; Did Not Answer: 39% Yes: 11%; No: 7%;

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**Champaign County Mental Health Board
ID/DD_Provider Survey
Report/Results**

10. For persons with intellectual and/or developmental disabilities, are there services needed that are NOT available in your community? CHECK ALL THAT APPLY.

(14% or more)



Other:

More of what we have is needed
Navigation w/ system/supports

11. Are there challenges or barriers that deter people with intellectual and/or developmental disabilities from accessing the most appropriate services in your area? If so, how often do the challenges or barriers occur?

RESPONSE	QUESTION	%
Often (21% or more)	Transportation issues	43%
	Don't know how to access services	32%
	Unaware of service availability	25%
Sometimes (32% or more)	Eligibility for services	21%
	Financial issues	21%
	Services too far away	39%
	Eligibility for services	36%
	Financial issues	36%
Seldom (14% or more)	Medical Issues	36%
	Services do not meet needs	32%
	Stigma/embarrassment/fear	32%
	Belief that ID/DD services won't be helpful	25%
	No interpreter for persons with hearing impairment	21%
	Stigma/embarrassment/fear	21%
	Lack of coordination between providers	14%
	Language barrier	14%

Other Barriers:

Difficulty navigating complex system. Don't know where to start or Point A.

Services are described and explained but when it is time for students to access them, the services are often not available do to funding deficits or students are put on a waiting list and have to sit at home while waiting for services to open.

Waiting lists and not enough providers in the area.

12. Do you as a provider serve people outside Champaign County? Did Not Answer: 39%; Yes: 32%; No: 29%

Champaign County Mental Health Board
ID/DD_Provider Survey
Report/Results

13. As a provider, are your services office/facility based or delivered in natural settings or both? Please explain.

Appointments are done where the person wants to meet, whether it is office, home, or restaurant.

Both

Both - but could improve on delivering services in natural settings.

Both. As a recreation provider, we offer many programs at our indoor facilities, but we also provide many outdoor, nature-based programs as well.

Both. We are flexible with meeting locations on an individual basis.

Both. We have assistance for people who live independently in the community, and we also serve those who live in CILA residential settings.

Both; we meet with families in their homes, at their work sites, or potentially at other community locations that the families may desire or prefer. We can also meet with families that the office in confidential spaces

I only provide services in schools, but sometimes pull the student from the general education class in order to provide instruction in braille and technology.

I work one on one in the home of the person needing the service.

Office

School based.

We have a main office for meetings and work, but most of our services are delivered in the community.

Yes, both office and home/day training visits.

both

14. Do you have other comments regarding service needs or service gaps in your area that you would like us to consider?

Transportation continues to be a pressing concern. Many people use transportation (Piattran, CCarts, DSC), so many activities / opportunities are limited by their transportation schedule.

Based on my observations as a parks and recreation professional, I think we have a real issue with homelessness (likely due in part to mental health issues) in this community that needs to be addressed. There are non-profit organizations such as CU at Home that do great work, but this problem seems best addressed at a government level, especially in regard to improving awareness of, and access to, mental health services. Moreover, better efforts should be made to provide support past the "treatment" phase, and into the "housing/job" phase, so the cycle doesn't continuously repeat.

In the nearer term, it seems like it would be prudent to increase access/awareness of shelters that are available for the homeless population. It just seems like there are not enough, and people resort to sleeping in the parks, and other public spaces. This is a huge safety concern, especially as the weather gets colder. We have worked with CU at Home in the past regarding this issue, and it would be wonderful to be able to provide people with multiple options of places they can go, not only for a warm bed, but comprehensive services that can help them.

I think it is difficult for families to navigate the DD system as a whole. Need assistance with starting point.

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Champaign County Mental Health Board
ID/DD_Provider Survey
Report/Results

I work with individuals who also have case management for ID/DD services through Rosecance. It is very difficult to get the case managers to respond to the needs of the individuals. This has been an ongoing issue well before Rosecance merged with Community Elements. I have found that turn over and lack of experience in dealing with those with ID/DD and mental health are significant factors. When I bring up issues to the case managers they do not know what to do and nothing gets addressed. We are having serious issues with not getting help with budgeting (when Rosecance is the payee), no support with changing lifestyles (which are leading to serious health issues that WILL have a terrible impact on these folks future health) and no support in making good decisions. It appears that these folks that need the help are left to themselves and they are failing in many ways. We can improve their lives, however we need case managers and supervisors that are invested in the work and those that know what they are doing.

Services for students in college who are blind have been unavailable in Champaign county in many instances. The Bureau of Blind Services and Parkland's Office of Disability were not meeting needs for many of my graduating students in the past 3 or so years.

There is a lot of overlap between the mental health world and the intellectual disabilities world---some more options for co-occurring disorders would be helpful including more coordination between providers (like overlapping training services for providers so that we don't have Silos of services/information)

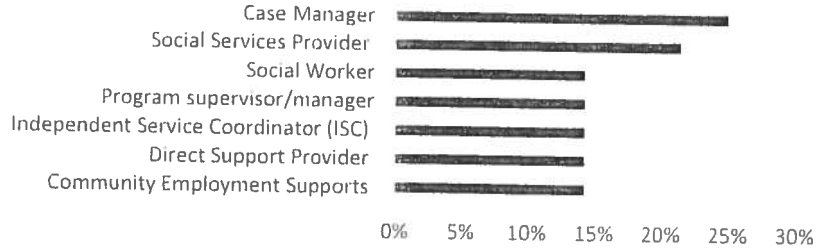
What has been happening with students is that they are urged to stay in school until age 22, which is appropriate in some cases, but not others who have accomplished their high school goals and are ready to move on to transitional services. It is not appropriate for some students to stay in high school because the services are not available due to funding or availability.

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**Champaign County Mental Health Board
ID/DD_Provider Survey
Report/Results**

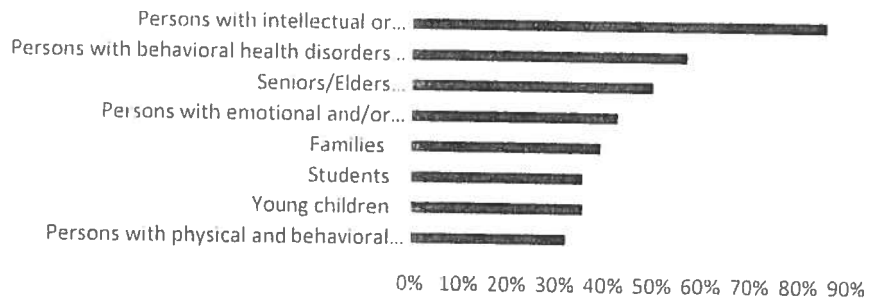
INTRODUCTION: Twenty-eight (28) complete responses were received and processed via on-line and manually.

1. What type of provider are you? CHECK ALL THAT APPLY
(14% or more)



If "Other", please describe:
Director of Special Programs
Home Care Services

2. To whom do you provide services? CHECK ALL THAT APPLY - Over 30%



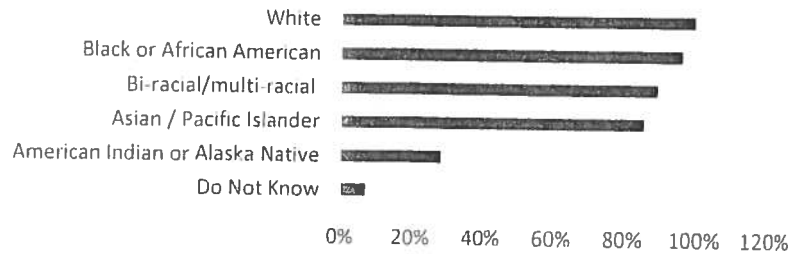
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3. Does your organization offer evening and/or weekend appointments? Yes: 50%; No: 50%

4. Do you provide Language Access and Communication Assistance services?

Yes: 64%; No: 25%; Don't Know: 7%; Did Not Answer: 4%

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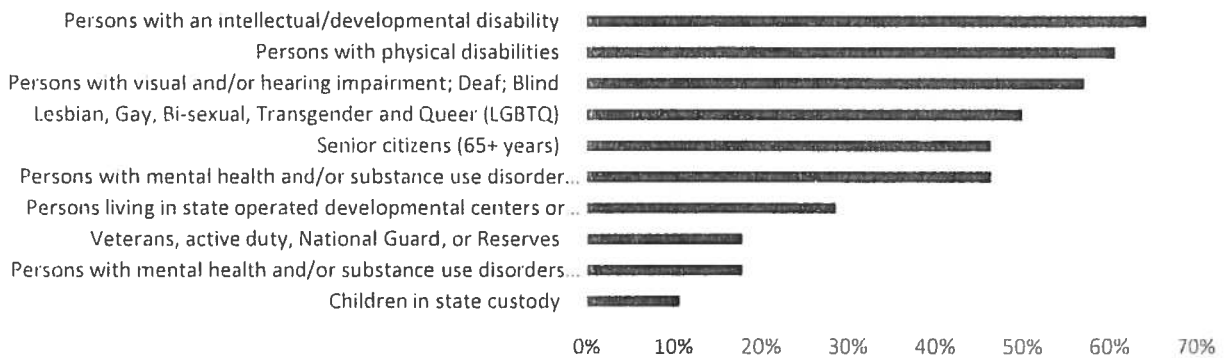
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**Champaign County Mental Health Board
ID/DD_Provider Survey
Report/Results**

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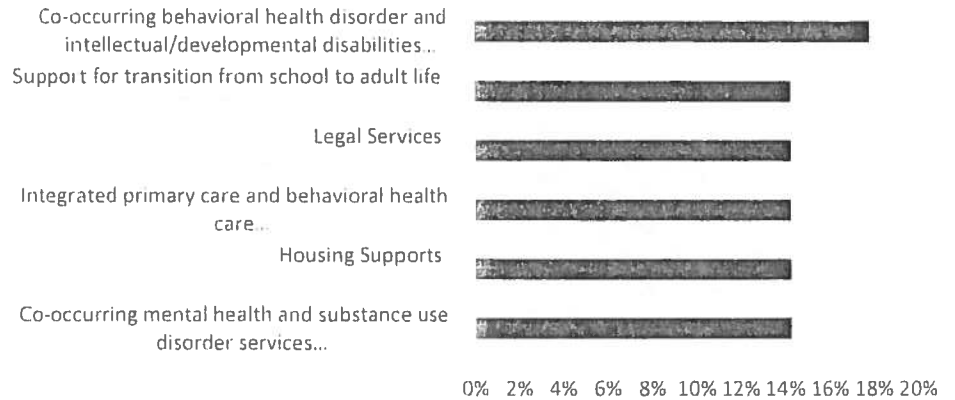
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**Champaign County Mental Health Board
ID/DD_Provider Survey
Report/Results**

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Other:

More of what we have is needed
Navigation w/ system/supports

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55

Champaign County Mental Health Board
ID/DD_Provider Survey
Report/Results

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56

Champaign County Mental Health Board
ID/DD_Provider Survey
Report/Results

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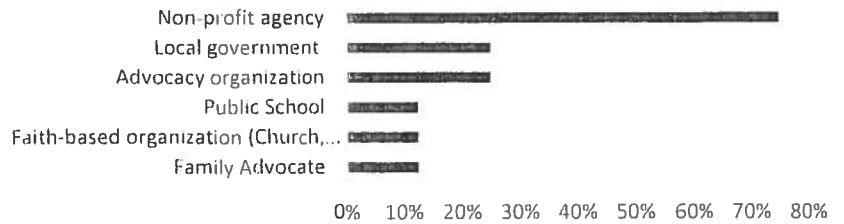
57

Champaign County Mental Health Board
IDDD_Stakeholder Survey
Report/Results

INTRODUCTION: Eight (8) complete responses were received and processed via on-line and manually.

1. What type of organization do you represent? CHECK ALL THAT APPLY

(Only choices selected)



Other:

- DSC
- Park District

2. Please enter the ZIP CODE where you complete the preponderance of your work:

- 61820: 38%
- 61821: 25%
- 61801: 13%
- 61802: 13%
- Did Not Answer: 13%

3. Did you or your organization advocate for persons with an intellectual/developmental disability to help them access the following services?

RESPONSE	QUESTION	%
Yes (50% or more)	Mental health services	88%
	Early childhood/early intervention/Head Start	75%
	ID/DD services or supports	75%
	Mental health crisis services	50%
No (50% or more)	Substance use disorder services	63%
	Co-occurring mental health and substance use disorder services	63%
	Mental health services for people in jail or juvenile detention	50%
	Substance use disorder services for people in jail or juvenile detention or on probation or on parole	50%
	ID/DD services while in jail or juvenile detention	50%
Don't Know	<i>None with more than two respondents checking</i>	

4. Within the last year, did you or your organization interact with persons with an intellectual/developmental disability who may belong to one of the following groups? CHECK ALL THAT APPLY. Top 3 -

- Hispanic or Latino/a Individuals: 75%
- Homeless Population: 63%
- Individuals with any criminal justice involvement: 50%

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Champaign County Mental Health Board
IDDD_Stakeholder Survey

Report/Results

5. Based on your experience and knowledge of the service system in Champaign County, please rate the availability of the following services, for persons with ID/DD. (Please note that "Available with Challenges" means that services are available but there are barriers such as transportation concerns, waiting lists for intake, inconvenient hours for working persons, etc.)

RESPONSE	QUESTION	%
Available When Needed (Over 50%)	Information and referral	88%
	School-based services	75%
	Screening	75%
	Advocacy/Linkage	63%
	Developmental Training	63%
	Early childhood/early intervention/Head Start	63%
Available w Challenges (75% or more)	Apartment Services/Community Living	75%
	Care coordination	75%
	Case management/Community supports	75%
Service Not Available (only answer with 2)	Supported employment	75%
	Mental health services while in jail or juvenile detention	25%
Do Not Know	Couples services	100%
	WRAP (Wellness Recovery Action Plan)	100%

6. Based on your experience and knowledge of the service system in Champaign County, are there barriers that deter persons with intellectual and developmental disabilities from accessing the most appropriate services? If so, how often do the barriers occur?

RESPONSE	QUESTION	%
Often Top 3	Financial Issues	75%
	Transportation Issues	38%
	Unaware of service availability	38%
Sometimes Top 3	Services too far away	63%
	Medical issues	50%
	Services do not meet needs	50%
Seldom	No option selected more than once	25%

7. Please tell us about service needs or service gaps you have experienced that you want brought to our attention.

The programs exist to provide services but the funding doesn't exist to support enough people in need of the services. Specifically, state funding is frequently not enough to allow an organization to provide the level of service necessary or to provide it in a manner that works well.

The drive to encourage more community involvement is also key and very important but we need to make sure those individuals who are not able to participate (lack of programs, funding, ability, etc) are not overlooked and the limited options they currently have are not lost.

Two significant concerns: 1) financial strains stemming from eroded State financial support (stagnant State rates for 10+ years eroded by costs inflation), and 2) potential elimination of a full continuum of supports and services for individuals of all levels of abilities/disabilities in pursuit of the important and laudable goal of primarily 'community-based supports and services.

Insufficient state funding. Rates are too low.

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Question	Response (Respondent's Comments NOT Edited)	Count	%
1. Have you been told that you have a mental health diagnosis?	Yes	24	96%
	No	1	4%
2. Have you been told you have a substance use disorder diagnosis?	No	20	80%
	Yes	5	20%
3. Have you been screened?	Yes	18	72%
	No	4	16%
	Don't know	3	12%
4. Have you had an assessment?	Yes	21	84%
	Don't know	2	8%
	No	2	8%
5. What mental health services have you used or are you getting now? CHECK ALL THAT APPLY. Psychiatry Therapy or counseling Medication management. Integrated primary care and behavioral health services	Checked	20	80%
	Checked	18	72%
	Checked	14	56%
	Checked	8	32%
	Checked	7	28%
	Checked	7	28%
	Checked	6	24%
	Checked	4	16%
	Checked	3	12%
	Checked	3	12%
	Checked	3	12%
	Checked	2	8%

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MHSUD: Consumer Survey (25 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Domestic violence victim services	Checked	2	8%
Employment support services for person with mental health issues	Checked	2	8%
Sexual assault survivor service	Checked	2	8%
Received or am receiving both mental health and substance use disorder services (co-occurring) from same or different agencies.	Checked	2	8%
Anger management services	Checked	1	4%
Couples Counseling	Checked	1	4%
Day treatment/partial hospitalization	Checked	1	4%
Grief Services	Checked	1	4%
Peer support services	Checked	1	4%
Recovery support services.	Checked	1	4%
Respite services/crisis stabilization	Checked	1	4%
Residential mental health treatment	Checked	1	4%
Self-help group.	Checked	1	4%
Temporary housing or shelter	Checked	1	4%
Domestic violence offender services	UnChecked	25	100%
Drop-in center (peer run)/"Living Room" model	UnChecked	25	100%
I do not receive mental health services.	UnChecked	25	100%
Housing with support services for person with mental health issues	UnChecked	25	100%
Parenting group	UnChecked	25	100%
Parenting with Love and Limits (PLL)	UnChecked	25	100%
Sex offender treatment	UnChecked	25	100%
Received or am receiving both mental health and intellectual/developmental disabilities services (co-occurring) from same or different agencies.	UnChecked	25	100%
Do not know	UnChecked	25	100%
Anger management services	UnChecked	24	96%
Couples Counseling	UnChecked	24	96%
Day treatment/partial hospitalization	UnChecked	24	96%
Grief Services	UnChecked	24	96%

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MHSUD: Consumer Survey (25 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Peer support services	UnChecked	24	96%
Recovery support services.	UnChecked	24	96%
Respite services/crisis stabilization	UnChecked	24	96%
Residential mental health treatment	UnChecked	24	96%
Self-help group.	UnChecked	24	96%
Temporary housing or shelter	UnChecked	24	96%
Care coordination	UnChecked	23	92%
Crisis team	UnChecked	23	92%
Domestic violence victim services	UnChecked	23	92%
Employment support services for person with mental health issues	UnChecked	23	92%
Sexual assault survivor service	UnChecked	23	92%
Received or am receiving both mental health and substance use disorder services (co-occurring) from same or different agencies.	UnChecked	23	92%
Group services counseling	UnChecked	22	88%
Suicide prevention services	UnChecked	22	88%
Trauma specific services	UnChecked	22	88%
Inpatient hospitalization/residential	UnChecked	21	84%
Case management or other professional who helps link you to services and resources	UnChecked	19	76%
Called a crisis line	UnChecked	18	72%
Coordination of services across providers	UnChecked	18	72%
Integrated primary care and behavioral health services	UnChecked	17	68%
Medication management.	UnChecked	11	44%
Therapy or counseling	UnChecked	7	28%
Psychiatry	UnChecked	5	20%
I receive other services. If this is checked, please explain below:	Checked	2	8%
I receive other services. If this is checked, please explain below:	UnChecked	23	92%
Please explain if you receive other services:	I see a psychiatrist and get medication for anxiety condition.	1	4%

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MHSUD: Consumer Survey (25 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	Medication management through psychiatrist, Intensive Outpatient treatment (IOP)	1	4%
	Psychiatric & Neurologic care	1	4%
	Did not Answer	22	88%
6. What mental health services do you need but are NOT getting now? CHECK ALL THAT APPLY. I need....			
Peer support services	Checked	3	12%
Do not know	Checked	3	12%
Case management or other professional who helps link you to services and resources	Checked	2	8%
Drop-in center (peer run)/"Living Room" model	Checked	2	8%
Employment support services for person with mental health issues	Checked	2	8%
Psychiatry	Checked	2	8%
Self-help group	Checked	2	8%
Therapy or counseling	Checked	2	8%
Trauma specific services	Checked	2	8%
Anger management services	Checked	1	4%
Care coordination	Checked	1	4%
Coordination of services across providers	Checked	1	4%
Crisis team	Checked	1	4%
Day treatment/partial hospitalization	Checked	1	4%
Medication management	Checked	1	4%
Respite services/crisis stabilization	Checked	1	4%
Both mental health and substance use disorder services (co-occurring) from same or different agencies.	Checked	1	4%
Crisis line to call	UnChecked	25	100%
Couples counseling	UnChecked	25	100%
Domestic violence offender services	UnChecked	25	100%
Domestic violence victim services	UnChecked	25	100%
Grief services	UnChecked	25	100%

MHSUD: Consumer Survey (25 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Group services counseling	UnChecked	25	100%
I do not receive mental health services.	UnChecked	25	100%
Inpatient hospitalization/residential	UnChecked	25	100%
Integrated primary care and behavioral health services			
Housing with support services for person with mental health issues	UnChecked	25	100%
Parenting group	UnChecked	25	100%
Parenting with Love and Limits (PLL)	UnChecked	25	100%
Recovery support services	UnChecked	25	100%
Residential mental health treatment	UnChecked	25	100%
Sexual assault survivor services	UnChecked	25	100%
Sex offender treatment	UnChecked	25	100%
Suicide prevention services	UnChecked	25	100%
Temporary housing or shelter	UnChecked	25	100%
Both mental health and intellectual/developmental disabilities services (co-occurring) from same or different agencies.	UnChecked	25	100%
Anger management services	UnChecked	24	96%
Care coordination	UnChecked	24	96%
Coordination of services across providers	UnChecked	24	96%
Crisis team	UnChecked	24	96%
Day treatment/partial hospitalization	UnChecked	24	96%
Medication management	UnChecked	24	96%
Respite services/crisis stabilization	UnChecked	24	96%
Both mental health and substance use disorder services (co-occurring) from same or different agencies.	UnChecked	24	96%
Case management or other professional who helps link you to services and resources	UnChecked	23	92%
Drop-in center (peer run)/"Living Room" model	UnChecked	23	92%
Employment support services for person with mental health issues	UnChecked	23	92%

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MHSUD: Consumer Survey (25 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Psychiatry	UnChecked	23	92%
Self-help group	UnChecked	23	92%
Therapy or counseling	UnChecked	23	92%
Trauma specific services	UnChecked	23	92%
Peer support services	UnChecked	22	88%
Do not know	UnChecked	22	88%
I need another type of service. If this box is checked, please explain, for example, you were not able to find such service or were placed on a waiting list.	Checked	2	8%
I need another type of service. If this box is checked, please explain, for example, you were not able to find such service or were placed on a waiting list.	UnChecked	23	92%
Please explain what other type of service you need.	EMDR for complex PTSD	1	4%
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7. What substance use disorder services have you used or are you getting now? CHECK ALL THAT APPLY.	Either more intensive or specified therapy for my diagnosis/diagnoses and concerns.	1	4%
I do not receive substance use disorder services	Checked	14	56%
12-Step program	Checked	4	16%
Therapy or counseling	Checked	3	12%
Medication management	Checked	2	8%
Having a sponsor	Checked	2	8%
Alcohol and drug sober living (transitional housing)	Checked	1	4%
Detoxification	Checked	1	4%
DUI class	Checked	1	4%
Halfway house	Checked	1	4%
Integrated primary care and behavioral health services	Checked	1	4%
Opioid treatment such as methadone, suboxone and vivitrol	Checked	1	4%
Residential alcohol and drug treatment services	Checked	1	4%

MHSUD: Consumer Survey (25 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Received or are receiving both mental health and substance use disorder services (co-occurring) from same or different agencies.	UnChecked	25	100%
Care coordination	UnChecked	25	100%
Coordination of services across providers	UnChecked	25	100%
Crisis team	UnChecked	25	100%
Peer support services	UnChecked	25	100%
Recovery support services such as case management or support groups	UnChecked	25	100%
Substance use disorder intensive outpatient treatment	UnChecked	25	100%
Substance use disorder outpatient treatment	UnChecked	25	100%
Al-anon	UnChecked	25	100%
Do not know	UnChecked	25	100%
Alcohol and drug sober living (transitional housing)	UnChecked	24	96%
Detoxification	UnChecked	24	96%
DUI class	UnChecked	24	96%
Halfway house	UnChecked	24	96%
Integrated primary care and behavioral health services	UnChecked	24	96%
Opioid treatment such as methadone, suboxone and vivitrol	UnChecked	24	96%
Residential alcohol and drug treatment services	UnChecked	24	96%
Medication management	UnChecked	23	92%
Having a sponsor	UnChecked	23	92%
Therapy or counseling	UnChecked	22	88%
12-Step program	UnChecked	21	84%
I do not receive substance use disorder services	UnChecked	11	44%
I get another type of service. If this is checked, please explain below.	UnChecked	25	100%
Please explain what other type of service you get.	Did Not Answer	25	100%

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MHSUD: Consumer Survey (25 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
8. What substance use disorder services do you need but are NOT getting now. CHECK ALL THAT APPLY. I need...			
Both mental health and substance use disorder services (co-occurring) from same or different agencies.			
Do not know	Checked	2	8%
12-Step program	Checked	2	8%
Alcohol and drug sober living (transitional housing)	Checked	1	4%
Crisis services	Checked	1	4%
Detoxification	Checked	1	4%
Peer support services	Checked	1	4%
Care coordination	Checked	1	4%
Coordination of services across providers	UnChecked	25	100%
DUI class	UnChecked	25	100%
Halfway house	UnChecked	25	100%
Integrated primary care and behavioral health services	UnChecked	25	100%
Medication management	UnChecked	25	100%
Opioid treatment such as methadone, suboxone, and vivitrol	UnChecked	25	100%
Recovery support services such as case management or support groups.	UnChecked	25	100%
Residential alcohol and drug treatment services	UnChecked	25	100%
Substance use disorder intensive outpatient treatment	UnChecked	25	100%
Substance use disorder outpatient treatment	UnChecked	25	100%
Therapy or counseling	UnChecked	25	100%
Having a sponsor	UnChecked	25	100%
Al-anon	UnChecked	25	100%
Substance use disorder services.	UnChecked	25	100%
12-Step program	UnChecked	24	96%
Alcohol and drug sober living (transitional housing)	UnChecked	24	96%
Crisis services	UnChecked	24	96%

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MHSUD: Consumer Survey (25 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Detoxification	UnChecked	24	96%
Peer support services	UnChecked	24	96%
Both mental health and substance use disorder services (co-occurring) from same or different agencies.			
Do not know	UnChecked	23	92%
I need another type of service. If this is checked, please explain below.	UnChecked	23	92%
I need another type of service. If this is checked, please explain below.	Checked	2	8%
Please explain what other type of service is needed	UnChecked	23	92%
	I do not have substance abuse issue	1	4%
	None	1	4%
	Peer run living room project	1	4%
9. What barriers do you face when trying to get services?			
I have to wait too many days to get services	Sometimes	9	36%
I can't pay for services	Sometimes	7	28%
I feel embarrassed or afraid	Sometimes	4	16%
I cannot get services at hours that are convenient for me	Sometimes	4	16%
I don't think the services I need are available in my area.	Sometimes	4	16%
I do not try to get services	Sometimes	3	12%
I have been dropped from the service	Sometimes	3	12%
I have to travel too far to get to services	Sometimes	3	12%
I need transportation	Sometimes	2	8%
I do not have insurance	Sometimes	2	8%
I am involved in the justice system	Sometimes	2	8%
I don't believe services will help	Sometimes	2	8%
I have medical issues	Sometimes	2	8%
I do not know what services are available	Sometimes	2	8%
I don't know how to find services	Sometimes	2	8%

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MHSUD: Consumer Survey (25 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
I think there is a lack of coordination between providers	Sometimes	2	8%
I have been told I am not eligible for services	Sometimes	2	8%
I don't think my service provider meets my needs	Sometimes	1	4%
I do not try to get services	Seldom	5	20%
I feel embarrassed or afraid	Seldom	5	20%
I don't believe services will help	Seldom	4	16%
I cannot get services at hours that are convenient for me	Seldom	4	16%
I need transportation	Seldom	3	12%
I have to travel too far to get to services	Seldom	3	12%
I do not know what services are available	Seldom	3	12%
I don't know how to find services	Seldom	3	12%
I have been banned from the service	Seldom	2	8%
I can't pay for services	Seldom	2	8%
I have medical issues	Seldom	2	8%
I don't think the services I need are available in my area.	Seldom	2	8%
I think there is a lack of coordination between providers	Seldom	2	8%
I have been dropped from the service	Seldom	1	4%
I do not have insurance	Seldom	1	4%
I have to wait too many days to get services	Seldom	1	4%
I don't think my service provider meets my needs	Seldom	1	4%
I have been told I am not eligible for services	Seldom	1	4%
I feel embarrassed or afraid	Often	4	16%
I can't pay for services	Often	4	16%
I need transportation	Often	3	12%
I have medical issues	Often	3	12%
I have to wait too many days to get services	Often	3	12%
I think there is a lack of coordination between providers	Often	3	12%
I do not have insurance	Often	2	8%
I do not know what services are available	Often	2	8%

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MHSUD: Consumer Survey (25 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
I don't think my service provider meets my needs	Often	2	8%
I don't know how to find services	Often	1	4%
I need child care	Does not apply/do not know	14	56%
I have been dropped from the service	Does not apply/do not know	14	56%
I have been banned from the service	Does not apply/do not know	13	52%
I am involved in the justice system	Does not apply/do not know	13	52%
I have been told I am not eligible for services	Does not apply/do not know	13	52%
I do not have insurance	Does not apply/do not know	11	44%
I don't think my service provider meets my needs	Does not apply/do not know	11	44%
I have medical issues	Does not apply/do not know	10	40%
I have to travel too far to get to services	Does not apply/do not know	10	40%
I do not know what services are available	Does not apply/do not know	10	40%
I don't know how to find services	Does not apply/do not know	10	40%
I don't think the services I need are available in my area.	Does not apply/do not know	10	40%
I need transportation	Does not apply/do not know	9	36%
I don't believe services will help	Does not apply/do not know	9	36%
I think there is a lack of coordination between providers	Does not apply/do not know	9	36%
I do not try to get services	Does not apply/do not know	8	32%
I cannot get services at hours that are convenient for me	Does not apply/do not know	8	32%
I can't pay for services	Does not apply/do not know	5	20%
I feel embarrassed or afraid	Does not apply/do not know	4	16%
I have to wait too many days to get services	Does not apply/do not know	4	16%
I need child care	Did Not Answer	11	44%
I have been banned from the service	Did Not Answer	10	40%
I am involved in the justice system	Did Not Answer	10	40%
I don't believe services will help	Did Not Answer	10	40%
I don't think my service provider meets my needs	Did Not Answer	10	40%
I do not try to get services	Did Not Answer	9	36%
I do not have insurance	Did Not Answer	9	36%
I have to travel too far to get to services	Did Not Answer	9	36%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
I cannot get services at hours that are convenient for me	Did Not Answer	9	36%
I don't know how to find services	Did Not Answer	9	36%
I don't think the services I need are available in my area.	Did Not Answer	9	36%
I think there is a lack of coordination between providers	Did Not Answer	9	36%
I have been told I am not eligible for services	Did Not Answer	9	36%
I need transportation	Did Not Answer	8	32%
I feel embarrassed or afraid	Did Not Answer	8	32%
I have medical issues	Did Not Answer	8	32%
I have to wait too many days to get services	Did Not Answer	8	32%
I do not know what services are available	Did Not Answer	8	32%
I have been dropped from the service	Did Not Answer	7	28%
I can't pay for services	Did Not Answer	7	28%
I faced another kind of barrier - Please explain:	Did Not Answer	22	88%
I faced another kind of barrier - Please explain:	ER Services inadequate for mental health care (acute)	1	4%
I faced another kind of barrier - Please explain:	My own depression makes it hard to follow through.	1	4%
I faced another kind of barrier - Please explain:	My psychiatrist does not prescribe prazosin for PTSD according to the VA protocol or any other PTSD medication protocol	1	4%
10. If you have been arrested and booked into the jail, have you received any of the following services while in jail? CHECK ALL THAT APPLY.			
MENTAL HEALTH SERVICES			
Counseling/therapy	Checked	1	4%
Case management	Checked	1	4%
Psychiatry	Checked	1	4%
Screening	Checked	1	4%
Assessment	Checked	1	4%
Re-entry/discharge planning	UnChecked	25	100%
Benefits enrollment assistance	UnChecked	25	100%
Counseling/therapy	UnChecked	24	96%

MHSUD: Consumer Survey (25 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Case management	UnChecked	24	96%
Psychiatry	UnChecked	24	96%
Screening	UnChecked	24	96%
Assessment	UnChecked	24	96%
SUBSTANCE USE DISORDER SERVICES			
Screening	Checked	2	8%
Assessment	Checked	2	8%
None of the above	Checked	2	8%
Counseling/therapy	Checked	1	4%
Case management	Checked	1	4%
Re-entry/discharge planning	UnChecked	25	100%
Benefits enrollment assistance	UnChecked	25	100%
Received or are receiving both mental health and substance use disorder services while in jail from same or different agencies.	UnChecked	25	100%
Counseling/therapy	UnChecked	24	96%
Case management	UnChecked	24	96%
Screening	UnChecked	23	92%
Assessment	UnChecked	23	92%
None of the above	UnChecked	23	92%
Other	Checked	1	4%
Other	UnChecked	24	96%
If "Other" is checked above, please describe: For alcohol abuse, I used AA for 13 years. I am 22 years sober now.			

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11. If you have been arrested and booked into the jail, what barriers do you face when trying to get services while in jail?

I do not try to get services	Did Not Answer	19	76%
I have been dropped from the service	Did Not Answer	19	76%
I don't believe services will help	Did Not Answer	19	76%
I have to wait too many days to get services	Did Not Answer	19	76%
I don't know how to find services	Did Not Answer	19	76%
The services I need are not available	Did Not Answer	19	76%

MHSUD: Consumer Survey (25 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
I don't think my service provider meets my needs	Did Not Answer	19	76%
I have been told I am not eligible for services	Did Not Answer	19	76%
I do not have insurance	Did Not Answer	18	72%
I feel embarrassed or afraid	Did Not Answer	18	72%
I have medical issues	Did Not Answer	18	72%
I do not know what services are available	Did Not Answer	18	72%
I do not have insurance	Does not apply/do not know	6	24%
I have been dropped from the service	Does not apply/do not know	6	24%
I feel embarrassed or afraid	Does not apply/do not know	6	24%
I don't believe services will help	Does not apply/do not know	6	24%
I have medical issues	Does not apply/do not know	6	24%
I have to wait too many days to get services	Does not apply/do not know	6	24%
I don't know how to find services	Does not apply/do not know	6	24%
The services I need are not available	Does not apply/do not know	6	24%
I don't think my service provider meets my needs	Does not apply/do not know	6	24%
I have been told I am not eligible for services	Does not apply/do not know	6	24%
I do not try to get services	Does not apply/do not know	5	20%
I do not know what services are available	Does not apply/do not know	5	20%
I have medical issues	Often	1	4%
I do not have insurance	Seldom	1	4%
I do not know what services are available	Sometimes	2	8%
I do not try to get services	Sometimes	1	4%
I feel embarrassed or afraid	Sometimes	1	4%
I faced another kind of barrier - Please explain:	Did Not Answer	19	76%
I faced another kind of barrier - Please explain:	Does not apply/do not know	5	20%
I faced another kind of barrier - Please explain:	Sometimes	1	4%
If "Other", please specify.	Was only in jail for a few hours at a time, did not consider asking abt services	1	4%
12. Is there anything else you would like to tell us about your experience getting mental health and/or substance use disorder services?	As someone on Medicaid/Medicare, I can say that it is difficult to receive even the same basic care as someone with good insurance	1	4%

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MHSUD: Consumer Survey (25 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	<p>For people in our area who do not have insurance, there is limited assistance available. For people who need detox for drug or alcohol abuse, there is nowhere anymore that does this as a medical detox, unless you have insurance. People have to leave this county and have a way to do that to get help. Otherwise, it falls on the hospital emergency departments.</p>	1	4%
	<p>Good therapists who accept medicaid are extremely difficult to find. this leaves me settling for sub-standard care with therapists who do not understand my diagnosis.</p>	1	4%
	<p>High turn-over of counselors, case-managers. Indifference/lack of understanding/compassion of psychiatrist</p>	1	4%
	<p>I really need weekly service. It is very hard to find someone who can provide this because of a combination of my low income and the shortage of providers.</p>	1	4%
	<p>I'll most likely live in CU all my life because I can't imagine what it would be like to live in another town. I don't think there is a single town/city like Champaign/Urbana. Not only would I not get the same help, I'd be leaving close friends.</p>	1	4%
	<p>It was difficult finding a therapist/psychiatrist that was covered my insurance and even now, it's hard meeting that deductible. A lot of it is money issues, especially since I am a student and having withdrawn from the University had me lose a lot of benefits that I previously had.</p>	1	4%
	<p>No</p>	1	4%
	<p>Primarily, I do not seek further treatment because I am receiving counseling services from the University of Illinois. Although I am not seeing an eating disorder specialist, I believe counseling helps momentarily, but does not help with receiving "homework" or tips to practice between sessions. Secondly, I do not seek further mental health treatment because I worry about the financial costs to my parents, since they pay for my treatment. When I become financially independent, I do not want the costs to become a burden.</p>	1	4%

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MHSUD: Consumer Survey (25 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
13. Based on your experience, is there a service need or gap about which you would like to tell us? If so, please describe.	i wish it was easier to be able to see a psychiatrist. i wish that universities and middle and high schools discussed when you should get help and steps to getting it.	1	4%
	Did Not Answer	15	60%
	EMDR for PTSD	1	4%
	I believe there should be more accommodating services for people who are in school and out of school. Even when I was enrolled in the University, it took me at least a semester to get in touch with a therapist.	1	4%
	It would be handy for Psychiatrists/Counselors to adapt the automatic call-back feature on their phones, instead of having to be on hold.	1	4%
	No	1	4%
	Providing better, longer-term services for college students. Providing students with specialty care (e.g., eating, mood, behavioral, substance use, and other disorder specialists). Providing better mental health and substance abuse treatment opportunities for incarcerated individuals.	1	4%
	The above notation is for this box. I did not use a treatment center or detox center to get off of alcohol. I called the AA hotline and stuck with meetings, sponsor, steps, etc.	1	4%
	The emergency departments at hospitals need to be better trained on how to deal w people experiencing acute panic etc without shaming them, discharging them prematurely	1	4%
	There were times I wanted to get into counseling I could not afford even when fees were on a sliding scale	1	4%
	We desperately need a peer run living room project in our area.	1	4%
	YES. Seeing pscyh and counseling - too long of a gap between need and availability.	1	4%
	Did Not Answer	15	60%

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Question	Response (Respondent's Comments NOT Edited)	Count	%	
14. What is your job (employment) status?	I am a student and not in the workforce	1	4%	
	I am disabled and not in the workforce	2	8%	
	I am retired and not in the workforce	3	12%	
	I am unemployed and not looking for a job	2	8%	
	I am unemployed and unable to find a job	1	4%	
	I am working a job for pay (outside the home, home-based, etc)	8	32%	
	I have a different job status. Please explain	2	8%	
	Did Not Answer	6	24%	
	I am employed as a student taking a gap year.	1	4%	
	I have a full time job, a home business, and I'm in school.	1	4%	
Please explain if a different job status.	I take employment not necessarily for money, but for practical time use. I am a volunteer receptionist at PACE, & sometimes help in various paper work, 1 or 2 days a week, about 4 hours a day.	1	4%	
	also answered: disabled & not in workforce; Student and not in work force	1	4%	
	applying for disability - attempting appeal process at the moment	1	4%	
	i am a full time student with a part time job	1	4%	
	15. In the past 30 days, where did you live most of the time?	Private home - Taking care of yourself (living alone, with friends, a partner, or family members)	19	76%
		Private home-Someone helping to take care of you-relying on others to help you live in this setting	1	4%
		Residential facility (long-term placement)	1	4%
		Did Not Answer	4	16%
		16. Do you have Medicaid?	No	12
	Yes		8	32%
Did Not Answer	4		16%	
Do not know	1		4%	
17. How do you pay for your treatment/services? CHECK ALL THAT APPLY				

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MHSUD: Consumer Survey (25 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Self pay	Checked	8	32%
Insurance through my employer	Checked	7	28%
Medicaid	Checked	5	20%
A member of my family or a friend pays	Checked	4	16%
Medicare	Checked	4	16%
SSI/SSDI	Checked	3	12%
Insurance purchased directly	Checked	2	8%
Molina Healthcare Managed Care Plan	Checked	2	8%
Blue Cross Blue Shield of Illinois Managed Care Plan	Checked	1	4%
Meridian Health Managed Care Plan	UnChecked	25	100%
Harmony Health Managed Care Plan	UnChecked	25	100%
IlliniCare Health Managed Care Plan	UnChecked	25	100%
My services are free	UnChecked	25	100%
Do not know	UnChecked	25	100%
Blue Cross Blue Shield of Illinois Managed Care Plan	UnChecked	24	96%
Insurance purchased directly	UnChecked	23	92%
Molina Healthcare Managed Care Plan	UnChecked	23	92%
SSI/SSDI	UnChecked	22	88%
A member of my family or a friend pays	UnChecked	21	84%
Medicare	UnChecked	21	84%
Medicaid	UnChecked	20	80%
Insurance through my employer	UnChecked	18	72%
Self pay	UnChecked	17	68%
Other (please explain below)	Checked	5	20%
Other (please explain below)	UnChecked	20	80%
If "Other", please describe.	Father's insurance (BCBS-IL) and parents pay the outstanding co-pay balance.	1	4%
	I'm currently under parent insurance.	1	4%
	hospital program (financial)	1	4%
	insurance I am able to purchase through being a student	1	4%
	parent's insurance blue cross blue shield	1	4%
18. Where do you live in Champaign County?	61801 Urbana	7	28%

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MHSUD: Consumer Survey (25 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	61802 Urbana	3	12%
	61820 Champaign	2	8%
	61821 Champaign	3	12%
	61822 Champaign	2	8%
	61873 St Joseph	2	8%
	61874 Savoy	2	8%
	Did Not Answer	4	16%
	Did Not Answer	25	100%

If "Other" selected, please specify.

19. What is your race and/or ethnic background? CHECK ALL THAT APPLY.

- White
 - Asian / Pacific Islander
 - American Indian or Alaska Native
 - Black or African American
 - Bi-racial/multi-racial
 - Do not know
 - American Indian or Alaska Native
 - Black or African American
 - Asian / Pacific Islander
 - White
 - Other
 - Other
- If you checked "Other", please explain.

