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, September 26, 2018
Brookens Administrative Center, Lyle Shields Room
1776 E. Washington St. Urbana, IL
5:30 p.m.

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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 **(Pages 3-181)**
   Briefing Memorandum with Needs Assessment and a compilation of various source documents included for informational purposes.

   B. Draft CCMHB Three Year Plan with FY19 Objectives **(Pages 182-190)**
   Included for information and discussion is a draft Three Year Plan with FY19 Objectives. A Briefing Memorandum prefaces the draft Plan.

   C. Fund Balances, Tax Liabilities, & Unanticipated Revenues **(Pages 191-193)**
   Briefing Memorandum reviewing issues raised in the current budget process along with possible next steps is included in the packet for information only.

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. CCMHB FY2019 Budget* **(Pages 194-202)**
      Decision Memorandum on updated CCMHB Fiscal Year 2019 Budget is included in the packet. Action is requested.

   B. Schedules & Allocation Process Timeline **(Pages 203-206)**
      Updated copies of meeting schedules and allocation timeline are included in the packet.

9. CCDDB Information

10. Approval of CCMHB Minutes **(Pages 207-212)***
    Minutes are included. Action is requested.

11. Executive Director's Comments

12. Staff/Consultant Reports
    Staff reports from Mark Driscoll **(Pages 213-214)**, *Kim Bowdry* **(Pages 215-222)**, *Shandra Summerville* **(Pages 223-225)**, *Stephanie Howard-Gallo* **(Page 226)**, *and Barb Bressner* **(Page 227)** *are included.*

13. Board to Board Reports

14. Financial Information **(Pages 228-246)***
    The Expenditure Approval List is included in the packet. Action is requested.

15. Board Announcements

16. Adjournment

**Board action*

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

BRIEFING MEMORANDUM

DATE: September 26, 2018
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Mark Driscoll, Kim Bowdry, Lynn Canfield
SUBJECT: Needs Assessment

Background: The Champaign County Mental Health Board is charged with developing a three-year plan with the coming year being the first year of the new three-year cycle. As part of the planning process, the CCMHB solicited input of four broad constituencies via an online survey to learn about their experiences navigating the behavioral health and intellectual and developmental disability systems in Champaign County. The compilation of responses to the online surveys are the centerpiece of the 2018 needs assessment. Other supporting content of the needs assessment is derived from local community assessments, reports, and data sets from other public bodies or consortiums, internal data analysis on CCMHB funding and populations served, and more broadly focused metrics associated with the general well-being of Champaign County residents.

The balance of the Briefing Memo references each of the documents comprising the 2018 Needs Assessment:

- CCMHB/DDB Online Needs Assessment Survey
- ISC Preference Assessment - Independent Service Coordination Unit at the Champaign County Regional Planning Commission (CCRPC)
- DHS Division of Developmental Disabilities Prioritization of Urgency of Needs for Services (PUNS)
- Champaign Urbana Public Health District IPLAN
- Justice Mental Health Collaboration Program Planning Grant Final Report (includes Sequential Intercept Map & Gaps Analysis)
- CIT Response Report (8/1/17 – 7/31/18)
- Champaign County Continuum of Care - Point in Time Count
- Illinois Youth Survey – Champaign County, 2016
- Health Disparities (National Overview)
- Champaign County Indicators of Well Being
- CCMHB Trends Data (Allocations, Service Data)
- National Prevalence Rate Statistics and Related Articles

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CCMHB/DDB Online Needs Assessment Survey Overview
Throughout the course of any given year the Board participates in a dynamic process highlighting issues of the day. This process can entail presentations by outside entities during Board meetings, topics addressed during study sessions, distribution of research or other professional articles, materials prepared by staff, and input from members of the public. The on-line survey developed in the fall of 2017 attempted to engage the broader community as an extension of this dynamic process.

To that end, staff and EMK Consulting developed surveys asking questions of consumers, caregivers, providers, and stakeholders. 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 responses were anonymous although some demographic data were requested. For three months, the surveys were available online, with paper copies upon request, and promoted broadly throughout the community.

The surveys featured similar questions but targeted these eight distinct 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 but substantially completed surveys were included in analysis.

Survey Category/Types
MH/SUD:

- **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)

ID/DD:

- **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

The survey results included in the Needs Assessment are presented 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.

- Survey Data Analysis Write-up:

This format highlights aggregated responses across similar questions in the consumer and caregiver responses. Data are presented for: services received; services needed but not received; barriers; comments; and demographics. The "barriers" section includes a sidebar note on Provider and Stakeholder responses.

For most respondent groups, there were enough responses to conduct an analysis and report on findings. 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, and those who experience stigma. While this appears to be the case for most groups, the responses from people who have ID/DD were still very low. To mitigate this low response rate and supplement the results reported from that survey, we have included results from the "ISC Preference Assessment" of people with intellectual and developmental disabilities served by Independent Service Coordination Unit at the Champaign County Regional Planning Commission. Excerpts of the "ISC Preference Assessment" are included in the body of the needs assessment and discussed briefly below.