Checked	17	68%
Checked	2	8%
Checked	1	4%
Checked	1	4%
UnChecked	25	100%
UnChecked	25	100%
UnChecked	24	96%
UnChecked	24	96%
UnChecked	23	92%
UnChecked	8	32%
Checked	2	8%
UnChecked	23	92%
Ashkenazi hispanic	1	4%
hispanic	1	4%

20. Are you of Hispanic or Latino/a origin?

No	20	80%
Did Not Answer	4	16%
Yes	1	4%

21. What is the primary language spoken in your home?

English	20	80%
Did Not Answer	4	16%
Spanish	1	4%
dog	1	4%

If "Other", please describe:

Question	Response (Respondent's Comments NOT Edited)	Count	%
22. What is your gender?	Female	16	64%
	Male	4	16%
	Did Not Answer	4	16%
	Transgender	1	4%
23. What is your military status now?	Non-military	18	72%
	Did Not Answer	5	20%
	Veteran	2	8%
24. What is your age?	26 - 59 years	11	44%
	60+	6	24%
	18 - 25 years	4	16%
	Did Not Answer	4	16%
25. What is the HIGHEST LEVEL of education that you have completed? CHOOSE ONLY ONE	I graduated from college and got a bachelor's degree	9	36%
	Did Not Answer	4	16%
	I attended some college	3	12%
	I earned a master's, doctorate, medical or law degree	3	12%
	I finished high school (ninth through twelfth grade) and graduated	3	12%
	I earned an associate's degree	2	8%
	I took some graduate level courses	1	4%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
1. Has your family member or person you are caring for been told that they have a mental health diagnosis?	Yes	34	87%
	Don't Know	3	8%
	No	1	3%
	Did Not Answer	1	3%
2. Have they been told they have a substance use disorder diagnosis?	No	27	69%
	Yes	9	23%
	Don't Know	2	5%
	Did Not Answer	1	3%
3. Have they been screened?	Yes	28	72%
	Don't Know	7	18%
	No	4	10%
4. Have they had an assessment?	Yes	32	82%
	Don't Know	4	10%
	No	2	5%
	Did Not Answer	1	3%
5. What mental health services have they used or are they getting now? CHECK ALL THAT APPLY.	Therapy or counseling	26	67%
	Psychiatry	17	44%
	Medication management.	16	41%
	Called a crisis line	13	33%
	Case management or other professional who helps link them to services and resources	12	31%
	Inpatient Hospitalization/Residential	11	28%
	Care coordination	10	26%
	Coordination of services across providers	8	21%
	Day treatment/partial hospitalization	8	21%
	Checked	26	67%
	Checked	17	44%
	Checked	16	41%

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MHSUD: Caregiver Survey (39 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Anger management services	Checked	7	18%
Peer support services	Checked	7	18%
Integrated primary care and behavioral health services	Checked	6	15%
Respite services/crisis stabilization	Checked	6	15%
Crisis team	Checked	5	13%
They do not receive mental health services.	Checked	5	13%
Employment support services for person with mental health issues	Checked	4	10%
Group services counseling	Checked	4	10%
Received or are receiving both mental health and substance use disorder services (co-occurring) from same or different agencies.	Checked	4	10%
Received or are receiving both mental health and intellectual/developmental disabilities services (co-occurring) from same or different agencies.	Checked	4	10%
Drop-in center (peer-run)/"Living Room" Model	Checked	3	8%
Residential mental health treatment	Checked	3	8%
Housing with support services for person with mental health issues	Checked	2	5%
Parenting with Love and Limits (PLL)	Checked	2	5%
Self-help group.	Checked	2	5%
Suicide prevention services	Checked	2	5%
Do not know	Checked	2	5%
Couples counseling	Checked	1	3%
Domestic violence offender services	Checked	1	3%
Grief services	Checked	1	3%
Recovery support services.	Checked	1	3%
Temporary housing or shelter	Checked	1	3%
Domestic violence victim services	UnChecked	39	100%
Parenting group	UnChecked	39	100%
Sex offender treatment	UnChecked	39	100%
Sexual assault survivor services	UnChecked	39	100%
Trauma specific services	UnChecked	39	100%

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MHSUD: Caregiver Survey (39 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Couples counseling	UnChecked	38	97%
Domestic violence offender services	UnChecked	38	97%
Grief services	UnChecked	38	97%
Recovery support services.	UnChecked	38	97%
Temporary housing or shelter	UnChecked	38	97%
Housing with support services for person with mental health issues	UnChecked	37	95%
Parenting with Love and Limits (PLL)	UnChecked	37	95%
Self-help group.	UnChecked	37	95%
Suicide prevention services	UnChecked	37	95%
Do not know	UnChecked	37	95%
Drop-in center (peer-run)/"Living Room" Model	UnChecked	36	92%
Residential mental health treatment	UnChecked	36	92%
Employment support services for person with mental health issues	UnChecked	35	90%
Group services counseling	UnChecked	35	90%
Received or are receiving both mental health and substance use disorder services (co-occurring) from same or different agencies.	UnChecked	35	90%
Received or are receiving both mental health and intellectual/developmental disabilities services (co-occurring) from same or different agencies.	UnChecked	35	90%
Crisis team	UnChecked	34	87%
They do not receive mental health services.	UnChecked	34	87%
Integrated primary care and behavioral health services	UnChecked	33	85%
Respite services/crisis stabilization	UnChecked	33	85%
Anger management services	UnChecked	32	82%
Peer support services	UnChecked	32	82%
Coordination of services across providers	UnChecked	31	79%
Day treatment/partial hospitalization	UnChecked	31	79%
Care coordination	UnChecked	29	74%
Inpatient Hospitalization/Residential	UnChecked	28	72%

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MHSUD: Caregiver Survey (39 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Case management or other professional who helps link them to services and resources	UnChecked	27	69%
Called a crisis line	UnChecked	26	67%
Medication management.	UnChecked	23	59%
Psychiatry	UnChecked	22	56%
Therapy or counseling	UnChecked	13	33%
They receive other services. If this is checked, please explain below:	Checked	2	5%
They receive other services. If this is checked, please explain below:	UnChecked	37	95%
Please explain if they receive other services:	Has an IEP at her school	1	3%
Please explain if they receive other services:	We had trouble finding suitable mental health services to help our family member	1	3%
Please explain if they receive other services:	living in Eden's Supportive Living and currently is not getting other services	1	3%
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6. What mental health services do they need but are NOT getting now? CHECK ALL THAT APPLY. They need.....			
Case management or other professional who helps link them to services and resources	Checked	9	23%
Coordination of services across providers	Checked	9	23%
Employment support services for person with mental health issues	Checked	9	23%
Therapy or counseling	Checked	8	21%
Anger management services	Checked	6	15%
Medication management	Checked	6	15%
Drop-in center (peer-run)/"Living Room" Model	Checked	5	13%
Peer support services	Checked	5	13%
Psychiatry	Checked	5	13%
Respite services/crisis stabilization	Checked	5	13%
Self-help group	Checked	5	13%
Care Coordination	Checked	4	10%
Housing with support services for person with mental health issues	Checked	4	10%

MHSUD: Caregiver Survey (39 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Do not know	Checked	4	10%
Recovery support services	Checked	3	8%
Both mental health and substance use disorder services (co-occurring) from same or different agencies	Checked	3	8%
Day treatment/partial hospitalization	Checked	2	5%
Domestic violence offender services	Checked	2	5%
Grief services	Checked	2	5%
Integrated primary care and behavioral health services	Checked	2	5%
Parenting group	Checked	2	5%
Parenting with Love and Limits (PLL)	Checked	2	5%
Suicide prevention services	Checked	2	5%
Both mental health and intellectual/developmental disabilities services (co-occurring) from same or different agencies	Checked	2	5%
Crisis line to call	Checked	1	3%
Couples counseling	Checked	1	3%
Group services counseling	Checked	1	3%
They do not receive mental health services.	Checked	1	3%
Temporary housing or shelter	Checked	1	3%
Trauma specific services	Checked	1	3%
Crisis team	UnChecked	39	100%
Domestic violence victim services	UnChecked	39	100%
Inpatient hospitalization/residential	UnChecked	39	100%
Residential mental health treatment	UnChecked	39	100%
Sex offender treatment	UnChecked	39	100%
Sexual assault survivor services	UnChecked	39	100%
Crisis line to call	UnChecked	38	97%
Couples counseling	UnChecked	38	97%
Group services counseling	UnChecked	38	97%
They do not receive mental health services.	UnChecked	38	97%
Temporary housing or shelter	UnChecked	38	97%
Trauma specific services	UnChecked	38	97%
Day treatment/partial hospitalization	UnChecked	37	95%

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MHSUD: Caregiver Survey (39 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Domestic violence offender services	UnChecked	37	95%
Grief services	UnChecked	37	95%
Integrated primary care and behavioral health services	UnChecked	37	95%
Parenting group	UnChecked	37	95%
Parenting with Love and Limits (PLL)	UnChecked	37	95%
Suicide prevention services	UnChecked	37	95%
Both mental health and intellectual/developmental disabilities services (co-occurring) from same or different agencies	UnChecked	37	95%
Recovery support services	UnChecked	36	92%
Both mental health and substance use disorder services (co-occurring) from same or different agencies	UnChecked	36	92%
Care Coordination	UnChecked	35	90%
Housing with support services for person with mental health issues	UnChecked	35	90%
Do not know	UnChecked	35	90%
Drop-in center (peer-run)/"Living Room" Model	UnChecked	34	87%
peer support services	UnChecked	34	87%
Psychiatry	UnChecked	34	87%
Respite services/crisis stabilization	UnChecked	34	87%
Self-help group	UnChecked	34	87%
Anger management services	UnChecked	33	85%
Medication management	UnChecked	33	85%
Therapy or counseling	UnChecked	31	79%
Case management or other professional who helps link them to services and resources	UnChecked	30	77%
Coordination of services across providers	UnChecked	30	77%
Employment support services for person with mental health issues	UnChecked	30	77%
They need another type of service. If this box is checked, please explain, for example, they were not able to find such service or were placed on a waiting list.	UnChecked	39	100%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
Please explain what other type of service they need.	Someone to check to make sure they aren't still using substance. Some kind of follow-up or blood test.	1	3%
7. What substance use disorder services have they used or are they getting now? CHECK ALL THAT APPLY.			
They do not receive substance use disorder services	Checked	10	26%
12-Step program	Checked	4	10%
Therapy or counseling	Checked	4	10%
Do not know	Checked	4	10%
DUI class	Checked	2	5%
Medication management	Checked	2	5%
Residential alcohol and drug treatment services	Checked	2	5%
Alcohol and drug sober living (transitional housing)	Checked	1	3%
Both mental health and substance use disorder services (co-occurring) from same or different agencies.	Checked	1	3%
Crisis team	Checked	1	3%
Halfway house	Checked	1	3%
Substance use disorder outpatient treatment	Checked	1	3%
Having a sponsor	Checked	1	3%
Care coordination	Checked	1	3%
Coordination of services across providers	UnChecked	39	100%
Detoxification	UnChecked	39	100%
Opioid treatment such as methadone, suboxone and vivitrol	UnChecked	39	100%
Peer support services	UnChecked	39	100%
Recovery support services such as case management or support groups	UnChecked	39	100%
Substance use disorder intensive outpatient treatment	UnChecked	39	100%
Al-anon	UnChecked	38	97%
Alcohol and drug sober living (transitional housing)	UnChecked	38	97%
Both mental health and substance use disorder services (co-occurring) from same or different agencies.	UnChecked	38	97%
Crisis team	UnChecked	38	97%

Question	Response (Respondent's Comments NOT Edited)	Count	%
Halfway house	UnChecked	38	97%
Substance use disorder outpatient treatment	UnChecked	38	97%
Having a sponsor	UnChecked	38	97%
DUI class	UnChecked	37	95%
Medication management	UnChecked	37	95%
Residential alcohol and drug treatment services	UnChecked	37	95%
12-Step program	UnChecked	35	90%
Therapy or counseling	UnChecked	35	90%
Do not know	UnChecked	35	90%
They do not receive substance use disorder services	UnChecked	29	74%
They get another type of service. If this is checked, please explain below.			
Please explain what other type of service they get.	I'm not sure. They met in Urbana in a building a block or so East of Lincoln St.	39	100%
	Not far from I74. It might have been 12-Step program	1	3%

8. What substance use disorder services do they need but are NOT getting now. CHECK ALL THAT APPLY. They need...

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They do not receive substance use disorder services.	Checked	7	18%
12-Step program	Checked	4	10%
Both mental health and substance use disorder services (co-occurring) from same or different agencies	Checked	3	8%
Care coordination	Checked	3	8%
Having a sponsor	Checked	3	8%
Alcohol and drug sober living (transitional housing)	Checked	2	5%
Coordination of services across providers	Checked	2	5%
Medication management	Checked	2	5%
Peer support services	Checked	2	5%
Recovery support services such as case management or support groups.	Checked	2	5%
Therapy or counseling	Checked	2	5%
Do not know	Checked	2	5%

MHSUD: Caregiver Survey (39 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Crisis team	Checked	1	3%
Detoxification	Checked	1	3%
Halfway house	Checked	1	3%
Residential alcohol and drug treatment services	Checked	1	3%
Substance use disorder intensive outpatient treatment	Checked	1	3%
Substance use disorder outpatient treatment	Checked	1	3%
DUI class	UnChecked	39	100%
Al-anon	UnChecked	39	100%
Opioid treatment such as methadone, suboxone, and vivitrol	UnChecked	39	100%
Crisis team	UnChecked	38	97%
Detoxification	UnChecked	38	97%
Halfway house	UnChecked	38	97%
Residential alcohol and drug treatment services	UnChecked	38	97%
Substance use disorder intensive outpatient treatment	UnChecked	38	97%
Substance use disorder outpatient treatment	UnChecked	38	97%
Alcohol and drug sober living (transitional housing)	UnChecked	37	95%
Coordination of services across providers	UnChecked	37	95%
Medication management	UnChecked	37	95%
Peer support services	UnChecked	37	95%
Recovery support services such as case management or support groups.	UnChecked	37	95%
Therapy or counseling	UnChecked	37	95%
Do not know	UnChecked	37	95%
Both mental health and substance use disorder services (co-occurring) from same or different agencies	UnChecked	36	92%
Care coordination	UnChecked	36	92%
Having a sponsor	UnChecked	36	92%
12-Step program	UnChecked	35	90%
They do not receive substance use disorder services.	UnChecked	32	82%
They need another type of service. If this is checked, please explain below.	UnChecked	39	100%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
Please explain what other type of service is needed	As per his neurologist, he needs medical cannabis to combat intractable seizures, but due to state laws it is impossible to administer it in the group home (CILA) where he resides. THIS DRACONIC LAW MUST CHANGE!	1	3%
Please explain what other type of service is needed	Recognition by the local mental health providers that substance abuse is extremely common for those with mental health issues, rather than treated disrespectfully when clients ask for help with substance abuse. A coordination of services in our community is vital.	1	3%
9. What barriers do they face when trying to get services?			
They have been dropped from the service	Did Not Answer	20	51%
They have been banned from the service	Did Not Answer	20	51%
They do not have insurance	Did Not Answer	20	51%
They have been told they are not eligible for services	Did Not Answer	19	49%
They do not try to get services	Did Not Answer	19	49%
They need child care	Did Not Answer	19	49%
They are involved in the justice system	Did Not Answer	19	49%
They don't know how to find services	Did Not Answer	18	46%
They don't think the services they need are available in this area.	Did Not Answer	18	46%
They need transportation	Did Not Answer	18	46%
They have to travel too far to get to services	Did Not Answer	17	44%
They cannot get services at hours that are convenient for them	Did Not Answer	17	44%
They do not know what services are available	Did Not Answer	17	44%
They don't believe services will help	Did Not Answer	17	44%
They feel embarrassed or afraid	Did Not Answer	17	44%
They don't think the service provider meets their needs	Did Not Answer	16	41%
Their services do not seem to be coordinated between providers	Did Not Answer	16	41%
They can't pay for services	Did Not Answer	15	38%
They have medical issues	Did Not Answer	14	36%

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MHSUD: Caregiver Survey (39 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
They have to wait too many days to get services	Did Not Answer	14	36%
They need child care	Does not apply/do not know	17	44%
They are involved in the justice system	Does not apply/do not know	15	38%
They have been banned from the service	Does not apply/do not know	14	36%
They do not have insurance	Does not apply/do not know	13	33%
They don't think the services they need are available in this area.	Does not apply/do not know	12	31%
They have been dropped from the service	Does not apply/do not know	12	31%
They faced another kind of barrier - Please explain:	Does not apply/do not know	12	31%
They have been told they are not eligible for services	Does not apply/do not know	10	26%
They have to travel too far to get to services	Does not apply/do not know	10	26%
They cannot get services at hours that are convenient for them	Does not apply/do not know	10	26%
They can't pay for services	Does not apply/do not know	9	23%
They have to wait too many days to get services	Does not apply/do not know	8	21%
Their services do not seem to be coordinated between providers	Does not apply/do not know	8	21%
They need transportation	Does not apply/do not know	8	21%
They have medical issues	Does not apply/do not know	7	18%
They don't know how to find services	Does not apply/do not know	7	18%
They feel embarrassed or afraid	Does not apply/do not know	7	18%
They do not know what services are available	Does not apply/do not know	6	15%
They do not try to get services	Does not apply/do not know	6	15%
They don't think the service provider meets their needs	Does not apply/do not know	6	15%
They don't believe services will help	Does not apply/do not know	5	13%
They have to wait too many days to get services	Often	12	31%
They don't believe services will help	Often	11	28%
They can't pay for services	Often	9	23%
They don't think the service provider meets their needs	Often	9	23%
They do not try to get services	Often	7	18%
Their services do not seem to be coordinated between providers	Often	7	18%
They feel embarrassed or afraid	Often	7	18%

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MHSUD: Caregiver Survey (39 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
They have medical issues	Often	6	15%
They don't think the services they need are available in this area.	Often	6	15%
They need transportation	Often	6	15%
They have been told they are not eligible for services	Often	4	10%
They have to travel too far to get to services	Often	4	10%
They do not know what services are available	Often	4	10%
They don't know how to find services	Often	4	10%
They have been dropped from the service	Often	3	8%
They are involved in the justice system	Often	3	8%
They cannot get services at hours that are convenient for them	Often	3	8%
They need child care	Often	2	5%
They have been banned from the service	Often	2	5%
They do not have insurance	Often	2	5%
They faced another kind of barrier - Please explain:	Often	2	5%
They have medical issues	Often	2	5%
They have been told they are not eligible for services	Seldom	3	8%
They do not know what services are available	Seldom	3	8%
They don't know how to find services	Seldom	3	8%
They need transportation	Seldom	3	8%
They do not have insurance	Seldom	3	8%
They have to wait too many days to get services	Seldom	3	8%
They have to travel too far to get to services	Seldom	3	8%
They cannot get services at hours that are convenient for them	Seldom	2	5%
They do not try to get services	Seldom	2	5%
They don't think the services they need are available in this area.	Seldom	2	5%
Their services do not seem to be coordinated between providers	Seldom	2	5%
They don't believe services will help	Seldom	2	5%
They have been banned from the service	Seldom	2	5%

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MHSUD: Caregiver Survey (39 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
They feel embarrassed or afraid	Seldom	2	5%
They can't pay for services	Seldom	1	3%
They don't think the service provider meets their needs	Seldom	1	3%
They need child care	Seldom	1	3%
They have been dropped from the service	Seldom	1	3%
They are involved in the justice system	Seldom	1	3%
They faced another kind of barrier - Please explain:	Seldom	1	3%
They have medical issues	Sometimes	9	23%
They do not know what services are available	Sometimes	9	23%
They cannot get services at hours that are convenient for them	Sometimes	8	21%
They don't know how to find services	Sometimes	8	21%
They don't think the service provider meets their needs	Sometimes	7	18%
They have to travel too far to get to services	Sometimes	6	15%
Their services do not seem to be coordinated between providers	Sometimes	6	15%
They feel embarrassed or afraid	Sometimes	6	15%
They can't pay for services	Sometimes	5	13%
They do not try to get services	Sometimes	5	13%
They don't believe services will help	Sometimes	4	10%
They need transportation	Sometimes	4	10%
They have to wait too many days to get services	Sometimes	3	8%
They have been told they are not eligible for services	Sometimes	3	8%
They have been dropped from the service	Sometimes	3	8%
They faced another kind of barrier - Please explain:	Sometimes	2	5%
They don't think the services they need are available in this area.	Sometimes	1	3%
They have been banned from the service	Sometimes	1	3%
They do not have insurance	Sometimes	1	3%
They are involved in the justice system	Sometimes	1	3%
They faced another kind of barrier - Please explain: if "Other", please specify.	Did Not Answer	22	56%
	Not many choices in care providers and long waiting lists.	1	3%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
	The young adult is involved with the legal system and has limited access to serv	1	3%
	They dont think they have a problem because they casually use the substance	1	3%
	Those who have been denied services should be given a second chance.	1	3%
	emergency doctor belittled subject for wasting his time w/ anxiety needed else	1	3%

10. If the person has been arrested and booked into the jail, have they received any of the following services while in jail?
CHECK ALL THAT APPLY.

MENTAL HEALTH SERVICES

Psychiatry	Checked	2	5%
Assessment	Checked	2	5%
Counseling/therapy	Checked	1	3%
Screening	Checked	1	3%
Case management	UnChecked	39	100%
Re-entry/discharge planning	UnChecked	39	100%
Benefits enrollment assistance	UnChecked	39	100%
Counseling/therapy	UnChecked	38	97%
Screening	UnChecked	38	97%
Psychiatry	UnChecked	37	95%
Assessment	UnChecked	37	95%

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SUBSTANCE USE DISORDER SERVICES

None of the above	Checked	6	15%
Screening	Checked	2	5%
Counseling/therapy	Checked	1	3%
Assessment	Checked	1	3%
Case management	UnChecked	39	100%
Re-entry/discharge planning	UnChecked	39	100%
Benefits enrollment assistance	UnChecked	39	100%

Question	Response (Respondent's Comments NOT Edited)	Count	%
Received or are receiving both mental health and substance use disorder services while in jail from same or different agencies.	UnChecked	39	100%
Counseling/therapy Assessment	UnChecked	38	97%
Screening	UnChecked	38	97%
None of the above	UnChecked	37	95%
Other	UnChecked	33	85%
Other	Checked	1	3%
If "Other" is checked above, please describe:	UnChecked	38	97%
	The only reason they went through a program was because their attorney said it would look good to the Judge if the case went to court	1	3%

11. If the person has been arrested and booked into the jail, what barriers do they face when trying to get services while in jail?

They faced another kind of barrier - Please explain:	Did Not Answer	39	100%
They do not try to get services	Did Not Answer	30	77%
They have been dropped from the service	Did Not Answer	30	77%
They don't believe services will help	Did Not Answer	30	77%
They have medical issues	Did Not Answer	30	77%
They have to wait too many days to get services	Did Not Answer	30	77%
They feel embarrassed or afraid	Did Not Answer	29	74%
The services they need are not available	Did Not Answer	29	74%
They do not know what services are available	Did Not Answer	29	74%
They don't know how to find services	Did Not Answer	29	74%
They don't think their service provider meets their needs	Did Not Answer	28	72%
They have been dropped from the service	Does not apply/do not know	9	23%
The services they need are not available	Does not apply/do not know	7	18%
They do not try to get services	Does not apply/do not know	6	15%
They feel embarrassed or afraid	Does not apply/do not know	6	15%
They have to wait too many days to get services	Does not apply/do not know	6	15%
They do not know what services are available	Does not apply/do not know	6	15%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
They don't know how to find services	Does not apply/do not know	6	15%
They don't think their service provider meets their needs	Does not apply/do not know	6	15%
They don't believe services will help	Does not apply/do not know	5	13%
They have medical issues	Does not apply/do not know	5	13%
They don't believe services will help	Often	3	8%
They have medical issues	Often	3	8%
They have to wait too many days to get services	Often	3	8%
They do not know what services are available	Often	3	8%
They don't think their service provider meets their needs	Often	3	8%
They feel embarrassed or afraid	Often	2	5%
The services they need are not available	Often	2	5%
They don't know how to find services	Often	2	5%
They do not try to get services	Often	1	3%
They do not try to get services	Seldom	1	3%
They feel embarrassed or afraid	Sometimes	2	5%
They don't know how to find services	Sometimes	2	5%
They don't think their service provider meets their needs	Sometimes	2	5%
They do not try to get services	Sometimes	1	3%
They don't believe services will help	Sometimes	1	3%
They have medical issues	Sometimes	1	3%
The services they need are not available	Sometimes	1	3%
They do not know what services are available	Sometimes	1	3%

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12. Is there anything else you would like to tell us about the person's experience getting mental health and/or substance use disorder services?

He received services in Champaign many years ago for several years with intermittent long and short term hospitalizations, but wasn't able to stabilize. he was eventually hospitalized for about a year and then lived independently and was stable for more than 10 years due to very intense supportive services in another county. We wish those intense comprehensive services existed here.

Because he is receiving medical cannabis, no psychiatrist will see him (to consider change in his medication).

MHSUD: Caregiver Survey (39 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	Extremely frustrating that the law enforcement officers do not seem to understand and pay attention to the fact that the person is trying to tell them about Bipolar and Traumatic Brain Injury.	1	3%
	Hard to a cess	1	3%
	I believe she is currently homeless on the street (possibly sleeping in the parking garage) in Urbana. She has been estranged from her family for many years so we are not sure if she has been diagnosed or ever received services other than treatment for ADHD. She is probably challenged with schizophrenia. Lives on the street, carries large garbage bags with garbage and talk/yells to herself. Likely doesn't believe she needs help.	1	3%
	I believe subject should have been inpatient and not left in the community to fend for self. Barriers from within like fear prevent seeking services in crisis.	1	3%
	I don't think it was a lot of services	1	3%
	My daughter has mental health issues, developmental disabilities and substance abuse issues. Because she appears to be "normal", communication issues always develop. Because of misunderstandings she has been denied services at Rosecrance or Champaign County Mental Health and the Pavilion. I wish providers would look at the whole person, rather than just treat mental illness or developmental issues or substance abuse, but sadly that is not the case.	1	3%
	We are able to pay for services and struggled to find good assessment and therapy options. The barriers for families with fewer resources must seem insurmountable. It was a frustrating and difficult time for our family. doctors and health care providers do not coordinate on drug interactions, side-effects etc. do not, in fact, act like they are allowed to talk to each other directly.	1	3%
	help with appropriate job search.	1	3%
	Did Not Answer	28	72%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
<p>13. Based on your experience as a family member, caregiver, or guardian, is there a service need or service gap you would like to tell us about? If so, please describe.</p>	<p>Given he has been involved with the legal system since he was 16, I was surprised to find out that he did not receive help connecting with the services he needed at the time. Therefore it would have been helpful as a family member to have an understanding of step down and transitional programs for youth and their families.</p> <p>Having had 2 children with mental health issues, I can say there is a tremendous service gap in our community. All of the agencies should be working together to provide services. Quality psychiatrists should be hired for our county and we need more psychiatrists. I believe our local police force is better trained and more understanding than our county psychiatrists.</p>	1	3%
	<p>He has recently moved to Champaign, and still sees a doctor he likes in Springfield. He seems to have trouble often getting the correct meds. I would like him to have someone who could coordinate various services for him. Right now his mother does it, and it is a terrible burden on an aging parent with health care issues of her own.</p>	1	3%
	<p>It has been a nightmare to get good, consistent help for my son with ADHD. This is a common condition and early intervention greatly improves outcomes (which helps every person in our society), so why in the world do I feel all alone fighting for my son? The wait lists at Carle for psychology are months-long, many of the service providers at private counseling centers are not well-trained for children with behavior disorders, and there are no parent support groups or respite services. Once you've been dealing with this problem for a few years you begin to get your bearings but it should not take that long. There should be a "one stop shop" for mental health, especially for children, or at least a "What do I do now" guide specific to C-U resources.</p>	1	3%
	<p>More psychiatric services and shorter waiting lists.</p>	1	3%
	<p>None</p>	1	3%

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MHSUD: Caregiver Survey (39 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	One of my children is very high needs but has been excluded from Choices services, one has no services but doesn't want to be excluded from activities my other 3 receive.	1	3%
	PTSD services/supports for non-veterans	1	3%
	Someone to keep him on track at school. His behavior is an issue.	1	3%
	Stabilization on an inpatient basis is needed, rather than leaving in community. This results in ER visits and "meltdowns" due to fear and in my opinion neglect on the part of providers who expect patients to seek services during business hours.	1	3%
	The mental health system in Champaign-Urbana is very poor and NOT enough qualified psychiatrists and Christian counselors! The need is great and the providers are few!	1	3%
	They do not listen..the family like the parent	1	3%
	We really need a place where individuals with mental health issues and their family members can drop in for talking!!! Then refer to other resources. Living Room model would be good but at least staff a location 11am-7pm with peers for talking. Could keep a lot of individuals from the ER or jail.	1	3%
	Wish there was a place she could stay by herself cause she gets kicked out of shelters for behavior issues.	1	3%
	how and where to go to get respite care .	1	3%
	need more respite type services, voluntary/involuntary mental health services have become scary.	1	3%
	see above	1	3%
	-	22	56%
		5	13%
	They are a student and not in the workforce	4	10%
	They are unemployed and not looking for a job	4	10%
	They are disabled and not in the workforce	2	5%
	They are unemployed and unable to find a job	2	5%
	They are working a job for pay (outside the home, home-based, etc)	2	5%
	They have a different job status. Please explain	2	5%
	They are retired and not in the workforce	1	3%

14. What is their job (employment) status?

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MHSUD: Caregiver Survey (39 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Please explain if a different job status.	They are self-employed	1	3%
	He would like to work, but needs guidance to seek and apply for appropriate work. He has not had a job for more than 20 years.	18	46%
	He would probably like to eventually find a job but is not currently looking.	1	3%
15. In the past 30 days, where did they live most of the time?	They are employed part-time.	1	3%
	Unable to keep a job because bipolar condition and traumatic brain injury erupts and causes problems. Works for DSC at a sheltered facility.	1	3%
	Private home - Taking care of themselves (living alone, with friends, a partner, or family members)	8	21%
16. Do they have Medicaid? If you selected "Other", please explain	Private home-Someone helping to take care of them-relying on others to help them live in this setting	5	13%
	Institutional setting (nursing home, hospital, group home, rehabilitation center, etc)	3	8%
	Other (Please explain)	3	8%
	Homeless/living in homeless shelter	2	5%
	Foster home	1	3%
	Jail or correctional facility	1	3%
	Did Not Answer	16	41%
	Also - Crisis Facility	1	3%
	Assisted living facility for the physically disabled.	1	3%
	Assisted living facility with our 94 year old Father. Eden's Assisted Living	1	3%
17. How do they pay for their treatment/services? CHECK ALL THAT APPLY	Did Not Answer	16	41%
	Yes	15	38%
	No	6	15%
	Do not know	2	5%

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MHSUD: Caregiver Survey (39 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Medicaid	Checked	15	38%
Medicare	Checked	6	15%
A member of their family or a friend pays	Checked	4	10%
SSI/SSDI	Checked	4	10%
Self pay	Checked	2	5%
Do not know	Checked	2	5%
Insurance through their employer	Checked	1	3%
Insurance purchased directly	Checked	1	3%
Meridian Health Managed Care Plan	UnChecked	39	100%
Molina Healthcare Managed Care Plan	UnChecked	39	100%
Harmony Health Managed Care Plan	UnChecked	39	100%
IlliniCare Health Managed Care Plan	UnChecked	39	100%
Their services are free	UnChecked	39	100%
Blue Cross Blue Shield of Illinois Managed Care Plan	UnChecked	39	100%
Insurance through their employer	UnChecked	38	97%
Insurance purchased directly	UnChecked	38	97%
Self pay	UnChecked	37	95%
Do not know	UnChecked	37	95%
A member of their family or a friend pays	UnChecked	35	90%
SSI/SSDI	UnChecked	35	90%
Medicare	UnChecked	33	85%
Medicaid	UnChecked	24	62%
Other (please explain below)	Checked	4	10%
Other (please explain below)	UnChecked	35	90%
If "Other", please describe.	Aetna	1	3%
	Carle Community Care Financial	1	3%
	Dependent on husband's insuran	1	3%
	Obamacare through their family	1	3%
18. Where do they live in Champaign County?			
	Did Not Answer	14	36%
	61820 Champaign	7	18%
	61821 Champaign	5	13%
	61866 Rantoul	5	13%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
If "Other", please specify.	61802 Urbana	3	8%
	Other (describe in comments)	2	5%
	61801 Urbana	1	3%
	61874 Savoy	1	3%
	Homeless	1	3%
	61550	1	3%
	homelss	1	3%
19. What is their race and/or ethnic background? CHECK ALL THAT APPLY.			
White	Checked	17	44%
Black or African American	Checked	7	18%
Bi-racial/multi-racial	Checked	2	5%
American Indian or Alaska Native	UnChecked	39	100%
Asian / Pacific Islander	UnChecked	39	100%
Do not know	UnChecked	39	100%
Bi-racial/multi-racial	UnChecked	37	95%
Black or African American	UnChecked	32	82%
White	UnChecked	22	56%
Other	UnChecked	39	100%
20. Are they of Hispanic or Latino/a origin?			
	No	23	59%
	Did Not Answer	15	38%
	Yes	1	3%
21. What is the primary language spoken in their home?			
	English	25	64%
	Did Not Answer	14	36%
22. What is their gender?			
	Male	16	41%
	Did Not Answer	14	36%
	Female	8	21%
	Transgender	1	3%
23. What is their military status now?			
	Non-military	21	54%



Question	Response (Respondent's Comments NOT Edited)	Count	%
24. What is their age?	Did Not Answer	16	41%
	Dependent of someone on active national guard or reserves	1	3%
	Dependent of someone who is a veteran	1	3%
25. What is the HIGHEST LEVEL of education that they have completed? CHOOSE ONLY ONE	Did Not Answer	14	36%
	26 - 59 years	10	26%
	13 - 17 years	5	13%
	18 - 25 years	4	10%
	60+	3	8%
25. What is the HIGHEST LEVEL of education that they have completed? CHOOSE ONLY ONE	Did Not Answer	3	8%
	Did Not Answer	20	51%
	They finished high school (ninth through twelfth grade) and graduated	5	13%
	They attended some college	4	10%
	They earned an associate's degree	3	8%
	They went to self-contained special education class (not in a specific grade)	3	8%
	They finished a GED	2	5%
They graduated from college and got a bachelor's degree	2	5%	

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Question	Response (Respondent's Comments NOT Edited)	Count	%
1. What type of provider are you? CHECK ALL THAT APPLY			
Social Worker	Checked	13	22%
Counselor/Therapist	Checked	12	20%
Case Manager	Checked	12	20%
Social Services Provider	Checked	12	20%
Administrator (CEO, ED, CFO, Clinical Director, etc)	Checked	11	19%
Community Outreach Worker	Checked	8	14%
Family Support Provider/Specialist	Checked	8	14%
Peer Specialist (certified or not certified)	Checked	7	12%
Program supervisor/manager	Checked	7	12%
Addiction Specialist	Checked	4	7%
Crisis Team (Adult or Youth)	Checked	3	5%
Law Enforcement Officer	Checked	3	5%
Nurse (RN, LPN)	Checked	2	3%
CIT trained Law Enforcement Officer	Checked	1	2%
Marriage and Family Therapist	Checked	1	2%
Prevention Specialist	Checked	1	2%
METCAD/911 Dispatcher	UnChecked	59	100%
Certified Alcohol and Drug Abuse Counselor (CADAC)	UnChecked	59	100%
Medical Technician	UnChecked	59	100%
Nurse Practitioner (NP)	UnChecked	59	100%
Pharmacist	UnChecked	59	100%
Physician	UnChecked	59	100%
Physician's Assistant	UnChecked	59	100%
Psychiatrist	UnChecked	59	100%
Psychologist	UnChecked	59	100%
CIT trained Law Enforcement Officer	UnChecked	59	100%
Marriage and Family Therapist	UnChecked	58	98%
Prevention Specialist	UnChecked	58	98%
Nurse (RN, LPN)	UnChecked	58	98%
Crisis Team (Adult or Youth)	UnChecked	57	97%
Law Enforcement Officer	UnChecked	56	95%
Addiction Specialist	UnChecked	56	95%
	UnChecked	55	93%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
Peer Specialist (certified or not certified)	UnChecked	52	88%
Program supervisor/manager	UnChecked	52	88%
Community Outreach Worker	UnChecked	51	86%
Family Support Provider/Specialist	UnChecked	51	86%
Administrator (CEO, ED, CFO, Clinical Director, etc)	UnChecked	48	81%
Counselor/Therapist	UnChecked	47	80%
Case Manager	UnChecked	47	80%
Social Services Provider	UnChecked	47	80%
Social Worker	UnChecked	46	78%
If "Other" please describe below:	Checked	4	7%
If "Other" please describe below:	UnChecked	55	93%
If "Other" selected above, please explain:	Educator - community college counselor	1	2%
	Home health services	1	2%
	License clinical Professional Counselor in Private Practice	1	2%
	MSW intern	1	2%
	domestic violence court advocate	1	2%
	Did Not Answer	54	92%

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2. To whom do you provide services? CHECK ALL THAT APPLY

Individuals experiencing a crisis	Checked	43	73%
Adults with a mental health diagnosis or adults experiencing mental health symptoms	Checked	38	64%
Individuals with physical and behavioral health care needs	Checked	34	58%
Adults with both mental health and substance use disorder treatment needs	Checked	31	53%
Families	Checked	31	53%
Individuals experiencing homelessness	Checked	31	53%
Individuals with behavioral health needs and intellectual and/or developmental disabilities	Checked	30	51%
Individuals experiencing financial crisis	Checked	30	51%
Adults with substance use disorder needs	Checked	25	42%
The elderly/senior citizens	Checked	25	42%

Question	Response (Respondent's Comments NOT Edited)	Count	%
Children/youth with emotional and/or behavioral problems			
Adults on probation or parole	Checked	23	39%
Adults reentering from institutions (hospital or prison/jail)	Checked	19	32%
	Checked	15	25%
Youth with both mental health and substance use disorder treatment needs	Checked	14	24%
Youth with substance use disorder needs	Checked	11	19%
Youth reentering from institutions (hospital or prison or other)	Checked	10	17%
Adults confined to local jails	Checked	7	12%
Youth on probation or parole	Checked	7	12%
Youth in detention	Checked	4	7%
Youth in detention	UnChecked	55	93%
Adults confined to local jails	UnChecked	52	88%
Youth on probation or parole	UnChecked	52	88%
Youth reentering from institutions (hospital or prison or other)	UnChecked	49	83%
Youth with substance use disorder needs	UnChecked	48	81%
Youth with both mental health and substance use disorder treatment needs	UnChecked	45	76%
Adults reentering from institutions (hospital or prison/jail)	UnChecked	44	75%
Adults on probation or parole	UnChecked	40	68%
Children/youth with emotional and/or behavioral problems	UnChecked	36	61%
Adults with substance use disorder needs	UnChecked	34	58%
The elderly/senior citizens	UnChecked	34	58%
Individuals with behavioral health needs and intellectual and/or developmental disabilities	UnChecked	29	49%
Individuals experiencing financial crisis	UnChecked	29	49%
Adults with both mental health and substance use disorder treatment needs	UnChecked	28	47%

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MHSUD: Provider Survey (59 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Families	UnChecked	28	47%
Individuals experiencing homelessness	UnChecked	28	47%
Individuals with physical and behavioral health care needs	UnChecked	25	42%
Adults with a mental health diagnosis or adults experiencing mental health symptoms	UnChecked	21	36%
Individuals experiencing a crisis	UnChecked	16	27%
Other - Please explain below	Checked	4	7%
Other - Please explain below	UnChecked	55	93%
If selected "Other" - above, please explain here:	Alcohol and Drug Counselor Training completed. Chose not to get Certification.	1	2%
	Mothers from pregnancy until baby is two. Service mother and her baby.	1	2%
	Parents of youth with mental health challenges	1	2%
	Students and other community members for prevention education services	1	2%
	individuals age 3 and above who are survivors of sexual assault, + sign others	1	2%
3. Do you offer evening and/or weekend appointments?	Yes	32	54%
	No	26	44%
	Did Not Answer	1	2%
4. Do you provide Language Access and Communication Assistance services to people?	Yes	31	53%
	No	21	36%
	Don't know	5	8%
	Did Not Answer	2	3%
5. Within the last year, did you or your agency serve persons of Hispanic or Latino/a origin?	Yes	49	83%
	No	7	12%
	Do not know	2	3%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
	Did Not Answer	1	2%

6. Within the last year, did you or your agency serve persons in the following race/ethnic group categories? CHECK ALL THAT APPLY.

Black or African American	Checked	56	95%
White	Checked	56	95%
Bi-racial/multi-racial	Checked	55	93%
Asian / Pacific Islander	Checked	42	71%
American Indian or Alaska Native	Checked	18	31%
Do Not Know	Checked	1	2%
Black or African American	UnChecked	3	5%
White	UnChecked	3	5%
Bi-racial/multi-racial	UnChecked	4	7%
Asian / Pacific Islander	UnChecked	17	29%
American Indian or Alaska Native	UnChecked	41	69%
Do Not Know	UnChecked	58	98%
Other - Please specify below	Checked	5	8%
Other - Please specify below	UnChecked	54	92%
if "Other", please specify	Hispanic	2	3%
	Hispanic/mexican	1	2%
	latinex, middle-eastern	1	2%
	middle East, European,Caribbean	1	2%

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7. Do you believe that persons in your community can access the following services?

Substance use disorder services for youth who are in detention	Did Not Answer	15	25%
Substance use disorder services for adults while in jail	Did Not Answer	13	22%
Substance use disorder services for adults while on probation/parole	Did Not Answer	13	22%

MHSUD: Provider Survey (59 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Co-occurring mental health and substance use disorder services for youth	Did Not Answer	13	22%
Mental health services for youth who are on probation/parole	Did Not Answer	13	22%
Substance use disorder services for youth who are on probation/parole	Did Not Answer	13	22%
Substance use disorder services for adults	Did Not Answer	12	20%
Mental health services for adults while in jail	Did Not Answer	12	20%
Mental health services for adults while on probation/parole	Did Not Answer	12	20%
Substance use disorder services for youth	Did Not Answer	12	20%
Co-occurring behavioral health disorder and intellectual/developmental disabilities services for adults	Did Not Answer	12	20%
Mental health services for youth who are in detention	Did Not Answer	12	20%
Mental health services for adults	Did Not Answer	11	19%
Co-occurring mental health and substance use disorder services for adults	Did Not Answer	11	19%
Mental health services for children/youth	Did Not Answer	11	19%
Mental health crisis services	Did Not Answer	11	19%
Integrated primary care and behavioral health services	Did Not Answer	11	19%
Substance use disorder services for youth who are in detention	Do not know	26	44%
Substance use disorder services for adults while in jail	Do not know	25	42%
Mental health services for youth who are on probation/parole	Do not know	23	39%
Mental health services for youth who are in detention	Do not know	20	34%

MHSUD: Provider Survey (59 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Substance use disorder services for youth who are on probation/parole	Do not know	20	34%
Mental health services for adults while in jail	Do not know	19	32%
Co-occurring mental health and substance use disorder services for youth	Do not know	19	32%
Co-occurring behavioral health disorder and intellectual/developmental disabilities services for adults			
Mental health services for adults while on probation/parole	Do not know	15	25%
Substance use disorder services for youth	Do not know	14	24%
Co-occurring mental health and substance use disorder services for adults	Do not know	12	20%
Integrated primary care and behavioral health services	Do not know	10	17%
Mental health services for children/youth	Do not know	10	17%
Substance use disorder services for adults	Do not know	5	8%
Mental health crisis services	Do not know	4	7%
Mental health services for adults	Do not know	4	7%
Substance use disorder services for adults while on probation/parole	Do Not Know	1	2%
Integrated primary care and behavioral health services	Don't Know	18	31%
Mental health services for adults	No	19	32%
Co-occurring mental health and substance use disorder services for adults	No	10	17%
Mental health services for adults while in jail	No	8	14%
Substance use disorder services for adults while in jail	No	8	14%
Substance use disorder services for adults	No	7	12%
Co-occurring behavioral health disorder and intellectual/developmental disabilities services for adults	No	6	10%
	No	6	10%

MHSUD: Provider Survey (59 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Mental health services for adults while on probation/parole	No	5	8%
Substance use disorder services for adults while on probation/parole	No	5	8%
Mental health services for children/youth	No	5	8%
Substance use disorder services for youth who are in detention	No	5	8%
Substance use disorder services for youth who are on probation/parole	No	5	8%
Substance use disorder services for youth	No	4	7%
Mental health crisis services	No	4	7%
Mental health services for youth who are in detention	No	4	7%
Co-occurring mental health and substance use disorder services for youth	No	3	5%
Mental health services for youth who are on probation/parole	No	3	5%
Mental health crisis services	Yes	40	68%
Mental health services for children/youth	Yes	38	64%
Mental health services for adults	Yes	37	63%
Substance use disorder services for adults	Yes	37	63%
Substance use disorder services for youth	Yes	31	53%
Co-occurring mental health and substance use disorder services for adults	Yes	30	51%
Mental health services for adults while on probation/parole	Yes	28	47%
Co-occurring behavioral health disorder and intellectual/developmental disabilities services for adults	Yes	26	44%
Co-occurring mental health and substance use disorder services for youth	Yes	24	41%
Substance use disorder services for adults while on probation/parole	Yes	23	39%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
Mental health services for youth who are in detention	Yes	23	39%
Substance use disorder services for youth who are on probation/parole	Yes	21	36%
Mental health services for adults while in jail	Yes	20	34%
Mental health services for youth who are on probation/parole	Yes	20	34%
Integrated primary care and behavioral health services	Yes	19	32%
Substance use disorder services for adults while in jail	Yes	14	24%
Substance use disorder services for youth who are in detention	Yes	13	22%
8. Within the last year, did you or your agency serve persons who may belong to one of the following groups? CHECK ALL THAT APPLY.			
Senior citizens (65+ years)	Checked	36	61%
Individuals with mental health and/or substance use disorder disorders who are involved in the criminal or juvenile justice system	Checked	36	61%
Persons with an intellectual/developmental disability	Checked	36	61%
Lesbian, gay, bi-sexual, transgender and queer (LGBTQ)	Checked	34	58%
Veterans, active duty, National Guard, or Reserves	Checked	28	47%
Persons with visual and/or hearing impairment; deaf; blind	Checked	28	47%
Children/youth with mental health and/or substance use disorder problems	Checked	25	42%
Children in state custody	Checked	15	25%
Do not know	UnChecked	59	100%
Children in state custody	UnChecked	44	75%

Question	Response (Respondent's Comments NOT Edited)	Count	%
Children/youth with mental health and/or substance use disorder problems	UnChecked	34	58%
Veterans, active duty, National Guard, or Reserves	UnChecked	31	53%
Persons with visual and/or hearing impairment; deaf; blind	UnChecked	31	53%
Lesbian, gay, bi-sexual, transgender and queer (LGBTQ)	UnChecked	25	42%
Senior citizens (65+ years)	UnChecked	23	39%
Individuals with mental health and/or substance use disorder disorders who are involved in the criminal or juvenile justice system	UnChecked	23	39%
Persons with an intellectual/developmental disability	UnChecked	23	39%
Other special population	UnChecked	23	39%
Other special population	Checked	5	8%
if "Other special population" please specify	UnChecked	54	92%
	People with trauma and complex PTSD	1	2%
	Persons with an intellectual/developmental disability that are also Lesbian, gay, bi-sexual, transgender and queer (LGBTQ).	1	2%
	Pregnant opiate dependence	1	2%
	We serve many international persons whose needs, culture and norms are quite different from the dominant American culture.	1	2%
	illiterate individuals	1	2%
9. Within the last year, did your agency serve immigrants or undocumented persons?	Yes	21	36%
	Don't know	15	25%
	Did Not Answer	12	20%
	No	11	19%

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10. For the following groups, are there services needed that are NOT available in your community? CHECK ALL THAT APPLY - for each of the sections.

10A. MENTAL HEALTH SERVICES FOR ADULTS

MHSUD: Provider Survey (59 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Veterans, active duty, National Guard or Reserves Persons with an intellectual/developmental disability	Checked	13	22%
Lesbian, gay, bisexual, transgender or queer (LGBTQ)	Checked	13	22%
Persons with visual and/or hearing impairment; deaf; blind	Checked	12	20%
Senior citizens (65+)	Checked	9	15%
Individuals who are involved in the criminal or juvenile justice system	Checked	9	15%
Senior citizens (65+)	UnChecked	50	85%
Individuals who are involved in the criminal or juvenile justice system	UnChecked	50	85%
Lesbian, gay, bisexual, transgender or queer (LGBTQ)	UnChecked	47	80%
Persons with visual and/or hearing impairment; deaf; blind	UnChecked	47	80%
Veterans, active duty, National Guard or Reserves	UnChecked	46	78%
Persons with an intellectual/developmental disability	UnChecked	46	78%
10B. SUBSTANCE USE DISORDER SERVICES FOR ADULTS			
Persons with an intellectual/developmental disability	Checked	12	20%
Senior citizens (65+)	Checked	11	19%
Veterans, active duty, National Guard or Reserves	Checked	10	17%
Lesbian, gay, bisexual, transgender or queer (LGBTQ)	Checked	10	17%
Persons with visual and/or hearing impairment; deaf; blind	Checked	9	15%
Individuals who are involved in the criminal or juvenile justice system	Checked	8	14%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
Individuals who are involved in the criminal or juvenile justice system	UnChecked	51	86%
Persons with visual and/or hearing impairment; deaf; blind	UnChecked	50	85%
Veterans, active duty, National Guard or Reserves	UnChecked	49	83%
Lesbian, gay, bisexual, transgender or queer (LGBTQ)	UnChecked	49	83%
Senior citizens (65+)	UnChecked	48	81%
Persons with an intellectual/developmental disability	UnChecked	47	80%
10C. CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES FOR ADULTS			
Senior citizens (65+)	Checked	11	19%
Veterans, active duty, National Guard or Reserves	Checked	10	17%
Persons with an intellectual/developmental disability	Checked	10	17%
Lesbian, gay, bisexual, transgender or queer (LGBTQ)	Checked	8	14%
Deaf and/or deaf/hard of hearing/blind	Checked	8	14%
Individuals who are involved in the criminal or juvenile justice system	Checked	6	10%
Individuals who are involved in the criminal or juvenile justice system	UnChecked	53	90%
Lesbian, gay, bisexual, transgender or queer (LGBTQ)	UnChecked	51	86%
Deaf and/or deaf/hard of hearing/blind	UnChecked	51	86%
Veterans, active duty, National Guard or Reserves	UnChecked	49	83%
Persons with an intellectual/developmental disability	UnChecked	49	83%
Senior citizens (65+)	UnChecked	48	81%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
10D. MENTAL HEALTH SERVICES FOR CHILDREN AND YOUTH			
Lesbian, gay, bisexual, transgender or queer (LGBTQ)			
Children/youth in state custody	Checked	11	19%
Persons with an intellectual/developmental disability	Checked	9	15%
Youth with co-occurring mental health and substance use disorder	Checked	9	15%
Persons with visual and/or hearing impairment; deaf; blind	Checked	8	14%
Individuals who are involved in the criminal or juvenile justice system	Checked	7	12%
Individuals who are involved in the criminal or juvenile justice system	Checked	6	10%
Persons with visual and/or hearing impairment; deaf; blind	UnChecked	53	90%
Youth with co-occurring mental health and substance use disorder	UnChecked	52	88%
Children/youth in state custody	UnChecked	51	86%
Persons with an intellectual/developmental disability	UnChecked	50	85%
Lesbian, gay, bisexual, transgender or queer (LGBTQ)	UnChecked	50	85%
10E. SUBSTANCE USE DISORDERS SERVICES FOR CHILDREN AND YOUTH:			
Lesbian, gay, bisexual, transgender or queer (LGBTQ)			
Persons with an intellectual/developmental disability	Checked	9	15%
Children/Youth in state custody	Checked	8	14%
Youth with co-occurring mental health and substance use disorder	Checked	7	12%
	Checked	7	12%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
Individuals who are involved in the criminal or juvenile justice system	Checked	5	8%
Persons with visual and/or hearing impairment; deaf; blind	Checked	1	2%
Persons with visual and/or hearing impairment; deaf; blind	Did Not Answer	57	97%
Individuals who are involved in the criminal or juvenile justice system	UnChecked	54	92%
Children/Youth in state custody	UnChecked	52	88%
Youth with co-occurring mental health and substance use disorder	UnChecked	52	88%
Persons with an intellectual/developmental disability	UnChecked	51	86%
Lesbian, gay, bisexual, transgender or queer (LGBTQ)	UnChecked	50	85%
Persons with visual and/or hearing impairment; deaf; blind	yes	1	2%
10F. CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES FOR CHILDREN AND YOUTH			
Persons with an intellectual/developmental disability	Checked	9	15%
Lesbian, gay, bisexual, transgender or queer (LGBTQ)	Checked	8	14%
Children/Youth in state custody	Checked	7	12%
Persons with visual and/or hearing impairment; deaf; blind	Checked	7	12%
Individuals who are involved in the justice system	Checked	5	8%
Individuals who are involved in the justice system	UnChecked	54	92%
Children/Youth in state custody	UnChecked	52	88%
Persons with visual and/or hearing impairment; deaf; blind	UnChecked	52	88%
Lesbian, gay, bisexual, transgender or queer (LGBTQ)	UnChecked	51	86%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
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Persons with an intellectual/developmental disability

UnChecked 50 85%

11. Please rate the availability of the following ADULT MENTAL HEALTH services in your area. (Please note that "Available with Challenges" means that services are available but there are barriers such as transportation concerns, waiting lists for intakes, inconvenient hours for working persons, etc.)

Assessment/screening	Available when needed	19	32%
Health and wellness	Available when needed	18	31%
Crisis team	Available when needed	17	29%
Grief services	Available when needed	17	29%
Recovery support services such as NAMI or GROW	Available when needed	15	25%
Suicide prevention services	Available when needed	15	25%
Couples services	Available when needed	13	22%
Family advocacy/support	Available when needed	12	20%
Inpatient psychiatric treatment	Available when needed	12	20%
Sexual assault survivor services	Available when needed	12	20%
Therapy or counseling (individual, interactive, group, or family)	Available when needed	12	20%
Parenting	Available when needed	11	19%
Peer support	Available when needed	11	19%
Domestic violence offender services	Available when needed	10	17%
Anger Management	Available when needed	9	15%
Domestic violence survivor services	Available when needed	9	15%
Respite/crisis stabilization	Available when needed	9	15%
Case management/Community supports	Available when needed	7	12%
Integrated primary care and behavioral health services	Available when needed	7	12%
Mental health services while in jail	Available when needed	7	12%
Trauma-informed care	Available when needed	7	12%
Justice diversion or deflection programs	Available when needed	6	10%

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MHSUD: Provider Survey (59 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Supported employment	Available when needed	6	10%
Supported living	Available when needed	6	10%
Family psycho-educational	Available when needed	5	8%
Sex offender services	Available when needed	5	8%
Psychiatric/medication evaluation and management	Available when needed	4	7%
Assertive community treatment (ACT)	Available when needed	3	5%
Homelessness services	Available when needed	3	5%
Integrated treatment for co-occurring disorders (MI/SUD/ID/DD)	Available when needed	3	5%
WRAP (Wellness Recovery Action Plan)	Available when needed	3	5%
Psychosocial rehabilitation	Available when needed	2	3%
Residential treatment	Available when needed	1	2%
Case management/Community supports	Available with challenges	35	59%
Homelessness services	Available with challenges	33	56%
Therapy or counseling (individual, interactive, group, or family)	Available with challenges	33	56%
Residential treatment	Available with challenges	32	54%
Psychiatric/medication evaluation and management	Available with challenges	31	53%
Family advocacy/support	Available with challenges	29	49%
Respite/crisis stabilization	Available with challenges	28	47%
Inpatient psychiatric treatment	Available with challenges	27	46%
Supported living	Available with challenges	27	46%
Trauma-informed care	Available with challenges	26	44%
Crisis team	Available with challenges	25	42%
Domestic violence survivor services	Available with challenges	25	42%
Anger Management	Available with challenges	23	39%
Health and wellness	Available with challenges	23	39%
Integrated treatment for co-occurring disorders (MI/SUD/ID/DD)	Available with challenges	23	39%
Parenting	Available with challenges	23	39%
Peer support	Available with challenges	23	39%
Suicide prevention services	Available with challenges	23	39%
Supported employment	Available with challenges	23	39%

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MHSUD: Provider Survey (59 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Assessment/screening	Available with challenges	21	36%
Sexual assault survivor services	Available with challenges	21	36%
Domestic violence offender services	Available with challenges	20	34%
Psychosocial rehabilitation	Available with challenges	19	32%
Family psycho-educational	Available with challenges	18	31%
Integrated primary care and behavioral health services	Available with challenges	16	27%
Justice diversion or deflection programs	Available with challenges	16	27%
Recovery support services such as NAMI or GROW	Available with challenges	15	25%
Grief services	Available with challenges	14	24%
Couples services	Available with challenges	14	24%
WRAP (Wellness Recovery Action Plan)	Available with challenges	14	24%
Mental health services while in jail	Available with challenges	13	22%
Assertive community treatment (ACT)	Available with challenges	12	20%
Sex offender services	Available with challenges	6	10%
Domestic violence offender services	Did Not Answer	14	24%
Domestic violence survivor services	Did Not Answer	14	24%
Mental health services while in jail	Did Not Answer	14	24%
Crisis team	Did Not Answer	13	22%
Health and wellness	Did Not Answer	13	22%
Homelessness services	Did Not Answer	13	22%
Justice diversion or deflection programs	Did Not Answer	13	22%
Psychiatric/medication evaluation and management	Did Not Answer	13	22%
Residential treatment	Did Not Answer	13	22%
Respite/crisis stabilization	Did Not Answer	13	22%
Sexual assault survivor services	Did Not Answer	13	22%
Suicide prevention services	Did Not Answer	13	22%
Supported employment	Did Not Answer	13	22%
Anger Management	Did Not Answer	12	20%
Assertive community treatment (ACT)	Did Not Answer	12	20%
Assessment/screening	Did Not Answer	12	20%
Case management/Community supports	Did Not Answer	12	20%
Family psycho-educational	Did Not Answer	12	20%

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MHSUD: Provider Survey (59 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Grief services	Did Not Answer	12	20%
Couples services	Did Not Answer	12	20%
Family advocacy/support	Did Not Answer	12	20%
Inpatient psychiatric treatment	Did Not Answer	12	20%
Integrated treatment for co-occurring disorders (MI/SUD/ID/DD)	Did Not Answer	12	20%
Integrated primary care and behavioral health services	Did Not Answer	12	20%
Parenting	Did Not Answer	12	20%
Peer support	Did Not Answer	12	20%
Psychosocial rehabilitation	Did Not Answer	12	20%
Recovery support services such as NAMI or GROW	Did Not Answer	12	20%
Sex offender services	Did Not Answer	12	20%
Supported living	Did Not Answer	12	20%
Therapy or counseling (individual, interactive, group, or family)	Did Not Answer	12	20%
Trauma-informed care	Did Not Answer	12	20%
WRAP (Wellness Recovery Action Plan)	Did Not Answer	12	20%
Sex offender services	Do not know	30	51%
Assertive community treatment (ACT)	Do not know	26	44%
WRAP (Wellness Recovery Action Plan)	Do not know	23	39%
Family psycho-educational	Do not know	21	36%
Mental health services while in jail	Do not know	21	36%
Justice diversion or deflection programs	Do not know	17	29%
Couples services	Do not know	16	27%
Integrated treatment for co-occurring disorders (MI/SUD/ID/DD)	Do not know	16	27%
Grief services	Do not know	14	24%
Psychosocial rehabilitation	Do not know	14	24%
Recovery support services such as NAMI or GROW	Do not know	14	24%
Domestic violence offender services	Do not know	13	22%
Supported employment	Do not know	13	22%
Supported living	Do not know	13	22%

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MHSUD: Provider Survey (59 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Anger Management	Do not know	12	20%
Integrated primary care and behavioral health services	Do not know	12	20%
Sexual assault survivor services	Do not know	12	20%
Parenting	Do not know	10	17%
Trauma-informed care	Do not know	10	17%
Peer support	Do not know	8	14%
Assessment/screening	Do not know	7	12%
Domestic violence survivor services	Do not know	7	12%
Psychiatric/medication evaluation and management	Do not know	7	12%
Family advocacy/support	Do not know	6	10%
Residential treatment	Do not know	6	10%
Suicide prevention services	Do not know	5	8%
Case management/Community supports	Do not know	4	7%
Health and wellness	Do not know	4	7%
Inpatient psychiatric treatment	Do not know	4	7%
Crisis team	Do not know	3	5%
Homelessness services	Do not know	3	5%
Respite/crisis stabilization	Do not know	3	5%
Therapy or counseling (individual, interactive, group, or family)	Do not know	2	3%
Integrated primary care and behavioral health services	Service not available	12	20%
Psychosocial rehabilitation	Service not available	12	20%
Homelessness services	Service not available	7	12%
Justice diversion or deflection programs	Service not available	7	12%
Residential treatment	Service not available	7	12%
WRAP (Wellness Recovery Action Plan)	Service not available	7	12%
Assertive community treatment (ACT)	Service not available	6	10%
Respite/crisis stabilization	Service not available	6	10%
Sex offender services	Service not available	6	10%
Integrated treatment for co-occurring disorders (MI/SUD/ID/DD)	Service not available	5	8%

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MHSUD: Provider Survey (59 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Peer support	Service not available	5	8%
Domestic violence survivor services	Service not available	4	7%
Couples services	Service not available	4	7%
Inpatient psychiatric treatment	Service not available	4	7%
Mental health services while in jail	Service not available	4	7%
Psychiatric/medication evaluation and management	Service not available	4	7%
Supported employment	Service not available	4	7%
Trauma-informed care	Service not available	4	7%
Anger Management	Service not available	3	5%
Family psycho-educational	Service not available	3	5%
Parenting	Service not available	3	5%
Recovery support services such as NAMI or GROW	Service not available	3	5%
Suicide prevention services	Service not available	3	5%
Domestic violence offender services	Service not available	2	3%
Grief services	Service not available	2	3%
Case management/Community supports	Service not available	1	2%
Crisis team	Service not available	1	2%
Health and wellness	Service not available	1	2%
Sexual assault survivor services	Service not available	1	2%
Supported living	Service not available	1	2%
Other (Please specify)	Services provided in other languages are limited or non-existent	1	2%

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12. Please rate the availability of the following ADULT SUBSTANCE USE DISORDER services in your area. (Please note that "Available with Challenges" means that the service is available but there are barriers that may prevent persons from accessing the service such as transportation concerns, waiting lists for intakes, hours not convenient for working persons, etc)

12-Step program	Available when needed	20	34%
Assessment/Screening	Available when needed	10	17%
Peer support	Available when needed	10	17%
DUI class	Available when needed	9	15%

MHSUD: Provider Survey (59 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Substance use disorder outpatient (OP)	Available when needed	9	15%
Crisis Services	Available when needed	8	14%
Substance use disorder intensive outpatient (IOP)	Available when needed	8	14%
Therapy or counseling (Individual, interactive, group, family)	Available when needed	8	14%
Trauma-informed care (TIC)	Available when needed	7	12%
Co-occurring substance use disorder and mental health services	Available when needed	6	10%
Justice diversion or deflection programs	Available when needed	4	7%
Recovery support services (such as case management or support groups)	Available when needed	4	7%
Substance use disorder services while in jail	Available when needed	3	5%
Psychiatric/medication evaluation and management	Available when needed	1	2%
Detoxification	Available when needed	1	2%
Integrated primary care and behavioral health services	Available when needed	1	2%
Opioid treatment (such as methadone, suboxone, vivitrol)	Available when needed	1	2%
Residential treatment	Available when needed	1	2%
Psychiatric/medication evaluation and management	Available with challenges	23	39%
Crisis Services	Available with challenges	21	36%
Residential treatment	Available with challenges	21	36%
Co-occurring substance use disorder and mental health services	Available with challenges	20	34%
Integrated primary care and behavioral health services	Available with challenges	20	34%
Recovery support services (such as case management or support groups)	Available with challenges	20	34%
Assessment/Screening	Available with challenges	18	31%
Halfway house	Available with challenges	17	29%
Opioid treatment (such as methadone, suboxone, vivitrol)	Available with challenges	17	29%

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MHSUD: Provider Survey (59 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Therapy or counseling (Individual, interactive, group, family)	Available with challenges	17	29%
Justice diversion or deflection programs	Available with challenges	16	27%
Peer support	Available with challenges	16	27%
Substance use disorder outpatient (OP)	Available with challenges	16	27%
Substance use disorder intensive outpatient (IOP)	Available with challenges	16	27%
Detoxification	Available with challenges	15	25%
Sober living (transitional housing)	Available with challenges	15	25%
DUI class	Available with challenges	14	24%
Trauma-informed care (TIC)	Available with challenges	14	24%
12-Step program	Available with challenges	12	20%
Substance use disorder services while in jail	Available with challenges	5	8%
Other (Please specify)	Did Not Answer	59	100%
12-Step program	Did Not Answer	22	37%
Assessment/Screening	Did Not Answer	22	37%
Co-occurring substance use disorder and mental health services	Did Not Answer	22	37%
Crisis Services	Did Not Answer	22	37%
Detoxification	Did Not Answer	22	37%
DUI class	Did Not Answer	22	37%
Substance use disorder outpatient (OP)	Did Not Answer	22	37%
Substance use disorder intensive outpatient (IOP)	Did Not Answer	22	37%
Halfway house	Did Not Answer	21	36%
Integrated primary care and behavioral health services	Did Not Answer	21	36%
Justice diversion or deflection programs	Did Not Answer	21	36%
Opioid treatment (such as methadone, suboxone, vivitrol)	Did Not Answer	21	36%
Peer support	Did Not Answer	21	36%
Psychiatric/medication evaluation and management	Did Not Answer	21	36%
Recovery support services (such as case management or support groups)	Did Not Answer	21	36%
Residential treatment	Did Not Answer	21	36%

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MHSUD: Provider Survey (59 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Sober living (transitional housing)	Did Not Answer	21	36%
Substance use disorder services while in jail	Did Not Answer	21	36%
Therapy or counseling (Individual, interactive, group, family)	Did Not Answer	21	36%
Trauma-informed care (TIC)	Did Not Answer	21	36%
Substance use disorder services while in jail	Do not know	24	41%
Opioid treatment (such as methadone, suboxone, vivitrol)	Do not know	17	29%
Justice diversion or deflection programs	Do not know	15	25%
Halfway house	Do not know	14	24%
Sober living (transitional housing)	Do not know	14	24%
Trauma-informed care (TIC)	Do not know	14	24%
Recovery support services (such as case management or support groups)	Do not know	13	22%
DUI class	Do not know	12	20%
Peer support	Do not know	11	19%
Substance use disorder outpatient (OP)	Do not know	11	19%
Substance use disorder intensive outpatient (IOP)	Do not know	11	19%
Therapy or counseling (Individual, interactive, group, family)	Do not know	11	19%
Co-occurring substance use disorder and mental health services	Do not know	10	17%
Integrated primary care and behavioral health services	Do not know	10	17%
Psychiatric/medication evaluation and management	Do not know	10	17%
Detoxification	Do not know	9	15%
Residential treatment	Do not know	9	15%
Assessment/Screening	Do not know	8	14%
Crisis Services	Do not know	5	8%
12-Step program	Do not know	4	7%
Detoxification	Service not available	12	20%
Sober living (transitional housing)	Service not available	9	15%
Halfway house	Service not available	7	12%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
Integrated primary care and behavioral health services	Service not available	7	12%
Residential treatment	Service not available	7	12%
Substance use disorder services while in jail	Service not available	5	8%
Crisis Services	Service not available	3	5%
Justice diversion or deflection programs	Service not available	3	5%
Opioid treatment (such as methadone, suboxone, vivitrol)	Service not available	3	5%
Trauma-informed care (TIC)	Service not available	3	5%
DUI class	Service not available	2	3%
Psychiatric/medication evaluation and management	Service not available	2	3%
Substance use disorder intensive outpatient (IOP)	Service not available	2	3%
Therapy or counseling (Individual, interactive, group, family)	Service not available	2	3%
12-Step program	Service not available	2	3%
Assessment/Screening	Service not available	1	2%
Co-occurring substance use disorder and mental health services	Service not available	1	2%
Peer support	Service not available	1	2%
Recovery support services (such as case management or support groups)	Service not available	1	2%
Substance use disorder outpatient (OP)	Service not available	1	2%

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13. Please rate the availability of the following CHILD AND YOUTH MENTAL HEALTH services in your area. (AVAILABLE WITH CHALLENGES means that the service is available but there are barriers that may prevent persons from accessing the service such as transportation needs, waiting lists for intake, hours inconvenient for working persons, etc.)

Crisis services	Available when needed	16	27%
Suicide prevention	Available when needed	14	24%
Assessment screening	Available when needed	10	17%

MHSUD: Provider Survey (59 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Early childhood education and training	Available when needed	10	17%
Sexual assault survivor services	Available when needed	10	17%
Domestic violence victim services	Available when needed	9	15%
Family advocacy/support	Available when needed	9	15%
Inpatient hospitalization	Available when needed	8	14%
Mental health services while in detention	Available when needed	7	12%
Peer Advocacy	Available when needed	6	10%
School-based services	Available when needed	6	10%
Youth mentoring	Available when needed	6	10%
Case management	Available when needed	5	8%
Domestic violence offender services	Available when needed	5	8%
Home visitation programs	Available when needed	5	8%
Outpatient Therapy (OP)	Available when needed	5	8%
Juvenile justice diversion or deflection programs	Available when needed	5	8%
Parenting with Love and Limits (PLL)	Available when needed	5	8%
Parent mentoring	Available when needed	5	8%
Partial hospitalization	Available when needed	5	8%
Therapy or counseling (individual, interactive, group or family)	Available when needed	5	8%
Respite/crisis stabilization	Available when needed	4	7%
Intensive in-home services	Available when needed	3	5%
Integrated primary care and behavioral health services	Available when needed	3	5%
Psychiatric/medication evaluation and management	Available when needed	3	5%
Wraparound/care coordination	Available when needed	3	5%
Day treatment/partial hospitalization	Available when needed	2	3%
Multi-systemic therapy (MST)	Available when needed	2	3%
Recreational therapy	Available when needed	2	3%
Sex offender treatment	Available when needed	2	3%
intensive outpatient therapy (IOP)	Available when needed	1	2%
Trauma informed care	Available when needed	1	2%
Therapy or counseling (individual, interactive, group or family)	Available with challenges	27	46%

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MHSUD: Provider Survey (59 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Psychiatric/medication evaluation and management	Available with challenges	26	44%
Day treatment/partial hospitalization	Available with challenges	21	36%
School-based services	Available with challenges	21	36%
Case management	Available with challenges	20	34%
Parenting with Love and Limits (PLL)	Available with challenges	20	34%
Family advocacy/support	Available with challenges	19	32%
Residential treatment	Available with challenges	19	32%
Youth mentoring	Available with challenges	19	32%
Assessment screening	Available with challenges	18	31%
Outpatient Therapy (OP)	Available with challenges	18	31%
intensive outpatient therapy (IOP)	Available with challenges	17	29%
Crisis services	Available with challenges	15	25%
Domestic violence victim services	Available with challenges	15	25%
Inpatient hospitalization	Available with challenges	15	25%
Trauma-focused cognitive behavioral therapy (TF-CBT)	Available with challenges	15	25%
Early childhood education and training	Available with challenges	14	24%
Respite/crisis stabilization	Available with challenges	14	24%
Sexual assault survivor services	Available with challenges	14	24%
Suicide prevention	Available with challenges	14	24%
Trauma informed care	Available with challenges	14	24%
Home visitation programs	Available with challenges	13	22%
Integrated primary care and behavioral health services	Available with challenges	13	22%
Juvenile justice diversion or deflection programs	Available with challenges	13	22%
Peer Advocacy	Available with challenges	13	22%
Wraparound/care coordination	Available with challenges	12	20%
Recreational therapy	Available with challenges	11	19%
Partial hospitalization	Available with challenges	10	17%
Transitional youth housing	Available with challenges	10	17%
Domestic violence offender services	Available with challenges	9	15%
Intensive in-home services	Available with challenges	9	15%
Sex offender treatment	Available with challenges	8	14%

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MHSUD: Provider Survey (59 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Mental health services while in detention	Available with challenges	7	12%
Parent mentoring	Available with challenges	7	12%
Multi-systemic therapy (MST)	Available with challenges	4	7%
Intensive in-home services	Did Not Answer	24	41%
Residential treatment	Did Not Answer	24	41%
Day treatment/partial hospitalization	Did Not Answer	23	39%
Domestic violence offender services	Did Not Answer	23	39%
Domestic violence victim services	Did Not Answer	23	39%
Early childhood education and training	Did Not Answer	23	39%
Inpatient hospitalization	Did Not Answer	23	39%
Multi-systemic therapy (MST)	Did Not Answer	23	39%
Parent mentoring	Did Not Answer	23	39%
Peer Advocacy	Did Not Answer	23	39%
Suicide prevention	Did Not Answer	23	39%
Trauma informed care	Did Not Answer	23	39%
Assessment screening	Did Not Answer	22	37%
Case management	Did Not Answer	22	37%
Crisis services	Did Not Answer	22	37%
Family advocacy/support	Did Not Answer	22	37%
Home visitation programs	Did Not Answer	22	37%
Outpatient Therapy (OP)	Did Not Answer	22	37%
intensive outpatient therapy (IOP)	Did Not Answer	22	37%
Integrated primary care and behavioral health services	Did Not Answer	22	37%
Juvenile justice diversion or deflection programs	Did Not Answer	22	37%
Mental health services while in detention	Did Not Answer	22	37%
Parenting with Love and Limits (PLL)	Did Not Answer	22	37%
Partial hospitalization	Did Not Answer	22	37%
Psychiatric/medication evaluation and management	Did Not Answer	22	37%
Recreational therapy	Did Not Answer	22	37%
Respite/crisis stabilization	Did Not Answer	22	37%
School-based services	Did Not Answer	22	37%
Sex offender treatment	Did Not Answer	22	37%

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MHSUD: Provider Survey (59 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Sexual assault survivor services	Did Not Answer	22	37%
Therapy or counseling (individual, interactive, group or family)	Did Not Answer	22	37%
Transitional youth housing	Did Not Answer	22	37%
Trauma-focused cognitive behavioral therapy (TF-CBT)	Did Not Answer	22	37%
Wraparound/care coordination	Did Not Answer	22	37%
Youth mentoring	Did Not Answer	22	37%
Multi-systemic therapy (MST)	Do not know	27	46%
Sex offender treatment	Do not know	26	44%
Mental health services while in detention	Do not know	22	37%
Parent mentoring	Do not know	21	36%
Recreational therapy	Do not know	21	36%
Intensive in-home services	Do not know	20	34%
Partial hospitalization	Do not know	19	32%
Transitional youth housing	Do not know	19	32%
Trauma-focused cognitive behavioral therapy (TF-CBT)	Do not know	19	32%
Wraparound/care coordination	Do not know	19	32%
Domestic violence offender services	Do not know	18	31%
intensive outpatient therapy (IOP)	Do not know	18	31%
Integrated primary care and behavioral health services	Do not know	18	31%
Juvenile justice diversion or deflection programs	Do not know	18	31%
Home visitation programs	Do not know	17	29%
Trauma informed care	Do not know	17	29%
Peer Advocacy	Do not know	16	27%
Respite/crisis stabilization	Do not know	14	24%
Outpatient Therapy (OP)	Do not know	13	22%
Residential treatment	Do not know	13	22%
Sexual assault survivor services	Do not know	12	20%
Case management	Do not know	11	19%
Day treatment/partial hospitalization	Do not know	11	19%

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MHSUD: Provider Survey (59 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Inpatient hospitalization	Do not know	11	19%
Parenting with Love and Limits (PLL)	Do not know	11	19%
Domestic violence victim services	Do not know	10	17%
Early childhood education and training	Do not know	10	17%
Youth mentoring	Do not know	10	17%
School-based services	Do not know	9	15%
Assessment screening	Do not know	8	14%
Family advocacy/support	Do not know	8	14%
Suicide prevention	Do not know	6	10%
Crisis services	Do not know	5	8%
Psychiatric/medication evaluation and management	Do not know	5	8%
Therapy or counseling (individual, interactive, group or family)	Do not know	4	7%
Transitional youth housing	Service not available	8	14%
Respite/crisis stabilization	Service not available	5	8%
Domestic violence offender services	Service not available	4	7%
Trauma informed care	Service not available	4	7%
Intensive in-home services	Service not available	3	5%
Integrated primary care and behavioral health services	Service not available	3	5%
Multi-systemic therapy (MST)	Service not available	3	5%
Parent mentoring	Service not available	3	5%
Partial hospitalization	Service not available	3	5%
Psychiatric/medication evaluation and management	Service not available	3	5%
Recreational therapy	Service not available	3	5%
Residential treatment	Service not available	3	5%
Trauma-focused cognitive behavioral therapy (TF-CBT)	Service not available	3	5%
Wraparound/care coordination	Service not available	3	5%
Day treatment/partial hospitalization	Service not available	2	3%
Domestic violence victim services	Service not available	2	3%
Early childhood education and training	Service not available	2	3%
Home visitation programs	Service not available	2	3%

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MHSUD: Provider Survey (59 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Inpatient hospitalization	Service not available	2	3%
Suicide prevention	Service not available	2	3%
Youth mentoring	Service not available	2	3%
Assessment screening	Service not available	1	2%
Case management	Service not available	1	2%
Crisis services	Service not available	1	2%
Family advocacy/support	Service not available	1	2%
Outpatient Therapy (OP)	Service not available	1	2%
intensive outpatient therapy (IOP)	Service not available	1	2%
Juvenile justice diversion or deflection programs	Service not available	1	2%
Mental health services while in detention	Service not available	1	2%
Parenting with Love and Limits (PLL)	Service not available	1	2%
Peer Advocacy	Service not available	1	2%
School-based services	Service not available	1	2%
Sex offender treatment	Service not available	1	2%
Sexual assault survivor services	Service not available	1	2%
Therapy or counseling (individual, interactive, group or family)	Service not available	1	2%
Other (Please specify)	Did Not Answer	59	100%

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14. Please rate the availability of the following CHILD AND YOUTH SUBSTANCE USE DISORDER services in your area. (AVAILABLE WITH CHALLENGES means that the service is available but there are barriers that may prevent persons from accessing the service such as transportation needs, waiting lists for intake, hours inconvenient for working persons, etc.)

Outpatient Therapy (OP)	Available when needed	8	14%
In-school prevention program	Available when needed	7	12%
Assessment/screening	Available when needed	6	10%
Therapy or counseling (individual, interactive, group, or family)	Available when needed	6	10%
Substance use disorder services while in detention	Available when needed	5	8%

MHSUD: Provider Survey (59 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Crisis services	Available when needed	4	7%
Family/community support	Available when needed	4	7%
Psychiatric/medication evaluation and management	Available when needed	4	7%
Parenting with Love and Limits (PLL)	Available when needed	4	7%
In-home services	Available when needed	3	5%
Integrated primary care and behavioral health services	Available when needed	3	5%
Intensive outpatient (IOP)	Available when needed	3	5%
Out-of-school prevention program	Available when needed	2	3%
Trauma informed care	Available when needed	2	3%
Parenting with Love and Limits (PLL)	Available with challenges	18	31%
Assessment/screening	Available with challenges	17	29%
Crisis services	Available with challenges	17	29%
Therapy or counseling (individual, interactive, group, or family)	Available with challenges	16	27%
Family/community support	Available with challenges	13	22%
Residential treatment	Available with challenges	13	22%
Trauma informed care	Available with challenges	13	22%
Psychiatric/medication evaluation and management	Available with challenges	12	20%
Integrated primary care and behavioral health services	Available with challenges	8	14%
Intensive outpatient (IOP)	Available with challenges	8	14%
Outpatient Therapy (OP)	Available with challenges	7	12%
Out-of-school prevention program	Available with challenges	7	12%
Substance use disorder services while in detention	Available with challenges	6	10%
In-home services	Available with challenges	5	8%
In-school prevention program	Available with challenges	5	8%
Other (Please specify)	Did Not Answer	59	100%
Assessment/screening	Did Not Answer	27	46%
Crisis services	Did Not Answer	27	46%
Substance use disorder services while in detention	Did Not Answer	27	46%
Family/community support	Did Not Answer	27	46%
In-home services	Did Not Answer	27	46%

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MHSUD: Provider Survey (59 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
In-school prevention program	Did Not Answer	27	46%
Integrated primary care and behavioral health services	Did Not Answer	27	46%
Outpatient Therapy (OP)	Did Not Answer	27	46%
Intensive outpatient (IOP)	Did Not Answer	27	46%
Out-of-school prevention program	Did Not Answer	27	46%
Psychiatric/medication evaluation and management	Did Not Answer	27	46%
Residential treatment	Did Not Answer	27	46%
Parenting with Love and Limits (PLL)	Did Not Answer	27	46%
Therapy or counseling (individual, interactive, group, or family)	Did Not Answer	27	46%
Trauma informed care	Did Not Answer	27	46%
Out-of-school prevention program	Do not know	21	36%
Substance use disorder services while in detention	Do not know	20	34%
In-school prevention program	Do not know	18	31%
In-home services	Do not know	17	29%
Integrated primary care and behavioral health services	Do not know	17	29%
Intensive outpatient (IOP)	Do not know	17	29%
Outpatient Therapy (OP)	Do not know	16	27%
Residential treatment	Do not know	16	27%
Psychiatric/medication evaluation and management	Do not know	15	25%
Trauma informed care	Do not know	14	24%
Family/community support	Do not know	13	22%
Parenting with Love and Limits (PLL)	Do not know	9	15%
Therapy or counseling (individual, interactive, group, or family)	Do not know	9	15%
Assessment/screening	Do not know	8	14%
Crisis services	Do not know	8	14%
In-home services	Service not available	7	12%
Integrated primary care and behavioral health services	Service not available	4	7%
Intensive outpatient (IOP)	Service not available	4	7%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
Crisis services	Service not available	3	5%
Residential treatment	Service not available	3	5%
Trauma informed care	Service not available	3	5%
Family/community support	Service not available	2	3%
In-school prevention program	Service not available	2	3%
Out-of-school prevention program	Service not available	2	3%
Assessment/screening	Service not available	1	2%
Substance use disorder services while in detention	Service not available	1	2%
Outpatient Therapy (OP)	Service not available	1	2%
Psychiatric/medication evaluation and management	Service not available	1	2%
Parenting with Love and Limits (PLL)	Service not available	1	2%
Therapy or counseling (individual, interactive, group, or family)	Service not available	1	2%

15. Are there barriers that deter consumers from accessing the most appropriate mental health and/or substance use disorder services in your area? If so, how often do the barriers occur?

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Other barriers	Did Not Answer	40	68%
Child care needs	Did Not Answer	25	42%
Involvement with justice system	Did Not Answer	25	42%
No interpreter for deaf/hard of hearing	Did Not Answer	25	42%
Financial issues	Did Not Answer	25	42%
Unaware of service availability	Did Not Answer	25	42%
Wait too many days for intake	Did Not Answer	25	42%
Services too far away	Did Not Answer	24	41%
Transportation issues	Did Not Answer	24	41%
Insurance coverage issues	Did Not Answer	24	41%
Stigma/embarrassment/fear	Did Not Answer	24	41%
Belief that mental health/substance use disorder services won't be helpful	Did Not Answer	24	41%
Medical issues	Did Not Answer	24	41%
Don't know how to access services	Did Not Answer	24	41%

MHSUD: Provider Survey (59 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Services do not meet needs	Did Not Answer	24	41%
Services not offered at convenient times	Did Not Answer	24	41%
Other barriers	Does not apply/do not know	13	22%
No interpreter for deaf/hard of hearing	Does not apply/do not know	11	19%
Involvement with justice system	Does not apply/do not know	7	12%
Wait too many days for intake	Does not apply/do not know	4	7%
Services do not meet needs	Does not apply/do not know	4	7%
Belief that mental health/substance use disorder services won't be helpful	Does not apply/do not know	3	5%
Medical issues	Does not apply/do not know	3	5%
Child care needs	Does not apply/do not know	2	3%
Insurance coverage issues	Does not apply/do not know	2	3%
Services too far away	Does not apply/do not know	2	3%
Transportation issues	Does not apply/do not know	1	2%
Stigma/embarrassment/fear	Does not apply/do not know	1	2%
Services not offered at convenient times	Does not apply/do not know	1	2%
Insurance coverage issues	Often	24	41%
Financial issues	Often	24	41%
Stigma/embarrassment/fear	Often	21	36%
Don't know how to access services	Often	21	36%
Unaware of service availability	Often	20	34%
Transportation issues	Often	15	25%
Wait too many days for intake	Often	15	25%
Child care needs	Often	13	22%
Belief that mental health/substance use disorder services won't be helpful	Often	13	22%
Medical issues	Often	12	20%
Services too far away	Often	12	20%
Services not offered at convenient times	Often	8	14%
Involvement with justice system	Often	7	12%
No interpreter for deaf/hard of hearing	Often	4	7%
Other barriers	Often	4	7%
Services do not meet needs	Often	3	5%

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MHSUD: Provider Survey (59 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
No interpreter for deaf/hard of hearing	Seldom	8	14%
Insurance coverage issues	Seldom	3	5%
Involvement with justice system	Seldom	3	5%
Belief that mental health/substance use disorder services won't be helpful	Seldom	2	3%
Medical issues	Seldom	2	3%
Services too far away	Seldom	2	3%
Services not offered at convenient times	Seldom	2	3%
Transportation issues	Seldom	1	2%
Child care needs	Seldom	1	2%
Financial issues	Seldom	1	2%
Unaware of service availability	Seldom	1	2%
Don't know how to access services	Seldom	1	2%
Wait too many days for intake	Seldom	1	2%
Services do not meet needs	Seldom	1	2%
Services not offered at convenient times	Sometimes	28	47%
Transportation issues	Sometimes	24	41%
Child care needs	Sometimes	18	31%
Medical issues	Sometimes	18	31%
Services too far away	Sometimes	18	31%
Involvement with justice system	Sometimes	18	31%
Belief that mental health/substance use disorder services won't be helpful	Sometimes	18	31%
Wait too many days for intake	Sometimes	17	29%
Stigma/embarrassment/fear	Sometimes	14	24%
Unaware of service availability	Sometimes	13	22%
Don't know how to access services	Sometimes	13	22%
No interpreter for deaf/hard of hearing	Sometimes	13	22%
Financial issues	Sometimes	11	19%
Insurance coverage issues	Sometimes	9	15%
Other barriers	Sometimes	6	10%
"Other Barriers" - please specify	Sometimes	2	3%
	Culture competency	1	2%
	Home & Office Visits	1	2%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
	<p>In the absence of county funding there would be a more significant barrier in supports and services due to the number of individuals and families that are 'in line' for state funding. While they are eligible by definition, they do not have access to state funded services. People with no personal means to pay for services would go without as they wait for access to services based on PUNS selection process and state resources. At the state level, there is also a 'one size fits all' rate structure for many services regardless of the individual needs of each person leading to inadequate funding for personalized supports.</p>	1	2%
	<p>Language Spanish speaking providers.</p>	1	2%
	<p>even with sliding scale, many people cannot afford even a small coDid Not Answerpay for counseling.</p>	1	2%
	<p>lack of coordination/follow through</p>	1	2%
	<p>stereo type persons with dementia or disability that mental health treatment couldn't help. Blame problems on the disease not mental health.</p>	1	2%
<p>16. As a provider, are your services office/facility based or delivered in natural settings or both? (Please explain.)</p>	<p>Office based facility</p>	1	2%
	<p>All our groups and social activities meet in a community setting.</p>	1	2%
	<p>Both in office and in home, or facility</p>	1	2%
	<p>Both, in office and client's home</p>	1	2%
	<p>Both. By definition, some services are location-based, but all others are located wherever is most convenient and helpful to the person(s) seeking service.</p>	1	2%
	<p>Both: counseling and advocacy office//facility; 24-hour hotline delivered wherever the person calls from. Sexual Violence Prevention Education delivered in schools, churches and community centers.</p>	1	2%

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MHSUD: Provider Survey (59 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	Delivered in natural settings	1	2%
	Delivered/offered in office/facility. Facility based.	1	2%
	Meet in available places that do not charge for use.	2	3%
	My services are provided in an office building.	1	2%
	Office, group homes, family residences, individual residences Office/facility based	1	2%
	Outreach services for people with Substance Abuse/mental health disorders access to care remains a problem getting clients connected with services they need	1	2%
	Private practice office setting	1	2%
	Services are offered/provided in individual/family homes, community locations, daycare centers, and in center. Services both ways	1	2%
	We provide services primarily in natural settings. Services can be provided in the home or in the community. Whatever works best for the client.	1	2%
	Yes, we go out to homes both	1	2%
	both office and in-home	5	8%
	facility based, their base, in nature going for walk. office	1	2%
	office based	1	2%
	yes. We serve our clients primarily in their own homes but can see them in the office or the community if they prefer. Did Not Answer	2	3%
		1	2%
		28	47%

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17. Do you have other comments regarding service needs or service gaps in your area that you would like us to consider?
Detoxification outside of the pavilion. Medication assisted therapy including Suboxone and methadone for state-funded treatment facilities.

MHSUD: Provider Survey (59 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	<p>As state resources become available, people that are supported through county-funding convert to state funding. This typically creates opportunities for people that are waiting for state funding to have an opportunity to access services which is one of the most significant benefits to county-funded service delivery. While all funding is limited, access has definitely improved as a result of CCMHB and CCDDDB funding.</p>	1	2%
	<p>Better funding of mental health services. As a business, I'm unable to afford to provide counseling services to the most vulnerable population because the reimbursement rates of Medicaid (and the copious amounts of unnecessary paperwork required only by Medicaid and Medicare) do not even cover my costs.</p>	1	2%
	<p>Carle/Health Alliance should expand their network of mental health providers and also provide at least some reimbursement for out-of-network providers to allow more clients/patients access to specialized mental health care (specifically trauma-informed) with shorter wait times for intake.</p>	1	2%
	<p>Geriatric mental health assessment</p>	1	2%
	<p>I am deeply concerned about the gaps in services for people without great insurance and waits for people with Medicaid. There are also fewer holistic services for individuals living with severe psychiatric disorders.</p>	1	2%
	<p>Mental Health Court would divert some from the judicial system.</p>	1	2%
	<p>No</p>	1	2%
	<p>None</p>	1	2%

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MHSUD: Provider Survey (59 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	One suggestion is to create a list of all the services and providers in the community. Then, publish the list on this website and, maybe, promote said services/providers. It would help the process of identifying appropriate services and facilitate the referral of clients. Moreover, in my experience, some providers and agencies might benefit from establishing partnerships to provide services. For example, one provider might provide mental health counseling while another agency/provider provide treatment for substance use.	1	2%
	Also, there is a considerable need for Spanish-speaking providers of mental health services. Some providers have left the area in pursuit of better economic opportunities. Perhaps the board can create some incentives to retain providers.		
	Overall, there is a lack of needed services - nothing stands out, as people's unfulfilled needs are diverse and constant.	1	2%
	Services for autistic spectrum disorders including patient and family are non existent in Champaign County.	1	2%
	The most frequent request that goes unmet is for child psych.	1	2%
	There are many	1	2%
	There is a need for more mental health services for all populations in most areas outside of Champaign/Urbana.	1	2%
	There is not enough to go around/meet the growing need!	1	2%
	While many services are available, a great many of them are for Medicaid only or have prohibitive waiting lists.	1	2%
	Did Not Answer	42	71%
	Yes	26	44%
	Did Not Answer	22	37%
	No	11	19%

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18. Do you as a provider serve people outside Champaign County?

Question	Response (Respondent's Comments NOT Edited)	Count	%
1. What type of organization do you represent? CHECK ALL THAT APPLY			
Non-profit agency	Checked	10	50%
Advocacy organization	Checked	3	15%
Faith-based organization (Church, Synagogue, etc)	Checked	3	15%
Local Government	Checked	3	15%
Criminal justice/law enforcement organization (Probation, Parole, Police, Sheriff, etc.)	Checked	2	10%
Public School	Checked	2	10%
I am a Family-Advocate	Checked	2	10%
Self-help group	Checked	1	5%
I am a Self-Advocate	Checked	1	5%
University/Community College	UnChecked	20	100%
Federally qualified health center	UnChecked	20	100%
Hospital	UnChecked	20	100%
Juvenile justice organization	UnChecked	20	100%
Managed care organization/insurance company	UnChecked	20	100%
Primary care or health organization	UnChecked	20	100%
Private practice	UnChecked	20	100%
Public health organization	UnChecked	20	100%
State government	UnChecked	20	100%
I am a Self-Advocate	UnChecked	19	95%
University/Community College	UnChecked	19	95%
Criminal justice/law enforcement organization (Probation, Parole, Police, Sheriff, etc.)	UnChecked	18	90%
Public School	UnChecked	18	90%
I am a Family-Advocate	UnChecked	18	90%
Self-help group	UnChecked	18	90%
Advocacy organization	UnChecked	17	85%
Faith-based organization (Church, Synagogue, etc)	UnChecked	17	85%
Local Government	UnChecked	17	85%
Non-profit agency	UnChecked	10	50%
Other - Please specify below	Checked	4	20%
Other - Please specify below	UnChecked	16	80%

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MHSUD: Stakeholder Survey (20 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
If "Other" please describe:	A member of a collective impact organization focused on children's well being and development	1	5%
If "Other" please describe:	Adult Education	1	5%
	Federal government	1	5%
	Parent Peer Support Specialist	1	5%
	61820	7	35%
	61801	5	25%
	Do Not Answer	4	20%
	61802	1	5%
	61821	1	5%
	61822	1	5%
	61866	1	5%

2. Please enter the ZIP CODE where you complete the preponderance of your work

3. Did you or your organization interact with persons who received any of the following services?

- Substance use disorder services for children/youth
- Mental health services for children/youth
- Mental health crisis services
- Domestic violence victim services
- Sexual assault survivor services
- Co-occurring mental health and substance use disorder services for children/youth
- Sexual assault survivor services
- Co-occurring mental health and substance use disorder services for adults
- Substance use disorder services for adults while in jail
- Sex offender treatment
- Co-occurring behavioral health and intellectual/developmental disability services for adults

IF 0

-	2	10%
-	1	5%
-	1	5%
-	1	5%
-	1	5%
Do not know	7	35%
Do not know	7	35%
Do not know	5	25%
Do not know	5	25%
Do not know	5	25%
Do Not Know	4	20%

MHSUD: Stakeholder Survey (20 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Mental health services for adults while in jail	Do not know	4	20%
Integrated primary care and behavioral health treatment	Do not know	4	20%
Substance use disorder services for adults	Do not know	3	15%
Substance use disorder services for children/youth	Do not know	3	15%
Mental health services for juveniles who are in detention	Do not know	3	15%
Substance use disorder services for juveniles who are in detention	Do not know	3	15%
Domestic violence victim services	Do not know	3	15%
Domestic violence offender services	Do not know	2	10%
Mental health crisis services	Do not know	1	5%
Substance use disorder services for juveniles who are in detention	No	14	70%
Domestic violence offender services	No	14	70%
Sex offender treatment	No	14	70%
Mental health services for juveniles who are in detention	No	13	65%
Mental health services for adults while in jail	No	10	50%
Substance use disorder services for adults while in jail	No	10	50%
Domestic violence victim services	No	7	35%
Sexual assault survivor services	No	7	35%
Integrated primary care and behavioral health treatment	No	6	30%
Mental health services for children/youth	No	5	25%
Substance use disorder services for children/youth	No	4	20%
Co-occurring mental health and substance use disorder services for children/youth	No	4	20%
Mental health crisis services	No	3	15%
Mental health services for adults	No	2	10%
Substance use disorder services for adults	No	2	10%

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MHSUD: Stakeholder Survey (20 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Co-occurring behavioral health and intellectual/developmental disability services for adults	No	2	10%
Co-occurring mental health and substance use disorder services for adults	No	1	5%
Mental health services for adults	Yes	18	90%
Substance use disorder services for adults	Yes	15	75%
Mental health crisis services	Yes	15	75%
Co-occurring mental health and substance use disorder services for adults	Yes	14	70%
Co-occurring behavioral health and intellectual/developmental disability services for adults	Yes	14	70%
Mental health services for children/youth	Yes	14	70%
Substance use disorder services for children/youth	Yes	11	55%
Integrated primary care and behavioral health treatment	Yes	10	50%
Co-occurring mental health and substance use disorder services for children/youth	Yes	9	45%
Domestic violence victim services	Yes	9	45%
Mental health services for adults while in jail	Yes	6	30%
Substance use disorder services for adults while in jail	Yes	5	25%
Sexual assault survivor services	Yes	5	25%
Mental health services for juveniles who are in detention	Yes	4	20%
Domestic violence offender services	Yes	4	20%
Substance use disorder services for juveniles who are in detention	Yes	3	15%
Sex offender treatment	Yes	1	5%

4. Within the last year, did you or your organization interact with people who receive or need services and who are also members of any of the following groups? CHECK ALL THAT

MHSUD: Stakeholder Survey (20 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Homeless population	Checked	15	75%
Individuals with behavioral health and intellectual/developmental disabilities	Checked	15	75%
Individuals involved with the criminal or juvenile justice system	Checked	15	75%
Senior citizens (65+ years)	Checked	14	70%
Lesbian, gay, bi-sexual, transgender and queer (LGBTQ)	Checked	14	70%
Veterans, active duty, National Guard, or Reserves	Checked	13	65%
Children/youth with mental health and/or substance use disorder problems	Checked	11	55%
Hispanic or Latino/a Individuals	Checked	11	55%
Immigrants or undocumented Individuals	Checked	10	50%
Children in state custody	Checked	9	45%
Do not know	Checked	2	10%
Do not know	UnChecked	18	90%
Children in state custody	UnChecked	11	55%
Immigrants or undocumented Individuals	UnChecked	10	50%
Children/youth with mental health and/or substance use disorder problems	UnChecked	9	45%
Hispanic or Latino/a Individuals	UnChecked	9	45%
Veterans, active duty, National Guard, or Reserves	UnChecked	7	35%
Senior citizens (65+ years)	UnChecked	6	30%
Lesbian, gay, bi-sexual, transgender and queer (LGBTQ)	UnChecked	6	30%
Homeless population	UnChecked	5	25%
Individuals with behavioral health and intellectual/developmental disabilities	UnChecked	5	25%
Individuals involved with the criminal or juvenile justice system	UnChecked	5	25%
Other special population	Checked	3	15%
Other special population	UnChecked	17	85%
If "Other special population" please specify	Hospitalized, community, jail	1	5%

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MHSUD: Stakeholder Survey (20 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	Students with children	1	5%

5. Based on your experience and knowledge of the service system in Champaign County, please rate the availability of the following ADULT MENTAL HEALTH services. (Please note that "Available with Challenges" means that the service is available but there are barriers that may prevent people from accessing the service, such as transportation concerns, waiting lists for intake, inconvenient hours for working persons, etc.)"

Information and referral	Available when needed	9	45%
Crisis team	Available when needed	7	35%
Health and wellness	Available when needed	6	30%
Suicide prevention services	Available when needed	6	30%
Assessment/screening	Available when needed	5	25%
Domestic violence victim services	Available when needed	5	25%
Family psycho-educational	Available when needed	4	20%
Sexual assault survivor services	Available when needed	4	20%
Case management/Community supports	Available when needed	3	15%
Domestic violence offender services	Available when needed	3	15%
Group services	Available when needed	3	15%
Recovery support services such as NAMI and GROW	Available when needed	3	15%
Day treatment/partial hospitalization	Available when needed	3	15%
Supported employment	Available when needed	3	15%
Therapy or counseling (individual, interactive, group, or family)	Available when needed	3	15%
Care coordination	Available when needed	2	10%
Grief services	Available when needed	2	10%
Inpatient psychiatric treatment	Available when needed	2	10%
Integrated primary care and behavioral health treatment	Available when needed	2	10%
Mental health services while in jail	Available when needed	2	10%

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MHSUD: Stakeholder Survey (20 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Peer support	Available when needed	2	10%
Psychiatric/medication evaluation and management	Available when needed	2	10%
Residential treatment	Available when needed	2	10%
Respite/crisis residential	Available when needed	2	10%
Trauma-informed care	Available when needed	2	10%
Coordination of services across providers	Available when needed	1	5%
Co-occurring substance use disorder and mental health services	Available when needed	1	5%
Illness management and recovery (IMR)	Available when needed	1	5%
Couples services	Available when needed	1	5%
Integrated treatment for co-occurring disorders (MI/SUD/ID/DD)	Available when needed	1	5%
Psychosocial rehabilitation	Available with challenges	14	70%
Care coordination	Available with challenges	14	70%
Case management/Community supports	Available with challenges	13	65%
Coordination of services across providers	Available with challenges	13	65%
Therapy or counseling (individual, interactive, group, or family)	Available with challenges	12	60%
Inpatient psychiatric treatment	Available with challenges	12	60%
Psychiatric/medication evaluation and management	Available with challenges	12	60%
Respite/crisis residential	Available with challenges	12	60%
Supported living	Available with challenges	11	55%
Residential treatment	Available with challenges	10	50%
Assessment/screening	Available with challenges	10	50%
Co-occurring substance use disorder and mental health services	Available with challenges	10	50%
Information and referral	Available with challenges	10	50%
Integrated primary care and behavioral health treatment	Available with challenges	10	50%
Crisis team	Available with challenges	9	45%
Domestic violence victim services	Available with challenges	9	45%
Supported employment	Available with challenges	9	45%
Trauma-informed care	Available with challenges	9	45%

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MHSUD: Stakeholder Survey (20 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Health and wellness	Available with challenges	8	40%
Peer support	Available with challenges	8	40%
Recovery support services such as NAMI and GROW	Available with challenges	7	35%
Group services	Available with challenges	6	30%
Day treatment/partial hospitalization	Available with challenges	6	30%
Suicide prevention services	Available with challenges	6	30%
Assertive community treatment (ACT)	Available with challenges	5	25%
Integrated treatment for co-occurring disorders (MI/SUD/ID/DD)	Available with challenges	5	25%
Mental health services while in jail	Available with challenges	5	25%
Psychosocial rehabilitation	Available with challenges	4	20%
Family psycho-educational	Available with challenges	4	20%
Grief services	Available with challenges	4	20%
Couples services	Available with challenges	4	20%
Sexual assault survivor services	Available with challenges	4	20%
WRAP (Wellness Recovery Action Plan)	Available with challenges	4	20%
Illness management and recovery (IMR)	Available with challenges	3	15%
Domestic violence offender services	Available with challenges	2	10%
Sex offender treatment	Available with challenges	1	5%
Coordination of services across providers	Did Not Answer	1	5%
Group services	Did Not Answer	1	5%
Grief services	Did Not Answer	1	5%
Recovery support services such as NAMI and GROW	Did Not Answer	1	5%
Day treatment/partial hospitalization	Did Not Answer	1	5%
Sexual assault survivor services	Did Not Answer	1	5%
Suicide prevention services	Did Not Answer	1	5%
Trauma-informed care	Did Not Answer	1	5%
WRAP (Wellness Recovery Action Plan)	Did Not Answer	1	5%
Sex offender treatment	Do not know	17	85%
Illness management and recovery (IMR)	Do not know	15	75%
Domestic violence offender services	Do not know	13	65%
Couples services	Do not know	13	65%
Psychosocial rehabilitation	Do not know	13	65%

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MHSUD: Stakeholder Survey (20 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
WRAP (Wellness Recovery Action Plan)	Do not know	13	65%
Assertive community treatment (ACT)	Do not know	12	60%
Integrated treatment for co-occurring disorders (MI/SUD/ID/DD)	Do not know	12	60%
Family psycho-educational	Do not know	11	55%
Grief services	Do not know	11	55%
Group services	Do not know	10	50%
Mental health services while in jail	Do not know	10	50%
Sexual assault survivor services	Do not know	10	50%
Co-occurring substance use disorder and mental health services	Do not know	8	40%
Integrated primary care and behavioral health treatment	Do not know	8	40%
Peer support	Do not know	8	40%
Day treatment/partial hospitalization	Do not know	8	40%
Recovery support services such as NAMI and GROW	Do not know	8	40%
Residential treatment	Do not know	7	35%
Supported living	Do not know	7	35%
Trauma-informed care	Do not know	7	35%
Respite/crisis residential	Do not know	6	30%
Suicide prevention services	Do not know	6	30%
Supported employment	Do not know	6	30%
Domestic violence victim services	Do not know	5	25%
Health and wellness	Do not know	5	25%
Inpatient psychiatric treatment	Do not know	5	25%
Psychiatric/medication evaluation and management	Do not know	5	25%
Care coordination	Do not know	4	20%
Crisis team	Do not know	4	20%
Assessment/screening	Do not know	3	15%
Coordination of services across providers	Do not know	3	15%
Therapy or counseling (individual, interactive, group, or family)	Do not know	3	15%
Case management/Community supports	Do not know	2	10%

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MHSUD: Stakeholder Survey (20 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Information and referral	Do not know	1	5%
Assertive community treatment (ACT)	Service not available	3	15%
Mental health services while in jail	Service not available	3	15%
Assessment/screening	Service not available	2	10%
Coordination of services across providers	Service not available	2	10%
Domestic violence offender services	Service not available	2	10%
Grief services	Service not available	2	10%
Couples services	Service not available	2	10%
Integrated treatment for co-occurring disorders (MI/SUD/ID/DD)	Service not available	2	10%
Peer support	Service not available	2	10%
Recovery support services such as NAMI and GROW	Service not available	2	10%
Day treatment/partial hospitalization	Service not available	2	10%
Sex offender treatment	Service not available	2	10%
Supported employment	Service not available	2	10%
WRAP (Wellness Recovery Action Plan)	Service not available	2	10%
Case management/Community supports	Service not available	1	5%
Co-occurring substance use disorder and mental health services	Service not available	1	5%
Domestic violence victim services	Service not available	1	5%
Family psycho-educational	Service not available	1	5%
Health and wellness	Service not available	1	5%
Illness management and recovery (IMR)	Service not available	1	5%
Inpatient psychiatric treatment	Service not available	1	5%
Psychiatric/medication evaluation and management	Service not available	1	5%
Psychosocial rehabilitation	Service not available	1	5%
Sexual assault survivor services	Service not available	1	5%
Suicide prevention services	Service not available	1	5%
Supported living	Service not available	1	5%
Therapy or counseling (individual, interactive, group, or family)	Service not available	1	5%
Trauma-informed care	Service not available	1	5%
Other. Please specify below	Available with challenges	2	10%

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MHSUD: Stakeholder Survey (20 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Other. Please specify below	Do not know	5	25%
Other. Please specify below	Did Not Answer	13	65%
If "Other" selected, please specify	Modest to limited support for peer to peer, 12-step and group for mental health	1	5%
If "Other" selected, please specify	Did Not Answer	19	95%

6. Based on your experience and knowledge of the service system in Champaign County, please rate the availability of the following ADULT SUBSTANCE USE DISORDER services. (Please note that "Available with Challenges" means that the service is available but there are barriers that may prevent people from accessing the service, such as transportation concerns, waiting lists for intake, inconvenient hours for working persons, etc.)