On June 27, 2018, the CCMHB and CCDDB were presented with summaries of the individual survey results and an addendum with complete copies of each survey and results. The Survey Data Analysis is a new addition to compiled results. Included in the attached 2018 Needs Assessment are the Survey Data Analysis and the Individual Survey results summaries for each of the eight surveys.

Mental Health/Substance Use Disorder Survey Data

Aggregated consumer and caregiver responses reflect the breadth of services these respondents had received. The most frequent response of the few identified for "Substance use services received" was "Do not receive SUD services." One cannot discern from the survey whether this represents a lack of access to treatment or lack of interest in receiving treatment. Not reflected in the survey responses is experience with the prevention focused activities intended to build resiliency in youth, families, and community which the Board has invested in and expanded over time.

"Services needed but not received" overlap with the "services received" responses on mental health. The differences between the two categories indicate limited capacity restricting access. A drop-in center does not currently exist; nor does a triage center. Both continue to be topics of on-going discussions and are referenced in other assessments. The few substance use disorder responses again point to not receiving services. In that the category is "Services Needed but Not Received," this may indicate desire to engage in treatment but no access. Inability to access treatment for co-occurring disorders is also on this list.

Barriers identified most often by **consumers and caregivers** are:

- length of time to engage in services;
- not believing services will help;
- provider cannot meet their need; and
- inability to pay.

Providers and stakeholders express similar themes to those of consumers and caregivers, with comments about barriers consumers face including:

- financial issues including insurance coverage;
- not aware of services available
- don't know how to access services;
- wait time to engage in services;
- transportation; and
- stigma.

Intellectual/Developmental Disability Survey Data

Aggregated consumer and caregiver responses reflect breadth of services respondents had received. Regarding "Services needed but not received," in a few instances, these overlap with "services received" responses. As expected, Respite was identified as a needed service. Recreation supports and transportation were the most frequent choices for services needed. Employment Supports and Services was the third most frequent choice for "services needed but not received."

Barriers identified most often by **consumers and caregivers** are:

- Transportation
- Financial issues

- Stigma/embarrassment/fear
- Waiting list

Barriers identified most often in **Provider** surveys:

- Transportation
- Don't know how to access services
- Unaware of services availability
- Eligibility of services
- Financial Issues

Stakeholders identified three of the same barriers as Providers:

- Unaware of service availability
- Transportation
- Financial Issues

Common themes among the comments made by Caregivers were the desire that loved ones lead a happy, healthy, and safe life, and that they be respected, independent, and part of their community.

"ISC Preference Assessment"
Independent Service Coordination Unit at the Champaign County Regional Planning Commission (CCRPC) (included with CCDDB Needs Assessment but not attached here)

The Preference Assessment, completed by the CCRPC Independent Service Coordination Team, has been completed for the last three funding cycles and has consistently revealed that *people with I/DD want to go out to eat and to the movies or to recreation/sporting events.* Each year, people have also revealed that they need *supports with Independent Living Skills,* and for the past two years, people stated that they needed *transportation and vocational supports* as well.

DHS Division of Developmental Disabilities Prioritization of Urgency of Needs for Services (PUNS) (included with CCDDB Needs Assessment but not attached here)

According to DHS-DDD's Prioritization of Urgency of Needs for Services (PUNS) data, Champaign County has 417 active PUNS cases and a total of 870 PUNS, which includes those who have been closed, are deceased, no longer need services, or were clinically ineligible. According to DHS PUNS data, people requested *Personal Support (includes habilitation, personal care, and intermittent respite services), Behavioral Supports (includes behavioral intervention, therapy, and counseling), Speech Therapy, Transportation supports, and Support to work in the community.*

www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/CountyandTownship060412.pdf

http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNS_by_county_and_selection_detail110916.pdf

Champaign-Urbana Public Health District
2018 – 2020 Community Health Improvement Plan

The Champaign-Urbana Public Health District (CUPHD), in collaboration with the two hospitals and United Way, conducts a Community Health Assessment and Community Health Improvement Plan every three years. The Champaign County Mental Health Board and Champaign County Developmental Disabilities Board have been invited to join this collaborative process. Excerpts from the current plan are referenced below and included in the attached 2018 Needs Assessment. Charts and tables were originally published in color and may not be as readable in black and white format. Readers are referred to the CUPHD website to view the documents in color. The Community Health Improvement Plan aka IPLAN can be found on the CUPHD website at http://www.c-uphd.org/

The Community Health Survey conducted as part of the assessment process surveyed 700 Champaign County residents. The top five health concerns identified by respondents to the survey were:

- Mental Health,
- Alcohol and Drug Abuse,
- Gun Violence,
- Obesity, and
- Domestic Violence.