Case management/community supports	Available when needed	4	20%
Assessment/Screening Information and referral	Available when needed	4	20%
Crisis team	Available when needed	4	20%
DUI class	Available when needed	4	20%
12-Step program	Available when needed	3	15%
Coordination of services across providers	Available when needed	2	10%
Peer support	Available when needed	2	10%
Integrated treatment for co-occurring disorders (MI/SUD/ID/DD)	Available when needed	1	5%
Detoxification	Available when needed	1	5%
Halfway house	Available when needed	1	5%
Substance use services while in jail	Available when needed	1	5%
Outpatient treatment (OP)	Available when needed	1	5%
Intensive Outpatient treatment (IOP)	Available when needed	1	5%
Psychiatric/medication evaluation and management	Available when needed	1	5%

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MHSUD: Stakeholder Survey (20 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Sober living (transitional housing)	Available when needed	1	5%
Therapy or counseling (Individual, interactive, group, family)	Available when needed	1	5%
Assessment/Screening	Available with challenges	9	45%
Crisis team	Available with challenges	9	45%
Therapy or counseling (Individual, interactive, group, family)	Available with challenges	9	45%
Coordination of services across providers	Available with challenges	8	40%
Outpatient treatment (OP)	Available with challenges	8	40%
12-Step program	Available with challenges	6	30%
Care coordination	Available with challenges	6	30%
Case management/community supports	Available with challenges	6	30%
Information and referral	Available with challenges	6	30%
Recovery support services (such as case management or support groups)	Available with challenges	6	30%
Residential treatment	Available with challenges	6	30%
DUI class	Available with challenges	5	25%
Halfway house	Available with challenges	5	25%
Substance use services while in jail	Available with challenges	5	25%
Peer support	Available with challenges	5	25%
Psychiatric/medication evaluation and management	Available with challenges	5	25%
Opioid treatment (such as methadone, suboxone, vivitrol)	Available with challenges	4	20%
Intensive Outpatient treatment (IOP)	Available with challenges	4	20%
Trauma-informed care (TIC)	Available with challenges	4	20%
Sober living (transitional housing)	Available with challenges	3	15%
Integrated treatment for co-occurring disorders (MI/SUD/ID/DD)	Available with challenges	2	10%
Detoxification	Available with challenges	2	10%
Halfway house	Did Not Answer	5	25%
Residential treatment	Did Not Answer	5	25%
Sober living (transitional housing)	Did Not Answer	5	25%
Trauma-informed care (TIC)	Did Not Answer	5	25%

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MHSUD: Stakeholder Survey (20 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
12-Step program	Did Not Answer	4	20%
Care coordination	Did Not Answer	4	20%
Case management/community supports	Did Not Answer	4	20%
Coordination of services across providers	Did Not Answer	4	20%
Assessment/Screening	Did Not Answer	4	20%
Integrated treatment for co-occurring disorders (MI/SUD/ID/DD)	Did Not Answer	4	20%
Information and referral	Did Not Answer	4	20%
Crisis team	Did Not Answer	4	20%
Detoxification	Did Not Answer	4	20%
DUI class	Did Not Answer	4	20%
Substance use services while in jail	Did Not Answer	4	20%
Opioid treatment (such as methadone, suboxone, vivitrol)	Did Not Answer	4	20%
Outpatient treatment (OP)	Did Not Answer	4	20%
Intensive Outpatient treatment (IOP)	Did Not Answer	4	20%
Peer support	Did Not Answer	4	20%
Psychiatric/medication evaluation and management	Did Not Answer	4	20%
Recovery support services (such as case management or support groups)	Did Not Answer	4	20%
Therapy or counseling (Individual, interactive, group, family)	Did Not Answer	4	20%
Integrated treatment for co-occurring disorders (MI/SUD/ID/DD)	Do not know	12	60%
Intensive Outpatient treatment (IOP)	Do not know	11	55%
Opioid treatment (such as methadone, suboxone, vivitrol)	Do not know	10	50%
Trauma-informed care (TIC)	Do not know	10	50%
Care coordination	Do not know	9	45%
Recovery support services (such as case management or support groups)	Do not know	9	45%
12-Step program	Do not know	8	40%
Detoxification	Do not know	8	40%

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MHSUD: Stakeholder Survey (20 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
DUI class	Do not know	8	40%
Halfway house	Do not know	8	40%
Substance use services while in jail	Do not know	8	40%
Psychiatric/medication evaluation and management	Do not know	8	40%
Sober living (transitional housing)	Do not know	8	40%
Outpatient treatment (OP)	Do not know	7	35%
Peer support	Do not know	7	35%
Residential treatment	Do not know	7	35%
Case management/community supports	Do not know	6	30%
Therapy or counseling (Individual, interactive, group, family)	Do not know	6	30%
Coordination of services across providers	Do not know	5	25%
Information and referral	Do not know	4	20%
Assessment/Screening	Do not know	3	15%
Crisis team	Do not know	2	10%
Detoxification	Do not know	2	10%
12-Step program	Service not available	5	25%
Information and referral	Service not available	3	15%
Substance use services while in jail	Service not available	2	10%
	Service not available	2	10%
Opioid treatment (such as methadone, suboxone, vivitrol)	Service not available	2	10%
Peer support	Service not available	2	10%
Psychiatric/medication evaluation and management	Service not available	2	10%
Residential treatment	Service not available	2	10%
Care coordination	Service not available	1	5%
Coordination of services across providers	Service not available	1	5%
Integrated treatment for co-occurring disorders (MI/SUD/ID/DD)	Service not available	1	5%
Crisis team	Service not available	1	5%
Halfway house	Service not available	1	5%
Recovery support services (such as case management or support groups)	Service not available	1	5%
Trauma-informed care (TIC)	Service not available	1	5%

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MHSUD: Stakeholder Survey (20 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Other. Please specify below	Did Not Answer	14	70%
Other. Please specify below	Do not know	5	25%
Other. Please specify below	Available when needed	1	5%

7. Based on your experience and knowledge of the service system in Champaign County, please rate the availability of the following CHILD AND YOUTH MENTAL HEALTH services. (Please note that "Available with Challenges" means that the service is available but there are barriers that may prevent people from accessing the service, such as transportation concerns, waiting lists for intake, inconvenient hours for working persons, etc.)

Assessment screening	Available when needed	4	20%
Crisis services	Available when needed	4	20%
Parenting with Love & Limits	Available when needed	4	20%
Suicide prevention	Available when needed	4	20%
Information and referral	Available when needed	3	15%
Family advocacy/support	Available when needed	3	15%
Case management	Available when needed	2	10%
Care coordination	Available when needed	2	10%
Day treatment/partial hospitalization	Available when needed	2	10%
Early childhood education and training	Available when needed	2	10%
Home visitation programs	Available when needed	2	10%
Intensive in-home services	Available when needed	2	10%
Partial hospitalization	Available when needed	2	10%
Sexual assault survivor services	Available when needed	2	10%
School-based services	Available when needed	2	10%
Transitional youth housing	Available when needed	2	10%
Youth mentoring	Available when needed	2	10%
Coordination of services across providers	Available when needed	1	5%
Co-occurring substance use disorder and mental health services	Available when needed	1	5%

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MHSUD: Stakeholder Survey (20 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Domestic violence victim services	Available when needed	1	5%
Mental health services while in detention	Available when needed	1	5%
Inpatient hospitalization	Available when needed	1	5%
Integrated primary care and behavioral health treatment	Available when needed	1	5%
Parent mentoring	Available when needed	1	5%
Psychiatric/medication evaluation and management	Available when needed	1	5%
Residential treatment	Available when needed	1	5%
Respite/crisis stabilization	Available when needed	1	5%
Therapy or counseling (individual, interactive, group or family)	Available when needed	1	5%
Trauma-informed care (TIC)	Available when needed	1	5%
Case management	Available with challenges	10	50%
Therapy or counseling (individual, interactive, group or family)	Available with challenges	10	50%
Care coordination	Available with challenges	9	45%
Coordination of services across providers	Available with challenges	9	45%
Psychiatric/medication evaluation and management	Available with challenges	9	45%
School-based services	Available with challenges	9	45%
Youth mentoring	Available with challenges	9	45%
Assessment screening	Available with challenges	8	40%
Crisis services	Available with challenges	8	40%
Juvenile court diversion and deflection programs	Available with challenges	8	40%
Residential treatment	Available with challenges	8	40%
Information and referral	Available with challenges	7	35%
Family advocacy/support	Available with challenges	7	35%
Day treatment/partial hospitalization	Available with challenges	6	30%
Inpatient hospitalization	Available with challenges	6	30%
Parent mentoring	Available with challenges	6	30%
Respite/crisis stabilization	Available with challenges	6	30%
Sexual assault survivor services	Available with challenges	6	30%
Transitional youth housing	Available with challenges	6	30%
Trauma-informed care (TIC)	Available with challenges	6	30%

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MHSUD: Stakeholder Survey (20 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Wraparound/care coordination	Available with challenges	6	30%
Co-occurring substance use disorder and mental health services	Available with challenges	5	25%
Domestic violence victim services	Available with challenges	5	25%
Early childhood education and training	Available with challenges	5	25%
Partial hospitalization	Available with challenges	5	25%
Suicide prevention	Available with challenges	5	25%
Trauma-focused cognitive behavioral therapy (TF-CBT)	Available with challenges	5	25%
Home visitation programs	Available with challenges	4	20%
Parenting with Love & Limits	Available with challenges	4	20%
Mental health services while in detention	Available with challenges	3	15%
Integrated primary care and behavioral health treatment	Available with challenges	3	15%
Recreational therapy	Available with challenges	3	15%
Domestic violence offender services	Available with challenges	2	10%
Intensive in-home services	Available with challenges	2	10%
Multi-systemic therapy (MST)	Available with challenges	1	5%
Sex offender treatment	Available with challenges	1	5%
Intensive in-home services	Did Not Answer	5	25%
Coordination of services across providers	Did Not Answer	4	20%
Early childhood education and training	Did Not Answer	4	20%
Integrated primary care and behavioral health treatment	Did Not Answer	4	20%
Parenting with Love & Limits	Did Not Answer	4	20%
Recreational therapy	Did Not Answer	4	20%
School-based services	Did Not Answer	4	20%
Therapy or counseling (individual, interactive, group or family)	Did Not Answer	4	20%
Trauma-informed care (TIC)	Did Not Answer	4	20%
Assessment screening	Did Not Answer	3	15%
Case management	Did Not Answer	3	15%
Crisis services	Did Not Answer	3	15%

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MHSUD: Stakeholder Survey (20 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Care coordination	Did Not Answer	3	15%
Co-occurring substance use disorder and mental health services	Did Not Answer	3	15%
Day treatment/partial hospitalization	Did Not Answer	3	15%
Domestic violence offender services	Did Not Answer	3	15%
Domestic violence victim services	Did Not Answer	3	15%
Information and referral	Did Not Answer	3	15%
Mental health services while in detention	Did Not Answer	3	15%
Family advocacy/support	Did Not Answer	3	15%
Home visitation programs	Did Not Answer	3	15%
Inpatient hospitalization	Did Not Answer	3	15%
Juvenile court diversion and deflection programs	Did Not Answer	3	15%
Multi-systemic therapy (MST)	Did Not Answer	3	15%
Parent mentoring	Did Not Answer	3	15%
Partial hospitalization	Did Not Answer	3	15%
Psychiatric/medication evaluation and management	Did Not Answer	3	15%
Residential treatment	Did Not Answer	3	15%
Respite/crisis stabilization	Did Not Answer	3	15%
Sexual assault survivor services	Did Not Answer	3	15%
Sex offender treatment	Did Not Answer	3	15%
Suicide prevention	Did Not Answer	3	15%
Transitional youth housing	Did Not Answer	3	15%
Trauma-focused cognitive behavioral therapy (TF-CBT)	Did Not Answer	3	15%
Wraparound/care coordination	Did Not Answer	3	15%
Youth mentoring	Did Not Answer	3	15%
Multi-systemic therapy (MST)	Do not know	16	80%
Sex offender treatment	Do not know	16	80%
Domestic violence offender services	Do not know	14	70%
Recreational therapy	Do not know	13	65%
Mental health services while in detention	Do not know	12	60%
Trauma-focused cognitive behavioral therapy (TF-CBT)	Do not know	12	60%

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MHSUD: Stakeholder Survey (20 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Domestic violence victim services	Do not know	11	55%
Integrated primary care and behavioral health treatment			
Intensive in-home services	Do not know	11	55%
Wraparound/care coordination	Do not know	11	55%
Co-occurring substance use disorder and mental health services	Do not know	11	55%
Home visitation programs	Do not know	10	50%
Partial hospitalization	Do not know	10	50%
Respite/crisis stabilization	Do not know	10	50%
Day treatment/partial hospitalization	Do not know	9	45%
Early childhood education and training	Do not know	9	45%
Inpatient hospitalization	Do not know	9	45%
Juvenile court diversion and deflection programs	Do not know	9	45%
Parent mentoring	Do not know	9	45%
Trauma-informed care (TIC)	Do not know	9	45%
Parenting with Love & Limits	Do not know	8	40%
Sexual assault survivor services	Do not know	8	40%
Suicide prevention	Do not know	8	40%
Transitional youth housing	Do not know	8	40%
Family advocacy/support	Do not know	7	35%
Psychiatric/medication evaluation and management	Do not know	7	35%
Residential treatment	Do not know	7	35%
Care coordination	Do not know	6	30%
Information and referral	Do not know	6	30%
Youth mentoring	Do not know	6	30%
Assessment screening	Do not know	5	25%
Case management	Do not know	5	25%
Crisis services	Do not know	5	25%
Coordination of services across providers	Do not know	5	25%
School-based services	Do not know	5	25%
Therapy or counseling (individual, interactive, group or family)	Do not know	5	25%

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MHSUD: Stakeholder Survey (20 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Coordination of services across providers	Service not available	1	5%
Co-occurring substance use disorder and mental health services	Service not available	1	5%
Domestic violence offender services	Service not available	1	5%
Information and referral	Service not available	1	5%
Mental health services while in detention	Service not available	1	5%
Home visitation programs	Service not available	1	5%
Inpatient hospitalization	Service not available	1	5%
Integrated primary care and behavioral health treatment	Service not available	1	5%
Parent mentoring	Service not available	1	5%
Residential treatment	Service not available	1	5%
Sexual assault survivor services	Service not available	1	5%
Transitional youth housing	Service not available	1	5%
Other. Please specify below	Service not available	1	5%
Other. Please specify below	Did Not Answer	15	75%
Other. Please specify below	Do not know	4	20%
	Available with challenges	1	5%

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8. Based on your experience and knowledge of the service system in Champaign County, please rate the availability of the following CHILD AND YOUTH SUBSTANCE USE DISORDER services. (AVAILABLE WITH CHALLENGES means that the service is available but there are barriers that may prevent persons from accessing the service such as transportation needs, waiting lists for intake, hours inconvenient for working person , etc.)

Parenting with Love & Limits	Available when needed	2	10%
Crisis team	Available when needed	1	5%
Information and referral	Available when needed	1	5%
Family/community support	Available when needed	1	5%
In-school prevention program	Available when needed	1	5%

MHSUD: Stakeholder Survey (20 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Outpatient treatment	Available when needed	1	5%
Therapy or counseling (individual, interactive, group, or family)	Available when needed	1	5%
Therapy or counseling (individual, interactive, group, or family)	Available with challenges	7	35%
Assessment/screening	Available with challenges	6	30%
Residential treatment	Available with challenges	6	30%
Coordination of services across providers	Available with challenges	5	25%
Crisis team	Available with challenges	5	25%
Information and referral	Available with challenges	5	25%
Parenting with Love & Limits	Available with challenges	5	25%
Care coordination	Available with challenges	4	20%
Case management/community supports	Available with challenges	4	20%
In-school prevention program	Available with challenges	4	20%
Family/community support	Available with challenges	3	15%
In-home services	Available with challenges	3	15%
Intensive outpatient (IOP)	Available with challenges	3	15%
Psychiatric/medication evaluation and management	Available with challenges	3	15%
Trauma-informed care (TIC)	Available with challenges	3	15%
Substance use disorder services while in detention	Available with challenges	2	10%
Outpatient treatment	Available with challenges	2	10%
Out-of-school prevention program	Available with challenges	2	10%
Integrated treatment for co-occurring disorders (MI/SUD/ID/DD)	Available with challenges	2	10%
Family/community support	Did Not Answer	1	5%
Trauma-informed care (TIC)	Did Not Answer	7	35%
Assessment/screening	Did Not Answer	7	35%
Care coordination	Did Not Answer	6	30%
Case management/community supports	Did Not Answer	6	30%
Coordination of services across providers	Did Not Answer	6	30%
Crisis team	Did Not Answer	6	30%
Information and referral	Did Not Answer	6	30%

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MHSUD: Stakeholder Survey (20 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Integrated treatment for co-occurring disorders (MI/SUD/ID/DD)	Did Not Answer	6	30%
Substance use disorder services while in detention	Did Not Answer	6	30%
In-home services	Did Not Answer	6	30%
In-school prevention program	Did Not Answer	6	30%
Intensive outpatient (IOP)	Did Not Answer	6	30%
Outpatient treatment	Did Not Answer	6	30%
Out-of-school prevention program	Did Not Answer	6	30%
Psychiatric/medication evaluation and management	Did Not Answer	6	30%
Parenting with Love & Limits	Did Not Answer	6	30%
Residential treatment	Did Not Answer	6	30%
Therapy or counseling (individual, interactive, group, or family)	Did Not Answer	6	30%
Integrated treatment for co-occurring disorders (MI/SUD/ID/DD)	Do not know	13	65%
Substance use disorder services while in detention	Do not know	12	60%
Out-of-school prevention program	Do not know	12	60%
Outpatient treatment	Do not know	11	55%
Psychiatric/medication evaluation and management	Do not know	11	55%
Care coordination	Do not know	10	50%
Case management/community supports	Do not know	10	50%
In-home services	Do not know	10	50%
Intensive outpatient (IOP)	Do not know	10	50%
Trauma-informed care (TIC)	Do not know	9	45%
Coordination of services across providers	Do not know	9	45%
Family/community support	Do not know	8	40%
Assessment/screening	Do not know	8	40%
Crisis team	Do not know	8	40%
Information and referral	Do not know	8	40%
In-school prevention program	Do not know	8	40%
Parenting with Love & Limits	Do not know	7	35%
Residential treatment	Do not know	7	35%

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MHSUD: Stakeholder Survey (20 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Therapy or counseling (individual, interactive, group, or family)	Do not know	6	30%
In-home services	Service not available	1	5%
In-school prevention program	Service not available	1	5%
Intensive outpatient (IOP)	Service not available	1	5%
Residential treatment	Service not available	1	5%
Other. Please specify below.	Available with challenges	2	10%
Other. Please specify below.	Do not know	6	30%
Other. Please specify below.	Did Not Answer	12	60%

9. Based on your experience and knowledge of the service system in Champaign County, are there barriers that deter persons from accessing the most appropriate mental health and/or substance use disorder services? If so, how often do the barriers occur?

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Child care needs	Did Not Answer	7	35%
Insurance coverage issues	Did Not Answer	7	35%
Medical issues	Did Not Answer	7	35%
Don't know how to access services	Did Not Answer	7	35%
Transportation issues	Did Not Answer	6	30%
Collaboration between providers of services	Did Not Answer	6	30%
Stigma/embarrassment/fear	Did Not Answer	6	30%
Involvement with justice system	Did Not Answer	6	30%
Belief that mental health/substance use disorder services won't be helpful	Did Not Answer	6	30%
Financial issues	Did Not Answer	6	30%
Unaware of service availability	Did Not Answer	6	30%
Wait too many days for intake	Did Not Answer	6	30%
Services too far away	Did Not Answer	6	30%
Services do not meet needs	Did Not Answer	6	30%
Services not offered at convenient times	Did Not Answer	6	30%
Services not offered at convenient times	Does not apply/do not know	5	25%

MHSUD: Stakeholder Survey (20 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Insurance coverage issues	Does not apply/do not know	4	20%
Services do not meet needs	Does not apply/do not know	4	20%
Belief that mental health/substance use disorder services won't be helpful	Does not apply/do not know	3	15%
Wait too many days for intake	Does not apply/do not know	3	15%
Transportation issues	Does not apply/do not know	2	10%
Child care needs	Does not apply/do not know	2	10%
Collaboration between providers of services	Does not apply/do not know	2	10%
Stigma/embarrassment/fear	Does not apply/do not know	2	10%
Involvement with justice system	Does not apply/do not know	2	10%
Financial issues	Does not apply/do not know	2	10%
Medical issues	Does not apply/do not know	2	10%
Unaware of service availability	Does not apply/do not know	2	10%
Don't know how to access services	Does not apply/do not know	2	10%
Services too far away	Does not apply/do not know	2	10%
Unaware of service availability	Often	10	50%
Transportation issues	Often	9	45%
Financial issues	Often	9	45%
Child care needs	Often	8	40%
Collaboration between providers of services	Often	8	40%
Don't know how to access services	Often	8	40%
Wait too many days for intake	Often	8	40%
Services too far away	Often	8	40%
Insurance coverage issues	Often	8	40%
Stigma/embarrassment/fear	Often	6	30%
Medical issues	Often	6	30%
Involvement with justice system	Often	6	30%
Belief that mental health/substance use disorder services won't be helpful	Often	4	20%
Services do not meet needs	Often	3	15%
Services not offered at convenient times	Often	3	15%
Collaboration between providers of services	Seldom	1	5%

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MHSUD: Stakeholder Survey (20 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Belief that mental health/substance use disorder services won't be helpful	Seldom	1	5%
Wait too many days for intake	Seldom	1	5%
Services do not meet needs	Seldom	1	5%
Involvement with justice system	Sometimes	8	40%
Belief that mental health/substance use disorder services won't be helpful	Sometimes	7	35%
Stigma/embarrassment/fear	Sometimes	6	30%
Services do not meet needs	Sometimes	6	30%
Services not offered at convenient times	Sometimes	6	30%
Medical issues	Sometimes	5	25%
Services too far away	Sometimes	4	20%
Transportation issues	Sometimes	3	15%
Child care needs	Sometimes	3	15%
Collaboration between providers of services	Sometimes	3	15%
Insurance coverage issues	Sometimes	3	15%
Financial issues	Sometimes	3	15%
Don't know how to access services	Sometimes	3	15%
Unaware of service availability	Sometimes	2	10%
Wait too many days for intake	Sometimes	2	10%
Other barriers	Did Not Answer	12	60%
Other barriers	Does not apply/do not know	6	30%
Other barriers	Often	2	10%
"Other Barriers" - please specify	How quickly they can receive help in the moment they are in crisis and the length of the service they are provided.	1	5%
10. Please tell us about service needs or service gaps you have experienced that you want brought to our attention.	Respite services and parent peer support	1	5%

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MHSUD: Stakeholder Survey (20 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	<p>Sober housing, homeless sheltering, and medical treatment for psychological issues, including and many times leading to substance abuse. These services are limited, and do not have the availability, resources, and proper therapeutic value for more rehabilitation of derelict members in society to get a chance to get better and become less of hazards in our community and more of contributing and docile members of the public. We need LONG TERM recovery housing as well as homeless housing. We need assistance available to send case workers to people's homes, and even doctors, and/or better transportation availability for people with no money. They also need better means of how to find the help, like the 211 line.</p>	1	5%
	<p>There is a tremendous need for housing (i.e. rent subsidy) for people with developmental or mental disabilities whose sole source of income is SSI. Far too many are homeless simply because of their low incomes. People with developmental disabilities or mental health issues can't qualify for any help through Housing Authority if the individual has had any criminal involvement -- unless at least 5 years has passed since completion of any sentence or probation. As a result, some of the most vulnerable people in our community have no housing and no hope of acquiring housing at any time in the foreseeable future. Housing Authority's policy must change and we need more subsidized housing options for people with disabilities.</p>	1	5%
	<p>Transportation and child care are the two most often cited when I work with families. In addition, the lack of flexibility/not getting their schedule ahead of time with employment makes it very difficult to make it to appointments while trying to hold a job. Did Not Answer</p>	1	5%
	<p>Did Not Answer</p>	16	80%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
1. Are you a person who has a developmental disability?	No	7	78%
	Yes	2	22%
2. Do you live in Champaign County, Illinois?	No	8	89%
	Yes	1	11%
3. What is important to you?	Advocating for myself and for others.	1	11%
	Community involvement and accessibility	1	11%
	Family	1	11%
	Make a way for someone else.	1	11%
	More free events fun events not just going to library events. If they want to do a paid trip but has no money being treated once awhile.	1	11%
	My Family	1	11%
	My children and their needs	1	11%
	To live your life and not have to be bothered by the remnants of being a strove survivor.	1	11%
	Did Not Answer	1	11%
4. Do you like where you live?	Yes	5	56%
	Did Not Answer	4	44%
5. Tell us about where you live. (Check all that apply.)	Checked	3	33%
With a spouse or significant other	Checked	3	33%
With my child(ren)	Checked	3	33%
By myself	Checked	3	33%
With a pet	Checked	3	33%
In a house	Checked	3	33%
With parent(s) or other family member(s)	Checked	2	22%
With other people who have disabilities	Checked	2	22%
I own my home	Checked	2	22%
I rent my home	Checked	2	22%
In an apartment	Checked	1	11%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
If "Other", please specify.	Did Not Answer	9	100%
6. Do you want to change something about your home?			
	No	5	56%
	Yes	2	22%
	Did Not Answer	2	22%
If "Yes", please describe:	Needs Repair	1	11%
	Taking care of the situation but defiantly location.	1	11%
	Did Not Answer	7	78%
7. Does someone help you with anything in your home?			
	Yes	4	44%
	No	3	33%
	Did Not Answer	2	22%
If "Yes", please describe:	Finances, bills, shopping	1	11%
	I have a psw who helps me	1	11%
	I hire my own Personal assistants to assist me.	1	11%
	My mom.	1	11%
	Did Not Answer	5	56%
8. Do you have a job?			
	Yes	5	56%
	No	2	22%
	Did Not Answer	2	22%
9. Do you have the job you want?			
	Yes	4	44%
	No	3	33%
	Did Not Answer	2	22%
10. Tell us about your job. (Check all that apply.)			
	Part time	3	33%
	Other (Please specify below)	2	22%
	Full time	1	11%
	In the community	1	11%
	Please describe.	1	11%
	I'm retired and I volunteer	1	11%
	Volunteer	1	11%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
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11. Do you want to change something about your job?

If "Yes", please describe.

Did Not Answer	7	78%
No	6	67%
Yes	1	11%
Did Not Answer	2	22%
Disability sensitivity, and following the law about discrimination	1	11%
Did Not Answer	8	89%

12. Does someone help you with anything at your job?

If "Yes", please describe

Did Not Answer	4	44%
No	3	33%
Yes	2	22%
Did Not Answer	1	11%
My coworkers.	1	11%
Other workers help	1	11%
Did Not Answer	7	78%

13. Does someone help you learn skills for a job that you want?

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Did Not Answer	4	44%
No	3	33%
Yes	2	22%

14. Do you go to school or take classes?

I do not go to school or take classes.
If "Other", please specify.

Checked	6	67%
Did Not Answer	9	100%

15. Does someone help you with classes?

No
Did Not Answer

No	5	56%
Did Not Answer	4	44%

16. What do you do with your spare time? (Check all that apply.)

- Movies
- Church
- Community Event/Festival
- Hang out with friends
- Self-advocacy or other activism

Checked	3	33%
Checked	2	22%
Checked	2	22%
Checked	2	22%
Checked	2	22%

IDDD: Consumer Survey (9 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Fitness/dance	Checked	1	11%
Music/Singing/Concert	Checked	1	11%
Writing	Checked	1	11%
Gardening	Checked	1	11%
Shopping/Garage Sale	Checked	1	11%
Travel	Checked	1	11%
Cooking	Checked	1	11%
Sports/bowling	UnChecked	9	100%
Art	UnChecked	9	100%
Museum/Zoo	UnChecked	9	100%
Take care of someone	UnChecked	9	100%
Camp	UnChecked	9	100%
Theater/Acting	UnChecked	9	100%
Club	UnChecked	9	100%
Horseback Riding	UnChecked	9	100%
Pets	UnChecked	9	100%
Fitness/dance	UnChecked	8	89%
Music/Singing/Concert	UnChecked	8	89%
Writing	UnChecked	8	89%
Gardening	UnChecked	8	89%
Shopping/Garage Sale	UnChecked	8	89%
Travel	UnChecked	8	89%
Cooking	UnChecked	8	89%
Church	UnChecked	7	78%
Community Event/Festival	UnChecked	7	78%
Hang out with friends	UnChecked	7	78%
Self-advocacy or other activism	UnChecked	7	78%
Movies	UnChecked	6	67%
Other (Please specify)	Checked	2	22%
	No spare time	1	11%
	Work part-time, hang out with my mom and live a low-key life.	1	11%
	Did Not Answer	7	78%



Question	Response (Respondent's Comments NOT Edited)	Count	%
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17. If you want to do any of the things listed above, what do you need and do not have access to? (Check all that apply.)

Money to pay for it	Checked	2	22%
What I want isn't offered anywhere	Checked	2	22%
A way to get there, a ride, a bus, a cab	Checked	1	11%
Someone to go with me	Checked	1	11%
Find out how to sign up for things	UnChecked	9	100%
Help signing up	UnChecked	9	100%
A way to get there, a ride, a bus, a cab	UnChecked	8	89%
Someone to go with me	UnChecked	8	89%
Money to pay for it	UnChecked	7	78%
What I want isn't offered anywhere	UnChecked	7	78%
Other (Please specify below)	Checked	2	22%
Other (Please specify below)	UnChecked	7	78%
if "Other", please specify.	No extra money get disability	1	11%
if "Other", please specify.	Did Not Answer	8	89%

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18. What services or supports are you receiving? (CHECK ALL THAT APPLY)

Counseling/Therapy	Checked	3	33%
Support Group	Checked	2	22%
Self-Advocacy Support	Checked	1	11%
HomeDid Not AnswerBased Support Services (HBS)	Checked	1	11%
Community Employment Supports	Checked	1	11%
Education	Checked	1	11%
Transportation	Checked	1	11%
Peer Support	Checked	1	11%
Advocacy/Linkage	UnChecked	9	100%
Attend Advocacy Center	UnChecked	9	100%
Residential (CILA)	UnChecked	9	100%
Apartment Services/Community Living	UnChecked	9	100%
Sheltered Workshop/Clark Road	UnChecked	9	100%

Question	Response (Respondent's Comments NOT Edited)	Count	%
Developmental Training	UnChecked	9	100%
Day Program	UnChecked	9	100%
Help with SelfDid Not AnswerCare	UnChecked	9	100%
Transition from school to adulthood	UnChecked	9	100%
Crisis Services	UnChecked	9	100%
Nursing services	UnChecked	9	100%
Psychiatrist	UnChecked	9	100%
Respite	UnChecked	9	100%
Recreation	UnChecked	9	100%
Speech Therapy	UnChecked	9	100%
OT (Occupational Therapy)	UnChecked	9	100%
Self-Advocacy Support	UnChecked	8	89%
HomeDid Not AnswerBased Support Services (HBS)	UnChecked	8	89%
Community Employment Supports	UnChecked	8	89%
Education	UnChecked	8	89%
Transportation	UnChecked	8	89%
Peer Support	UnChecked	8	89%
Support Group	UnChecked	7	78%
Counseling/Therapy	UnChecked	6	67%
Other (Please specify below)	Checked	2	22%
Other (Please specify below)	UnChecked	7	78%
if "Other", please specify	none	1	11%
	Did Not Answer	8	89%

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19. Who provides your services and/or supports? (CHECK ALL THAT APPLY)

Community Choices	Checked	3	33%
Other Please specify below.	Checked	2	22%
Developmental Services Center	Checked	1	11%
Rosecrance	Checked	1	11%
Regional Planning Commission Independent Service	Checked	1	11%
If "School District", please specify.	Did Not Answer	9	100%
CTF Illinois	UnChecked	9	100%
Individual Advocacy Group	UnChecked	9	100%

IDDD: Consumer Survey (9 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Individualized Services	UnChecked	9	100%
Residential Developers/Alan G. Ryle	UnChecked	9	100%
CU Special Recreation	UnChecked	9	100%
School District (specify)	UnChecked	9	100%
United Cerebral Palsy Did Not Answer UCP	UnChecked	9	100%
PACE	UnChecked	9	100%
Illinois Association of Microboards and Cooperatives -			
IAMC	UnChecked	9	100%
Parent/Advocacy Group	UnChecked	9	100%
Division of Rehab Services	UnChecked	9	100%
Head Start	UnChecked	8	89%
Developmental Services Center	UnChecked	8	89%
Rosecrance	UnChecked	8	89%
Regional Planning Commission - Independent Service			
Coordination	UnChecked	7	78%
Other - Please specify below.	UnChecked	6	67%
Community Choices	My employer	1	11%
If "Other", please specify.	none	1	11%
	Did Not Answer	7	78%
20. How are these services paid for? (Check all that apply)			
Medicaid	Checked	1	11%
Private Insurance	Checked	1	11%
I Don't Know	Checked	1	11%
Free because a friend or family member helps me	Checked	1	11%
Medicaid waiver	UnChecked	9	100%
School	UnChecked	9	100%
DRS (Department of Rehab Services)	UnChecked	9	100%
Medicare	UnChecked	9	100%
Myself/SelfDid Not AnswerPay/Out of Pocket	UnChecked	9	100%
County/DDB/MHB	UnChecked	9	100%

IDDD: Consumer Survey (9 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Sliding Scale	UnChecked	9	100%
Private pay	UnChecked	9	100%
Medicaid	UnChecked	8	89%
Private Insurance	UnChecked	8	89%
I Don't Know	UnChecked	8	89%
Free because a friend or family member helps me	UnChecked	8	89%
Other Did Not Answer please specify below	Checked	1	11%
Other Did Not Answer please specify below	UnChecked	8	89%
If "Other", please specify.	Through my employer.	1	11%
	Did Not Answer	8	89%
21. Do you know how to find the services you want?	No	4	44%
	Did Not Answer	3	33%
	Yes	2	22%
22. How long did you wait for services you wanted?	Did Not Answer	4	44%
	Greater than 1 year	2	22%
	6 - 12 months	1	11%
	Less than 6 months	1	11%
	Other (Please specify below)	1	11%
	I do monthly tutorials through Relias Learning per my employer.	1	11%
	Did Not Answer	8	89%
23. What services do you need or want that you are not receiving? (CHECK ALL THAT APPLY)			
Peer Support	Checked	2	22%
Advocacy/Linkage	Checked	1	11%
Apartment Services/Community Living	Checked	1	11%
Crisis Services	Checked	1	11%
Respite	Checked	1	11%
Counseling/Therapy	Checked	1	11%
Support Group	Checked	1	11%
Recreation	Checked	1	11%
Transportation	Checked	1	11%

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IDDD: Consumer Survey (9 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Self-Advocacy Support	UnChecked	9	100%
Attend Advocacy Center	UnChecked	9	100%
Residential (CILA)	UnChecked	9	100%
Home-Based Support Services (HBS)	UnChecked	9	100%
Community Employment Supports	UnChecked	9	100%
Sheltered Workshop/Clark Road	UnChecked	9	100%
Developmental Training	UnChecked	9	100%
Day Program	UnChecked	9	100%
Education	UnChecked	9	100%
Help with Self-Care	UnChecked	9	100%
Transition from school to adulthood	UnChecked	9	100%
Nursing services	UnChecked	9	100%
Psychiatrist	UnChecked	9	100%
Speech Therapy	UnChecked	9	100%
OT (Occupational Therapy)	UnChecked	9	100%
Advocacy/Linkage	UnChecked	8	89%
Apartment Services/Community Living	UnChecked	8	89%
Crisis Services	UnChecked	8	89%
Respite	UnChecked	8	89%
Counseling/Therapy	UnChecked	8	89%
Support Group	UnChecked	8	89%
Recreation	UnChecked	8	89%
Transportation	UnChecked	7	78%
Peer Support	Checked	4	44%
Other (Please specify below)	UnChecked	5	56%
Other (Please specify below)	Don't know	1	11%
If "Other", please specify:	Legal assistance for discrimination	1	11%
	N/A	1	11%
	Did Not Answer	6	67%

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24. What are the barriers to you having what you want and need?

Language barrier

Did Not Answer 7 78%

IDDD: Consumer Survey (9 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Financial issues	Did Not Answer	7	78%
Services not offered at convenient times	Did Not Answer	7	78%
Belief that ID/DD services won't be helpful	Did Not Answer	6	67%
Collaboration between providers of services	Did Not Answer	6	67%
Eligibility for services	Did Not Answer	6	67%
No interpreter for persons with hearing impairment	Did Not Answer	6	67%
Child care needs	Did Not Answer	6	67%
Insurance coverage issues	Did Not Answer	6	67%
Involvement with justice system	Did Not Answer	6	67%
Medical issues	Did Not Answer	6	67%
Wait too long for intake	Did Not Answer	6	67%
Services do not meet needs	Did Not Answer	6	67%
I do not like the services offered	Did Not Answer	6	67%
There is a waiting list.	Did Not Answer	6	67%
Stigma/embarrassment/fear	Did Not Answer	5	56%
Belief that mental health/substance use disorder services won't be helpful	Did Not Answer	5	56%
Services too far away	Did Not Answer	5	56%
I am told I do not have a qualifying disability.	Did Not Answer	5	56%
I am not sure who to ask.	Did Not Answer	4	44%
Transportation issues	Did Not Answer	4	44%
Unaware of service availability	Did Not Answer	4	44%
Don't know how to access services	Does not apply/do not know	3	33%
Collaboration between providers of services	Does not apply/do not know	3	33%
No interpreter for persons with hearing impairment	Does not apply/do not know	3	33%
Child care needs	Does not apply/do not know	3	33%
Involvement with justice system	Does not apply/do not know	3	33%
Belief that mental health/substance use disorder services won't be helpful	Does not apply/do not know	3	33%
Transportation issues	Does not apply/do not know	2	22%
Eligibility for services	Does not apply/do not know	2	22%
Language barrier	Does not apply/do not know	2	22%
Insurance coverage issues	Does not apply/do not know	2	22%

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IDDD: Consumer Survey (9 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Medical issues	Does not apply/do not know	2	22%
Unaware of service availability	Does not apply/do not know	2	22%
Don't know how to access services	Does not apply/do not know	2	22%
Wait too long for intake	Does not apply/do not know	2	22%
Services too far away	Does not apply/do not know	2	22%
I am told I do not have a qualifying disability.	Does not apply/do not know	2	22%
I do not like the services offered	Does not apply/do not know	2	22%
There is a waiting list.	Does not apply/do not know	2	22%
Belief that ID/DD services won't be helpful	Does not apply/do not know	1	11%
Stigma/embarrassment/fear	Does not apply/do not know	1	11%
Financial issues	Does not apply/do not know	1	11%
Services do not meet needs	Does not apply/do not know	1	11%
I am not sure who to ask.	Does not apply/do not know	1	11%
Unaware of service availability	Does not apply/do not know	3	33%
Transportation issues	Often	2	22%
Stigma/embarrassment/fear	Often	2	22%
Don't know how to access services	Often	1	11%
Belief that mental health/substance use disorder services won't be helpful	Often	1	11%
Financial issues	Often	1	11%
Services too far away	Often	1	11%
There is a waiting list.	Often	1	11%
I am not sure who to ask.	Often	1	11%
Belief that ID/DD services won't be helpful	Seldom	1	11%
Eligibility for services	Seldom	1	11%
Services too far away	Seldom	1	11%
I am told I do not have a qualifying disability.	Seldom	1	11%
Services do not meet needs	Sometimes	2	22%
Services not offered at convenient times	Sometimes	2	22%
I am not sure who to ask.	Sometimes	2	22%
Transportation issues	Sometimes	1	11%
Belief that ID/DD services won't be helpful	Sometimes	1	11%
Insurance coverage issues	Sometimes	1	11%

IDDD: Consumer Survey (9 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Stigma/embarrassment/fear	Sometimes	1	11%
Medical issues	Sometimes	1	11%
Don't know how to access services	Sometimes	1	11%
Wait too long for intake	Sometimes	1	11%
I am told I do not have a qualifying disability.	Sometimes	1	11%
I do not like the services offered	Sometimes	1	11%
Other barriers (Please specify below)	Does not apply/do not know	2	22%
Other barriers (Please specify below)	Did Not Answer	7	78%
If "Other", please specify	Did Not Answer	9	100%
25. Select your age range.			
	23 - 59	5	56%
	Did Not Answer	3	33%
	60+	1	11%
26. In which zip code do you reside?			
	61820 Champaign	3	33%
	61853 Mahomet	1	11%
	61880 Tolono	1	11%
	Did Not Answer	4	44%
	61607	1	11%
	Did Not Answer	8	89%
27. Have you ever been told you have any of the following diagnoses?			
Epilepsy	Checked	3	33%
Developmental Disability	Checked	2	22%
Health Problem	Checked	2	22%
Autism or related	Checked	1	11%
Aspergers	Checked	1	11%
Mental Health Condition	Checked	1	11%
Intellectual Disability	UnChecked	9	100%
Cerebral Palsy	UnChecked	9	100%
Autism or related	UnChecked	8	89%
Aspergers	UnChecked	8	89%

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IDDD: Consumer Survey (9 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Mental Health Condition	UnChecked	8	89%
Developmental Disability	UnChecked	7	78%
Health Problem	UnChecked	7	78%
Epilepsy	UnChecked	6	67%
Other (Please specify)	Checked	1	11%
Other (Please specify)	UnChecked	8	89%
If "Other", please specify:	Stroke survivor	1	11%
If "Other", please specify:	Did Not Answer	8	89%
28. Did anyone help you fill out this survey?	No	5	56%
	Did Not Answer	3	33%
	Yes	1	11%
29. Is there anything else we should know about you?	Did Not Answer	5	56%
	I am a stroke survivor who suffered an absence seizure in 2016. I am currently taking Keppra, feel fine now, but am having visual disturbances in my left eye (the stroke affected my left side as well) but can see ok. I will visit my neurologist through his nurse practitioner in December and may need my eyes checked out.	1	11%
	I do not like DHS or DCFS. They are not fair.	1	11%
	No	1	11%
	None	1	11%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	Yes	42	100%

1. Are you a family member, caregiver, loved one, and/or guardian of a person who has an intellectual and/or developmental disability?

2. Does the person live in Champaign County, Illinois?

Yes	38	90%
No	3	7%
	1	2%

3. What is important to you regarding the person in your life who has a developmental disability?

A nice place to live and a job to do.	1	2%
A safe and caring living situation (group Home) that provides 24 hr care. A supervised work environment.	1	2%
Being included in a community, access to various services, therapies and equipment.	1	2%
Feeling safe in the group home he lives in. Participating in activities with his house mates. Continuing to enjoy working at Clark Rd.	1	2%
I have him in a behavior facility for his disability at this time for him to get help he needs at this time so he'll be able to come back home.	1	2%
I want my daughter to live as independently and safely as possible. I want her to be challenged but successful. I want her to be able to live in a safe neighborhood with support. I want her to have a paid job and a way to safely get to that job. I want her to have friends. I want to maximize her abilities.	1	2%
I want to know that my family member who can not always articulate things is not being mistreated and being taken care of. I want to know that they are in a safe environment both in the home and at work.	1	2%
I would like for them to be happy and content and to live as independently as possible.	1	2%
I would like for them to be happy in their life and living as independently as they possibly can.	1	2%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	It is important my brother be able to live in his community of choice, a small town in rural Champaign County, and have access to community services and programs that anyone else in the community has access to without regard to ID/DD.	1	2%
	It is important that my son have the opportunity to live a fully integrated life in the community with the supports he needs to live outside our family home. It is important that he gets to decide how he lives his life - as long as it is safe for him and others.	1	2%
	It is important to me that she has the same choices as all people; however, it is equally important that she receives the guidance and assistance needed in making those decisions. It is extremely important to me that she be able to get services when needed, and we know in the state of Illinois that is not the case.	1	2%
	Just want them to have the best life possible.	1	2%
	Options and supports for participating in community life.	1	2%
	Quality of life outcomes such as friendship, self-determination, & employment!	1	2%
	School resources and community resources	1	2%
	Services for the individual at Development Services Center as a young adult graduating from High School and needing a shadowing for him!	1	2%
	Services/Supports	1	2%
	Services/support	1	2%
	That he has the same opportunities for his future as any other child	1	2%
	That she grows up to be a happy and mostly independent adult	1	2%
	That she is happy, healthy and safe.	1	2%
	That they are treated with respect.	1	2%
	That they can live independently (hold a job, take care of finances, etc) and have meaningful relationships with others.	1	2%
	That they have opportunities to be contributing members of their community. I have two daughters with disabilities, one is 18, the other is 8.	1	2%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	That this person gets treated with the respect they deserve and not looked down upon because they have a developmental disability.	1	2%
	To feel that there are opportunities in our community to truly develop living skills, social skills, and recreation to increase chances for more independence and a more fulfilling life. Simply housing someone and trying to fill up the day with activities is not enough. More group homes are needed in our community. These homes should be a true "home", a place of support and not treated as institutions where normal everyday choices are nonexistent (what to eat for each meal etc.etc.)	1	2%
	Where she can live, work an enjoy her life	1	2%
	ability to receive services so she can eventually lead an independent lifestyle	1	2%
	resources to live an enriched life in East Central IL, full of opportunities	1	2%
	respite care and life coaching	1	2%
	that he is able to live a productive and interdependent life in this community	1	2%
	Did Not Answer	9	21%
	Checked	29	69%
	Checked	13	31%
	Checked	11	26%
	Checked	7	17%
	Checked	4	10%
	Checked	3	7%
	Checked	3	7%
	Checked	2	5%
	Checked	1	2%
	UnChecked	42	100%
	UnChecked	42	100%
	UnChecked	42	100%

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4. Tell us about where they live. (Check all that apply.)

- With parent(s) or other family member(s)
- In a house
- With a pet
- With other people who have disabilities
- In an apartment
- Live alone
- They rent their home
- They own their home
- With friend(s)
- With a spouse or significant other
- With their child(ren)
- In a condominium

IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
In a nursing home	UnChecked	42	100%
With friend(s)	UnChecked	41	98%
They own their home	UnChecked	40	95%
Live alone	UnChecked	39	93%
They rent their home	UnChecked	39	93%
In an apartment	UnChecked	38	90%
With other people who have disabilities	UnChecked	35	83%
With a pet	UnChecked	31	74%
In a house	UnChecked	29	69%
With parent(s) or other family member(s)	UnChecked	13	31%
Other (Please specify below)	Checked	1	2%
Other (Please specify below)	UnChecked	41	98%

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Home is owned 25% each by his 3 brothers and sisters and special needs trust.

They pay room and board to parents
Did Not Answer

5. Do you want to change something about their home and/or where they live?

If "Yes", please describe:

Although my son will be turning 18 soon, we worry about where he will live, and if he can keep a job or afford rent.

Another bedroom on main floor with accessible bathroom
As brother ages, the home will need modifications. It has stairways to get into the house and to his 2nd floor bedroom. So perhaps buy a different house or get an apartment, but will he be welcomed by neighbors and safe?

Better pay so that there is not so much staff turnover. Also, perhaps, a group home with fewer residents would help quality of life.

Eventually, I would like my daughter to live in supported housing with a roommate or 2. It would be great if there was some sort of step down system. High support initially but moving her toward less support as she learned more skills.

IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	I know that with the ongoing State budget getting quality help is often difficult. However, I believe that there are issues at some of the group homes that is overlooked because they are already understaffed and under paid. It is a shame they can't address issues because they fear losing more bodies. I have also heard that staff have complained about issues up the chain of command however, when asked about complaints I have been told there are none when I know for a fact there have been staff complaints.	1	2%
	I want him to live outside our families home. He is an adult. I want there to be a continuum of supported housing available so individuals can move from their family homes with the right amount of support. Something like a dorm first - then on to more independent living as he acquires the skills he needs.	1	2%
	I want him to get well so he'll come back home.	1	2%
	I want them to live in a group home instead of with their parents.	1	2%
	I want them to someday be living outside of our home, but they are too young and not ready yet.	1	2%
	I would like a bigger house but that is unrelated	1	2%
	I would like for her group home to get staffed, so she can move in.	1	2%
	I would like for my child to eventually move into their own house (with a basement) and a roommate and a pet.	1	2%
	I would like for them to be able to eventually move out of the family home and into a small house (with a basement) where they could live with a roommate and a pet.	1	2%
	It would be nice if they could get the home fully staffed as it was when they moved in, and also have a house manager (which they have been without for six months).	1	2%
	It would be nice to have a second bathroom.	1	2%
	Make more accessible/comfortable	1	2%
	Not for now, he is only 14	1	2%
	Stairs	1	2%
	We love having our son live with us but realize we will not be around forever.	1	2%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
	We recently moved in with my sister and brother in law	1	2%
	Would love to have someone that wants to live with her for more than one year at a time	1	2%
	we would like him to be living with other young people in the community	1	2%
	Did Not Answer	19	45%
	No	26	62%
	Yes	13	31%
	Did Not Answer	3	7%
	Did Not Answer	1	2%
6. Do they want to change something about their home and/or where they live?	A big problem is that my son does not want to leave the family home. However, if there was the right supported housing available for young adults that looked like fun - and had the right support - he could change his mind.	1	2%
	He wants a dish washer!	1	2%
	He wants more independence ;)	1	2%
	He wants to live independently, but is not sure he can do it yet.	1	2%
	I assume this is geared more toward adults that are considering independent living situations vs group homes or living with their families?	1	2%
	It would be nice to have a second bathroom.	1	2%
	My family member wants good staff who don't yell and take good care of them.	1	2%
	Our son is 14 now. At his recent "transition" I.E.P. when talking about living arrangements, he's interested in living ON OUR PROPERTY, but not necessarily WITH us, as we eye home improvements and upgrades to the backyard Shed as a "guest house" inside the next 10 years!	1	2%
	Our son seems to enjoy living with us. We try to be very supportive and provide opportunities.	1	2%
	Stairs	1	2%
	Transportation to DSCI	1	2%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	Unknown for sure. Individual is nonverbal.	1	2%
	he would like to live in an apartment or house like his sisters do, not with his parents	1	2%
	they like moving in with aunt and uncle	1	2%
	Did Not Answer	28	67%
7. Tell us about the person's job. (Check all that apply.)			
Part time	Checked	16	38%
Community	Checked	11	26%
Agency workshop	Checked	8	19%
Full time	Checked	1	2%
Temporary	UnChecked	42	100%
Self-employed, my own business	UnChecked	42	100%
Family business	UnChecked	42	100%
Full time	UnChecked	41	98%
Agency workshop	UnChecked	34	81%
Community	UnChecked	31	74%
Part time	UnChecked	26	62%
Other (Please specify below)	Checked	10	24%
Other (Please specify below)	UnChecked	32	76%
Other (Please specify below)	Champaign County Humane Society "Pet Pal Program" volunteering 2x a month	1	2%
	Child does not work	1	2%
	Currently volunteers are a long term care facility in town.	1	2%
	Elementary school	1	2%
	Elementary school student	1	2%
	Junior High Student	1	2%
	Minor	1	2%
	My daughter is in her last year of Young Adult Program through the school system	1	2%
	None	1	2%
	Still in High School doing the life skills program. Needing a job at DSC!	1	2%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
	Student	1	2%
	Volunteer	1	2%
	currently a student	1	2%
	looking for work	1	2%
	student	1	2%
	-	27	64%
	Yes	21	50%
	No	12	29%
	-	9	21%
	-	1	2%
8. Does the person have the job they want?			
If "No", please describe.			
	Brother has had an employment consultant since August 2016. He wants a job at the nursing home in town where he volunteers. He applied for 2 jobs with help of the employment specialist. The employment specialist has been playing phone and email tag with people at the nursing home. I am very frustrated and feel the employment consultant needs to make things happen or I might as well be doing it myself! But I live 100 miles away; other brothers and sisters are out of state.		
	Currently a full time student	1	2%
	He has a job at the high school for an hour a day, but it is ending (he wasn't able to keep up).	1	2%
	He's not "of working age" but DOES want to work with non-judgemental animals	1	2%
	He's only 14, but has had one temporary job mowing grass. He did NOT like that. He wants to go to college, be a lawyer, and live in his own house in Seattle.	1	2%
	N/A	1	2%
	Not really applicable	1	2%
	She is still in school and exploring job possibilities. It's difficult for her to know what she might like to do when she is unaware of all the possibilities.	1	2%
	Still looking for work	1	2%
	The places he wants to work have not been willing to hire him.	1	2%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	Did Not Answer	32	76%
9. Do they want to change something about their job?			
	No	21	50%
	Did Not Answer	14	33%
	Yes	7	17%
	At this point, she and I would like to see her hours lowered by eight hours a week.	1	2%
	Could use more hours if behavior better	1	2%
	He wants a job - where he wants it.	1	2%
	He would like more hours (after school/weekends) at a job that does not overwhelm him.	1	2%
	He's only 14	1	2%
	Not sure	1	2%
	She would like to be working more.	1	2%
	Too much "free" time. Need more actual work.	1	2%
	she would like more hours	1	2%
	Did Not Answer	33	79%
10. Do you want to change something about their job?			
	No	18	43%
	Yes	10	24%
	Did Not Answer	14	33%
	"Job" is not a particularly relevant description. Individual does not understand economic goals, achievement, earning, etc. very well.	1	2%
	As my family member ages I feel that consideration needs to be given to the hours they currently work. I feel my family member requires more rest and the schedule and the house hours of staff do not allow for this.	1	2%
	He needs a job coach to check in with his employer once a week, and then offer guidance/feedback. However, the school took away his IEP so he does not have access to job coaching/life skills classes.	1	2%
	He's only 14	1	2%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	His volunteer job could be developed to be more than the menial tasks he does; why not work with the facility to develop meaningful volunteer projects? He just gets shoved aside, No one seems to be mentoring him or supporting him to get out in the community.	1	2%
	I want him to have a job with a good fit.	1	2%
	I would like her to have more hours	1	2%
	I would like to see her get more hours at Clark Rd and learning some different jobs.	1	2%
	More hrs	1	2%
	Same as above	1	2%
	Too much "free" time. Need more actual work.	1	2%
	Would like to increase the number of hours he works but he needs to be supported. Not sure how to move to next step. Trying to work on that with DSC.	1	2%
	Did Not Answer	30	71%

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11. Does the person go to school or take classes? (Check all that apply)

They do not go to school or take classes.	Checked	14	33%
Middle/junior high school	Checked	6	14%
Elementary/grade school	Checked	5	12%
Pre-school/Head Start	Checked	3	7%
At an agency with other people who have disabilities	Checked	3	7%
High school	Checked	2	5%
Church	Checked	2	5%
Private school	Checked	1	2%
Home school	Checked	1	2%
Adult Education	Checked	1	2%
Park district	Checked	1	2%
College	UnChecked	42	100%
Private school	UnChecked	41	98%
Home school	UnChecked	41	98%
Adult Education	UnChecked	41	98%
Park district	UnChecked	41	98%

IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
High school	UnChecked	40	95%
Church	UnChecked	40	95%
Pre-school/Head Start	UnChecked	39	93%
At an agency with other people who have disabilities	UnChecked	39	93%
Elementary/grade school	UnChecked	37	88%
Middle/junior high school	UnChecked	36	86%
They do not go to school or take classes.	UnChecked	28	67%
Other (Please specify below)	Checked	7	17%
Other (Please specify below)	UnChecked	35	83%
if "Other", please specify.	Early Intervention	1	2%
	Family events.	1	2%
	Homeschool preschool	1	2%
	Mom is a stay at home mom. son is in elementary school.	1	2%
	Stephens Family YMCA	1	2%
	Young Adult Program through school district	1	2%
	has taken Community Choices workshops but experienced CCARTS	1	2%
	problems!		
	we are trying to get into the Reading Group (but it's \$67 per hr, ouch!)	1	2%
	Did Not Answer	34	81%

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12. What does the person like to do with their spare time? (Check all that apply.)

Community Event/Festival	Checked	21	50%
Sports/bowling	Checked	19	45%
Hang out with friends	Checked	19	45%
Music/Singing/Concert	Checked	17	40%
Movies	Checked	17	40%
Cooking	Checked	16	38%
Pets	Checked	14	33%
Fitness/dance	Checked	13	31%
Museum/Zoo	Checked	11	26%
Travel	Checked	10	24%
Church	Checked	9	21%

IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Theater/Acting	Checked	7	17%
Shopping/Garage Sale	Checked	6	14%
Club	Checked	6	14%
Art	Checked	5	12%
Camp	Checked	5	12%
Self-advocacy or other activism	Checked	4	10%
Horseback Riding	Checked	4	10%
Writing	Checked	1	2%
Gardening	Checked	1	2%
Take care of someone	UnChecked	42	100%
Writing	UnChecked	41	98%
Gardening	UnChecked	41	98%
Self-advocacy or other activism	UnChecked	38	90%
Horseback Riding	UnChecked	38	90%
Art	UnChecked	37	88%
Camp	UnChecked	37	88%
Shopping/Garage Sale	UnChecked	36	86%
Club	UnChecked	36	86%
Theater/Acting	UnChecked	35	83%
Church	UnChecked	33	79%
Travel	UnChecked	32	76%
Museum/Zoo	UnChecked	31	74%
Fitness/dance	UnChecked	29	69%
Pets	UnChecked	28	67%
Cooking	UnChecked	26	62%
Music/Singing/Concert	UnChecked	25	60%
Movies	UnChecked	25	60%
Sports/bowling	UnChecked	23	55%
Hang out with friends	UnChecked	23	55%
Community Event/Festival	UnChecked	21	50%
Other (Please specify)	Checked	14	33%
Other (Please specify)	UnChecked	28	67%
if "Other", please specify	Adaptive sports,	1	2%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	Computer	1	2%
	Computers. Games.	1	2%
	Eat fried chicken!	1	2%
	Going to restaurants and live musicals.	1	2%
	Play video games and watch YouTube videos	1	2%
	Play, sleep	1	2%
	Puzzles, games and computer	1	2%
	Scouts, Civil Air Patrol, Archery	1	2%
	Using his computer and watching tv in his room.	1	2%
	Video gaming	1	2%
	Volunteers at Y to keep busy	1	2%
	being read to	1	2%
	coloring	1	2%
	flea market, church 50 and Over club, german club; family outings;	1	2%
	volunteering	1	2%
	gaming (?)	1	2%
	my son loves Antique Stores	1	2%
	play video games and go swimming	1	2%
	swimming	1	2%
	Did Not Answer	23	55%

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13. If they want to do any of the things listed above, what do they need and do not have access to?(Check all that apply.)

Someone to go with them	Checked	23	55%
A way to get there, a ride, a bus, a cab	Checked	14	33%
Money to pay for it	Checked	12	29%
Help signing up	Checked	11	26%
Find out how to sign up for things	Checked	7	17%
What they want isn't offered anywhere	Checked	3	7%
What they want isn't offered anywhere	UnChecked	39	93%
Find out how to sign up for things	UnChecked	35	83%
Help signing up	UnChecked	31	74%

IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Money to pay for it	UnChecked	30	71%
A way to get there, a ride, a bus, a cab	UnChecked	28	67%
Someone to go with them	UnChecked	19	45%
Other (Please specify below)	Checked	7	17%
Other (Please specify below)	UnChecked	35	83%
If "Other", please specify.	Accessible social opportunities to engage in these activities An adult	1	2%
	Budgeting is most difficult. Often needs parental assistance.	1	2%
	My son would love to sing in a community chorus which includes nondisabled.	1	2%
	Need the CCARTS van and staff to understand needs of people with disabilities	1	2%
	Nothing...she is able to access her areas of interest	1	2%
	They have access through their parents. Budgeting is difficult for them.	1	2%
	since they are not fully staffed, there isn't always someone to go with them	1	2%
	Wants to be left alone	1	2%
	Did Not Answer	33	79%
14. Are there supports you need for the person to be able to do the things they want to do?	Just a voice for them to be able to do the things.	1	2%
	My daughter needs a friend to go with her and encourage her. Sign language interpreters would also be helpful.	1	2%
	Need additional money to pay for support workers.	1	2%
	No	1	2%
	No they have support workers working with them.	1	2%
	Not at this time.	1	2%
	She needs help with money management, including making sure she pays the correct amount for things and gets correct change.	1	2%
	Some nursing support is required to participate in outdoor/overnight activities	1	2%
	Someone to go with her, a ride and money.	1	2%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	Someone with a sense of humor who will entice him to go places with him/her.	1	2%
	Transportation	1	2%
	Transportation and someone to go with him!	1	2%
	Transportation, help to sign up and reminders	1	2%
	YES. my brother needs more support workers, it is very difficult to recruit. when his support worker is ill or caring for sick family members he just sits at home (quite often). Need training for support workers on how to motivate and support him; yelling and threats are not a good method. Bullying doesn't help. It is very frustrating the lack of supports to help someone with ID/DD stay in their own rural community. Lack of community understanding. They think the family should do everything.	1	2%
	Yes	3	7%
	Yes, if my husband and I were not available, then our son would need much support similar to the needs of a child.	1	2%
	Yes, more "supported" activities--something in between regular extracurricular and completely segregated groups, particularly as related to after school opportunities!	1	2%
	Yes. He does not travel independently or stay home alone. He needs to be in a structured class or event.	1	2%
	Yes. DSC doesn't have sufficient staff for recreational outings like bowling.	1	2%
	family	1	2%
	people from the alliance and choices	1	2%
	Did Not Answer	19	45%
	Checked	11	26%
	Checked	8	19%
	Checked	8	19%
	Checked	8	19%
	Checked	8	19%

15. What services or supports is the person receiving? (CHECK ALL THAT APPLY)

- Home-Based Support Services (HBS)
- Advocacy/Linkage
- Community Employment Supports
- Education
- Help with Self-Care

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Transportation	Checked	8	19%
Speech Therapy	Checked	8	19%
Residential (CILA)	Checked	7	17%
Recreation	Checked	7	17%
Day Program	Checked	6	14%
Psychiatrist	Checked	5	12%
Counseling/Therapy	Checked	5	12%
OT (Occupational Therapy)	Checked	5	12%
Self-Advocacy Support	Checked	4	10%
Sheltered Workshop/Clark Road	Checked	3	7%
Developmental Training	Checked	3	7%
Nursing services	Checked	3	7%
Apartment Services/Community Living	Checked	2	5%
Respite	Checked	2	5%
Attend Advocacy Center	Checked	1	2%
Crisis Services	Checked	1	2%
Support Group	Checked	1	2%
Peer Support	Checked	1	2%
Transition from school to adulthood	UnChecked	42	100%
Attend Advocacy Center	UnChecked	41	98%
Crisis Services	UnChecked	41	98%
Support Group	UnChecked	41	98%
Peer Support	UnChecked	41	98%
Apartment Services/Community Living	UnChecked	40	95%
Respite	UnChecked	40	95%
Sheltered Workshop/Clark Road	UnChecked	39	93%
Developmental Training	UnChecked	39	93%
Nursing services	UnChecked	39	93%
Self-Advocacy Support	UnChecked	38	90%
Psychiatrist	UnChecked	37	88%
Counseling/Therapy	UnChecked	37	88%
OT (Occupational Therapy)	UnChecked	37	88%
Day Program	UnChecked	36	86%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Residential (CILA)	UnChecked	35	83%
Recreation	UnChecked	35	83%
Advocacy/Linkage	UnChecked	34	81%
Community Employment Supports	UnChecked	34	81%
Education	UnChecked	34	81%
Help with Self-Care	UnChecked	34	81%
Transportation	UnChecked	34	81%
Speech Therapy	UnChecked	34	81%
Home-Based Support Services (HBS)	UnChecked	31	74%
Other (Please specify below)	Checked	6	14%
Other (Please specify below)	UnChecked	36	86%
If "Other", please specify	Applied Behavioral Analysis Therapy	1	2%
	None	1	2%
	Physical therapy	1	2%
	Physical therapy, respite	1	2%
	Supports are not the greatest.	1	2%
	TAP	1	2%
	Tutoring - He has 3rd grade math skills, but needs to pass high school courses	1	2%
	social work	1	2%
	we WERE recieving a "respite" allowance from DSC until funding ran out :-(1	2%
	Did Not Answer	33	79%
16. How are these services paid for? (Check all that apply)	Medicaid	12	29%
	School	10	24%
	Private Insurance	8	19%
	Themself/Self-Pay/Out of Pocket	7	17%
	Medicaid waiver	6	14%
	Private pay	6	14%
	County/DDB/MHB	5	12%
	Free because a friend or family member helps them	5	12%
	Checked	12	29%
	Checked	10	24%

197

IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Medicare	Checked	3	7%
I Don't Know	Checked	3	7%
DRS (Department of Rehab Services)	Checked	1	2%
Sliding Scale	Checked	1	2%
DRS (Department of Rehab Services)	UnChecked	41	98%
Sliding Scale	UnChecked	41	98%
Medicare	UnChecked	39	93%
I Don't Know	UnChecked	39	93%
County/DDB/MHB	UnChecked	37	88%
Free because a friend or family member helps them	UnChecked	37	88%
Medicaid waiver	UnChecked	36	86%
Private pay	UnChecked	36	86%
Themselves/Self-Pay/Out of Pocket	UnChecked	35	83%
Private Insurance	UnChecked	34	81%
School	UnChecked	32	76%
Medicaid	UnChecked	30	71%
Other, Please specify below	Checked	4	10%
Other, Please specify below	UnChecked	38	90%
if "Other" please specify.	DSC	2	5%
	I do it myself	1	2%
	SSDI	2	5%
	she's on medicaid because of foster status rather than because of disability	1	2%
	Did Not Answer	36	86%
17. If the person is currently waiting for services or not yet in need of services, do they have Medicaid?	-	15	36%
	Yes	14	33%
	No	12	29%
	I don't know	1	2%

198

Question	Response (Respondent's Comments NOT Edited)	Count	%
18. If the person is currently waiting for services, are they enrolled in the state's PUNS (Prioritization Urgency of Need of Services) database?	Did Not Answer	16	38%
	Yes	13	31%
	No	8	19%
	Do not know	5	12%
19. Do they know how to find the services they want?	Yes	15	36%
	Did Not Answer	11	26%
	No	10	24%
	Do not know	6	14%
20. How long did the person wait for services they wanted?	Did Not Answer	21	50%
	Greater than 1 year	11	26%
	Other (Please specify below)	5	12%
	Less than 6 months	4	10%
	6 - 12 months	1	2%
21. What services do they need or want that they are not receiving? (CHECK ALL THAT APPLY)	Recreation supports	9	21%
	Transportation	9	21%
	Employment services and supports	8	19%
	Housing Supports	7	17%
	Residential services or support for independent community living	7	17%
	Peer Support	5	12%
	Support for transition from school to adult life	5	12%
	Coordination of services/care	4	10%
	OT (Occupational Therapy)	4	10%
	Respite services	4	10%
	Benefits Support	3	7%
	Checked		
	Checked		
	Checked		
Checked			

199

IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Co-occurring behavioral health disorder and intellectual/developmental disabilities services	Checked	3	7%
Counseling/therapy (group or individual)	Checked	3	7%
Day Program	Checked	3	7%
Education	Checked	3	7%
Mental health services	Checked	2	5%
Speech Therapy	Checked	2	5%
Integrated primary care and behavioral health care	Checked	1	2%
Legal Services	Checked	1	2%
Services for those who have intellectual and/or developmental disabilities and behavioral health conditions	Checked	1	2%
Co-occurring mental health and substance use disorder services	UnChecked	42	100%
Crisis Services	UnChecked	42	100%
Early childhood	UnChecked	42	100%
Mental health services while in jail or juvenile detention or on probation or parole	UnChecked	42	100%
Substance use disorder services	UnChecked	42	100%
Substance use disorder services while in jail or juvenile detention or on probation or parole	UnChecked	42	100%
Integrated primary care and behavioral health care	UnChecked	41	98%
Legal Services	UnChecked	41	98%
Services for those who have intellectual and/or developmental disabilities and behavioral health conditions	UnChecked	41	98%
Mental health services	UnChecked	40	95%
Speech Therapy	UnChecked	40	95%
Benefits Support	UnChecked	39	93%
Co-occurring behavioral health disorder and intellectual/developmental disabilities services	UnChecked	39	93%
Counseling/therapy (group or individual)	UnChecked	39	93%
Day Program	UnChecked	39	93%

200

IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Education	UnChecked	39	93%
Coordination of services/care	UnChecked	38	90%
OT (Occupational Therapy)	UnChecked	38	90%
Respite services	UnChecked	38	90%
Peer Support	UnChecked	37	88%
Support for transition from school to adult life	UnChecked	37	88%
Housing Supports	UnChecked	35	83%
Residential services or support for independent community living	UnChecked	35	83%
Employment services and supports	UnChecked	34	81%
Recreation supports	UnChecked	33	79%
Transportation	UnChecked	33	79%
Other (Please specify below)	Checked	1	2%
Other (Please specify below)	UnChecked	41	98%
If "Other", please specify:	After school programming!	1	2%
	we are just getting into the age where more of this applies	1	2%
	Did Not Answer	40	95%

20

22. Who does the person currently receive services from? (CHECK ALL THAT APPLY)

Developmental Services Center	Checked	16	38%
CU Special Recreation	Checked	10	24%
School District (specify)	Checked	9	21%
If "School District", please specify.	Fisher School District	1	2%
If "School District", please specify.	Mahomet	1	2%
If "School District", please specify.	St. Joseph High School	1	2%
If "School District", please specify.	Champaign Unit 4	5	2%
If "School District", please specify.	Unit 7 just had a meeting with us transitioning into more adult choices	1	2%
If "School District", please specify.	USD116	1	2%
If "School District", please specify.	we belong to Community Choices; but do not have SDA right now.	1	2%
Parent/Advocacy Group	Checked	8	19%
Community Choices	Checked	6	14%

IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Regional Planning Commission - Independent Service		6	14%
Coordination	Checked		
Illinois Association of Microboards and Cooperatives - IAMC		5	12%
Individualized Services	Checked	5	12%
CTF Illinois	Checked	1	2%
Individual Advocacy Group	Checked	1	2%
Residential Developers/Alan G. Ryle	UnChecked	42	100%
United Cerebral Palsy - UCP	UnChecked	42	100%
PACE	UnChecked	42	100%
Rosecrance	UnChecked	42	100%
Division of Rehab Services	UnChecked	42	100%
Head Start	UnChecked	42	100%
CTF Illinois	UnChecked	41	98%
Individual Advocacy Group	UnChecked	41	98%
Individualized Services	UnChecked	37	88%
Illinois Association of Microboards and Cooperatives - IAMC		37	88%
Community Choices	UnChecked	36	86%
Regional Planning Commission - Independent Service			
Coordination	UnChecked	36	86%
Parent/Advocacy Group	UnChecked	34	81%
School District (specify)	UnChecked	33	79%
CU Special Recreation	UnChecked	32	76%
Developmental Services Center	UnChecked	26	62%
If "School District", please specify.	Did Not Answer	31	74%
Other - Please specify below.	Checked	8	19%
Other - Please specify below.	UnChecked	34	81%
If "Other", please specify.	Dssc	1	2%
	Family	1	2%
	I personally have an intern from "Community Choices"	1	2%
	Once we lost IEP, no supportsjust parents	1	2%
	Skill Sprout	1	2%

202

Question	Response (Respondent's Comments NOT Edited)	Count	%
	TAP	2	5%
	dsccl will start providing some assistance in the near future	1	2%
	Did Not Answer	34	81%
23. If the person with a disability currently receives services, are you satisfied with those services?			
	Somewhat satisfied	18	43%
	Did Not Answer	9	21%
	Very satisfied	8	19%
	Satisfied	6	14%
	Not satisfied	1	2%
24. Did you and/or the person have a choice about the service provider?			
	Yes	19	45%
	Did Not Answer	10	24%
	No	8	19%
	Do not know	5	12%
25. Did you and/or the person have to take the only option available?			
	No	20	48%
	Did not Answer	11	26%
	Yes	6	14%
	Do not know	5	12%
26. What are the barriers to having what they want and need?			
	They do not like the services offered	22	52%
	Belief that service won't be helpful	20	48%
	Involvement with justice system	19	45%
	Collaboration between providers of services	18	43%
	Financial issues	18	43%
	Medical issues	18	43%
	Unaware of service availability	18	43%
	Don't know how to access services	18	43%
	Services do not meet needs	18	43%

203

IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
They are told they do not have a qualifying disability.	Did Not Answer	18	43%
They are not sure who to ask.	Did Not Answer	18	43%
Child care needs	Did Not Answer	17	40%
Stigma/embarrassment/fear	Did Not Answer	17	40%
Wait too long for intake	Did Not Answer	17	40%
Services too far away	Did Not Answer	17	40%
Services not offered at convenient times	Did Not Answer	17	40%
There is a waiting list.	Did Not Answer	17	40%
Transportation issues	Did Not Answer	16	38%
Insurance coverage issues	Did Not Answer	16	38%
Involvement with justice system	Does not apply/do not know	22	52%
Child care needs	Does not apply/do not know	21	50%
They are told they do not have a qualifying disability.	Does not apply/do not know	19	45%
Services too far away	Does not apply/do not know	16	38%
Collaboration between providers of services	Does not apply/do not know	15	36%
Wait too long for intake	Does not apply/do not know	15	36%
Insurance coverage issues	Does not apply/do not know	14	33%
Belief that service won't be helpful	Does not apply/do not know	13	31%
Services not offered at convenient times	Does not apply/do not know	13	31%
Financial issues	Does not apply/do not know	10	24%
Medical issues	Does not apply/do not know	10	24%
Services do not meet needs	Does not apply/do not know	10	24%
They do not like the services offered	Does not apply/do not know	10	24%
There is a waiting list.	Does not apply/do not know	9	21%
Transportation issues	Does not apply/do not know	8	19%
Stigma/embarrassment/fear	Does not apply/do not know	8	19%
They are not sure who to ask.	Does not apply/do not know	8	19%
Unaware of service availability	Does not apply/do not know	7	17%
Don't know how to access services	Does not apply/do not know	5	12%
Transportation issues	Often	5	12%
Financial issues	Often	4	10%
Services do not meet needs	Often	4	10%
There is a waiting list.	Often	4	10%

204

IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Child care needs	Often	3	7%
Insurance coverage issues	Often	3	7%
Stigma/embarrassment/fear	Often	3	7%
Collaboration between providers of services	Often	3	7%
Wait too long for intake	Often	3	7%
Services too far away	Often	2	5%
Services not offered at convenient times	Often	2	5%
Medical issues	Often	1	2%
Unaware of service availability	Often	1	2%
Don't know how to access services	Often	1	2%
They are told they do not have a qualifying disability.	Often	1	2%
They do not like the services offered	Often	1	2%
They are not sure who to ask.	Often	1	2%
Medical issues	Seldom	8	19%
Don't know how to access services	Seldom	8	19%
Unaware of service availability	Seldom	7	17%
Stigma/embarrassment/fear	Seldom	6	14%
Services not offered at convenient times	Seldom	5	12%
They are not sure who to ask.	Seldom	5	12%
Insurance coverage issues	Seldom	4	10%
Financial issues	Seldom	4	10%
They do not like the services offered	Seldom	4	10%
Belief that service won't be helpful	Seldom	3	7%
Services do not meet needs	Seldom	3	7%
There is a waiting list.	Seldom	3	7%
Wait too long for intake	Seldom	2	5%
Services too far away	Seldom	2	5%
They are told they do not have a qualifying disability.	Seldom	2	5%
Transportation issues	Seldom	1	2%
Involvement with justice system	Seldom	1	2%
Collaboration between providers of services	Seldom	1	2%
Transportation issues	Sometimes	12	29%
Don't know how to access services	Sometimes	10	24%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
They are not sure who to ask.	Sometimes	10	24%
Unaware of service availability	Sometimes	9	21%
There is a waiting list.	Sometimes	9	21%
Stigma/embarrassment/fear	Sometimes	8	19%
Services do not meet needs	Sometimes	7	17%
Belief that service won't be helpful	Sometimes	6	14%
Financial issues	Sometimes	6	14%
Insurance coverage issues	Sometimes	5	12%
Collaboration between providers of services	Sometimes	5	12%
Medical issues	Sometimes	5	12%
Wait too long for intake	Sometimes	5	12%
Services too far away	Sometimes	5	12%
Services not offered at convenient times	Sometimes	5	12%
They do not like the services offered	Sometimes	5	12%
They are told they do not have a qualifying disability.	Sometimes	2	5%
Child care needs	Sometimes	1	2%
Other barriers (Please specify below)	Does not apply/do not know	18	43%
Other barriers (Please specify below)	Did Not Answer	24	57%
If "Other", please specify.	Did Not Answer	42	100%
27. Select the age range of the person with disabilities.			
	23 - 59	17	40%
	4 - 22	16	38%
	Did Not Answer	8	19%
	60+	1	2%
28. In which zip code does the person reside?			
	61822 Champaign	7	17%
	61821 Champaign	5	12%
	61801 Urbana	3	7%
	61820 Champaign	3	7%
	61802 Urbana	2	5%
	61853 Mahomet	2	5%
	61864 Philo	2	5%
	Other (describe in comments)	2	5%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	61816 Broadlands	1	2%
	61843 Fisher	1	2%
	61847 Gifford	1	2%
	61866 Rantoul	1	2%
	61873 St Joseph	1	2%
	61874 Savoy	1	2%
	61880 Tolono	1	2%
	Did Not Answer	9	21%
	61801	1	2%
	61814	1	2%
	61821	1	2%
	61822	1	2%
	61866	1	2%
	-	37	88%
	61822	8	19%
	61821	4	10%
	61801	3	7%
	61820	3	7%
	61864	2	5%
	61866	2	5%
	60010	1	2%
	60466	1	2%
	60585	1	2%
	61802	1	2%
	61814	1	2%
	61843	1	2%
	61853	1	2%
	61874	1	2%
	61880	1	2%
	Did Not Answer	11	26%

If "Other" selected, please specify.

29. In which zip code do you reside?

207

IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
30. Have you ever been told that the person has any of the following diagnoses?			
Developmental Disability	Checked	22	52%
Autism or related	Checked	17	40%
Intellectual Disability	Checked	15	36%
Health Problem	Checked	6	14%
Epilepsy	Checked	4	10%
Aspergers	Checked	3	7%
Cerebral Palsy	Checked	2	5%
Cerebral Palsy	UnChecked	40	95%
Aspergers	UnChecked	39	93%
Epilepsy	UnChecked	38	90%
Health Problem	UnChecked	36	86%
Intellectual Disability	UnChecked	27	64%
Autism or related	UnChecked	25	60%
Developmental Disability	UnChecked	20	48%
Other (Please specify)	Checked	5	12%
Other (Please specify)	UnChecked	37	88%
If "Other", please specify:	ADHD	2	5%
	Hearing impairment	1	2%
	Soto Syndrome	1	2%
	behavior disorder	1	2%
	hearing loss. Childhood Apraxia of Speech, Global Apraxia	1	2%
	Did Not Answer	36	86%

208

IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
31. Is there anything else you would like us to know about your experience as a loved one, caregiver, family member, or guardian of a person with an intellectual and/or developmental disability?	<p>As a parent of a two children (ages 3 and 4), who both have autism, I would like to see more information or more access to information of what is available. I have found it difficult to find, and then, I will find out and think, man, I wish I would've known that a year ago. Also, I think it's important to have access and financial help for respite services for young children. My husband and I have a hard time finding time for ourselves because we only have one person to watch our kids. We can't just go hire anyone. It needs to be someone who understands our kids' disabilities and is able to handle them. (Also, I found this survey kind of hard to fill out. It seems a little more geared toward older people with disabilities.)</p> <p>At the time the individual left high school there was only one option available. That is why the above question was answered that way. We are not looking for another option.</p> <p>Currently staff at CILA are not being paid enough. They are dedicated, capable people who stay as long as they can "survive" on low pay. Often they work longer hours.</p> <p>DSC does a great job! DSC is a very good organization. There just seems to be a problem hiring and retaining group home staff.</p> <p>I fear that when my daughter ages out of school this summer, she will have no options but to sit at home doing nothing but losing the skills she has gained through school. I know of many families that are in this situation now. Or, I will need to quit work in order to keep her active in volunteer situations.</p> <p>I know I would like to see a movie theater that shows movies that are not dark and not loud for sensory sensitive children.</p> <p>I like the disABILITY expos offered in the area to explain so many difference resources. We also do things with T.A.P. family resiliency center & CU autism group. We'd like to do Challenger League and CUSpecRec and therapy ponies but haven't yet. I think we have a lot of caring people to help around here! Good job!</p>	1	2%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	<p>My son falls through the cracks. He needs support, but not intensive support. He will not be independent without a set amount of critical support outside the home. A little support goes a long way with him. He will need support if he wants to go to Parkland, for example. He will not be able to "graduate" Parkland due to his severe math learning disability, although he is very accomplished in history/social studies/civics. He needs a supportive and flexible post-secondary educational opportunity that develops his strengths so he can contribute to society.</p>	1	2%
	<p>Need help to provide and teach residential success as parents will not be here forever to provide needed supports</p>	1	2%
	<p>No.</p>	1	2%
	<p>Parenting a child with special needs is the hardest thing that we have ever done. Besides being parents, we have to become specialists in the disability and savvy navigators of a complex system of care. We live with a lot of stress and it is taking its' toll on all of us in the family. Also, thanks for all that you do to help us!</p>	1	2%
	<p>Some needs: A continuum of supported housing options - from Dorm style - to supported housing (less than 24 hours support) Also - more behavioral support for adults who still exhibit challenging behavior.</p>	1	2%
	<p>Thank goodness for DSC</p>	1	2%
	<p>Thank you for all that you do for our community!</p>	1	2%
	<p>We currently don't receive any services from the State of Illinois and are waiting for the disability waiver for many years. All the services that our son receives at this time have to be paid by us (his parents), including all the respite that we need to take a break of taking care of a child with sever disability</p>	1	2%

210

IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	<p>We have received a lot of help from the Illinois Association of Microboards and Vicki Niswander since 2014, when she met with our family to do a PATH person centered plan. This was a life changing event for our family and my brother. I am very appreciative of the present support of the IAMC project in Champaign County. My brother updated his PATH in May 2017 and we are building a support team in Gifford. IAMC needs better funding to help more families in the future. Our parents had to both die in order for my brother to get services. This is wrong and terrible. He needed employment supports 20 years ago; Also the employment supports are inadequate. Once a person with disability is employed they should have access to continued support according to their needs. One size model does not fit all. Elderly parents need to know that the disability service system can help them NOW not at some future date, at the event of their demise and death.</p>	1	2%
	<p>We love the staff and clients at McKinley 3! not at this time</p>	1	2%
	<p>that it's frightening to not know that there will be services and opportunities when we are not around. Everything he receives now has to be initiated and coordinated by us. He pays or we pay.</p>	1	2%
	<p>Did Not Answer</p>	22	52%

211

Question	Response (Respondent's Comments NOT Edited)	Count	%
1. What type of provider are you? CHECK ALL THAT APPLY			
Case Manager	Checked	7	25%
Social Services Provider	Checked	6	21%
Community Employment Supports	Checked	4	14%
Direct Support Provider	Checked	4	14%
Independent Service Coordinator (ISC)	Checked	4	14%
Program supervisor/manager	Checked	4	14%
Social Worker	Checked	4	14%
Advocacy/Linkage	Checked	3	11%
Recreation	Checked	3	11%
Community Outreach Worker	Checked	2	7%
Day Program	Checked	2	7%
Education	Checked	2	7%
Self-Advocacy Support	Checked	2	7%
Sheltered Workshop	Checked	2	7%
Teacher/school staff	Checked	2	7%
Administrator (CEO, ED, CFO, Clinical Director, etc)	Checked	1	4%
Advocacy Center	Checked	1	4%
Developmental Training	Checked	1	4%
Family Support Provider/Specialist	Checked	1	4%
Physician	Checked	1	4%
Speech Therapist /SLP	Checked	1	4%
Support Group	Checked	1	4%
Addiction Counselor/Specialist	UnChecked	28	100%
Apartment Services/Community Living	UnChecked	28	100%
Counselor/Therapist	UnChecked	28	100%
Crisis Intervention Team (CIT)-trained (law enforcement, other)	UnChecked	28	100%
Crisis Team	UnChecked	28	100%
Help with Self-Care	UnChecked	28	100%
Marriage and Family Therapist	UnChecked	28	100%
METCAD/911 Dispatcher	UnChecked	28	100%
Certified Alcohol and Drug Abuse Counselor (CADC)	UnChecked	28	100%

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IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Law Enforcement Officer	UnChecked	28	100%
Medical Technician	UnChecked	28	100%
Nurse (RN, LPN)	UnChecked	28	100%
Nurse Practitioner (NP)	UnChecked	28	100%
Nursing services	UnChecked	28	100%
OT (Occupational Therapy)	UnChecked	28	100%
Peer Specialist (certified or not certified)	UnChecked	28	100%
Peer Support	UnChecked	28	100%
Personal Assistant	UnChecked	28	100%
Personal Support Worker (PSW)	UnChecked	28	100%
Pharmacist	UnChecked	28	100%
Physician's Assistant	UnChecked	28	100%
Prevention Specialist	UnChecked	28	100%
Respite Provider	UnChecked	28	100%
Psychiatrist	UnChecked	28	100%
Psychologist	UnChecked	28	100%
Residential (CILA)	UnChecked	28	100%
Service Facilitator	UnChecked	28	100%
Teacher aide	UnChecked	28	100%
Transportation Provider	UnChecked	28	100%
Administrator (CEO, ED, CFO, Clinical Director, etc)	UnChecked	27	96%
Advocacy Center	UnChecked	27	96%
Developmental Training	UnChecked	27	96%
Family Support Provider/Specialist	UnChecked	27	96%
Physician	UnChecked	27	96%
Speech Therapist /SLP	UnChecked	27	96%
Support Group	UnChecked	27	96%
Community Outreach Worker	UnChecked	26	93%
Day Program	UnChecked	26	93%
Education	UnChecked	26	93%
Self-Advocacy Support	UnChecked	26	93%
Sheltered Workshop	UnChecked	26	93%
Teacher/school staff	UnChecked	26	93%

2B

IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Advocacy/Linkage	UnChecked	25	89%
Recreation	UnChecked	25	89%
Community Employment Supports	UnChecked	24	86%
Direct Support Provider	UnChecked	24	86%
Independent Service Coordinator (ISC)	UnChecked	24	86%
Program supervisor/manager	UnChecked	24	86%
Social Worker	UnChecked	24	86%
Social Services Provider	UnChecked	22	79%
Case Manager	UnChecked	21	75%
If "Other" please describe below:	Checked	2	7%
	UnChecked	26	93%
	Director of Special Programs	1	4%
	Home Care Services	1	4%
	Did Not Answer	26	93%

2. To whom do you provide services? CHECK ALL THAT APPLY

Persons with intellectual or developmental disabilities	Checked	24	86%
Persons with behavioral health disorders and intellectual/developmental disabilities	Checked	16	57%
Seniors/Elders	Checked	14	50%
Persons with emotional and/or behavioral problems	Checked	12	43%
Families	Checked	11	39%
Young children	Checked	10	36%
Students	Checked	10	36%
Persons with physical and behavioral health care needs	Checked	9	32%
Persons returning to the community from nursing homes or state operated developmental centers or other institutional residential facilities	Checked	8	29%
Persons with a mental health diagnosis or persons experiencing mental health symptoms	Checked	8	29%
Persons experiencing a crisis	Checked	6	21%

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IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Persons experiencing financial crisis	Checked	5	18%
Persons experiencing homelessness	Checked	4	14%
Persons with both mental health and substance use disorder treatment needs	Checked	3	11%
Persons with substance use disorder needs	Checked	3	11%
Persons reentering from institutions (hospital or prison/jail)	Checked	2	7%
Persons confined to local jails or juvenile detention center	Checked	1	4%
Persons on probation or parole	Checked	1	4%
Persons confined to local jails or juvenile detention center	UnChecked	27	96%
Persons on probation or parole	UnChecked	27	96%
Persons reentering from institutions (hospital or prison/jail)	UnChecked	26	93%
Persons with both mental health and substance use disorder treatment needs	UnChecked	25	89%
Persons with substance use disorder needs	UnChecked	25	89%
Persons experiencing homelessness	UnChecked	24	86%
Persons experiencing financial crisis	UnChecked	23	82%
Persons experiencing a crisis	UnChecked	22	79%
Persons returning to the community from nursing homes or state operated developmental centers or other institutional residential facilities	UnChecked	20	71%
Persons with a mental health diagnosis or persons experiencing mental health symptoms	UnChecked	20	71%
Persons with physical and behavioral health care needs	UnChecked	19	68%
Young children	UnChecked	18	64%
Students	UnChecked	18	64%
Families	UnChecked	17	61%
Persons with emotional and/or behavioral problems	UnChecked	16	57%
Seniors/Elders	UnChecked	14	50%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
Persons with behavioral health disorders and intellectual/developmental disabilities	UnChecked	12	43%
Persons with intellectual or developmental disabilities	UnChecked	4	14%
Other - Please explain below	Checked	1	4%
Other - Please explain below	UnChecked	27	96%
If selected "Other" - above, please explain here:	blind/visually impaired	1	4%
	Did Not Answer	27	96%
3. Does your organization offer evening and/or weekend appointments?	No	14	50%
	Yes	14	50%
4. Do you provide Language Access and Communication Assistance services?	Yes	18	64%
	No	7	25%
	Don't know	2	7%
	Did Not Answer	1	4%
5. Within the last year, did your agency serve persons in the following race/ethnic group categories? CHECK ALL THAT APPLY.			
White	Checked	28	100%
Black or African American	Checked	27	96%
Bi-racial/multi-racial	Checked	25	89%
Asian / Pacific Islander	Checked	24	86%
American Indian or Alaska Native	Checked	8	29%
Do Not Know	Checked	2	7%
Do Not Know	UnChecked	26	93%
American Indian or Alaska Native	UnChecked	20	71%
Asian / Pacific Islander	UnChecked	4	14%
Bi-racial/multi-racial	UnChecked	3	11%
Black or African American	UnChecked	1	4%

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IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Other - Please specify below	Checked	1	4%
Other - Please specify below	UnChecked	27	96%
If "Other", please specify	Latinos/Hispanic and International students as well as indigenous populations	1	4%
	Did Not Answer	27	96%
6. Do you believe that people with intellectual and/or developmental disabilities can access the following services in Champaign County?			
Substance use disorder services	Did Not Answer	12	43%
Benefits Support	Did Not Answer	11	39%
Co-occurring behavioral health disorder and intellectual/developmental disabilities services	Did Not Answer	11	39%
Co-occurring mental health and substance use disorder services	Did Not Answer	11	39%
Coordination of services/care	Did Not Answer	11	39%
Counseling/therapy (group or individual)	Did Not Answer	11	39%
Crisis Services	Did Not Answer	11	39%
Day Program	Did Not Answer	11	39%
Education	Did Not Answer	11	39%
Employment services and supports	Did Not Answer	11	39%
Housing Supports	Did Not Answer	11	39%
Integrated primary care and behavioral health care	Did Not Answer	11	39%
Legal Services	Did Not Answer	11	39%
Mental health services while in jail or juvenile detention or on probation or parole	Did Not Answer	11	39%
Peer Support	Did Not Answer	11	39%
Residential services or support for independent community living	Did Not Answer	11	39%
Substance use disorder services while in jail or juvenile detention or on probation or parole	Did Not Answer	11	39%
Support for transition from school to adult life	Did Not Answer	11	39%
Mental health services	Did Not Answer	10	36%

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IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Recreation supports	Did Not Answer	10	36%
Respite services	Did Not Answer	10	36%
Services for those who have intellectual and/or developmental disabilities and behavioral health conditions			
Speech Therapy	Did Not Answer	10	36%
Substance use disorder services while in jail or juvenile detention or on probation or parole	Did Not Answer	10	36%
Legal Services	Do not know	9	32%
Co-occurring mental health and substance use disorder services	Do not know	5	18%
Recreation supports	Do not know	3	11%
Residential services or support for independent community living	Do not know	3	11%
Substance use disorder services	Do not know	3	11%
Crisis Services	Do not know	2	7%
Mental health services	Do not know	2	7%
Speech Therapy	Do not know	2	7%
Benefits Support	Do Not Know	1	4%
Co-occurring behavioral health disorder and intellectual/developmental disabilities services	Do not know	1	4%
Education	Do not know	1	4%
Respite services	Do not know	1	4%
Support for transition from school to adult life	Do not know	1	4%
Mental health services while in jail or juvenile detention or on probation or parole	Do not know	1	4%
Peer Support	Do not know	10	36%
Integrated primary care and behavioral health care	Do not know	5	18%
Counseling/therapy (group or individual)	Do not know	4	14%
Day Program	Do not know	1	4%
Housing Supports	Do not know	1	4%
	No	5	18%

2-8

IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Services for those who have intellectual and/or developmental disabilities and behavioral health conditions	No	5	18%
Co-occurring behavioral health disorder and intellectual/developmental disabilities services	No	4	14%
Coordination of services/care	No	4	14%
Respite services	No	4	14%
Co-occurring mental health and substance use disorder services	No	3	11%
Counseling/therapy (group or individual)	No	3	11%
Education	No	3	11%
Integrated primary care and behavioral health care	No	3	11%
Legal Services	No	3	11%
Mental health services while in jail or juvenile detention or on probation or parole	No	3	11%
Residential services or support for independent community living	No	3	11%
Speech Therapy	No	3	11%
Substance use disorder services	No	3	11%
Substance use disorder services while in jail or juvenile detention or on probation or parole	No	3	11%
Support for transition from school to adult life	No	3	11%
Mental health services	No	2	7%
Peer Support	No	2	7%
Benefits Support	No	1	4%
Crisis Services	No	1	4%
Day Program	No	1	4%
Employment services and supports	No	1	4%
Recreation supports	No	1	4%
Employment services and supports	Yes	16	57%
Benefits Support	Yes	15	54%
Day Program	Yes	15	54%
Crisis Services	Yes	14	50%

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IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Mental health services	Yes	14	50%
Recreation supports	Yes	14	50%
Coordination of services/care	Yes	13	46%
Counseling/therapy (group or individual)	Yes	13	46%
Education	Yes	13	46%
Respite services	Yes	13	46%
Services for those who have intellectual and/or developmental disabilities and behavioral health conditions	Yes	13	46%
Speech Therapy	Yes	13	46%
Support for transition from school to adult life	Yes	13	46%
Co-occurring behavioral health disorder and intellectual/developmental disabilities services	Yes	12	43%
Housing Supports	Yes	12	43%
Co-occurring mental health and substance use disorder services	Yes	11	39%
Residential services or support for independent community living	Yes	11	39%
Integrated primary care and behavioral health care	Yes	10	36%
Peer Support	Yes	10	36%
Substance use disorder services	Yes	10	36%
Legal Services	Yes	9	32%
Substance use disorder services while in jail or juvenile detention or on probation or parole	Yes	5	18%
Mental health services while in jail or juvenile detention or on probation or parole	Yes	4	14%
Other: Please describe	Do not know	2	7%
	No	1	4%
	Yes	1	4%
	Did Not Answer	24	86%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
7. Within the last year, did your agency serve persons who may belong to one of the following groups? CHECK ALL THAT APPLY.			
Persons with an intellectual/developmental disability	Checked	18	64%
Persons with physical disabilities	Checked	17	61%
Persons with visual and/or hearing impairment; Deaf; Blind	Checked	16	57%
Lesbian, Gay, Bi-sexual, Transgender and Queer (LGBTQ)	Checked	14	50%
Persons with mental health and/or substance use disorder problems	Checked	13	46%
Senior citizens (65+ years)	Checked	13	46%
Persons living in state operated developmental centers or nursing homes	Checked	8	29%
Persons with mental health and/or substance use disorders who are involved in the criminal or juvenile justice system	Checked	5	18%
Veterans, active duty, National Guard, or Reserves	Checked	5	18%
Children in state custody	Checked	3	11%
Children in state custody	UnChecked	25	89%
Persons with mental health and/or substance use disorders who are involved in the criminal or juvenile justice system	UnChecked	23	82%
Veterans, active duty, National Guard, or Reserves	UnChecked	23	82%
Persons living in state operated developmental centers or nursing homes	UnChecked	20	71%
Persons with mental health and/or substance use disorder problems	UnChecked	15	54%
Senior citizens (65+ years)	UnChecked	15	54%
Lesbian, Gay, Bi-sexual, Transgender and Queer (LGBTQ)	UnChecked	14	50%

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IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Persons with visual and/or hearing impairment; Deaf; Blind			
Persons with physical disabilities	UnChecked	12	43%
Persons with an intellectual/developmental disability	UnChecked	11	39%
Other special population	UnChecked	10	36%
Other special population	Checked	2	7%
If "Other special population" please specify	UnChecked	26	93%
	Did Not Answer	28	100%
8. Within the last year, did your agency serve persons of Hispanic or Latino/a origin?			
	Yes	15	54%
	Did Not Answer	11	39%
	Do not know	2	7%
9. Within the last year did your agency serve immigrants or undocumented persons?			
	Don't know	12	43%
	Did Not Answer	11	39%
	Yes	3	11%
	No	2	7%
10. For persons with intellectual and/or developmental disabilities, are there services needed that are NOT available in your community? CHECK ALL THAT APPLY.			
Co-occurring behavioral health disorder and intellectual/developmental disabilities services	Checked	5	18%
Co-occurring mental health and substance use disorder services	Checked	4	14%
Housing Supports	Checked	4	14%
Integrated primary care and behavioral health care	Checked	4	14%
Legal Services	Checked	4	14%
Support for transition from school to adult life	Checked	4	14%
Coordination of services/care	Checked	3	11%
Counseling/therapy (group or individual)	Checked	3	11%

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IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Crisis Services	Checked	3	11%
Mental health services	Checked	3	11%
Residential services or support for independent community living	Checked	3	11%
Substance use disorder services	Checked	3	11%
Day Program	Checked	2	7%
Education	Checked	2	7%
Mental health services while in jail or juvenile detention or on probation or parole	Checked	2	7%
OT (Occupational Therapy)	Checked	2	7%
Peer Support	Checked	2	7%
Services for those who have intellectual and/or developmental disabilities and behavioral health conditions	Checked	2	7%
Benefits Support	Checked	1	4%
Employment services and supports	Checked	1	4%
Recreation supports	Checked	1	4%
Speech Therapy	Checked	1	4%
Substance use disorder services while in jail or juvenile detention or on probation or parole	Checked	1	4%
Other. Please describe below	UnChecked	28	100%
Benefits Support	UnChecked	27	96%
Employment services and supports	UnChecked	27	96%
Recreation supports	UnChecked	27	96%
Speech Therapy	UnChecked	27	96%
Substance use disorder services while in jail or juvenile detention or on probation or parole	UnChecked	27	96%
Day Program	UnChecked	27	96%
Education	UnChecked	26	93%
Mental health services while in jail or juvenile detention or on probation or parole	UnChecked	26	93%
OT (Occupational Therapy)	UnChecked	26	93%
Peer Support	UnChecked	26	93%

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IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Services for those who have intellectual and/or developmental disabilities and behavioral health conditions	UnChecked	26	93%
Coordination of services/care	UnChecked	25	89%
Counseling/therapy (group or individual)	UnChecked	25	89%
Crisis Services	UnChecked	25	89%
Mental health services	UnChecked	25	89%
Residential services or support for independent community living	UnChecked	25	89%
Substance use disorder services	UnChecked	25	89%
Co-occurring mental health and substance use disorder services	UnChecked	24	86%
Housing Supports	UnChecked	24	86%
Integrated primary care and behavioral health care	UnChecked	24	86%
Legal Services	UnChecked	24	86%
Support for transition from school to adult life	UnChecked	24	86%
Co-occurring behavioral health disorder and intellectual/developmental disabilities services	UnChecked	23	82%
If "Other", please describe.	More of what we have is needed	1	4%
	Navigation w/ system/supports	1	4%
	Did Not Answer	26	93%
11. Are there challenges or barriers that deter people with intellectual and/or developmental disabilities from accessing the most appropriate services in your area? If so, how often do the challenges or barriers occur?			
Child care needs	Did Not Answer	13	46%
Involvement with justice system	Did Not Answer	13	46%
Medical issues	Did Not Answer	13	46%
No interpreter for persons with hearing impairment	Did Not Answer	13	46%
Services do not meet needs	Did Not Answer	13	46%
Services not offered at convenient times	Did Not Answer	13	46%
Services too far away	Did Not Answer	13	46%

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IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Wait too long for intake and screening	Did Not Answer	13	46%
Belief that mental health/substance use disorder services won't be helpful	Did Not Answer	12	43%
Lack of coordination between providers	Did Not Answer	12	43%
Language barrier	Did Not Answer	12	43%
Transportation issues	Did Not Answer	12	43%
Unaware of service availability	Did Not Answer	12	43%
Belief that ID/DD services won't be helpful	Did Not Answer	11	39%
Don't know how to access services	Did Not Answer	11	39%
Eligibility for services	Did Not Answer	11	39%
Financial issues	Did Not Answer	11	39%
Stigma/embarrassment/fear	Did Not Answer	11	39%
Involvement with justice system	Did Not Answer	11	39%
Belief that mental health/substance use disorder services won't be helpful	Does not apply/do not know	8	29%
Child care needs	Does not apply/do not know	6	21%
No interpreter for persons with hearing impairment	Does not apply/do not know	5	18%
Services not offered at convenient times	Does not apply/do not know	4	14%
Belief that ID/DD services won't be helpful	Does not apply/do not know	3	11%
Services too far away	Does not apply/do not know	2	7%
Wait too long for intake and screening	Does not apply/do not know	2	7%
Financial issues	Does not apply/do not know	2	7%
Lack of coordination between providers	Does not apply/do not know	1	4%
Language barrier	Does not apply/do not know	1	4%
Medical issues	Does not apply/do not know	1	4%
Unaware of service availability	Does not apply/do not know	1	4%
Transportation issues	Does not apply/do not know	1	4%
Don't know how to access services	Often	12	43%
Unaware of service availability	Often	9	32%
Eligibility for services	Often	7	25%
Financial issues	Often	6	21%
Lack of coordination between providers	Often	6	21%
Language barrier	Often	5	18%
	Often	3	11%

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IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Services do not meet needs	Often	3	11%
Services not offered at convenient times	Often	3	11%
Wait too long for intake and screening	Often	3	11%
Child care needs	Often	2	7%
Medical issues	Often	2	7%
Stigma/embarrassment/fear	Often	2	7%
Belief that ID/DD services won't be helpful	Often	1	4%
Belief that mental health/substance use disorder services won't be helpful	Often	1	4%
No interpreter for persons with hearing impairment	Often	1	4%
Services too far away	Seldom	7	25%
Belief that ID/DD services won't be helpful	Seldom	6	21%
No interpreter for persons with hearing impairment	Seldom	6	21%
Stigma/embarrassment/fear	Seldom	4	14%
Lack of coordination between providers	Seldom	4	14%
Language barrier	Seldom	4	14%
Belief that mental health/substance use disorder services won't be helpful	Seldom	3	11%
Involvement with justice system	Seldom	3	11%
Services do not meet needs	Seldom	3	11%
Services not offered at convenient times	Seldom	3	11%
Wait too long for intake and screening	Seldom	3	11%
Don't know how to access services	Seldom	2	7%
Medical issues	Seldom	2	7%
Eligibility for services	Seldom	1	4%
Services too far away	Seldom	1	4%
Transportation issues	Seldom	1	4%
Services too far away	Sometimes	11	39%
Eligibility for services	Sometimes	10	36%
Financial issues	Sometimes	10	36%
Medical issues	Sometimes	10	36%
Services do not meet needs	Sometimes	9	32%
Stigma/embarrassment/fear	Sometimes	9	32%

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IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Child care needs	Sometimes	8	29%
Language barrier	Sometimes	8	29%
Unaware of service availability	Sometimes	8	29%
Belief that ID/DD services won't be helpful	Sometimes	7	25%
Wait too long for intake and screening	Sometimes	7	25%
Belief that mental health/substance use disorder services won't be helpful	Sometimes	6	21%
Don't know how to access services	Sometimes	6	21%
Lack of coordination between providers	Sometimes	6	21%
Services not offered at convenient times	Sometimes	6	21%
Involvement with justice system	Sometimes	4	14%
No interpreter for persons with hearing impairment	Sometimes	4	14%
Transportation issues	Sometimes	3	11%
Other barriers	Does not apply/do not know	1	4%
Other barriers	Often	2	7%
Other barriers	Sometimes	1	4%
Other barriers	Did Not Answer	24	86%
"Other Barriers" - please specify	Difficulty navigating complex system. Don't know where to start or Point A.	1	4%
	Services are described and explained but when it is time for students to access them, the services are often not available do to funding deficits or students are put on a waiting list and have to sit at home while waiting for services to open.		
	Waiting lists and not enough providers in the area.	1	4%
	Did Not Answer	25	89%
12. Do you as a provider serve people outside Champaign County?	Did Not Answer	11	39%
	Yes	9	32%
	No	8	29%
13. As a provider, are your services office/facility based or delivered in natural settings or both? Please explain.	Appointments are done where the person wants to meet, whether it is office, home, or restaurant.	1	4%

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IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	Both	4	14%
	Both - but could improve on delivering services in natural settings.	1	4%
	Both. As a recreation provider, we offer many programs at our indoor facilities, but we also provide many outdoor, nature-based programs as well.	1	4%
	Both. We are flexible with meeting locations on an individual basis.	1	4%
	Both. We have assistance for people who live independently in the community, and we also serve those who live in CILA residential settings.	1	4%
	Both; we meet with families in their homes, at their work sites, or potentially at other community locations that the families may desire or prefer. We can also meet with families that the office in confidential spaces	1	4%
	I only provide services in schools, but sometimes pull the student from the general education class in order to provide instruction in braille and technology.	1	4%
	I work one on one in the home of the person needing the service.	1	4%
	Office	1	4%
	School based.	1	4%
	We have a main office for meetings and work, but most of our services are delivered in the community.	1	4%
	Yes, both office and home/day training visits.	1	4%
	both	1	4%
	Did Not Answer	11	39%
14. Do you have other comments regarding service needs or service gaps in your area that you would like us to consider?	Transportation continues to be a pressing concern. Many people use transportation (Piattran, CCards, DSC), so many activities / opportunities are limited by their transportation schedule.	1	4%

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IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	<p>Based on my observations as a parks and recreation professional, I think we have a real issue with homelessness (likely due in part to mental health issues) in this community that needs to be addressed. There are non-profit organizations such as CU at Home that do great work, but this problem seems best addressed at a government level, especially in regard to improving awareness of, and access to, mental health services. Moreover, better efforts should be made to provide support past the "treatment" phase, and into the "housing/job" phase, so the cycle doesn't continuously repeat.</p>	1	4%
	<p>In the nearer term, it seems like it would be prudent to increase access/awareness of shelters that are available for the homeless population. It just seems like there are not enough, and people resort to sleeping in the parks, and other public spaces. This is a huge safety concern, especially as the weather gets colder. We have worked with CU at Home in the past regarding this issue, and it would be wonderful to be able to provide people with multiple options of places they can go, not only for a warm bed, but comprehensive services that can help them.</p>		
	<p>I think it is difficult for families to navigate the DD system as a whole. Need assistance with starting point.</p>	1	4%

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IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	<p>I work with individuals who also have case management for ID/DD services through Rosecrance. It is very difficult to get the case managers to respond to the needs of the individuals. This has been an ongoing issue well before Rosecrance merged with Community Elements. I have found that turn over and lack of experience in dealing with those with ID/DD and mental health are significant factors. When I bring up issues to the case managers they do not know what to do and nothing gets addressed. We are having serious issues with not getting help with budgeting (when Rosecrance is the payee), no support with changing lifestyles (which are leading to serious health issues that WILL have a terrible impact on these folks future health) and no support in making good decisions. It appears that these folks that need the help are left to themselves and they are failing in many ways. We can improve their lives, however we need case managers and supervisors that are invested in the work and those that know what they are doing.</p>	1	4%
	<p>Services for students in college who are blind have been unavailable in Champaign county in many instances. The Bureau of Blind Services and Parkland's Office of Disability were not meeting needs for many of my graduating students in the past 3 or so years.</p>	1	4%
	<p>There is a lot of overlap between the mental health world and the intellectual disabilities world---some more options for co-occurring disorders would be helpful including more coordination between providers (like overlapping training services for providers so that we don't have Silos of services/information)</p>	1	4%
	<p>What has been happening with students is that they are urged to stay in school until age 22, which is appropriate in some cases, but not others who have accomplished their high school goals and are ready to move on to transitional services. It is not appropriate for some students to stay in high school because the services are not available due to funding or availability.</p>	1	4%
	<p>Did Not Answer</p>	21	75%

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IDDD: Stakeholder Survey (8 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
1. What type of organization do you represent? CHECK ALL THAT APPLY			
Non-profit agency	Checked	6	75%
Advocacy organization	Checked	2	25%
Local government	Checked	2	25%
Family Advocate	Checked	1	13%
Faith-based organization (Church, Synagogue, etc)	Checked	1	13%
Public School	Checked	1	13%
Civil Attorney	UnChecked	8	100%
Criminal justice/law enforcement organization (Probation, Parole, Jail, Juvenile Detention, Judiciary, State's Attorney, etc.)	UnChecked	8	100%
Federally qualified health center	UnChecked	8	100%
Hospital	UnChecked	8	100%
Juvenile justice organization	UnChecked	8	100%
Neighbor	UnChecked	8	100%
Managed care organization/insurance company	UnChecked	8	100%
Primary care or health organization	UnChecked	8	100%
Private practice	UnChecked	8	100%
Public health organization	UnChecked	8	100%
Public defender/Defense attorney	UnChecked	8	100%
Self-Advocate	UnChecked	8	100%
Self-help group	UnChecked	8	100%
State government	UnChecked	8	100%
University/Community College	UnChecked	8	100%
Family Advocate	UnChecked	7	88%
Faith-based organization (Church, Synagogue, etc)	UnChecked	7	88%
Public School	UnChecked	7	88%
Advocacy organization	UnChecked	6	75%
Local government	UnChecked	6	75%
Non-profit agency	UnChecked	2	25%
Other - Please specify below	Checked	1	13%

nm

IDDD: Stakeholder Survey (8 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Other - Please specify below If "Other" please describe:	UnChecked	7	88%
	DSC	1	13%
	Park District	1	13%
	Did Not Answer	6	75%
2. Please enter the ZIP CODE where you complete the preponderance of your work.	61801	1	13%
	61802	1	13%
	61820	3	38%
	61821	2	25%
	Did Not Answer	1	13%
3. Did you or your organization advocate for persons with an intellectual/developmental disability to help them access the following services? Co-occurring mental health and substance use disorder services Mental health services for people in jail or juvenile detention Substance use disorder services for people in jail or juvenile detention or on probation or on parole ID/DD services while in jail or juvenile detention Individuals with any criminal justice involvement Mental health crisis services Early childhood/early intervention/Head Start ID/DD services or supports ID/DD services while in jail or juvenile detention Mental health services for people in jail or juvenile detention Substance use disorder services for people in jail or juvenile detention or on probation or on parole ID/DD services while in jail or juvenile detention Individuals with any criminal justice involvement	Did Not Answer	1	13%
	Did Not Answer	1	13%
	Did Not Answer	1	13%
	Did Not Answer	1	13%
	Did Not Answer	1	13%
	Did Not Answer	1	13%
	Did Not Answer	1	13%
	Did Not Answer	1	13%
	Did Not Answer	1	13%
	Do not know	2	25%
	Do not know	2	25%
	Do not know	2	25%
	Do not know	2	25%
	Do not know	2	25%
	Do not know	2	25%

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IDDD: Stakeholder Survey (8 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Mental health crisis services	Do not know	2	25%
ID/DD services while in jail or juvenile detention	Do not know	2	25%
Substance use disorder services	Do not know	1	13%
Co-occurring mental health and substance use disorder services	Do not know	1	13%
Substance use disorder services	No	5	63%
Co-occurring mental health and substance use disorder services	No	5	63%
Mental health services for people in jail or juvenile detention	No	4	50%
Substance use disorder services for people in jail or juvenile detention or on probation or on parole	No	4	50%
ID/DD services while in jail or juvenile detention	No	4	50%
Individuals with any criminal justice involvement	No	3	38%
Mental health services	No	1	13%
Mental health crisis services	No	1	13%
Early childhood/early intervention/Head Start	No	1	13%
ID/DD services or supports	No	1	13%
Mental health services	Yes	7	88%
Early childhood/early intervention/Head Start	Yes	6	75%
ID/DD services or supports	Yes	6	75%
Mental health crisis services	Yes	4	50%
Substance use disorder services	Yes	2	25%
Individuals with any criminal justice involvement	Yes	2	25%
Co-occurring mental health and substance use disorder services	Yes	1	13%
Mental health services for people in jail or juvenile detention	Yes	1	13%
Substance use disorder services for people in jail or juvenile detention or on probation or on parole	Yes	1	13%
ID/DD services while in jail or juvenile detention	Yes	2	26%
Other. Please specify below	Do not know	2	25%
	No	2	25%

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IDDD: Stakeholder Survey (8 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	Did Not Answer	4	50%

4. Within the last year, did you or your organization interact with persons with an intellectual/developmental disability who may belong to one of the following groups? CHECK ALL THAT APPLY.

Hispanic or Latino/a Individuals	Checked	6	75%
Homeless Population	Checked	5	63%
Individuals with any criminal justice involvement	Checked	4	50%
Senior citizens (65+ years)	Checked	3	38%
Lesbian, gay, bi-sexual, transgender and queer (LGBTQ)	Checked	3	38%
Children/youth in state custody	Checked	3	38%
Immigrants or Undocumented Individuals	Checked	3	38%
Do not know	Checked	3	38%
Children/youth with mental health and/or substance use disorder problems	Checked	2	25%
Individuals with mental health and/or substance use disorders who are involved in the criminal or juvenile justice system	Checked	2	25%
Veterans, active duty, National Guard, or Reserves	UnChecked	8	100%
Children/youth with mental health and/or substance use disorder problems	UnChecked	6	75%
Individuals with mental health and/or substance use disorders who are involved in the criminal or juvenile justice system	UnChecked	6	75%
Senior citizens (65+ years)	UnChecked	5	63%
Lesbian, gay, bi-sexual, transgender and queer (LGBTQ)	UnChecked	5	63%
Children/youth in state custody	UnChecked	5	63%
Immigrants or Undocumented Individuals	UnChecked	5	63%
Do not know	UnChecked	5	63%
Individuals with any criminal justice involvement	UnChecked	4	50%

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IDDD: Stakeholder Survey (8 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Homeless Population	UnChecked	3	38%
Hispanic or Latino/a Individuals	UnChecked	2	25%
Other special population	Checked	1	13%
Other special population	UnChecked	7	88%
If "Other special population" please specify	Did Not Answer	8	100%
<p>5. Based on your experience and knowledge of the service system in Champaign County, please rate the availability of the following services, for persons with ID/DD. (Please note that "Available with Challenges" means that services are available but there are barriers such as transportation concerns, waiting lists for intake, inconvenient hours for working persons, etc.)</p>			
Co-occurring substance use disorder and mental health services	-	1	13%
Family psycho-educational	-	1	13%
Help with Self-Care	-	1	13%
Day treatment/partial hospitalization	-	1	13%
Transitional youth housing	-	1	13%
Information and referral	Available when needed	7	88%
School-based services	Available when needed	6	75%
Screening	Available when needed	6	75%
Advocacy/Linkage	Available when needed	5	63%
Developmental Training	Available when needed	5	63%
Early childhood/early intervention/Head Start	Available when needed	5	63%
Assessment	Available when needed	4	50%
Family advocacy/support	Available when needed	4	50%
Health and wellness	Available when needed	4	50%
Group services	Available when needed	4	50%
Community Employment Supports	Available when needed	3	38%
Education	Available when needed	3	38%
Home visitation programs	Available when needed	3	38%

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IDDD: Stakeholder Survey (8 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Nursing services	Available when needed	3	38%
OT (Occupational Therapy)	Available when needed	3	38%
Recreation	Available when needed	3	38%
Services specific to persons with co-occurring behavioral health and intellectual/developmental disability	Available when needed	3	38%
Suicide prevention	Available when needed	3	38%
Supported living	Available when needed	3	38%
Anger management	Available when needed	2	25%
Case management/Community supports	Available when needed	2	25%
Counseling/Therapy	Available when needed	2	25%
Co-occurring substance use disorder and mental health services	Available when needed	2	25%
Help with Self-Care	Available when needed	2	25%
Grief services	Available when needed	2	25%
Parenting	Available when needed	2	25%
Parent mentoring/parent support network	Available when needed	2	25%
Psychiatric/medication evaluation and management	Available when needed	2	25%
Crisis residential	Available when needed	2	25%
Sexual assault survivor services	Available when needed	2	25%
Sheltered Workshop	Available when needed	2	25%
Speech Therapy	Available when needed	2	25%
Support Group	Available when needed	2	25%
Supported employment	Available when needed	2	25%
Transportation	Available when needed	2	25%
Care coordination	Available when needed	1	13%
Coordination of services across providers	Available when needed	1	13%
Domestic violence offender services	Available when needed	1	13%
Domestic violence survivor services	Available when needed	1	13%
Inpatient psychiatric treatment	Available when needed	1	13%
Inpatient hospitalization	Available when needed	1	13%
Juvenile court diversion programs	Available when needed	1	13%

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IDDD: Stakeholder Survey (8 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Mental health services while in jail or juvenile detention	Available when needed	1	13%
Multi-systemic therapy (MST)	Available when needed	1	13%
Parenting with Love and Limits	Available when needed	1	13%
Peer support	Available when needed	1	13%
Psychiatrist	Available when needed	1	13%
Psychosocial rehabilitation	Available when needed	1	13%
Recovery support services such as NAMI	Available when needed	1	13%
Residential treatment	Available when needed	1	13%
Respite	Available when needed	1	13%
Self-Advocacy Support	Available when needed	1	13%
Transition from school to adulthood	Available when needed	1	13%
Transitional youth housing	Available when needed	1	13%
Trauma-focused cognitive behavioral therapy (TF-CBT)	Available when needed	1	13%
Therapy or counseling (individual, interactive, group, or family)	Available when needed	1	13%
Apartment Services/Community Living	Available with challenges	6	75%
Care coordination	Available with challenges	6	75%
Case management/Community supports	Available with challenges	6	75%
Supported employment	Available with challenges	6	75%
Community Employment Supports	Available with challenges	5	63%
Residential treatment	Available with challenges	5	63%
Transition from school to adulthood	Available with challenges	5	63%
Therapy or counseling (individual, interactive, group, or family)	Available with challenges	5	63%
Anger management	Available with challenges	4	50%
Coordination of services across providers	Available with challenges	4	50%
Counseling/Therapy	Available with challenges	4	50%
Family advocacy/support	Available with challenges	4	50%
Help with Self-Care	Available with challenges	4	50%
Intensive in-home services	Available with challenges	4	50%

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IDDD: Stakeholder Survey (8 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Nursing services	Available with challenges	4	50%
Psychiatrist	Available with challenges	4	50%
Psychiatric/medication evaluation and management	Available with challenges	4	50%
Crisis residential	Available with challenges	4	50%
Recreational therapy	Available with challenges	4	50%
Residential (CILA)	Available with challenges	4	50%
Services specific to persons with co-occurring behavioral health and intellectual/developmental disability	Available with challenges	4	50%
Speech Therapy	Available with challenges	4	50%
Supported living	Available with challenges	4	50%
Advocacy/Linkage	Available with challenges	3	38%
Education	Available with challenges	3	38%
Early childhood/early intervention/Head Start	Available with challenges	3	38%
Family psycho-educational	Available with challenges	3	38%
Group services	Available with challenges	3	38%
Integrated treatment for co-occurring disorders	Available with challenges	3	38%
OT (Occupational Therapy)	Available with challenges	3	38%
Parenting	Available with challenges	3	38%
Peer support	Available with challenges	3	38%
Respite	Available with challenges	3	38%
Recreation	Available with challenges	3	38%
Residential (ICF DD)	Available with challenges	3	38%
Self-Advocacy Support	Available with challenges	3	38%
Transportation	Available with challenges	3	38%
Trauma-informed care	Available with challenges	3	38%
Assessment	Available with challenges	2	25%
Developmental Training	Available with challenges	2	25%
Domestic violence survivor services	Available with challenges	2	25%
Health and wellness	Available with challenges	2	25%
Home visitation programs	Available with challenges	2	25%
Inpatient psychiatric treatment	Available with challenges	2	25%

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IDDD: Stakeholder Survey (8 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Inpatient hospitalization	Available with challenges	2	25%
Intensive outpatient therapy (IOP)	Available with challenges	2	25%
Juvenile court diversion programs	Available with challenges	2	25%
Multi-systemic therapy (MST)	Available with challenges	2	25%
Parent mentoring/parent support network	Available with challenges	2	25%
School-based services	Available with challenges	2	25%
Sheltered Workshop	Available with challenges	2	25%
Assertive community treatment (ACT)	Available with challenges	1	13%
Co-occurring substance use disorder and mental health services	Available with challenges	1	13%
Information and referral	Available with challenges	1	13%
Grief services	Available with challenges	1	13%
Mental health services while in jail or juvenile detention	Available with challenges	1	13%
Psychosocial rehabilitation	Available with challenges	1	13%
Day treatment/partial hospitalization	Available with challenges	1	13%
Screening	Available with challenges	1	13%
Support Group	Available with challenges	1	13%
Suicide prevention	Available with challenges	1	13%
Trauma-focused cognitive behavioral therapy (TF-CBT)	Available with challenges	1	13%
Couples services	Do not know	8	100%
WRAP (Wellness Recovery Action Plan)	Do not know	8	100%
Assertive community treatment (ACT)	Do not know	7	88%
Domestic violence offender services	Do not know	7	88%
Parenting with Love and Limits	Do not know	7	88%
Recovery support services such as NAMI	Do not know	7	88%
Sex offender services	Do not know	7	88%
Psychosocial rehabilitation	Do not know	6	75%
Day treatment/partial hospitalization	Do not know	6	75%
Sexual assault survivor services	Do not know	6	75%
Trauma-focused cognitive behavioral therapy (TF-CBT)	Do not know	6	75%

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IDDD: Stakeholder Survey (8 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Domestic violence survivor services	Do not know	5	63%
Grief services	Do not know	5	63%
Intensive outpatient therapy (IOP)	Do not know	5	63%
Juvenile court diversion programs	Do not know	5	63%
Multi-systemic therapy (MST)	Do not know	5	63%
Support Group	Do not know	5	63%
Transitional youth housing	Do not know	5	63%
Trauma-informed care	Do not know	5	63%
Co-occurring substance use disorder and mental health services	Do not know	4	50%
Family psycho-educational	Do not know	4	50%
Inpatient psychiatric treatment	Do not know	4	50%
Inpatient hospitalization	Do not know	4	50%
Integrated treatment for co-occurring disorders	Do not know	4	50%
Mental health services while in jail or juvenile detention	Do not know	4	50%
Parent mentoring/parent support network	Do not know	4	50%
Peer support	Do not know	4	50%
Recreational therapy	Do not know	4	50%
Residential (ICF DD)	Do not know	4	50%
Self-Advocacy Support	Do not know	4	50%
Sheltered Workshop	Do not know	4	50%
Suicide prevention	Do not know	4	50%
Home visitation programs	Do not know	4	50%
Intensive in-home services	Do not know	3	38%
Parenting	Do not know	3	38%
Respite	Do not know	3	38%
Residential (CILA)	Do not know	3	38%
Anger management	Do not know	3	38%
Assessment	Do not know	2	25%
Coordination of services across providers	Do not know	2	25%
Education	Do not know	2	25%

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IDDD: Stakeholder Survey (8 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Health and wellness	Do not know	2	25%
OT (Occupational Therapy)	Do not know	2	25%
Psychiatrist	Do not know	2	25%
Psychiatric/medication evaluation and management	Do not know	2	25%
Residential treatment	Do not know	2	25%
Recreation	Do not know	2	25%
Speech Therapy	Do not know	2	25%
Transition from school to adulthood	Do not know	2	25%
Transportation	Do not know	2	25%
Apartment Services/Community Living	Do not know	1	13%
Care coordination	Do not know	1	13%
Counseling/Therapy	Do not know	1	13%
Developmental Training	Do not know	1	13%
Help with Self-Care	Do not know	1	13%
Group services	Do not know	1	13%
Nursing services	Do not know	1	13%
Crisis residential	Do not know	1	13%
Screening	Do not know	1	13%
Services specific to persons with co-occurring behavioral health and intellectual/developmental disability	Do not know	1	13%
Supported living	Do not know	1	13%
Therapy or counseling (individual, interactive, group, or family)	Do not know	1	13%
Mental health services while in jail or juvenile detention	Service not available	2	25%
Apartment Services/Community Living	Service not available	1	13%
Coordination of services across providers	Service not available	1	13%
Counseling/Therapy	Service not available	1	13%
Inpatient psychiatric treatment	Service not available	1	13%
Inpatient hospitalization	Service not available	1	13%
Integrated treatment for co-occurring disorders	Service not available	1	13%

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IDDD: Stakeholder Survey (8 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Intensive in-home services	Service not available	1	13%
Intensive outpatient therapy (IOP)	Service not available	1	13%
Psychiatrist	Service not available	1	13%
Crisis residential	Service not available	1	13%
Respite	Service not available	1	13%
Residential (CILA)	Service not available	1	13%
Residential (ICF DD)	Service not available	1	13%
Sex offender services	Service not available	1	13%
Transitional youth housing	Service not available	1	13%
Transportation	Service not available	1	13%
Therapy or counseling (individual, interactive, group, or family)	Service not available	1	13%

6. Based on your experience and knowledge of the service system in Champaign County, are there barriers that deter persons with intellectual and developmental disabilities from accessing the most appropriate services? If so, how often do the barriers occur?

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If "Other", please describe	Did Not Answer	8	100%
Other Please specify below	Did Not Answer	7	88%
Transportation issues	Did Not Answer	3	38%
Child care needs	Did Not Answer	3	38%
Insurance coverage issues	Did Not Answer	3	38%
Stigma/embarrassment/fear	Did Not Answer	3	38%
Involvement with justice system	Did Not Answer	3	38%
Belief that services won't be helpful	Did Not Answer	3	38%
Lack of coordination between providers	Did Not Answer	3	38%
Medical issues	Did Not Answer	3	38%
Unaware of service availability	Did Not Answer	3	38%
Don't know how to access services	Did Not Answer	3	38%
Services too far away	Did Not Answer	3	38%
Services do not meet needs	Did Not Answer	3	38%

IDDD: Stakeholder Survey (8 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Services not offered at convenient times	Did Not Answer	3	38%
Financial issues	Did Not Answer	2	25%
Wait too long for intake	Did Not Answer	2	25%
Youth mentoring	Do not know	5	63%
Other Please specify below	Do not know	1	13%
Involvement with justice system	Does not apply/do not know	3	38%
Stigma/embarrassment/fear	Does not apply/do not know	2	25%
Belief that services won't be helpful	Does not apply/do not know	2	25%
Services not offered at convenient times	Does not apply/do not know	2	25%
Insurance coverage issues	Does not apply/do not know	1	13%
Lack of coordination between providers	Does not apply/do not know	1	13%
Unaware of service availability	Does not apply/do not know	1	13%
Don't know how to access services	Does not apply/do not know	1	13%
Wait too long for intake	Does not apply/do not know	1	13%
Financial issues	Often	6	75%
Transportation issues	Often	3	38%
Unaware of service availability	Often	3	38%
Insurance coverage issues	Often	2	25%
Don't know how to access services	Often	2	25%
Wait too long for intake	Often	2	25%
Child care needs	Often	1	13%
Stigma/embarrassment/fear	Often	1	13%
Lack of coordination between providers	Often	1	13%
Medical issues	Often	1	13%
Services not offered at convenient times	Often	1	13%
Child care needs	Seldom	1	13%
Insurance coverage issues	Seldom	1	13%
Involvement with justice system	Seldom	1	13%
Unaware of service availability	Seldom	1	13%
Services do not meet needs	Seldom	1	13%
Services not offered at convenient times	Seldom	1	13%
Services too far away	Sometimes	5	63%

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IDDD: Stakeholder Survey (8 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Medical issues	Sometimes	4	50%
Services do not meet needs	Sometimes	4	50%
Child care needs	Sometimes	3	38%
Belief that services won't be helpful	Sometimes	3	38%
Lack of coordination between providers	Sometimes	3	38%
Wait too long for intake	Sometimes	3	38%
Transportation issues	Sometimes	2	25%
Stigma/embarrassment/fear	Sometimes	2	25%
Don't know how to access services	Sometimes	2	25%
Insurance coverage issues	Sometimes	1	13%
Involvement with justice system	Sometimes	1	13%
Services not offered at convenient times	Sometimes	1	13%
Other. Please specify below	-	8	100%
If "Other": Please describe	-	8	100%

7. Please tell us about service needs or service gaps you have experienced that you want brought to our attention.

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The programs exist to provide services but the funding doesn't exist to support enough people in need of the services. Specifically, state funding is frequently not enough to allow an organization to provide the level of service necessary or to provide it in a manner that works well.

The drive to encourage more community involvement is also key and very important but we need to make sure those individuals who are not able to participate (lack of programs, funding, ability, etc) are not overlooked and the limited options they currently have are not lost.

Two significant concerns: 1) financial strains stemming from eroded State financial support (stagnant State rates for 10+ years eroded by costs inflation), and 2) potential elimination of a full continuum of supports and services for individuals of all levels of abilities/disabilities in pursuit of the important and laudable goal of primarily 'community-based supports and services.

IDDD: Stakeholder Survey (8 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	insufficient state funding. Rates are too low.	1	13%
	Did Not Answer	5	63%

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CHAMPAIGN COUNTY MENTAL HEALTH BOARD

CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT OF PERSONS WITH A DEVELOPMENTAL DISABILITY

DECISION MEMORANDUM

DATE: June 27, 2018
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Mark Driscoll, Associate Director
SUBJECT: Promise Healthcare – Child Psychiatrist Request

Background

In late May, Nancy Greenwalt, Promise Healthcare Executive Director, informed Lynn and me that Promise had been presented with an opportunity to contract with a child psychiatrist for one half day per week. However, the cost for supporting the position exceeds projected revenue. As a follow-up to the meeting, Promise Healthcare has sent a letter requesting \$20,250 from the Champaign County Mental Health Board for support services necessary to manage children's access to the new psychiatric services. The letter from Promise Healthcare requesting assistance from the Board is attached.

The CCMHB has supported psychiatric services available through Promise Healthcare at Frances Nelson via the "Mental Health Services with Promise" contract for many years. A significant expansion of Promise Healthcare psychiatric services occurred mid-contract in late 2015 when Rosecrance, then Community Elements, negotiated transferring control of its psychiatric services at the Walnut Street location to the Promise Healthcare satellite clinic there on site. The CCMHB committed funds to enable the transfer with continuation after the end of the contract year contingent upon a formal request for support being submitted and approved through the regular allocation cycle.

The new request would enable Promise Healthcare to expand psychiatric services available to patients at Frances Nelson to include children and youth. The pediatric psychiatry services would be available one morning per week. Up to fifty children and youth are projected to be served in the first year. Services would likely start sometime in September. Other revenue will result from billing Medicaid, Managed Care Plans, and private insurance, and from nominal sources such as patient fees or co-pays. Even with these, the agency projects a gap of \$20,250 between anticipated revenue and expenses.

A means of funding the \$20,250 requested from the Board has been identified by staff. The Rosecrance Recovery Home contract is to be pro-rated adjusting the term of the contract and reducing the contract maximum when issued. The delayed implementation of the Recovery Home contract is expected to generate sufficient funds to support the Promise Healthcare request. Promise Healthcare has an existing contract with the Board that includes psychiatric services. The scope of services and budget can be amended to include child psychiatry and adjust the contract maximum. Funding beyond the current contract term would be contingent upon submission of an application that includes support child psychiatry, for the PY2020 allocation cycle.

Recommendation:

Staff recommends the Champaign County Mental Health Board approve the request. Salient points supporting the recommendation:

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- Promise Healthcare was presented with an opportunity at the end of the PY19 allocation cycle that, due to timing, could not be presented for consideration by the Board and integrated into the staff funding recommendations for PY19.
- The majority of the expense for child psychiatrist services is expected to be borne by other funders. However, revenue from these other sources is not expected to cover all related costs involved in delivering services, a projected difference of \$20,250.
- Funding to support the amount requested has been identified within the existing pool of allocated funds.
- The proposed expansion of psychiatric services to children and youth aligns with the Mental Health Services contract scope of services and can be incorporated via amendment.
- A commitment by the Board to cover the additional costs is limited to the PY19 contract term.
- Future funding is contingent upon submission of an application during the PY20 allocation cycle.

Decision Section:

Motion to authorize the Executive Director to issue an amendment to the Promise Healthcare “Mental Health Services with Promise” contract increasing the contract maximum by \$20,250 to support the expansion of psychiatric services to include pediatric psychiatry one half day per week.

- Approved
- Denied
- Modified
- Additional Information Needed

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promise healthcare

OPERATING FRANCES NELSON AND SMILEHEALTHY

Lynn Canfield, Mark Driscoll
Champaign County Mental Health Board
1776 E. Washington
Urbana, IL 61801
June 15, 2018

Dear Lynn and Mark,

Promise Healthcare has the opportunity to contract with a child psychiatrist to care for our patients at Frances Nelson. This fall we hope to add in-person pediatric psychiatry for a morning each week. I am writing requesting \$20,250 from the Champaign County Mental Health Board for Promise to be able to add this new service.

. . . I recently had a young teen patient released from inpatient psychiatric care for a week, without arrangements to see outpatient psychiatry in follow up. . . . I currently have a teen patient who is hallucinating and can't get in with psychiatry. She had an emergency mental health evaluation in Emergency Department by SASS, and was released. . . . A few months ago I had a suicidal teen patient. His mother took him to be evaluated; they sent them home with paperwork to be completed and he never got an evaluation. . . . My patients keep getting the runaround, and are not getting the help they need. . . .

-- Promise Healthcare Family Physician

This is part of recent unsolicited email from just one Promise provider. Many have similar stories to tell, and our pediatric coordinator could not come up with a single example of a child we have been able to get in for needed care with pediatric psychiatry. I have met with area providers who are sympathetic and supportive, but cannot provide the kind of access to care our families need. This fall we have the opportunity to have a pediatric psychiatrist at Frances Nelson one morning a week. We hope to provide access for 40-50 children in our first year.

All Promise Healthcare programs provide care for patients regardless of ability to pay. So, in preparing a pro-forma for the practice, my best-case scenario will be to almost cover the cost of the psychiatrist from patient revenue. Patient revenue includes billing Medicaid managed care plans, Medicaid, commercial insurance, nominal fees, copays, etc. This will not provide us with the opportunity to generate enough revenue to cover the cost of all that is involved in delivering care: scheduling, medical assisting, nursing, billing, occupancy, administration, etc.

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819 Bloomington Road • Champaign, IL 61820
(217) 356-1558 • www.promisehealth.org

I am writing to see if the Champaign County Mental Health Board might be able to support this program with an operating grant of \$20,250 in FY19. This could be an expansion of and amendment to our recently approved Mental Health Services grant. Please let me know if you would like to meet or need additional information. Thank you so much for your time and consideration.

Best wishes,

A handwritten signature in black ink, appearing to read 'Nancy Greenwalt', written in a cursive style.

Nancy Greenwalt
Executive Director

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CHAMPAIGN COUNTY MENTAL HEALTH BOARD

CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT OF PERSONS WITH A DEVELOPMENTAL DISABILITY

DECISION MEMORANDUM

DATE: June 27, 2018
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Mark Driscoll, Associate Director
SUBJECT: University of Illinois "Building Evaluation Capacity: Year 4" Proposal

Background

For the last three years, the Champaign County Mental Health Board has contracted with the University of Illinois to assist agencies to build evaluation capacity within funded programs. The initial proposal was the result of meetings with the evaluators, staff, and representatives of the Board. The consultants under contract are Drs. Nicole Allen and Mark Aber. They are well qualified to engage in this work, have worked with CCMHB funded agencies in the past, and are familiar with the mission and work of the Board.

Annual reports on the outcome of their work with funded programs have been presented to the Board and to the agencies. As part of the FY16 contract, the evaluators participated in the Board retreat, assessed current evaluation activities and reporting of funded programs, and reported their findings to the Board. A similar report was presented to Board following the close out of year two. And in September, the evaluators are scheduled to present a report on activities and progress achieved under year three, the PY18 contract.

Throughout the last year, a representative of the evaluation team has attended meetings of the Mental Health and Developmental Disabilities Agencies Council to report on activities and promote services available to CCMHB funded programs. A presentation by the evaluators and four agencies that received intensive support will be made at the August meeting of the Council.

A copy of the proposal is attached.

Recommendation

The first year was an assessment of current evaluation requirements and agency reports. Year two and three focused on developing evaluation capacity within programs, including targeted intensive support to four programs each year. Renewal of the contract for another year is recommended in order to continue supporting progress achieved by the targeted programs under prior contracts, to engage several new programs with intensive evaluation technical assistance and support, and to offer consultation and other support services to all CCMHB funded programs and to the Board. Amount requested is \$53,335 an increase of \$359 over last year.

Decision Section:

Motion to authorize the Executive Director to execute a contract with the University of Illinois in the amount \$53,335 to implement the scope of work presented in Capacity Building Evaluation: Year 4 proposal.

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

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*A Proposal to Build Evaluation Capacity for Programs
Funded by the Champaign County Community Mental Health Board (CCMHB)
Year 4, FY 2019*

Proposal and Deliverables

Statement of Purpose:

The aim of this effort is to build evaluation capacity for programs funded by the CCMHB. In Year 4, we propose to continue to implement the recommendations and specific plans identified via Year 1 assessment of current evaluation activities and priorities and to build upon Year 3 effort. Specifically, we propose the following activities and deliverables.

1. Continue to Create a Learning Organization among Funded Agencies and the CCMHB
 - a. Prepare new “targeted” agencies to share information at MHAC meetings once/year by June, 2019. The actual presentation will occur in the July or August following the end of the fiscal year at the MHAC meeting
2. Continue to Support the Development of Theory of Change Logic Models.
 - a. Offer 2 logic modeling workshops to support funded programs in model development in Fall 2018
 - b. Schedule and announce logic model training dates with 30 days advance notice
 - c. Provide follow-up support to targeted agencies who submit a model to the team for review (and to agencies who choose to develop the model using “hours” from the consultation bank)
3. Choose *up to* three Programs for Targeted Evaluation Support in Consultation with CCMHB
 - a. Work in collaboration with *up to* three funded programs to develop evaluation plans and support them in the implementation of those plans (e.g., instrument development, data gathering, data reporting)
 - b. The goal would be to guide an evaluation process that can be sustained by the program
4. Provide quarterly follow-up with the eight previously targeted agencies. This could include:
 - a. Reviewing evaluation implementation progress
 - b. Revising and refining logic models
 - c. Reviewing gathered data and developing processes to analyze and present data internally and externally
5. Continue the Evaluation Consultation Bank with Agencies Who Have not Had Targeted Partnerships
 - a. Offer a bank of consultation hours for use by funded programs

- b. Funded programs would request hours based on specific tasks
 - i. Developing an evaluation focus
 - ii. Completing a logic model
 - iii. Developing and sustaining evaluation activities (particularly in targeted agencies)
 - iv. Reporting data
- 6. Continue to Build a “Buffet” of Tools
 - a. Maintain and expand a Google drive or other web-based repository for measures developed with and/or for funded programs
- 7. Meet with CCMHB members to provide information on, for example:
 - a. The varied uses of evaluation
 - b. CCMHB goals and priorities with regard to evaluation
 - c. Instantiating evaluation practices for the CCMHB and its funded programs

Budget and Justification

Summer Salary (up to one month) for Mark Aber and Nicole Allen = **\$23,301**

Drs. Nicole Allen and Mark Aber would co-lead these evaluation activities. Both would reserve time throughout the year and intensively during a summer month (most likely May 15th to June 15th) to execute project deliverables.

Research Assistant for 11 months = **\$25,185**

(\$2132/month x 11 months x 7.37% benefits)

A research assistant would assist in all facets of project execution which would but not be limited to supporting evaluation planning, workshop development, and collaboration/funded program partnership.

Indirect Costs of 10%: **\$4,849**

GRAND TOTAL: \$53,335

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2018-2019 BUDGET

PERSONNEL

Faculty Salary

Nicole Allen

Salary Base
\$109,674
\$62,918

Request
\$9,140
\$6,991
\$16,131

Mark Aber

Fringe

SURS staff (44.45%)

\$4,063

SURS staff (44.45%)

\$3,107

\$7,170

Total Faculty salary + fringe

\$23,301

Graduate Assistant Salary

Research Asst

11 mos @ 50%

\$23,456

\$23,456

Fringe

Graduate Assistant (7.37%)

\$1,729

Total GRA salary + fringe

\$25,185

TOTAL SALARIES & BENEFITS

\$48,486

TOTAL DIRECT COSTS

\$48,486

Indirect Costs

MTDC x 10% (State of Illinois)

\$4,849

TOTAL BUDGET

\$53,335

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6.D.

CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT OF PERSONS WITH A DEVELOPMENTAL DISABILITY

DECISION MEMORANDUM

DATE: June 27, 2018
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Anti-Stigma Film – Roger Ebert’s Film Festival 2019

Recommended Action: The purpose of this memorandum is to seek approval for the Executive Director to commit to working with the Alliance for Inclusion and Respect to sponsor an anti-stigma film at the 2019 Roger Ebert’s Film Festival and related anti-stigma activities.

Issue: The Roger Ebert’s Film Festival has been central to our anti-stigma efforts, with a sponsored film and the festival’s support for related community activities. Our anti-stigma messaging has become a festival theme and received increased exposure, media coverage, and special attention from festival leadership and staff, especially for panel discussions and concurrent art exhibits.

During the 2018 festival, we held a youth screening/discussion of the sponsored film, staged and promoted an art show, participated in a well-attended panel discussion dedicated to anti-stigma, and maintained a website to promote the artists and the Alliance’s mission.

Fiscal/Budget Impact: The total cost for the film sponsorship is anticipated to be \$15,000. In 2018, the initial expense of this sponsorship was offset by \$5,560 in Alliance member contributions and sales of passes.

Decision Section:

Motion to approve up to \$15,000 for sponsorship of an anti-stigma film at the 2019 Roger Ebert’s Film Festival.

- Approved
Denied
Modified
Additional Information Needed

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CHAMPAIGN COUNTY MENTAL HEALTH BOARD

CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT OF PERSONS WITH A DEVELOPMENTAL DISABILITY

DECISION MEMORANDUM

DATE: June 27, 2018
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: FY2019 Champaign County CCMHB and CILA Budget Submissions

Overview: The purpose of this memorandum is to seek approval of a draft Champaign County Mental Health Board (CCMHB) Budget and a CILA Fund Budget, for County Fiscal Year 2019 (January 1, 2019 through December 31, 2019). Proposed operating budgets are submitted for information to the Champaign County Board in August. Final budgets are presented as part of their appropriations process in November. In the likely event of changes in revenue projections, personnel costs, or other planned expenditures, your approval of a revised budgets will be sought.

The CILA Fund Budget is under joint authority of the CCMHB and Champaign County Developmental Disabilities Board (CCDDB). The Intergovernmental Agreement between the Boards provides for annual contributions to the CILA fund to support small group homes for people with ID/DD. Projections are based on previous year actuals and the advice of the Champaign County Auditor's office.

Attached are a proposed 2019 CCMHB Budget and a proposed 2019 CILA Fund Budget. The draft 2019 CCDDB Budget is included for information only, along with four pages of background details.

Decision Section:

Motion to approve the attached 2019 CCMHB Budget, with anticipated revenues and expenditures of \$5,231,018.

- Approved
- Denied
- Modified
- Additional Information Needed

Motion to approve the attached 2019 CILA Fund Budget, with anticipated revenue of \$118,100 and expenditures of \$94,194. Payment to this fund is consistent with the terms of the Intergovernmental Agreement between the CCDDB and CCMHB.

- Approved
- Denied
- Modified
- Additional Information Needed

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Draft 2019 CCMHB Budget

LINE ITEM	BUDGETED REVENUE	
311.24	Property Taxes, Current	\$4,835,964
313.24	Back Property Taxes	\$1,000
314.10	Mobile Home Tax	\$4,000
315.10	Payment in Lieu of Taxes	\$2,500
336.23	CCDDB Revenue	\$337,554
361.10	Investment Interest	\$10,000
363.10	Gifts & Donations	\$20,000
369.90	Other Miscellaneous Revenue	\$20,000
TOTAL REVENUE		\$5,231,018

LINE ITEM	BUDGETED EXPENDITURES	
511.02	Appointed Official	\$101,000
511.03	Regular FTE	\$312,453
511.05	Temporary Salaries & Wages	\$5,040
511.09	Overtime Wages	\$1,500
513.01	FICA	\$31,744
513.02	IMRF	\$24,565
513.04	W-Comp	\$2,697
513.05	Unemployment	\$4,200
513.06	Health/Life Insurance	\$60,495
513.20	Employee Development/Recognition	\$300
<i>Personnel Total</i>		<i>\$543,994</i>
522.01	Printing	\$1,000
522.02	Office Supplies	\$4,100
522.03	Books/Periodicals	\$500
522.04	Copier Supplies	\$1,000
522.06	Postage/UPS/Fed Ex	\$1,000
522.44	Equipment Under \$1000	\$10,000
<i>Commodities Total</i>		<i>\$17,600</i>
533.01	Accounting Fees	\$10,000
533.07	Professional Fees	\$235,000
533.12	Travel	\$5,000
533.18	Non-employee training	\$2,000
533.20	Insurance	\$12,000
533.29	Computer Services	\$7,500
533.33	Telephone	\$2,500
533.42	Equipment Maintenance	\$500
533.50	Office Rental	\$26,000
533.51	Equipment Rental	\$900
533.70	Legal Notices/Ads	\$300
533.72	Department Operating	\$400
533.84	Business Meals/Expense	\$250
533.85	Photocopy Services	\$4,000
533.89	Public Relations	\$30,000
533.92	Contributions & Grants	\$4,174,344
533.93	Dues & Licenses	\$23,500
533.95	Conferences/Training	\$17,000
533.98	disAbility Resource Expo	\$60,000
534.37	Finance Charges/Bank Fees	\$30
534.70	Brookens Repair	\$200
<i>Services Total</i>		<i>\$4,611,424</i>
571.08	Payment to CCDDB (Share of Gifts, Donations, Misc Rev)	\$8,000
571.11	Payment to CILA Fund	\$50,000
<i>Interfund Expenditures TOTAL</i>		<i>\$58,000</i>
TOTAL EXPENSES		\$5,231,018

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Draft 2019 CILA Fund Budget

LINE ITEM	BUDGETED REVENUE	
361.10	Investment Interest	\$100
371.54	From CCDDDB 108	\$50,000
371.90	From CCMHB Fund 090	\$50,000
362.15	Rents	\$18,000
TOTAL REVENUE		\$118,100

LINE ITEM	BUDGETED EXPENDITURES	
522.44	Equipment Less than \$5,000 (a designated gift to one individual, accessed upon family's request)	\$16,881
533.07	Professional Services (property management services)	\$10,000
581.07	Mortgage Principal Payments	\$49,751
582.07	Interest on Mortgage	\$17,231
534.37	Finance Charges (bank fees per statement)	\$36
533.93	Dues & Licenses	\$295
TOTAL EXPENSES		\$94,194

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Draft 2019 CCDDB Budget

LINE ITEM	BUDGETED REVENUE	
311.19	Property Taxes, Current	\$4,034,813
313.19	Back Property Taxes	\$2,000
314.10	Mobile Home Tax	\$3,000
315.10	Payment in Lieu of Taxes	\$2,000
361.10	Investment Interest	\$8,000
371.90	Interfund Transfer (Gifts, Donations, etc) from MH Fund	\$8,000
369.90	Other Miscellaneous Revenue	\$2,000
	TOTAL REVENUE	\$4,059,813

LINE ITEM	BUDGETED EXPENDITURES	
533.07	Professional Fees (42.15% of an adjusted set of CCMHB Admin Expenses)	\$337,554
533.92	Contributions & Grants	\$3,672,259
571.11	Payment to CILA Fund	\$50,000
	TOTAL EXPENSES	\$4,059,813

Background for 2019 CCMHB Budget, with 2018 Projections and Earlier Actuals

2019 BUDGETED REVENUE		2018 PROJECTED	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Property Taxes, Current	\$4,835,964	\$4,649,965	\$4,415,651	\$4,246,055	\$4,161,439	\$4,037,720
Back Property Taxes	\$1,000	\$500	\$2,731	\$2,486	\$2,861	\$1,612
Mobile Home Tax	\$4,000	\$4,000	\$3,766	\$3,903	\$3,995	\$3,861
Payment in Lieu of Taxes	\$2,500	\$700	\$3,201	\$2,970	\$2,869	\$2,859
CCDDB Revenue	\$337,554	\$338,515	\$287,697	\$377,695	\$330,637	\$337,536
Investment Interest	\$10,000	\$500	\$18,473	\$3,493	\$1,385	\$1,015
Gifts & Donations	\$20,000	\$20,000	\$5,225	\$18,822	\$26,221	\$28,192
Other Miscellaneous Revenue	\$20,000	\$0	\$117,195	\$21,340	\$67,599	\$85,719
TOTAL REVENUE	\$5,231,018	\$5,014,180	\$4,853,939	\$4,676,764	\$4,597,006	\$4,498,514

2019 BUDGETED EXPENDITURES (SEE PAGE 5 FOR DETAILS)		2018 PROJECTED	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Personnel	\$543,994	\$538,373	\$449,220	\$577,548	\$502,890	\$532,909
Commodities	\$17,600	\$20,983	\$6,263	\$7,998	\$11,237	\$9,282
Services (not Contributions & Grants)	\$437,080	\$442,440	\$432,828	\$410,157	\$382,870	\$375,735
Contributions & Grants	\$4,174,344	\$3,954,384	\$3,593,418	\$3,429,015	\$3,335,718	\$3,673,966
Interfund Expenditures	\$58,000	\$58,000	\$57,288	\$60,673	\$0	\$0
TOTAL EXPENSES	\$5,231,018	\$5,014,180	\$4,539,017	\$4,484,391	\$4,232,715	\$4,591,892

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Additional Information about Expenses

Personnel 2019 v 2018

PERSONNEL	2019	2018
Appointed Official	\$101,000	\$101,000
Regular FTE	\$312,453	\$304,832
Temporary Wage/Sal	\$5,040	\$0
Overtime Wages	\$1,500	\$1,500
FICA	\$31,744	\$31,388
IMRF	\$24,565	\$36,599
W-Comp	\$2,697	\$2,257
Unemployment	\$4,200	\$4,200
Health/Life Insurance	\$60,495	\$56,397
Employee Dev/Rec	\$300	\$200
	\$543,994	\$538,373

Commodities 2019 v 2018

COMMODITIES	2019	2018
Printing	\$1,000	\$1,000
Office Supplies	\$4,100	\$4,100
Books/Periodicals	\$500	\$500
Copier Supplies	\$1,000	\$1,000
Postage/UPS/Fed Ex	\$1,000	\$1,000
Equipment Under 5000	\$10,000	\$13,383
	\$17,600	\$20,983

Services (not Contributions and Grants)

SERVICES	2019	2018
Accounting Fees	\$10,000	\$10,000
Professional Fees*	\$235,000	\$263,467
Travel	\$5,000	\$6,000
Non-employee conferences	\$2,000	-
Insurance	\$12,000	\$11,000
Computer Services	\$7,500	\$7,300
Telephone	\$2,500	\$2,500
Equipment Maintenance	\$500	\$500
Office Rental	\$26,000	\$21,660
Equipment Rental	\$900	\$900
Legal Notices/Ads	\$300	\$300
Department Operating	\$400	\$400
Business Meals/Expense	\$250	\$250
Photocopy Services	\$4,000	\$4,000
Public Relations**	\$30,000	\$50,000
Dues/Licenses	\$23,500	\$23,600
Conferences/Training	\$17,000	\$17,000
disAbility Resource Expo**	\$60,000	\$23,333
Finance Charges/Bank Fees	\$30	\$30
Brookens Repair	\$200	\$200
	\$437,080	\$442,440

Interfund Transfers 2019 v 2018

INTERFUND TRANSFERS	2019	2018
CCDDDB Share of Donations & Miscellaneous Revenue	\$8,000	\$8,000
Payment to CILA Fund	\$50,000	\$50,000
	\$58,000	\$58,000

*Professional Fees:

- legal services, website maintenance and updates, human resource services, shredding, graphic design, ADA compliance consultant, independent audit reviews and other CPA consultation, organizational assessment, 211/Path with United Way, UIUC Evaluation Capacity Project (not shared with CCDDDB), and Savannah Family Institute-PLL (not shared with CCDDDB)

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**Public Relations (Community Awareness) and disAbility Resource Expo:

- Ebertfest or other (not shared with CCDDDB), community education/awareness, cost of some consultant support.
- Expo line is added mid-year 2018 to capture 2019 Expo expenses, including for consultants.

Additional Information about Services

Approval of 2019 Budgets does not obligate the boards to all expenditures described; many are estimates based on previous years.

SERVICES	2019	2018
Professional Fees*	\$235,000	\$263,467
Public Relations**	\$30,000	>\$50,000
disability Resource Expo**	\$60,000	\$23,333
Contributions & Grants	\$4,174,344	\$3,954,384
Dues/Licenses	\$23,500	\$23,600
Conferences/ Training	\$17,000	\$17,000
Unexpected		

\$129,500 Savannah Family Institute (PLI), not shared with CCDDDB. \$53,335 UI Evaluation, not shared with CCDDDB. \$18,066 United Way for 211/Path. \$250 human resources services (AAIM). \$3,000 IT services (BPC). \$1,500 website accessibility testing (Falling Leaf). \$12,000 online application/reporting systems (EMK). \$1200 maintenance of online resource directory and AIR site. \$550 graphic design. \$1000 shredding services. \$3,000 CPA consult. \$5,000 legal. (Note that Expo/Special Projects consultants will not be charged to this line for 2019 but will instead be split between Public Relations and new disability Resource Expo line, according to projects.)

\$15,000 Eberfest film sponsorship, offset by Alliance member dues and other contributions of \$3k-\$6k/year. \$2,000 estimated for other community events or trainings. \$2,000 anti-stigma art show(s), promotion. A portion of Expo/Special Projects Coordinators will be charged to this line for work on non-Expo events and projects, and the amount allowed for may be higher than needed (\$1,000).

Support for the 2019 and 2020 Expo events, including venue, supplies, food, interpreters, advertising, t-shirts, etc. Majority of Expo Coordinators' contracts are here (had been in Professional Fees in 2018). Expo costs are offset by exhibitor/vendor fees and contributions from sponsors (\$20k-\$26k per year)

Estimated payments to agencies from January 1 to June 30, 2019, as authorized in May 2018, plus 1/2 of estimated FY20 annual allocation amount, with agency contract maximums to be authorized by July 1, 2019.

\$900 national trade association (NACBHDD) dues. \$2000 portion of membership in NACO. \$16,000 state trade association (ACMHA) dues. \$250 Rotary membership dues. \$25 Human Services Council membership dues. \$7 for any new membership, e.g., Arc of IL, NCBH, NADD.

\$1000 registration for NACO and NACBHDD Legislative and Policy Conferences (may be offset by ACMHA). \$350 for NACO Annual Meeting. Costs of travel (plus lodging and food) for 1-3 staff or board members for each of 1-2 NACBHDD and NACO meetings. Costs of travel (plus lodging and food) for 2-3 staff or board members for each of 3-4 quarterly ACMHA meetings. Costs of one other conference/training for 1-2 staff/board members. MHFA trainer certification.

Budget transfers if: staff offices move to a different location or are modified; legal expenses are greater; local trainings are staged; etc. Budget amendment in the event of hospital tax settlement or employee retirement/resignation. The MH and DD fund balances at their lowest point (May) should each include: six months of operating budget plus hospital tax deposit amounts plus each board's share (57.85%/42.15%) of accrued staff benefits. Liabilities associated with hospital tax revenue = \$430,716.29 MHB and \$359,363.81 DDB.

\$130,700 Savannah Family Institute (PLI), not shared with CCDDDB. \$52,976 UI Evaluation, not shared with CCDDDB. Half of the \$40,000 Expo Coordinators (Mayer/Bressner). \$18,066 United Way for 211/Path. \$250 human resources services (AAIM). \$3,000 IT services (BPC). \$1,500 organizational assessment (Smith/Campbell). \$1,500 website accessibility testing (Falling Leaf). \$11,000 online application/reporting systems (EMK). \$936 maintenance of online resource directory and AIR site (ChrispMedia). \$450 graphic design. \$1000 shredding services. \$3,000 CPA consult (Brusveen). \$4,000 legal (Meyer/Capel, Weiner). \$5,000 online community needs assessment (EMK).

\$15,000 Eberfest film sponsorship, offset by Alliance member dues and other contributions of \$3k-\$6k/year. \$2,000 estimated for other community events or trainings. \$2,000 anti-stigma art show(s), promotion. \$1,000 sponsorship of CU Autism Network event. All other items charged here support the Expo, including venue, supplies, food, interpreters, advertising, t-shirts for volunteers and staff. Expo costs are offset by exhibitor/vendor fees and contributions from sponsors (\$20k-\$26k per year.)

Expenses associated with 2019 Expo but paid in 2018 will be charged here instead of in Public Relations line. Coordinator time associated with 2019 will be charged here instead of Professional Fees.

Actual payments to agencies from January 1 to June 30, 2018, as authorized in May 2017, plus payments authorized in May 2018, to be made from June through December 2018.

\$825 national trade association (NACBHDD) dues (\$900 in 2019). \$2000 portion of membership in NACO. \$16,000 state trade association (ACMHA) dues. \$260 Rotary membership dues. \$25 Human Services Council membership dues. \$7 for any new membership, e.g., Arc of IL, NCBH, NADD.

\$510 registration for NACO Conference, \$335 Annual Meeting. (NACBHDD Legislative and Policy Conference registration paid by ACMHA). Costs of travel (plus lodging and food) for 1-3 staff or board members for each of 1-2 NACBHDD and NACO meetings. Costs of travel (plus lodging and food) for 1-3 staff or board members for each of 3-4 quarterly ACMHA meetings. Costs of one other conference/training for 1-2 staff/board members. \$500 Georgetown U program.

Budget transfers in the event: staff offices move to a different location or current offices modified; legal expenses are greater; local trainings are staged; etc. The MH and DD fund balances at their lowest point (May) should each include: six months of operating budget plus hospital tax deposit amounts plus each board's share (57.85%/42.15%) of accrued staff benefits. Liabilities associated with hospital tax revenue = \$430,716.29 MHB and \$359,363.81 DDB.

Calculation of the CCDDB Administrative Share ("Professional Fees")

	2019	2018	2019	2018
Adjustments:				
CCMHB Contributions & Grants	\$4,174,344	\$3,954,384	CCDDB Share	\$803,120.00
Savannah Family Institute - PLL	\$129,500	\$130,700	800,839	\$338,515
UI Evaluation Capacity Project	53335	\$52,976	\$337,554	\$28,210
Eberfest or other (pending MHB decision)	\$15,000	\$15,000	Monthly Total for CCDDB Admin	
Payment to CILA fund	\$50,000	\$50,000		
CCDDB Share of Donations & Misc Fev	\$9,000	\$9,000		
Adjustments Total:	\$4,430,179	\$4,211,060		
CCMHB Total Expenditures:	\$5,231,018	\$5,014,180		
Total Expenditures less Adjustments:	\$800,839	\$803,120		

Toward the end of the County Fiscal Year, actual expenses will be updated, with possible adjustment of the CCDDB current year share.

Background for 2019 CCDDB Budget, with 2018 Projections and Earlier Actuals

	2018 PROJECTED	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
2019 BUDGETED REVENUE					
Property Taxes, Current	\$4,034,813	\$3,684,009	\$3,595,174	\$3,545,446	\$3,501,362
Back Property Taxes	\$2,000	\$2,278	\$2,105	\$2,437	\$1,398
Mobile Home Tax	\$3,000	\$3,142	\$3,305	\$3,404	\$3,348
Payment in Lieu of Taxes	\$2,000	\$2,671	\$2,515	\$2,445	\$2,479
Investment Interest	\$8,000	\$10,883	\$2,318	\$1,488	\$812
Gifts & Donations	\$8,000	\$7,288	\$10,673	\$0	\$0
Other Miscellaneous Revenue	\$2,000	\$14,432	\$0	\$0	\$11,825
TOTAL REVENUE	\$4,059,813	\$3,724,703	\$3,816,091	\$3,555,220	\$3,521,224

	2018 PROJECTED	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
2019 BUDGETED EXPENDITURES					
Professional Fees (42.15% of some CCMHB expenses, as above)	\$337,554	\$287,697	\$379,405	\$330,637	\$337,536
Contributions & Grants	\$3,672,259	\$3,287,911	\$3,206,369	\$3,069,122	\$3,224,172
Interfund Expenditure - CILA	\$50,000	\$50,000	\$50,000	\$50,000	\$0
TOTAL EXPENSES	\$4,059,813	\$3,625,608	\$3,635,794	\$3,449,769	\$3,561,708

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CCMHB 2018 Meeting Schedule

First Wednesday after the third Monday of each month--5:30 p.m.
Brookens Administrative Center
Lyle Shields Room
1776 E. Washington St., Urbana, IL (unless noted otherwise)

June 27, 2018

July 18, 2018

September 12, 2018 – study session, tentative

September 26, 2018

October 17, 2018

October 24, 2018 – study session

November 14, 2018

November 28, 2018 – joint study session with the CCDDDB

December 19, 2018 – tentative

**This schedule is subject to change due to unforeseen circumstances. Please call the CCMHB-CCDDDB office to confirm all meetings.*

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CCDDB 2018 Meeting Schedule

Board Meetings

8:00AM except where noted

Brookens Administrative Building, Lyle Shields Room
1776 East Washington Street, Urbana, IL

June 27, 2018

July 25, 2018 – Dimit Conference Room

September 26, 2018 – Dimit Conference Room

October 24, 2018

November 14, 2018

November 28, 2018 – tentative study session

December 19, 2018

*This schedule is subject to change due to unforeseen circumstances.
Please call the CCMHB/CCDDB office to confirm all meetings.*

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DRAFT

July 2018 to June 2019 Meeting Schedule with Subject and Allocation Timeline

The schedule provides dates and subject matter of meetings of the Champaign County Mental Health Board through June 2019. The subjects are not exclusive to any given meeting, as other matters requiring Board review or action may also be addressed or may replace the subject listed. Study sessions may be scheduled with potential dates listed; topics will be based on issues raised at meetings, brought by staff, or in conjunction with the Champaign County Developmental Disabilities Board. Included with meeting dates are tentative dates for steps in the funding allocation process for Program Year 2020 (July 1, 2019 – June 30, 2020) and deadlines related to current (PY2019) agency contracts.

7/18/18	Regular Board Meeting
8/24/18	<i>Agency PY2018 Fourth Quarter and Year End Reports Due</i>
9/12/18	Study Session - tentative
9/26/18	Regular Board Meeting Draft Three Year Plan 2019-2021 with FY19 Objectives U of I Program Evaluation Presentation
10/17/18	Regular Board Meeting Draft Program Year 2020 (PY20) Allocation Criteria Community Coalition Summer Initiatives Report
10/24/18	Study Session
10/26/18	<i>Agency PY2019 First Quarter Reports Due</i>
10/31/18	<i>Agency Independent Audits Due</i>
11/14/18	Regular Board Meeting Approve Three Year Plan with One Year Objectives Allocation Decision Support – PY20 Allocation Criteria
11/28/18	Study Session
12/12/18	<i>Public Notice to be published on or before this date, giving at least 21-day notice of application period.</i>
12/19/18	Regular Board Meeting (tentative)
01/04/19	<i>CCMHB/CCDDB Online System opens for Agency Registration and Applications for PY20 Funding.</i>
1/23/19	Regular Board Meeting Election of Officers

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	Review of Liaison Guidelines and County Code of Ethics
1/25/19	<i>Agency PY2019 Second Quarter Reports Due</i>
1/30/19	Study Session
2/8/19	<i>Agency deadline for submission of applications for PY2020 funding. Online system will not accept forms after 4:30PM.</i>
2/12/19	<i>List of Requests for PY2020 Funding assembled</i>
2/20/19	Regular Board Meeting Assignment of Board Members to Review Proposals
2/27/19	Study Session
3/20/19	Regular Board Meeting 2018 Annual Report
3/27/19	Study Session
4/10/19	<i>Program summaries released to Board, copies posted online with CCMHB April 17, 2019 meeting agenda</i>
4/17/19	Regular Board Meeting Program Summaries Review and Discussion
4/24/19	Study Session Program Summaries Review and Discussion
4/26/19	<i>Agency PY2019 Third Quarter Reports Due</i>
5/8/19	<i>Allocation recommendations released to Board, copies posted online with CCMHB May 15, 2018 meeting agenda</i>
5/15/19	Study Session Allocation Recommendations
5/22/19	Regular Board Meeting Allocation Decisions Authorize Contracts for PY2020
5/23/19-6/5/19	<i>Contract Negotiations</i>
6/19/19	Regular Board Meeting Approve FY2020 Draft Budget
6/27/19	<i>PY2020 Contracts completed/First Payment Authorized</i>

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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
STUDY SESSION**

Minutes—May 16, 2018

*Brookens Administrative Center
Lyle Shields Room
1776 E. Washington St
Urbana, IL*

5:30 p.m.

- MEMBERS PRESENT:** Judi O'Connor, Joe Omo-Osagie, Thom Moore, Elaine Palencia, Kyle Patterson, Anne Robin, Margaret White
- MEMBERS EXCUSED:** Susan Fowler, Julian Rappaport
- STAFF PRESENT:** Lynn Canfield, Mark Driscoll, Stephanie Howard-Gallo
- OTHERS PRESENT:** Chad Hoffman, Mahomet Area Youth Club (MAYC); Chris Gleason, Juli Kartel, Gail Raney, Monica Cherry, Rosecrance; Isak Griffiths, Courage Connection; Tracy Dace, DREAM House; Felicia Gooler, Patty Walters, Nicole Sikora, DSC; Jill Duter Crisis Nursery (CN); Pat Ege, Angie Adams-Martin, Cunningham Children's Home; Gabriela Quijade, Youth Assessment Center (YAC); Rosanna McClain, Family Service (FS); Adelaide Aime, RACES; Becca Obuchowski, Community Choices
-

CALL TO ORDER:

Ms. Elaine Palencia called the meeting to order at 5:30 p.m.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

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APPROVAL OF AGENDA:

The agenda was approved.

PRESIDENT’S COMMENTS:

None.

STUDY SESSION:

Included in the Board packet was a compilation of all responses received to questions posed by Board members and staff regarding the FY19 funding applications and program summaries. Agencies had until May 4, 2018 to submit written responses to Board questions. Board members reviewed the documents.

The Board reviewed and discussed the draft May 23, 2018 Decision Memorandum presenting funding recommendations for PY19 allocation cycle.

The Board reviewed the staff recommendations for funding ID/DD programs. CLC Plans, Program Summaries, and response(s) to questions posed during review process were reviewed for the programs.

There was Board discussion of an action item included in the draft May 23, 2018 Decision Memorandum for CCMHB to provide matching funds as part an application to the Department of Justice Bureau of Justice Assistance “Justice and Mental Health Collaboration Program (JMHCPC).” More information will be provided to the Board prior to the May 23, 2018 meeting.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 7:25 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

**Minutes are in draft form and are subject to CCMHB approval.*

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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
BOARD MEETING**

Minutes—May 23, 2018

*Brookens Administrative Center
John Dimit Room
1776 E. Washington St
Urbana, IL*

5:30 p.m.

MEMBERS PRESENT: Susan Fowler, Judi O'Connor, Thom Moore, Joe Omo-Osagie, Elaine Palencia, Kyle Patterson, Anne Robin, Julian Rappaport, Margaret White

STAFF PRESENT: Lynn Canfield, Mark Driscoll, Stephanie Howard-Gallo, Shandra Summerville

OTHERS PRESENT: Gail Raney, Juli Kartel, Misty Bell, Rosecrance; Elizabeth Anderson, Courage Connection; James Kilgore, First Followers; Becca Obuchowski, Community Choices; Angie Adams-Martin, Cunningham Children's Home; Jennifer Hixson, Nancy Greenwalt, Promise Healthcare; Darlene Kloeppe, Citizen; Stephanie Record, Crisis Nursery (CN); Andy Kulczycki, Community Service Center of Northern Champaign County (CSCNCC); Kari May, Children's Advocacy Center (CAC); Janice Mitchell, Urbana Neighborhood Connections (UNC); Brandi Granse, Lisa Benson, Regional Planning Commission (RPC); Chad Hoffman, Mahomet Area Youth Club (MAYC); Willard Benison, United Cerebral Palsy (UCP); Nicole Sikora, Developmental Services Center (DSC)

CALL TO ORDER:

Dr. Fowler called the meeting to order at 5:30 p.m.

ROLL CALL:

Roll call was taken and a quorum was present.

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CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

APPROVAL OF AGENDA:

The agenda was approved.

PRESIDENT’S COMMENTS:

Dr. Fowler thanked Ms. Palencia for chairing the May 16th study session.

NEW BUSINESS:

Allocation Decisions:

A Decision Memorandum and allocation spreadsheet was included in the packet. For the consideration of the Champaign County Mental Health Board (CCMHB), the memorandum presented staff recommendations for funding for the Program Year (PY) 2019 contract year (July 1, 2018 through June 30, 2019.) Decision authority rests with the CCMHB and their sole discretion and judgment concerning the most appropriate use of available dollars based on assessment of community needs, best value, alignment with decision support criteria, pricing and affordability, and reasonable distribution of funds across disability areas.

The staff recommendations were organized by priority as a means of facilitating discussion and moving forward with decisions based on CCMHB commitments, set-asides, and priorities. Proposals are listed based on the priority selected by the applicant. These have been re-ordered for ease of interpretation across several board documents and are not organized by importance or amounts of funding. The final grouping references applications not recommended for full funding due to fiscal constraints, low alignment with priorities, or technical barriers/other consideration.

The Champaign County Mental Health Board received 36 applications related to mental health and substance use disorder services and supports. These requests total \$3,757,160. A breakout of amounts by priority finds:

Behavioral Health Supports for People with Justice Involvement	\$ 895,927
Innovative Practices and Access to Community Based	\$ 712,246
System of Care for Children, Youth, Families	\$1,522,498
Other/Renewal	\$ 626,489

Another 20 applications for funding for ID/DD supports and services were submitted for consideration by the CCMHB and the Champaign County Developmental Disabilities Board (CCDDB). These requests total \$3,959,752 and have been evaluated by the CCDDB and staff. Based on current estimates of 2019 tax revenue, the CCMHB’s obligation to ID/DD services, including CILA expansion, is \$685,885. Recommendations are described under the CCMHB Intellectual and Developmental Disabilities (Collaboration with the CCDDB) priority. If the

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projection of property tax revenue increases, the board might consider increasing its annual payment to the CILA fund by an amount based on additional increase to the levy extension.

Behavioral Health Supports for People with Justice System Involvement
 SUBTOTAL \$857,377

CCRPC – Community Services	Justice Diversion Program	\$ 65,074
CCRPC – Community Services	Youth Assessment Center (YAC)*	\$ 76,350
Family Service	Counseling	\$ 25,000
First Followers	Peer Mentoring for Re-entry	\$ 70,000
Rosecrance Central Illinois	Criminal Justice PSC	\$338,643
Rosecrance Central Illinois	Fresh Start*	\$ 79,310
Rosecrance Central Illinois	Specialty Courts	\$203,000

*Champaign Community Coalition

Innovative Practices and Access to Community Based Behavioral Health Services
 SUBTOTAL \$703,599

CSCNCC	Resource Connection	\$ 66,596
Cunningham Children’s Home	Independent Living Opportunities^	\$ 90,000
Family Service	Self-Help Center	\$ 28,928
Family Service	Senior Counseling & Advocacy	\$142,337
GROW in Illinois	Peer-Support	\$ 20,000
Promise Healthcare	Promise Healthcare Wellness	\$ 58,000
Rattle the Stars	Youth Suicide Prevention Education^	\$ 54,500
Rosecrance Central Illinois	Recovery Home^	\$200,000
UCP- Land of Lincoln	Vocational Training and Support	\$ 43,238

^Special Initiative/mid-year report required

System of Care for Children, Youth, Families
 SUBTOTAL \$1,335,789

Champaign Co. CAC	Children's Advocacy Center	\$ 47,754
CCRPC Head Start/Early Head Start	Early Childhood Mental Health Services^	\$ 90,120
Champaign Urbana Area Project	CU Neighborhood Champions*	\$ 50,000
Champaign Urbana Area Project	TRUCE*	\$ 50,000
Courage Connection	Courage Connection	\$127,000
DREAAM House	DREAAM*	\$ 80,000
Don Moyer Boys and Girls Club	C-U CHANGE*	\$100,000
Don Moyer Boys and Girls Club	Community Coalition Summer Initiatives*	\$107,000
Don Moyer Boys and Girls Club	Youth and Family Services*	\$160,000
Mahomet Area Youth Club	BLAST*	\$ 15,000
Mahomet Area Youth Club	MAYC Members Matter!*	\$ 18,000
Rosecrance Central Illinois	Parenting w Love & Limits	\$392,992
(convert contract from grant to fee for service)		
Rosecrance Central Illinois	Prevention Services	\$ 60,000

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The UP Center of Champaign Co.	Children, Youth, & Families Program	\$ 18,423
Urbana Neighborhood Connections	Community Study Center*	\$ 19,500

*Champaign Community Coalition (10 proposals)
 ^Special Initiative/mid-year report required (4 proposals)

Other/Renewal

SUBTOTAL \$619,279

Crisis Nursery	Beyond Blue Champaign County	\$ 75,000
ECIRMAC (Refugee Center)	Family Support & Strengthening	\$ 48,239
Promise Healthcare	Mental Health Services with Promise	\$222,000
RACES	Sexual Violence Prevention Educ.	\$ 18,600
Rosecrance Central Illinois	Crisis, Access, & Benefits	\$255,440
(includes CCHCC subcontract in the amount of \$51,840)		

Collaboration with the CCDDDB (for I/DD programs)

SUBTOTAL \$685,885

CILA Expansion	CCMHB Commitment (previous approval)	\$ 50,000
Champaign Co. Head Start	Social Emotional Disabilities Services	\$ 73,605
DSC	Family Development Center	\$562,280

TOTAL PY19 FUNDING RECOMMENDED -
 \$4,201,929

Exceeds Allocation Parameters

Intellectual and Developmental Disabilities applications not included above are subject to integrated planning with the Champaign County Developmental Disabilities Board (CCDDDB). The requests not recommended for funding by the CCMHB total \$3,323,867 and were approved for funding by the CCDDDB at their May 23rd meeting.

All other applications are recommended for funding, although some at lower than requested levels and some subject to contract negotiation. The difference between requested and recommended levels is \$241,116.

Programs recommended for an amount lower than that requested include:

Champaign County Children's Advocacy Center
 CCRPC Community Services - Youth Assessment Center
 CCRPC Head Start Early Childhood Mental Health Services
 CU Area Project - CU Neighborhood Champions
 CU Area Project - TRUCE
 DREAAM House - DREAAM

First Followers - Peer Mentoring for Re-entry

*Rosecrance Central Illinois - Crisis, Access, & Benefits

*Rosecrance Central Illinois - Prevention Services

*UCP Land of Lincoln - Vocational Training and Support

* Agencies for which the total PY19 recommendations are lower than total agency PY18 funding.

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Motion: Dr. Moore moved to approve CCMHB funding as recommended for Behavioral Health Supports for People with Justice System Involvement subject to the caveats as presented in this memorandum. Ms. White seconded the motion. A roll call vote was taken and the motion passed unanimously.

MOTION: Ms. Palencia moved to approve CCMHB funding as recommended for Innovative Practices and Access to Community Based Behavioral Health Services subject to the caveats as presented in the memorandum. Dr. Robin seconded the motion. A roll call vote was taken and the motion passed unanimously.

MOTION: Mr. Patterson moved to approve CCMHB funding as recommended for System of Care for Children, Youth, Families subject to the caveats as presented in the memorandum. Dr. Robin seconded the motion. Dr. Robin reminded members the Rosecrance Parenting with Love and Limits (PLL) program will be changed from grant to fee-for-service this funding year. A roll call vote was taken and the motion passed unanimously.

MOTION: Ms. O'Connor moved to approve CCMHB funding as recommended for Other/Renewal subject to the caveats as presented in the memorandum. Ms. White seconded the motion. A roll call vote was taken and the motion passed unanimously.

MOTION: Mr. Omo-Osagie moved to approve CCMHB funding as recommended for Collaboration with the CCDDDB (for Intellectual and Developmental Disabilities) subject to the caveats as presented in the memorandum. Dr. Robin seconded the motion. Ms. Palencia announced she would abstain from the vote for personal reasons. A roll call vote was taken. All members voted aye with the exception of Ms. Palencia who abstained from the vote. The motion passed.

MOTION: Dr. Moore moved to authorize the executive director to conduct Contract Negotiations as specified in the memorandum. Ms. O'Connor seconded the motion. A roll call vote was taken and the motion passed unanimously.

Ms. Canfield provided board members a brief explanation as to why this motion was needed and how there had been a funding cycle in the past decade where contract reductions were necessary.

MOTION: Mr. Patterson moved to authorize the executive director to implement contract maximum reductions as described in the Special Notification Concerning PY19 Awards section of the memorandum. Ms. White seconded the motion. A roll call vote was taken and the motion passed unanimously.

Staff provided updated information to the board regarding the Champaign County JMHCP Implementation and Expansion grant application. Board discussion followed. It was generally agreed that the CCMHB would like to see other agencies partner with the CCMHB to financially support this grant in the future, as the CCMHB would prefer not to be the sole funder of any program.

MOTION: Ms. White moved to approve an allocation, not to exceed \$150,000 over the term of the federal award, as the 20% matching funds required for the Champaign County

JMHCP Implementation and Expansion grant application to the Department of Justice-Bureau of Justice Assistance, with release of CCMHB funds contingent upon award of the JMHCP grant and approval of the final project budget by the Department of Justice. Dr. Robin seconded the motion. A roll call vote was taken and the motion passed unanimously.

Ms. Canfield provided a brief explanation as to why more revenue could possibly be available for FY2019.

MOTION: Mr. Patterson moved to authorize the Executive Director to present the Board with proposals for contract amendment(s) to increase specific PY19 award amount(s), in the event more revenue is available than currently projected for FY2019, with detail on services appropriate to the contract/program. Dr. Moore seconded the motion. Dr. Rappaport requested a friendly amendment to the motion to read: *“to authorize the Executive Director to present the Board with proposals for use of funds in the event more revenue is available than currently projected for FY2019, with detail on services appropriate to the contract/program.”* Mr. Patterson agreed. A voice vote was taken on the amendment to the motion. It passed. A roll call vote was taken on the amended motion. All members voted aye and the motion passed.

OLD BUSINESS:

Schedules and Allocation Process Timeline:

An updated copy of the meeting schedule and allocation timeline was included in the Board packet for information only. Dr. Robin suggested rescheduling the September 19th Board meeting due to Yom Kippur.

CCDDB INFO:

The CCDDB met earlier in the day and made allocation decisions.

APPROVAL OF MINUTES:

Minutes from the April 18 and April 25, 2018 meetings were included in the Board packet for approval. Dr. Fowler requested additional information be added to the April 18th minutes stating the specific programs that were discussed by the Board.

MOTION: Dr. Moore made a motion to approve the minutes from the April 18th meeting as amended, and the April 25, 2018 meeting. Ms. Palencia seconded the motion. A voice vote was taken and the motion passed.

STAFF REPORTS:

Staff reports were included in the packet for review.

CONSULTANT'S REPORT:

A report from Ms. Barb Bressner and Mr. Jim Mayer were included in the Board packet for review.

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BOARD TO BOARD:

None.

FINANCIAL INFORMATION:

MOTION: Dr. Robin moved to approve the claims report as presented in the packet. Dr. Rappaport seconded the motion. A voice vote was taken and the motion passed. The claims report was approved.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 6:50 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

*Minutes are in draft form and are subject to CCMHB approval.

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Mark Driscoll
Associate Director for Mental Health & Substance Abuse Services

Staff Report – June 27, 2018 Board Meeting

Summary of Activity

PY19 Contracts: Following the award decisions at the May 23rd Board meeting, attention turns to getting contracts out to the agencies. Each year, Stephanie and I use a spreadsheet to track to status of contracts. The sheet notes whether a contract requires negotiation, revisions to the application, or only signatures. Date contract is issued, returned, when negotiation completed, and when revised forms have been resubmitted on the system are also tracked. Any special provisions or other notes specific to a contract is also referenced on the form. A column identifying which agencies need to submit revised Cultural and Linguistic Competence Plans per Shandra’s input is also tracked on the spreadsheet. Once the spreadsheet has been updated, focus turns to what special provisions are needed and for which contracts.

The drafting and review of special provisions is a collaborative process involving Lynn, Kim, and me. In some cases, this can be existing language carried forward from the prior year or a new provision specific to a program or to multiple programs. Once provisions are finalized, individual contracts are drafted. I am responsible for the CCMHB contracts except those tied to I/DD services which fall to Kim, in addition to her preparing the CCDDDB contracts. Each contract(s) is accompanied by an award letter prepared by Stephanie. The award letter notes what action is required for a given contract. Of the contracts I drafted, twenty-three contracts were signature only. The remaining contracts, thirteen in all, required substantive changes either because of identified deficiencies and/or award amounts differing from the application request.

Contract meetings were held with four agencies: Cunningham Children’s Home, DREAM House, Rattle the Stars, and Rosecrance Central Illinois. With the exception of the Rosecrance meeting, these meetings were more of an orientation or contract review than negotiation. The meeting with Rosecrance focused on how to move forward with the new Recovery Home contract and convert the Parenting with Love and Limits contract from grant to fee for service. Several alternative rate structures for the PLL program were prepared and reviewed internally with one formally presented at the meeting. Aspects of the other options were mentioned during the discussion. Rosecrance is in the process of reviewing the presented rates and billable activities. Further negotiation may be necessary pending their review. Execution of Recovery Home contract is on hold until Rosecrance notifies CCMHB it is ready to move forward with hiring program staff. The Recovery Home is expected to open on or possibly before December 1, 2018. The license for the new facility has been issued by the state. The agency will close on the new building the end of June and then begin to transition to the new facility. Working back from the the December 1st date, the term of the contract would begin October 1, 2018 providing sixty days to begin and complete the hiring process. The contract amount would be pro-rated based on the reduced term. If as anticipated, the term is nine months the contract would be reduced by 25% from \$200,000 to \$150,000.

The Savannah Family Institute license agreement contract has also been issued. The amount is \$129,500 as negotiated in January in response to the consolidation of the two PLL programs under Rosecrance following the merger with Prairie Center. Funding for this contract comes out of the Professional Fees line of the CCMHB budget, not Contributions and Grants.

Child Psychiatry at Promise Healthcare: Promise Healthcare has submitted a formal request to the Board to fund support services enabling the agency to contract for child psychiatry half day a week. Staff was contacted about the opportunity very late in the allocation process and did not learn any specific details until a meeting in late May. If approved, funding would come from savings resulting from delayed implementation of the Rosecrance Recovery Home contract. A Decision Memorandum with the request attached is included in the Board packet.

U of I Program Evaluation: A meeting of the Program Evaluation Committee was held in mid-June. Topics of the meeting included review of 2018 activity, plans for 2019, and reporting out results to agencies and the Board. Drs. Mark Aber and Nichole Allen recapped experience working with four targeted programs, increased utilization of the consultation bank by other CCMHB funded programs including continued engagement with targeted programs from 2017, and shared observations on their experience working with providers. Discussion on potential funding for 2019 and scope of work included engaging the Board on evaluation policy as well as continuing engagement with existing targeted programs through the consultation bank and picking up new programs for targeted evaluation support. A Decision Memorandum with proposed scope of work and budget is included in the Board packet.

The evaluators and the four programs targeted for intensive evaluation support will present to their peers at the agency council meeting scheduled for August 28th. The evaluators will present their report to the Board in September, either at the regularly scheduled meeting or during a study session. A technical assistance session on the new performance outcome report template has been scheduled for July 19th. The template provides a uniform reporting format for year-end program reports.

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Kim Bowdry, Associate Director for Intellectual & Developmental Disabilities
Staff Report – June 2018

CCDDB Contracts: Late May and early June were spent completing contracts. Special provisions were developed for each program. There was a focus on programs of similar services collaborating with each other to improve coordination, minimize duplication of effort, and maximize positive outcomes. It was requested that providers document their efforts in the comments section of the quarterly reports. Six agencies had to do revisions or corrections to their application and one contract negotiation meeting was held. An Excel spreadsheet was used to indicate which programs required contract negotiation, revisions or corrections to the program and/or budget forms, or if a revised Cultural and Linguistic Competence Plan was necessary.

I sat in on contract review/negotiation meetings with Lynn Canfield, Mark Driscoll, Shandra Summerville, and Chris Wilson for CCMHB funded programs.

CCDDB Reporting: We will begin our second year using the online reporting system. I am looking forward to having a full year's worth of data to begin looking at and tracking trends in the services provided.

NACBHDD: I participated in monthly I/DD committee calls.

ACMHAI: I participated in the I/DD committee call in May. I attended the quarterly meeting in Effingham, where the focus of the presentations was on I/DD. I have included the PowerPoint presentations given by Barry Taylor, Equip for Equality and Kathy Carmody, Institute on Public Policy for People with Disabilities. Mr. Taylor presented background information on the Ligas Lawsuit and provided a brief update on the Judge's most recent ruling, which found that the State's plan was still out of compliance. Mr. Taylor also gave brief overviews of the Williams v. Rauner and Colbert v. Rauner cases. Please see attached PowerPoint presentation.

Ms. Carmody presented on the significant portion of the Medicaid budgets that I/DD services account for. She shared that I/DD systems and services reflect historic practices that some stakeholders are beginning to question. Ms. Carmody shared that I/DD services remain one of the few systems in a fee-for-service model, while many other Medicaid services have transitioned to managed care. Ms. Carmody suggested that provider agencies may need to develop new approaches, services, and partnerships to continue to grow and thrive because of managed care and the expectations of new people entering into I/DD service systems. Please see attached PowerPoint presentation.

Other activities: I participated in the Doors to Wellbeing Peer Specialist Monthly Webinar Series. I participated in an nTIDE Lunch and Learn webinar. I attended a Reentry Council Meeting. I participated in a "Sex Talk for Self-Advocates" webinar.

PUNS Selection & Reports: DHS-DDD selected sixteen Champaign County people from the PUNS database in April 2017. Seven of those people have completed the PAS process and are currently receiving services. The remaining people continue to work with the ISC to complete the PAS process. Another PUNS selection is scheduled for June 2018. It has been reported that over 900 people will be selected off the PUNS database at this time. I have attached updated (May 8, 2018) PUNS Summary by County and Selection Detail for Champaign County.

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Division of Developmental Disabilities
Prioritization of Urgency of Needs for Services (PUNS)
Summary By County and Selection Detail

May 08, 2018

County: Champaign

Reason for PUNS or PUNS Update

New	104
Annual Update	236
Change of category (Emergency, Planning, or Critical)	40
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	30
Person is fully served or is not requesting any supports within the next five (5) years	186
Moved to another state, close PUNS	18
Person withdraws, close PUNS	20
Deceased	15
Individual Moved to ICF/DD	2
Individual Determined Clinically Ineligible	4
Unable to locate	34
Submitted in error	2
Other, close PUNS	160

EMERGENCY NEED(Person needs in-home or day supports immediately)

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	6
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	7
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	3
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	7

EMERGENCY NEED(Person needs out-of-home supports immediately)

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	21
2. Death of the care giver with no other supports available.	3
3. Person has been committed by the court or is at risk of incarceration.	2
4. Person is living in a setting where there is suspicion of abuse or neglect.	10
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	8
6. Other crisis, Specify:	77

CRITICAL NEED(Person needs supports within one year)

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	121
2. Person has a care giver (age 60+) and will need supports within the next year.	75
3. Person has an ill care giver who will be unable to continue providing care within the next year.	23
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	73
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	26
6. There has been a death or other family crisis, requiring additional supports.	4
7. Person has a care giver who would be unable to work if services are not provided.	56
8. Person or care giver needs an alternative living arrangement.	23
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	183
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	9
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	9
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	2
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	9
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	5
18. Person is losing eligibility for Individual Care Grants supports through the mental health system in the next year.	1

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Division of Developmental Disabilities
Prioritization of Urgency of Needs for Services (PUNS)
Summary By County and Selection Detail

May 08, 2018

- 20. Person wants to leave current setting within the next year. 10
- 21. Person needs services within the next year for some other reason, specify: 22

PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)

- 1. Person is not currently in need of services, but will need service if something happens to the care giver. 159
- 2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person). 1
- 3. Person is dissatisfied with current residential services and wishes to move to a different residential setting. 1
- 4. Person wishes to move to a different geographic location in Illinois. 3
- 5. Person currently lives in out-of-home residential setting and wishes to live in own home. 1
- 6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur. 1
- 7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire. 1
- 8. Person or care giver needs increased supports. 49
- 9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years. 2
- 13. Person is residing in an out-of-home residential setting and is losing funding from the public school system within 1-5 years. 1
- 14. Other, Explain: 7

EXISTING SUPPORTS AND SERVICES

- Respite Supports (24 Hour) 13
- Respite Supports (<24 hour) 12
- Behavioral Supports (includes behavioral intervention, therapy and counseling) 134
- Physical Therapy 46
- Occupational Therapy 105
- Speech Therapy 127
- Education 181
- Assistive Technology 48
- Homemaker/Chore Services 1
- Adaptions to Home or Vehicle 9
- Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.) 63
- Medical Equipment/Supplies 36
- Nursing Services in the Home, Provided Intermittently 5
- Other Individual Supports 134

TRANSPORTATION

- Transportation (include trip/mileage reimbursement) 129
- Other Transportation Service 302
- Senior Adult Day Services 1
- Developmental Training 90
- "Regular Work"/Sheltered Employment 81
- Supported Employment 88
- Vocational and Educational Programs Funded By the Division of Rehabilitation Services 70
- Other Day Supports (e.g. volunteering, community experience) 24

RESIDENTIAL SUPPORTS

- Community Integrated Living Arrangement (CILA)/Family 3
- Community Integrated Living Arrangement (CILA)/Intermittent 4
- Community Integrated Living Arrangement (CILA)/Host Family 1
- Community Integrated Living Arrangement (CILA)/24 Hour 31
- Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People 1
- Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People 1
- Skilled Nursing Facility/Pediatrics (SNF/PED) 5

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Division of Developmental Disabilities
Prioritization of Urgency of Needs for Services (PUNS)
Summary By County and Selection Detail

May 08, 2018

Supported Living Arrangement	7
Shelter Care/Board Home	1
Nursing Home	1
Children's Residential Services	7
Child Care Institutions (Including Residential Schools)	6
Children's Foster Care	3
Other Residential Support (including homeless shelters)	14
SUPPORTS NEEDED	
Personal Support (includes habilitation, personal care and intermittent respite services)	328
Respite Supports (24 hours or greater)	19
Behavioral Supports (includes behavioral intervention, therapy and counseling)	119
Physical Therapy	53
Occupational Therapy	88
Speech Therapy	106
Assistive Technology	64
Adaptations to Home or Vehicle	18
Nursing Services in the Home, Provided Intermittently	7
Other Individual Supports	85
TRANSPORTATION NEEDED	
Transportation (include trip/mileage reimbursement)	330
Other Transportation Service	344
VOCATIONAL OR OTHER STRUCTURED ACTIVITIES	
Support to work at home (e.g., self employment or earning at home)	9
Support to work in the community	267
Support to engage in work/activities in a disability setting	143
RESIDENTIAL SUPPORTS NEEDED	
Out-of-home residential services with less than 24-hour supports	102
Out-of-home residential services with 24-hour supports	81

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Division of Developmental Disabilities Prioritization of Urgency of Needs for Services (PUNS)

Summary of Total and Active PUNS By Zip Code

<http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNSbyZipallandactives05102016.pdf>

Zip Code		Active PUNS	Total PUNS	
60949	Ludlow	2	4	
61801	Urbana	50	88	
61802	Urbana	56	101	
61815	Bondville (PO Box)	1	1	
61816	Broadlands	3	3	
61820	Champaign	43	80	
61821	Champaign	82	171	
61822	Champaign	50	95	
61840	Dewey	0	2	
61843	Fisher	10	12	
61845	Foosland	1	1	
61847	Gifford	1	2	
61849	Homer	1	5	
61851	Ivesdale	1	1	
61852	Longview	1	1	
61853	Mahomet	30	55	
61859	Ogden	3	10	
61862	Penfield	1	2	
61863	Pesotum	1	2	
61864	Philo	5	10	
61866	Rantoul	23	73	
61871	Royal (PO Box)	--	--	no data on website
61872	Sadorus	1	1	
61873	St. Joseph	13	24	
61874	Savoy	5	10	
61875	Seymour	2	3	
61877	Sidney	5	8	
61878	Thomasboro	0	3	
61880	Tolono	7	27	
Total		398	795	

<http://www.dhs.state.il.us/page.aspx?item=56039>

Updated 05/08/18

ISC Agency	Individual Count	% of Total PUNS	Estimated Total Census for Agency	Estimated % of IL Census
CCRPC Total*	976**	1.84%	244,880	1.90%
ISC Agency	Individual Count	% of Total PUNS	Estimated Total Census for Agency	Estimated % of IL Census
CCRPC Active*	434**	2.25%	244,880	1.90%

*Totals include Ford & Iroquois Counties

**Denotes Increase

DHS Definition of Closed PUNS Records	Death	Fully Served	Withdrawn	Moved out of state	Other Closed

Illinois I/DD Community System Highlights

Association of Community Mental Health Authorities of Illinois

June 7, 2018

Kathy Carmody

Institute on Public Policy for People with Disabilities



Key Issues in the Illinois I/DD Arena

- **Illinois Profile and Comparison with Other States**
- **I/DD Funding**
- **CMS 2014 Rule Governing Waiver Settings**
- **Other Federal Issues Impacting I/DD Services**
- **Managed Care and I/DD Services**
- **The Future of I/DD Services**



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How Does the Illinois System Compare Nationally?

- **State of the States Report**
- **UCP Case for Inclusion**
- **Institutional Census**
- **Approval of State Transition Plan**
- **Nature of Community Services**

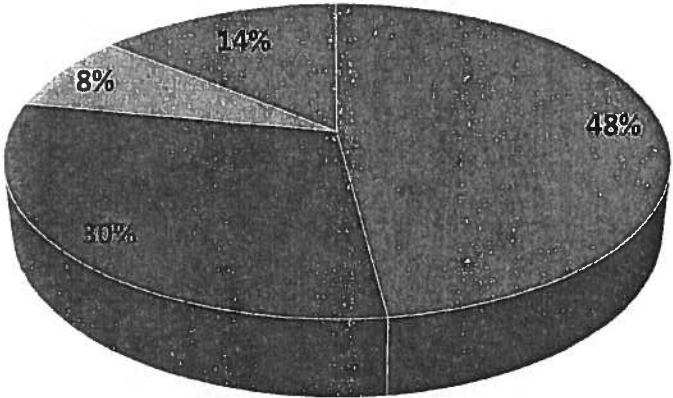


How are I/DD Services Funded?

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Medicaid Beneficiaries

N = 80 Million

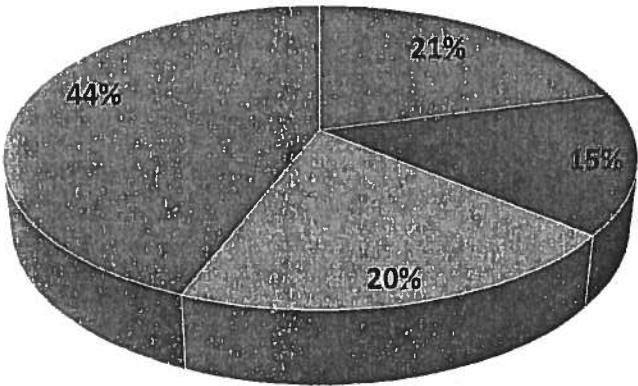


■ Children ■ Adults ■ Elders ■ People with Disabilities



Medicaid Spending

N = \$553+ Billion (FY16)

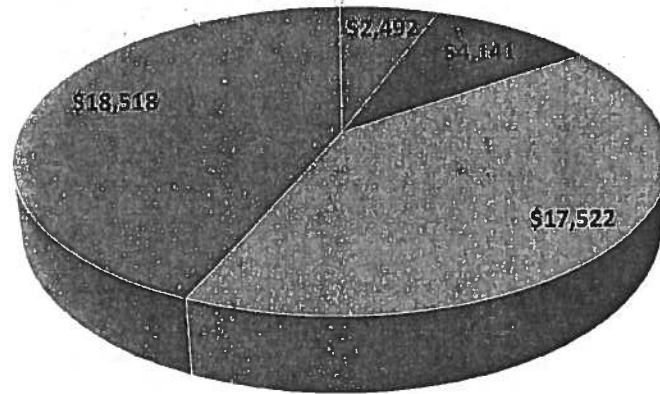


■ Children ■ Adults ■ Elders ■ People with Disabilities



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Average Medicaid Per Person Spending FY2011



Children
 Adults
 Elders
 People with Disabilities


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Medicaid

- Presumed Institutional, e.g. – hospital, nursing facility
- Entitlement to services if eligible
- Reimbursement levels established by the state
- Active Treatment Model
- Steady decrease in utilization of Medicaid-funded services
- Planning process is driven by professionals

Medicaid Waiver

- “Waives” the institutional requirements of the Medicaid program and allows services to be delivered in alternative settings to an institution
- Services can be limited based on the state Waiver plan
- Cost of services must be less than Medicaid alternative
- Supports Model
- Steady increase in utilization of Waiver-funded services
- Planning process is driven by the person


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State Options to a Per Capita Medicaid Cap

- **Raise Taxes**
- **Eliminate/Reduce Coverage for Non-Statutory Services**
- **Limit Coverage for High-End Users**
- **Reduce Payments**
- **Implement Policies to Maximize Efficiency of Resources**


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2014 HCBS Rule

- **Highlights**
- **State Transition Plan**
- **Settings Requirements**
- **Person-Centered Planning**
- **Conflict-Free Case Management**
- **What's Next**


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All Settings Requirements

- The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, **to the same degree of access as individuals not receiving Medicaid HCBS.**
- The setting is selected by the individual from among setting options including non-disability specific settings ... The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences
- The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.
- The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.
- The setting facilitates individual choice regarding services and supports, and who provides them.


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Residence Setting Requirements

- **The individual has a lease or other legally enforceable agreement providing similar protections;**
- **The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit;**
- **The individual controls his/her own schedule including access to food at any time;**
- **The individual can have visitors at any time; and**
- **The setting is physically accessible.**


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“Settings That Isolate”


- Settings designed specifically for people with disabilities, and often even for people with a certain type of disability;
- The individuals in the setting are primarily or exclusively people with disabilities and the staff that provides services to them;
- Settings designed to provide people with disabilities multiple types of services and activities on-site, including housing, day services, medical, behavioral and therapeutic services, and/or social and recreational activities;
- People in the setting have limited, if any, interaction with the broader community; or
- Settings that use practices that are used in institutional settings or are deemed unacceptable in Medicaid institutional settings (e.g. seclusion or restraint).


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State Transition Plan (STP)

- Each state must submit a comprehensive plan to CMS summarizing steps they will take to come into compliance with 2014 rule by 2019
- CMS holds states accountable for compliance with the rule, not individual agencies
- CMS' recourse for states not complying with the rule is to withdraw federal matching funds
- To date, Tennessee is the only state to have a CMS-approved STP (step 5)
- Kentucky and Arkansas have received “Final Approval” (step 4)
- 33 other states have received “Initial Approval” (step 3)
- 17 states plus the District of Columbia await Initial Approval

<https://www.medicaid.gov/medicaid/hcbs/transition-plan/index.html>


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Where Does the Rule Stand Today?

- Although the new administration has expressed their support for the Rule, they are postponing enforcement of Rule until 2022, although states must continue to submit and work on transition activities
- There is a coalition of organizations who are contesting the Rule's definition of "community" and who are arguing that campus, planned communities and other disability-specific settings should options under the HCBS program

http://coalitionforcommunitychoice.org/wp-content/uploads/2015/06/CCC_RevisedPrinciples.pdf




Conflict-Free Case Management

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Olmstead Ruling

- The question before the Court was whether the ADA “required placement of persons with mental disabilities in community settings”.
- The Court’s decision was a ‘qualified yes’ to this question by defining 3 conditions under which confinement in an institution would be discriminatory:
 1. Treatment professionals determine that community placement is appropriate;
 2. The individual does not oppose being served in the community; and
 3. The placement is a reasonable accommodation when balanced with the needs of others with disabilities.

The 3rd provision has been further defined as “Sensibly construed, the fundamental-alteration component of the reasonable modification regulation would allow the State to show that, in the allocation of available resources, immediate relief for the plaintiffs would be inequitable, given the responsibility the State has undertaken for the care and treatment of a large and diverse population of people with mental disabilities.”

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Workforce Innovation and Opportunity Act (WIOA)

- Signed into law in 2014, became effective 2015
- WIOA is intended to assure that all federally-funded employment training programs promote marketable skills that lead to competitive integrated employment.
- The law affects a variety of constituencies beyond people with I/DD
- I/DD impact includes:
 - Requirements for people working on 14c) sub-minimum wage certificates
 - Defines Competitive Integrated Employment, Customized Employment and Supported Employment in specific and concrete terms
 - Establishes requirements for the allocation of VR resources for youth in transition
 - Establishes new performance measures for VR programs

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Other Topics in Employment

- DOL Fair Labor Standards Act (FLSA) Sub-Minimum Wage Certificate (14c)
- DOJ involvement in sheltered workshops (Oregon, Rhode Island)
- Reaction from workshop participants and families to proposed closures
- Inclusion of Employment Services in HCBS Waivers and Managed Care
- What do people do when they're not working
- Impact of elevated minimum wage laws on people with I/DD
- Automation and the skill set workers will need



What is MLTSS?

- MLTSS is the delivery of long term services and supports (state plan, waiver or both) through capitated Medicaid managed care plans
- MLTSS may include, but doesn't necessarily include, physical and behavioral health services in addition to LTSS
- Refers to the delivery of services through a capitated system overseen by a body that has decision-making authority regarding service delivery
- The MCO overseeing the delivery of LTSS can take on several forms, including quasi-public or private for and not-for-profit entities, including established insurance companies as well as other organizations
- 2 required LTSS services in State Plan: Nursing Facility and Home Health Care. States can include other LTSS services in state plan, but then would need to be available to all eligible beneficiaries

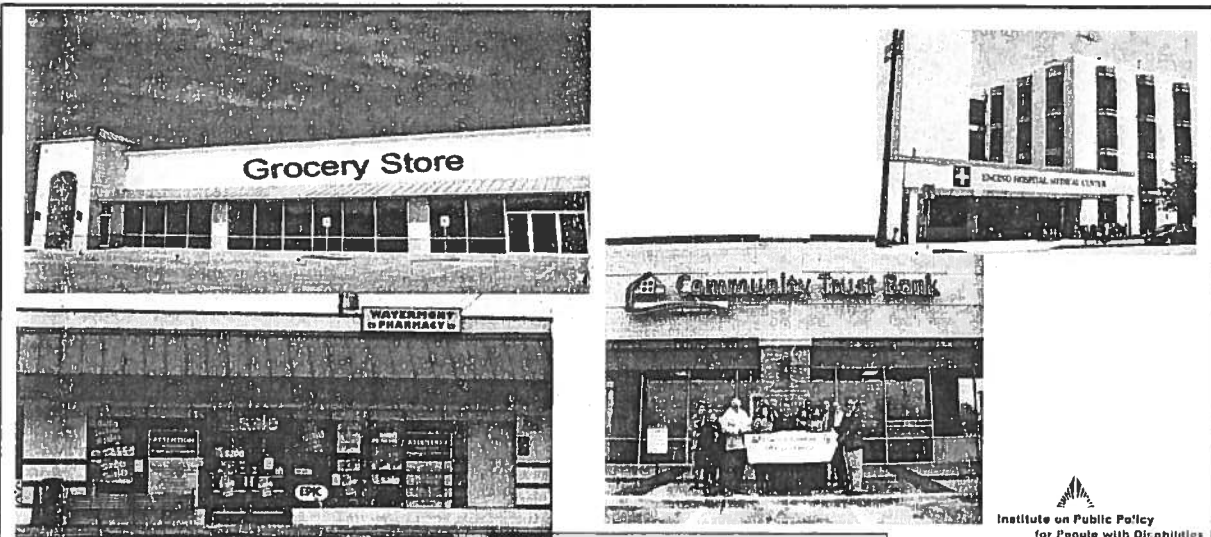


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- The MCO is paid a capitated rate for the population in their service delivery network and typically pays a fee-for-service to service providers
- Service providers contract directly with MCO's, rather than the state and must be part of an MCO network(s) in order to receive referrals for service delivery
- The MCO rather than the state establishes rates, terms of the contract and performance measures that govern service delivery
- The functions of service planning and monitoring are separate from the service delivery organization(s)
- The state determines what populations and service settings are included in the managed care pool
- An Accountable Care Organization is a partnership between a funder (typically an insurance company) and a not-for-profit partner with a split in decision-making and profit-sharing


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What Do These Things Have in Common?




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How Can I/DD CBO's Position Themselves to Thrive in an MLTSS Environment?

- Learn the language, culture and values of payors for service
- Focus on outcomes that are important to MCO's: adherence to health care regimens; hospital deflection; promotion of SDOH
- Branding, marketing and contracting
- Diversify services and populations
- Develop technology infrastructure
- Partnerships, networks and affiliations
- Evaluate internal operations and structure


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Take-Aways

- I/DD services account for a significant portion of state and federal budgets and are a legitimate focus of attention for policy and budget-makers
- Many I/DD systems and services reflect historic practices that are coming into question by some stakeholders
- I/DD services remain one of the few systems in a fee-for-service model with many other Medicaid services already having transitioned to some version of managed care
- I/DD provider organizations play an essential role in the lives of people receiving services, but may need to develop new approaches, services and partnerships to continue to grow and thrive
- People newly entering the I/DD system may have different expectations for provider organizations and the nature of supports they receive
- Workforce challenges facing the I/DD system are significantly impacting provider organizations


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DENTONS

LIGAS v. NORWOOD FACT

SHEET

Background on the lawsuit

Ligas v. Norwood (formerly *Ligas v. Maram*) is a lawsuit filed in 2005 by nine people with developmental disabilities (Plaintiffs) who reside in large private State-funded facilities (ICF-DDs) or who are likely to be placed in such facilities. Plaintiffs wanted to receive community services, but their requests have been denied by the State of Illinois. In 2006, a Judge certified the case as a class action. (Note that people living in State-operated developmental centers are not part of the class action.) Prior to trial, the parties reached an agreement, but at a Fairness Hearing in July 2009, the Judge found that the class definition was too broad as it included people who did not desire to live in the community. Accordingly, the Judge did not approve the agreement and de-certified the class. In January 2011, the Plaintiffs, the State, and the Intervenors (representing those who wished to remain in ICF-DDs) reached a new agreement that all could support. The Judge held a Fairness Hearing on June 15, 2011 and approved the proposed Consent Decree. This historic agreement reflects momentous change in state policy for serving people with developmental disabilities. **Over 7,000 class members have received community services under the Consent Decree through 2017.**

What does the Consent Decree achieve?

- ICF-DDs residents who desire community placement will receive an individualized, independent evaluation and the opportunity to live in the community with appropriate services.
- Over a six year period, any of the approximately 6,000 ICF-DD residents who desire placement in the community will transition to the most integrated community-based setting appropriate for their individual needs.
- All ICF-DD residents who are happy with their current placement are not part of the class and are not be required to move. The Consent Decree ensures that resources necessary to meet the needs of those who choose to continue to reside in ICF-DDs will be made available.
- Over a six year period, an additional 3,000 people with developmental disabilities currently living at home without services will be given community services.

Is the *Ligas* Consent Decree over?

No. Only the first phase of the Consent Decree has been met. During the first 6 years, the State met its quantitative obligation to provide at least 3,000 people on the PUNS waiting list with community-based services. Also, the State provided community-based placements to nearly all of those living in ICF-DDs who made a record of wanting to leave and who had been residing in an ICF-DD on or before June 15, 2011. (Note that some ICF-DD residents, including some Office of State Guardian wards, are still waiting for placements.)

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So, what is left with the Consent Decree?

The State agreed that after 6 years, it must provide community services to class members at a "reasonable pace" consistent with the U.S. Supreme Court's decision in *Olmstead*. The State agreed to demonstrate reasonable pace over a three year period. During the first year, the State agreed to provide community services to at least 632 off the PUNS waiting list. The State met its quantitative requirements.

Is the State in Compliance with the Qualitative Aspects of the Consent Decree?

No. The Consent Decree requires that an Independent Monitor determine annually whether the State is in Compliance. The current Monitor is Ronnie Cohn (ligas.monitor@gmail.com) and in 2016 and 2017, she found the State out of compliance. Attorneys for Plaintiffs and the Intervenors filed a Motion for Enforcement asking the Judge to find the State out of compliance because Class Members and people who chose to stay in the ICF-DDs were not getting what they were entitled to under the Consent Decree. The Judge agreed and found the State out of compliance. She ordered the State to submit a plan to bring the State into substantial compliance.

When will the State Submit its Compliance Plan?

The State submitted its plan on March 30 and the Judge will rule by July 10 whether the State's plan brings it into compliance.

When will the Consent Decree End?

In June 2020, the State can ask the Judge for the Consent Decree to end. To do so, the Judge would have to find that the State is in "substantial compliance" with the quantitative and the qualitative requirements of the Consent Decree. Plaintiffs, Intervenors and the Independent Monitor will be able to weigh in on whether the State is in "substantial compliance" and then the Judge will decide.


Can people still join the Class?

Yes. People with developmental disabilities who want to receive services under the Consent Decree make a record with the State confirming their desire for community services. To join the class, contact Troy Markert at Troy.Markert@Illinois.gov or 217-785-6171. People who are on the PUNS list are already Class Members.

Questions?


If you have questions about the Consent Decree or how to become a member of the class, please contact Laura Miller at 312-895-7316 or laura@equipforequality.org

Documents related to the case can be found at:
<https://www.equipforequality.org/issues/community-integration/documents-from-efes-class-actions/>



Update on Illinois Community Integration Class Actions: Ligas, Williams and Colbert


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ADA and Community Integration


When Congress passed ADA it found:

- Segregation of people with disabilities was pervasive problem in US
- Discrimination included people in institutions
- Segregation perpetuates unjustified assumptions that institutionalized persons are incapable or unworthy of participation in community life
- Institutionalization severely diminishes everyday activities like family relations, social contacts, work, educational advancement, and cultural enrichment



Department of Justice - ADA Regulations


- **DOJ:** oversees Title II of ADA – covers state and local government programs and services
- **Integration Mandate:** State and local governments must provide their services to people with disabilities in the **most integrated setting** appropriate to their needs
- **Most Integrated Setting:** Setting that enables people with disabilities to interact with non-disabled persons to the fullest extent possible.



Olmstead – Case Background


Olmstead v. L.C. 527 U.S. 581 (1999)

- Two women with mental illness and DD institutionalized in state-operated hospital in Georgia
- Both deemed appropriate for community placement, but remained institutionalized
- Placement not provided because of insufficient community resources
- Sued under ADA's integration mandate
- **Supreme Court:** Unjustified institutionalization is discrimination under the ADA.




Factors Set forth by Supreme Court in *Olmstead*

- **Community integration requirements:**
 - ✦ Treatment officials find community is appropriate
 - ✦ Person does not oppose placement in the community
 - ✦ Placement can be reasonably accommodated taking into account State resources & needs of other pwds
- **State can meet its ADA obligations if it has a:**
 - ✦ **comprehensive, effectively working plan** for placing people with disabilities in less restrictive settings;
 - ✦ **waiting list that moves at a reasonable pace** not controlled by the State's efforts to keep its institutions fully populated.



What Led to Filing Community Integration Litigation in Illinois?


- Various efforts by State of Illinois did not result in meaningful change
- No response from Governor to letter sent by advocates on Olmstead 5th anniversary
- EFE, ACLU of IL and Access Living joined to bring three Olmstead class actions
- Resource: IL collaboration model article
http://www.povertylaw.org/files/docs/article/chr_2012_may_une_taylor.pdf



Ligas v. Norwood Case Background

- Suit filed in 2005 by 9 individuals with DD
- Nearly 6000 people living in large private ICFDDs (9 or more) and thousands more living at home "at risk of institutionalization"
- Suit does not cover DD State-Ops or kids
- Suit sought meaningful choices not institutional closure
- Attorneys: Access Living, ACLU, Dentons and Equip for Equality


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Ligas v. Norwood Case Background

- In 2006, court granted class certification
- In 2008, Agreement reached with State
- Objections from guardians led to de-certification of class and rejection of agreement by judge
- New agreement reached with Intervenors that everyone could support
- Court certified new "opt in" class
- Consent Decree approved in 2011


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Terms of Ligas Consent Decree: Who's Covered?

- **Class Definition:**
 - 18 or older with DD and Medicaid eligible; and
 - Lives in a private ICF/DD with 9 or more residents or lives in the family home seeking services; and
 - The State of Illinois has a "current record" of the person seeking Community-Based Services or placement in a Community-Based Setting


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Terms of Ligas Consent Decree: Enforcement and Resources

- Consent Decree – not a settlement
- Development of Community Capacity
- Resources and Budget Requests
 - Annual budget requests sufficient to develop and maintain services outlined in Decree
 - Implement funding mechanisms that facilitate transition among service settings
 - No legislative contingency


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Terms of Ligas Consent Decree: ICF-DD Residents

- People residing in ICF-DDs at the time of the entry of the Decree (6/15/11) who desire community placement will receive an individualized, independent evaluation.
- Over 6 year period, any of the approximately 6,000 ICF-DD residents who desire placement in the community would transition to the most integrated community-based setting appropriate for their individual needs.
- 1/3 placed by the State every two years

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Terms of Ligas Consent Decree: ICF-DD Residents

- All ICF-DD residents happy with their current placement are not in the class and would not be required to move.
- The Consent Decree ensures that resources necessary to meet the needs of those who choose to continue to reside in ICF-DDs will be made available.

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**Terms of *Ligas* Consent Decree:
People Living in the Family Home**

For people with DD living at home:

- At least 1000 people provided community services within first 2 years
- At least 500 people provided community services in each of the 3rd, 4th, 5th and 6th years
- State has met these quantitative requirements
- After 6th year, people not served will move off waiting list at a "reasonable pace"


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**Terms of *Ligas* Consent Decree:
Crisis**

- State agreed to also serve people in "Crisis"
 - Imminent risk of abuse or neglect
 - Imminent risk of homelessness
 - Caregiver is deceased
 - Caregiver unable to meet needs of individual jeopardizing individual's health and safety
 - Individual's behaviors put individual or family member at risk of serious harm
- No limit on # of people in Crisis to be served
- Crisis services to be provided "expeditiously"


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**Terms of *Ligas* Consent Decree:
Independent Monitor**

- Must be independent and knowledgeable
- Assesses compliance with Decree and develop measurable standards for compliance
- Tries to resolve issues, but can recommend action by court if unable to resolve
- Submits annual reports to the Judge
- Tony Records (2011-2015)
- Ronnie Cohn (2015 – present)


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**Budget Impasse and Impact
on *Ligas* Consent Decree**

- Illinois failed to reach consensus on a budget for FY 2016 – starting July 1, 2015
- Emergency motion filed to ensure that *Ligas* class members and beneficiaries continued to receive services at the same level as previous year until budget is passed
- Judge granted motion


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**Budget Impasse and Impact
on *Ligas* Consent Decree**

- Additional court action needed to confirm scope of payments when State only agreed to provide funding for Class Members, but not beneficiaries
- Similar order secured for FY 2017
- Payments allowed Class Members to continue to move and be supported in the community and for beneficiaries to receive services until State finally adopted a new budget.

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Current Status of *Ligas* decree

- Over 7,500 class members have received community based services
- Current concerns about size of placement, employment options, placements of "hard to serve" class members, and wages of community workers
- Monitor found State out of compliance


Complaint, Consent Decree, Implementation Plans, Monitor Reports and Fact Sheet can be found at:
<http://www.equiforequality.org/issues/community-organization/our-appeals-team-classes-class-actions/>

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What's Next in the *Ligas* Consent Decree?

- 4/2017 - Plaintiffs and Intervenor filed Motion to Enforce Consent Decree after Monitor's findings of non-compliance.
- 8/2017 - Judge granted Motion and found State out of compliance - ordered State to develop Plan for Compliance
- 3/2018 - After negotiations were unsuccessful, State filed Plan for Compliance that Monitor, Plaintiffs and Intervenor found insufficient
- 7/2018 - Judge set to rule on State's Plan



What's Next in the *Ligas* Consent Decree?


- Parties will negotiate "reasonable pace" requirement for all other class members
- Decree will continue at least until 6/15/2020 and then State can seek to end the Decree by showing "substantial compliance"
- People who want to join the class (or who are not sure whether they're *Ligas* Class Members) should contact Troy Markert at Troy.Markert@Illinois.gov or 217-785-6171.
- People who are on the PUNS list are already *Ligas* Class Members.



Williams v. Rauner - case background

- Suit on behalf of people with mental illness living in IMDs (Institutions for Mental Diseases)
- Approximately 4,500 people resided in IMDs statewide
- Case brought by ACLU, Access Living, Bazelon Center, Equip for Equality and Kirkland & Ellis (pro bono law firm)
- Certified as a class action in 2006 - 2006 WL 3332844 (7th Cir. Nov. 13, 2006)


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Williams v. Rauner - Consent Decree

- Consent Decree was approved on 9/29/10
- Independent Monitor appointed
- Over 5 year period, all IMD residents not opposing community services shall be placed in the most integrated community-based setting
- Permanent Supportive Housing will be considered most integrated setting for the vast majority of class members (people living in their own apartments)
- Illinois will get new federal money to support community services - IMDs 100% state-funded

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Current Status of *Williams* decree

- Over 2100 class members have moved into the community under Consent Decree
- Challenge to implementation of Consent Decree by IMD owners rejected by court - 2014 WL 184948 (N.D. Ill. Jan. 10, 2014)
- Monitor: State out of compliance re: "hard to serve" class members and "shutting front door"

Complaint, Consent Decree, Implementation Plans, Monitor Reports and Fact Sheet can be found at:

<http://www.equipforequality.org/issues/community-integration/documents/from-efes-class-actions/>



Colbert v. Rauner Case Background

- Community integration litigation on behalf of people with disabilities living in nursing homes
- Limited to Cook County
- Certified as a class action in 2008 - 2008 WL 4442597 (N.D. Ill. Sept. 29, 2008)
- Over 16,000 class members - class comprised of people with physical disabilities and mental illness
- Attorneys: ACLU, Access Living, Dentons (pro bono law firm) and Equip for Equality
- Consent Decree Approved - 12/11/11
- Independent Monitor appointed

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Current Status of *Colbert* Decree

- Over 2000 people have moved into community under the Consent Decree
- Concerns about managed care - quality of evaluations and oversight
- Cost Neutral Plan – confirmed major savings in the community
- State to implement Consultant report on how to move more people into the community

Complaint, Consent Decree, Implementation Plan, Monitor Report and Fact Sheet can be found at:

<http://www.equipforequality.org/issues/community-integration/documents-from-efes-class-actions/>

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Budget Impasse and Impact on Consent Decrees

- Illinois failed to reach consensus on a budget for FY 2016 – starting July 1, 2015
- Emergency motions filed in *Williams* and *Colbert* cases to ensure that class members continued to receive services until budget passed
- Judge granted motions – importance of Consent Decrees
- Payments allowed class members to continue to move and be supported in the community until State finally adopted a new budget.

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Update on Illinois Community Integration Lawsuits – *Williams* and *Colbert*

QUESTIONS?

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June 2018 Monthly Staff Report- Shandra Summerville

Cultural and Linguistic Competence Coordinator

Agency Cultural and Linguistic Competence (CLC) Technical Assistance, Monitoring, Support and Training for CCMHB/DDB Funded Agencies

Champaign Urbana Area Project- CLC Site on June 13th, 2018.

Children's Advocacy Center- CLC Site Visit June 15, 2018.

Community Choices- Annual CLC Training for Community Choices Staff on June 8th, 2018.

Courage Connection- CLC Site Visit on June 19, 2018.

Mahomet Area Youth Club- On June, 14, 2018 I attended "Teen Time" for the teens at the Mahomet Area Youth Club. They viewed the film Mind Game: The Unique Journey of Chamique Holdsclaw. This was an opportunity for the youth to talk about mental health and how it impacts teens. 20 Youth were present to attend the film and there was a Q&A after the film.

DREAAM House- Contract negotiation meeting was held to discuss revisions and updates for the CLC Plan.

CLC Coordinator Direct Service Activities:

The CLC site visit protocol was updated to ensure that monitoring and evaluation are documented about the progress of the agencies.

Mental Health First Aid- The instructor certification for Mental Health First Aid is up for renewal. I began the recertification process to ensure that it is up to date.

CLC Training Series: I met with Community Choices about the IN Project. This is an opportunity for self-advocates to provide training on effective ways of learning how to serve people with a developmental/intellectual disability. I will begin a collaboration with Community Choices to ensure that other organizations are able to take advantage of this training. The IN Project Training will be able to fulfill the Annual Training Requirement for one year.

ACMHAI- I participated in the Children's Behavioral Health Committee call. The guest speakers were Lisa Devivo and Debbi Smith about the IPHD-Social Emotional Legislation Report.

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Anti-Stigma Activites/Community Collaborations and Partnerships

University of Illinois African-American Community Healing Storytelling Project-

A digital story-telling workshop event that will capture the stories of people in the community was held on June 6 and June 19th, 2018. I will attend additional meetings to plan the community event that will share the results of the data.

YWCA/Welcome Center-

I attended the New American Welcome Center Community Presentation on May 23, 2018. They reviewed the data that has been collected over the year about the contributions of immigrants in Champaign County.

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Stephanie Howard-Gallo

Operations and Compliance Coordinator Staff Report –

June 2018 Board Meeting

SUMMARY OF ACTIVITY:

Contracts:

Following the Board's allocation decisions at the May Board meeting, contracts were drafted for close to 60 programs whose term begins July 1, 2018. A spreadsheet tracks the processing of contracts. The spreadsheet indicates which contracts require negotiations, special provisions, revised CLC plans, if revised program and/or budget forms must be submitted. The date the contract is issued and date that it is returned is tracked.

Contracts are mailed out with an "award" letter. The award letter indicates the amount of money allocated to the program and if negotiation or revised forms are necessary. A copy of the "Contract Process and Information Sheet" is included with the award letter and contracts. The sheet provides a summary of the process and key dates, notes on revised plan requirements, refers to potential special provisions, and a reminder to read the contract. Once the contracts are signed, copies are provided to the Financial Manager (Chris Wilson) and the Champaign County Auditor before payments can be issued. Contracts returned after the June 29th deadline will usually result in delayed payments. Completing the contract process is time consuming. It's a group effort among staff members.

Records and Data Retention:

A new funding year means setting up new contract files for the programs and purging old files. Paper files are kept on contracts, funding applications, audits, board minutes, site visit reports, program/financial reports, and any correspondence being sent or received. Generally, we keep 10 years of paper files in the master file room.

Annual Report:

Once the Annual Report was approved, I created 50 copies of the report and distributed them to interested parties. Copies will be available as requested. The Annual Report is also posted on the County website.

Other:

- Preparing meeting materials for CCMHB/CCDDB regular meetings and study sessions/presentations.
- Composing minutes for the meetings.

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VENDOR NO	VENDOR NAME	TRN B TR DTE N CD	TRANS NO	PO NO	CHECK NO	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
***	FUND NO. 090	MENTAL HEALTH								
***	DEPT NO. 053	MENTAL HEALTH BOARD								
25	CHAMPAIGN COUNTY TREASURER						RENT-GENERAL CORP			
	5/29/18	06 VR 53- 223			576683	5/31/18	090-053-533.50-00	FACILITY/OFFICE RENTALS	JUN OFFICE RENT	1,775.97
									VENDOR TOTAL	1,775.97 *
41	CHAMPAIGN COUNTY TREASURER						HEALTH INSUR FND 620			
	5/29/18	09 VR 620- 80			576684	5/31/18	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	MAY HI, LI & ADMIN	3,850.30
									VENDOR TOTAL	3,850.30 *
104	CHAMPAIGN COUNTY TREASURER						HEAD START FUND 104			
	5/29/18	06 VR 53- 199			576690	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY SOC/EMOT SVCS	4,637.00
	5/29/18	06 VR 53- 199			576690	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN DOC/EMOT SVCS	4,638.00
									VENDOR TOTAL	9,275.00 *
161	CHAMPAIGN COUNTY TREASURER						REG PLAN COMM FND075			
	5/29/18	06 VR 53- 200			576692	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY JUSTICE DIVERSN	5,229.00
	5/29/18	06 VR 53- 200			576692	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY YOUTH ASSMNT CT	6,362.00
	5/29/18	06 VR 53- 200			576692	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN JUSTICE DIVERSN	5,236.00
	5/29/18	06 VR 53- 200			576692	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN YOUTH ASSMNT CT	6,368.00
									VENDOR TOTAL	23,195.00 *
179	CHAMPAIGN COUNTY TREASURER						CHLD ADVC CTR FND679			
	5/29/18	06 VR 53- 198			576693	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY CAC	3,090.00
	5/29/18	06 VR 53- 198			576693	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN CAC	3,090.00
									VENDOR TOTAL	6,180.00 *
15495	CHAMPAIGN URBANA AREA PROJECT						SUITE #702			
	5/29/18	06 VR 53- 201			576715	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY NGHBRHD CHAMPIO	1,667.00
	5/29/18	06 VR 53- 201			576715	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY TRUCE	6,250.00
	5/29/18	06 VR 53- 201			576715	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN NGHBRHD CHAMPIO	1,663.00
	5/29/18	06 VR 53- 201			576715	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN TRUCE	6,250.00
									VENDOR TOTAL	15,830.00 *

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16140	CHARITY'S CATERING	5/04/18 03 VR 53- 187			575813	5/11/18	090-053-533.89-00	PUBLIC RELATIONS	INV 2018-001 4/21 VENDOR TOTAL	62.00 62.00 *
18203	COMMUNITY CHOICE, INC	5/29/18 06 VR 53- 202			576725	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY COMMUNITY LIVIN	5,250.00
		5/29/18 06 VR 53- 202			576725	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY SELF DETERMINAT	8,000.00
		5/29/18 06 VR 53- 202			576725	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN COMMUNITY LIVIN	5,250.00
		5/29/18 06 VR 53- 202			576725	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN SELF DETERMINAT	8,000.00
									VENDOR TOTAL	26,500.00 *
18210	COMMUNITY FOUNDATION - DREAM HOUSE	5/29/18 06 VR 53- 203			576726	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY DREAM HOUSE	4,833.00
		5/29/18 06 VR 53- 203			576726	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN DREAM HOUSE	4,837.00
									VENDOR TOTAL	9,670.00 *
18230	COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY	5/29/18 06 VR 53- 204			576728	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY RESOURCE CONNEC	5,550.00
		5/29/18 06 VR 53- 204			576728	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN RESOURCE CONNEC	5,546.00
									VENDOR TOTAL	11,096.00 *
18430	CONSOLIDATED COMMUNICATIONS	5/22/18 02 VR 28- 43			576348	5/25/18	090-053-533.33-00	TELEPHONE SERVICE	217384377610 5/1 VENDOR TOTAL	30.28 30.28 *
19260	COURAGE CONNECTION	5/29/18 06 VR 53- 205			576732	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY COURAGE CONNECT	5,579.00
		5/29/18 06 VR 53- 205			576732	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN COURAGE CONNECT	5,579.00
									VENDOR TOTAL	11,158.00 *
19346	CRISIS NURSERY	5/29/18 06 VR 53- 206			576733	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY BEYOND BLUE	5,833.00

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*** FUND NO. 090	MENTAL HEALTH										
5/29/18	06 VR	53-	206	576733	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS		JUN BEYOND BLUE	5,837.00	
									VENDOR TOTAL	11,670.00 *	
22300	DEVELOPMENTAL SERVICES CENTER OF							CHAMPAIGN COUNTY INC			
5/29/18	06 VR	53-	207	576737	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS		MAY INDIV/FAMILY SU	32,721.00	
5/29/18	06 VR	53-	207	576737	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS		JUN INDIV/FAMILY SU	32,718.00	
									VENDOR TOTAL	65,439.00 *	
22730	DON MOYER BOYS & GIRLS CLUB										
5/29/18	06 VR	53-	208	576739	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS		MAY CU CHANGE	8,333.00	
5/29/18	06 VR	53-	208	576739	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS		MAY YOUTH/FAMILY OR	13,333.00	
5/29/18	06 VR	53-	208	576739	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS		JUN CU CHANGE	8,337.00	
5/29/18	06 VR	53-	208	576739	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS		JUN YOUTH/FAMILY OR	13,337.00	
6/01/18	05 VR	53-	224	577066	6/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS		SUMMER INITIATIVE	42,800.00	
									VENDOR TOTAL	86,140.00 *	
24095	EMK CONSULTING LLC										
5/04/18	03 VR	53-	183	575835	5/11/18	090-053-533.07-00	PROFESSIONAL SERVICES		INV 239 4/27	2,750.00	
5/04/18	03 VR	53-	183	575835	5/11/18	090-053-533.07-00	PROFESSIONAL SERVICES		INV 240 4/27	476.90	
5/15/18	01 VR	53-	190	576142	5/17/18	090-053-533.07-00	PROFESSIONAL SERVICES		INV 242 5/6	1,499.90	
									VENDOR TOTAL	4,726.80 *	
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR										
5/29/18	06 VR	53-	209	576743	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS		MAY FAM SUPPORT	2,083.00	
5/29/18	06 VR	53-	209	576743	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS		JUN FAM SUPPORT	2,087.00	
									VENDOR TOTAL	4,170.00 *	
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY							GRANTS			
5/29/18	06 VR	53-	210	576744	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS		MAY SELF HELP	2,369.00	
5/29/18	06 VR	53-	210	576744	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS		MAY SENIOR COUNSEL	11,861.00	
5/29/18	06 VR	53-	210	576744	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS		MAY COUNSELING	2,083.00	
5/29/18	06 VR	53-	210	576744	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS		JUN SELF HELP	2,369.00	

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VENDOR NO	VENDOR NAME	TRN B TR	TRN NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
***	FUND NO. 090	MENTAL HEALTH								
26760		FIRST FOLLOWERS								
	5/29/18	06 VR 53-	210		576744	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN SENIOR COUNSEL	11,866.00
	5/29/18	06 VR 53-	210		576744	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN COUNSELING	2,087.00
									VENDOR TOTAL	32,635.00 *
26760		FIRST FOLLOWERS								
	5/29/18	06 VR 53-	211		576749	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY PEER MENTORING	4,952.00
	5/29/18	06 VR 53-	211		576749	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN PEER MENTORING	4,960.00
									VENDOR TOTAL	9,912.00 *
30550		GROW IN ILLINOIS								
	5/29/18	06 VR 53-	212		576755	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY PEER SUPPORT	1,667.00
	5/29/18	06 VR 53-	212		576755	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN PEER SUPPORT	1,663.00
									VENDOR TOTAL	3,330.00 *
44570		MAHOMET AREA YOUTH CLUB								
	5/29/18	06 VR 53-	213		576769	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY BLAST	1,250.00
	5/29/18	06 VR 53-	213		576769	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY MEMBERS MATTER	1,000.00
	5/29/18	06 VR 53-	213		576769	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN BLAST	1,250.00
	5/29/18	06 VR 53-	213		576769	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN MEMBERS MATTER	1,000.00
									VENDOR TOTAL	4,500.00 *
51600		NEWS GAZETTE								
	5/29/18	08 VR 53-	196		2753	5/31/18	090-053-533.89-00	PUBLIC RELATIONS	65730 AD 407358 4/3	50.00-
	5/29/18	08 VR 53-	196		2753	5/31/18	090-053-533.89-00	PUBLIC RELATIONS	65730 AD 1377248 4/	74.50
	5/29/18	08 VR 53-	196		2753	5/31/18	090-053-533.89-00	PUBLIC RELATIONS	65730 AD 1377367 4/	198.00
	5/29/18	08 VR 53-	196		2753	5/31/18	090-053-533.89-00	PUBLIC RELATIONS	65730 AD 1377378 4/	50.00
	5/29/18	08 VR 53-	196		2753	5/31/18	090-053-533.89-00	PUBLIC RELATIONS	65730 AD 1377382 4/	360.50
	5/29/18	08 VR 53-	196		2753	5/31/18	090-053-533.89-00	PUBLIC RELATIONS	65730 AD 1377378 4/	50.00
	5/29/18	08 VR 53-	196		2753	5/31/18	090-053-533.89-00	PUBLIC RELATIONS	65730 AD 1377382 4/	143.00
	5/29/18	08 VR 53-	196		2753	5/31/18	090-053-533.89-00	PUBLIC RELATIONS	65730 AD 1377382 4/	71.50
									VENDOR TOTAL	897.50 *

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*** FUND NO. 090 MENTAL HEALTH												
54650	PEPSI COLA	CHAMPAIGN-URBANA	BOTTLING									
	5/29/18	08	VR	53-	197		576782	5/31/18	090-053-522.02-00	OFFICE SUPPLIES	INV 81105663 4/30	30.80
	5/29/18	08	VR	53-	197		576782	5/31/18	090-053-522.02-00	OFFICE SUPPLIES	INV 81105814 5/14	18.60
											VENDOR TOTAL	49.40 *
57196	PROMISE HEALTHCARE											
	5/29/18	06	VR	53-	214		576785	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY WELLNESS/JUSTIC	4,833.00
	5/29/18	06	VR	53-	214		576785	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY MH SERVICES	18,500.00
	5/29/18	06	VR	53-	214		576785	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN WELLNESS/JUSTIC	4,837.00
	5/29/18	06	VR	53-	214		576785	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN MH SERVICES	18,500.00
											VENDOR TOTAL	46,670.00 *
58118	QUILL CORPORATION											
	5/29/18	08	VR	53-	193		576786	5/31/18	090-053-522.04-00	COPIER SUPPLIES	INV 7039000 5/10	358.14
	5/29/18	08	VR	53-	193		576786	5/31/18	090-053-522.02-00	OFFICE SUPPLIES	INV 7039000 5/10	51.45
	5/29/18	08	VR	53-	193		576786	5/31/18	090-053-522.02-00	OFFICE SUPPLIES	INV 7139230 5/15	87.16
											VENDOR TOTAL	496.75 *
59434	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS											
	5/29/18	06	VR	53-	215		576789	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY COUNSEL/CRISIS	1,550.00
	5/29/18	06	VR	53-	215		576789	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN COUNSEL/CRISIS	1,550.00
											VENDOR TOTAL	3,100.00 *
61780	ROSECRANCE, INC.											
	5/29/18	06	VR	53-	216		576793	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY CRIMINAL JUSTIC	25,022.00
	5/29/18	06	VR	53-	216		576793	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY CRISIS/ACCESS	19,000.00
	5/29/18	06	VR	53-	216		576793	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY TRANS HOUSING	1,167.00
	5/29/18	06	VR	53-	216		576793	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN CRIMINAL JUSTIC	25,023.00
	5/29/18	06	VR	53-	216		576793	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN CRISIS/ACCESS	19,002.00
	5/29/18	06	VR	53-	216		576793	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN TRANS HOUSING	1,163.00
											VENDOR TOTAL	90,377.00 *

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VENDOR NO	VENDOR NAME	TRN DTE	TRN CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
61781	ROSECRANCE, INC.	5/29/18	06 VR	53- 217		576794	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY CJ SUB TREATMEN	883.00
		5/29/18	06 VR	53- 217		576794	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY FRESH START	6,417.00
		5/29/18	06 VR	53- 217		576794	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY PLL EXTENDED CAR	34,321.00
		5/29/18	06 VR	53- 217		576794	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY PREVENTION	4,854.00
		5/29/18	06 VR	53- 217		576794	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY SPECIALTY COURT	16,917.00
		5/29/18	06 VR	53- 217		576794	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN CJ SUB TREATMEN	887.00
		5/29/18	06 VR	53- 217		576794	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN FRESH START	6,413.00
		5/29/18	06 VR	53- 217		576794	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN PLL EXTENDED CAR	34,322.00
		5/29/18	06 VR	53- 217		576794	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN PREVENTION	4,853.00
		5/29/18	06 VR	53- 217		576794	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN SPECIALTY COURT	16,913.00
		5/29/18	06 VR	53- 217		576794	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	VENDOR TOTAL	126,780.00 *
76107	UNITED CEREBRAL PALSY LAND OF LINCOLN	5/29/18	06 VR	53- 218		576808	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY VOCATIONAL TRAI	4,324.00
		5/29/18	06 VR	53- 218		576808	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN VOCATIONAL TRAI	4,321.00
		5/29/18	06 VR	53- 218		576808	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	VENDOR TOTAL	8,645.00 *
76867	UNIV OF IL SPONSORED PROG & RESEARCH ADM	5/29/18	06 VR	53- 222		576809	5/31/18	090-053-533.07-00	PROFESSIONAL SERVICES	MAY MHB18-039 CONSL	4,414.00
		5/29/18	06 VR	53- 222		576809	5/31/18	090-053-533.07-00	PROFESSIONAL SERVICES	JUN MHB18-039 CONSL	4,422.00
		5/29/18	06 VR	53- 222		576809	5/31/18	090-053-533.07-00	PROFESSIONAL SERVICES	VENDOR TOTAL	8,836.00 *
78120	URBANA NEIGHBORHOOD CONNECTION CENTER	5/29/18	06 VR	53- 219		576815	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY COM STUDY CENTE	1,625.00
		5/29/18	06 VR	53- 219		576815	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN COM STUDY CENTE	1,625.00
		5/29/18	06 VR	53- 219		576815	5/31/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	VENDOR TOTAL	3,250.00 *
78868	VINEYARD CHURCH	5/04/18	03 VR	53- 186		575923	5/11/18	090-053-533.89-00	PUBLIC RELATIONS	INV 2082 4/21	395.00
		5/29/18	08 VR	53- 192		576822	5/31/18	090-053-533.89-00	PUBLIC RELATIONS	INV 2084 4/30	270.00
		5/29/18	08 VR	53- 192		576822	5/31/18	090-053-533.89-00	PUBLIC RELATIONS	VENDOR TOTAL	665.00 *

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

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VENDOR NO	VENDOR NAME	TRN B	TR	CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
***	FUND NO. 090	MENTAL HEALTH										
78888	VISA CARDMEMBER SERVICE -	MENTAL HEALTH AC#4798510049573930										
	5/22/18	05	VR	53-	191		576448	5/25/18	090-053-522.06-00	POSTAGE, UPS, FED EXPRESS	3930 USPS 4/11	160.80
	5/22/18	05	VR	53-	191		576448	5/25/18	090-053-522.06-00	POSTAGE, UPS, FED EXPRESS	3930 USPS 4/17	33.50
	5/22/18	05	VR	53-	191		576448	5/25/18	090-053-533.95-00	CONFERENCES & TRAINING	3930 HTL SNTA FE 4/	549.63
	5/22/18	05	VR	53-	191		576448	5/25/18	090-053-533.89-00	PUBLIC RELATIONS	3930 WALMART 4/16	2.40-
	5/22/18	05	VR	53-	191		576448	5/25/18	090-053-533.29-00	COMPUTER/INF TCH SERVICES	3930 COMCAST 4/11	116.42
	5/22/18	05	VR	53-	191		576448	5/25/18	090-053-533.89-00	PUBLIC RELATIONS	3930 HENDRICK 4/23	129.00
	5/22/18	05	VR	53-	191		576448	5/25/18	090-053-533.89-00	PUBLIC RELATIONS	3930 C&CKITCHEN 4/2	264.00
											VENDOR TOTAL	1,250.95 *

78977	WDWS/WHMS/WKIO RADIO	P.O. BOX 3939										
	5/29/18	08	VR	53-	195		576826	5/31/18	090-053-533.89-00	PUBLIC RELATIONS	2821000250000 4/30	900.00
	5/29/18	08	VR	53-	195		576826	5/31/18	090-053-533.89-00	PUBLIC RELATIONS	2821000240001 4/30	752.00
	5/29/18	08	VR	53-	195		576826	5/31/18	090-053-533.89-00	PUBLIC RELATIONS	2821000260000 4/30	154.00
											VENDOR TOTAL	1,806.00 *

81610	XEROX CORPORATION	MENTAL HEALTH BOARD										
	5/29/18	08	VR	53-	194		576835	5/31/18	090-053-533.85-00	PHOTOCOPY SERVICES	INV 154409136 5/5	39.60
	5/29/18	08	VR	53-	194		576835	5/31/18	090-053-533.85-00	PHOTOCOPY SERVICES	INV 154409135 5/5	246.29
											VENDOR TOTAL	285.89 *

602572	BOWDRY, KIM	MENTAL HEALTH BOARD										
	5/04/18	03	VR	53-	182		575938	5/11/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	88.6 MILE 3/6-4/10	48.29
	5/04/18	03	VR	53-	182		575938	5/11/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARKING 3/14-4/5	3.00
	5/04/18	03	VR	53-	182		575938	5/11/18	090-053-533.89-00	PUBLIC RELATIONS	REIM EXPO SUPPLY 4/	9.96
											VENDOR TOTAL	61.25 *

602880	BRESSNER, BARBARA J.	MENTAL HEALTH BOARD										
	5/15/18	02	VR	53-	188		576252	5/17/18	090-053-533.89-00	PUBLIC RELATIONS	EXPO SUPPLY 1/19-4/	65.90
	5/29/18	06	VR	53-	220		576850	5/31/18	090-053-533.07-00	PROFESSIONAL SERVICES	JUN PROFESSIONAL FE	2,260.00
											VENDOR TOTAL	2,325.90 *

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VENDOR NO	VENDOR NAME	TRN B	TR	CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
604568	CANFIELD, LYNN								MENTAL HEALTH BOARD			
	5/04/18	03	VR	53-	181		575941	5/11/18	090-053-533.95-00	CONFERENCES & TRAINING	2 MILE 3/2-8	1.09
	5/04/18	03	VR	53-	181		575941	5/11/18	090-053-533.95-00	CONFERENCES & TRAINING	UBER 3/2-8 DC	36.40
	5/04/18	03	VR	53-	181		575941	5/11/18	090-053-533.95-00	CONFERENCES & TRAINING	MEAL 3/2-8 DC	244.00
	5/04/18	03	VR	53-	181		575941	5/11/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	107 MILE 3/9-4/28	58.32
	5/04/18	03	VR	53-	181		575941	5/11/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARKING 3/15-4/20	7.50
											VENDOR TOTAL	347.31 *
611802	DRISCOLL, MARK								MENTAL HEALTH			
	5/04/18	03	VR	53-	185		575948	5/11/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	87 MILE 3/1-4/17	47.42
	5/04/18	03	VR	53-	185		575948	5/11/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARKING 3/14	1.50
											VENDOR TOTAL	48.92 *
619125	HILDRETH, SHERRIE								#3-7			
	5/04/18	03	VR	53-	180		575955	5/11/18	090-053-533.89-00	PUBLIC RELATIONS	INV 30 4/7 EXPO	192.50
											VENDOR TOTAL	192.50 *
630360	MAYER, JAMES											
	5/29/18	06	VR	53-	221		576898	5/31/18	090-053-533.07-00	PROFESSIONAL SERVICES	JUN PROFESSIONAL FE	906.00
											VENDOR TOTAL	906.00 *
641810	SUMMERVILLE, SHANDRA A								MENTAL HEALTH BOARD			
	5/22/18	03	VR	53-	189		576563	5/25/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	146 MILE 3/1-4/23	79.57
	5/22/18	03	VR	53-	189		576563	5/25/18	090-053-533.95-00	CONFERENCES & TRAINING	TAXI 4/29-5/4 SNTAF	46.80
	5/22/18	03	VR	53-	189		576563	5/25/18	090-053-533.95-00	CONFERENCES & TRAINING	MEAL 4/29-5/4 SNTAF	141.00
	5/22/18	03	VR	53-	189		576563	5/25/18	090-053-533.95-00	CONFERENCES & TRAINING	BAGGAGE FEE 4/29-5/	50.00
											VENDOR TOTAL	317.37 *
646620	WILSON, CHRIS								MENTAL HEALTH BOARD			
	5/04/18	03	VR	53-	184		575997	5/11/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	35.8 MILE 3/14-4/7	19.51
	5/04/18	03	VR	53-	184		575997	5/11/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARKING 3/14	2.00
											VENDOR TOTAL	21.51 *
											DEPARTMENT TOTAL	638,475.60 *

611802

638,475.60 *

FUND TOTAL

MENTAL HEALTH

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