At a public meeting, community stakeholders and other interested parties identified three priorities out of the five health concerns. Work groups have been established setting goals and objectives related to each of the three priorities.

Behavioral Health: increase capacity, create behavioral health triage center, promote education and training on mental and behavioral health to reduce stigma, provide youth targeted prevention programs
Reducing Obesity and Promoting Healthy Lifestyles: improve access to healthy food options, expand physical activity prescription program, and increase access to physical activity
Violence: promote police-community relations, increase community engagement, and reduce community violence through partnering with local initiatives

Included in the CCMHB Needs Assessment are the following charts and tables from the CUPHD Community Health Improvement Plan (CHIP):

Health Resources and Indicators Table: Compares various resources and indicators for uninsured, healthcare providers, cost. Of note is the low rate of uninsured children, the rate of mental health providers, and healthcare costs.

Uninsured Percentages Chart: Champaign County, the first column in the chart, has seen a significant decline in the uninsured rate from 2011 to 2017.

Mental Health Care Provider Ratio Table: Champaign County has a higher ratio of providers compared to state and national rates. Narrative accompanying the table indicates Champaign County has experienced a significant increase in providers between 2010 and 2016.

Total Crime Index-Champaign County: Compares rates of various violent crimes and change in rate between 2012 and 2015. While many categories have seen decreases, murder, theft, and motor vehicle theft have increased during the period.

Gun Related Deaths in Champaign County: Table shows changes in gun related deaths over a six-year period. With the exception of 2014 and 2016, there were more suicides committed with a gun than homicides. Since 2011, the suicide rate, by any means, has been increasing in Champaign County.

Drug Deaths by Drug Type, Champaign County 2011-2015: Opiate (46.3%) and opiate plus another drug (10.2%) account for over 56% of all drug related deaths. Some were determined to be suicides, others accidental overdoses. Narrative accompanying the chart provides additional detail on all drug related deaths including demographics.

PROMPT Opiate Non-Fatal & Fatal Overdose Rates (Various Charts): The Partnership to Reduce Opiate Mortality and Promote Training (PROMPT) is a grant funded Multi-County Task Force led by the CUPHD to provide training and resources to prevent opiate overdoses. PROMPT produced the various charts and tables for the east central Illinois region served by the Task Force using state compiled data.

Additional tables, charts, and maps on mental health, alcohol and other drug use, and community violence not included here can found in the CHIP/IPLAN at the CUPHD website previously referenced.

Justice Mental Health Collaboration Program - Planning Grant
Final Report (Needs Assessment includes Sequential Intercept Map & Gaps Analysis)

Champaign County was awarded a United States Department of Justice "Justice and Mental Health Program - Planning Grant" in 2015. The CCMHB provided matching funds and representation on the planning body, the Crisis Response Planning Committee. A presentation on the results was made to the CCMHB on September 20, 2017. A copy of the report submitted to Department of Justice is included in the Needs Assessment.

Recommendations made by the Crisis Response Planning Committee, as a result of the gaps identified during the planning process:

1. Establish a Behavioral Health and Justice Coordinating Council (BHJCC) to oversee all CJ/BH activities;
2. Implement risk-needs-responsivity screening (LSI-R) at earliest point in the criminal

justice process, to inform decisions throughout the system;

3. Enhance initial response with provision of a Co-Responder Model;
4. Provide behavioral health and case management support to the Public Defender's Office;
5. Gather data to determine the level of need, capacity, and budget required to institute and maintain an Assessment Center – where law enforcement can take persons with MI/COD, instead of jail or the hospital (envisioned to include assessment for MI, SUD, and Criminogenic Risk, crisis stabilization, emergency respite services, a living room model, and medical detox services);
6. Enhance reentry services specifically for the population with MI/COD; and
7. Ensure adequate resources and facilities for community behavioral health providers working in the jail.

The Final Report includes Appendix A. Champaign County Sequential Intercept Map (SIM) completed during the planning process. The SIM references existing resources broken out by policy/practices, evidence-based programs, relevant data, and services. A map (flowchart) of community resources across the five intercepts appears at the end of the appendix. Appendix B. SIM Chart identifies gaps and limitations across the five intercepts. The SIM is an assessment of the criminal justice-behavioral health system as it existed at that point in time. The appendices are included in the Needs Assessment with full report available on request.

CIT Response Report (8/1/17 – 7/31/18)

The Urbana Police Department (UPD) compiles data on Crisis Intervention Team (CIT) responses with results reported at each bi-monthly meeting of the CIT Steering Committee. Included in the Needs Assessment is an analysis of twelve months of data. The reports are the work product of Melissa Haynes at UPD.

Data are collected through a uniform CIT contact form used by the five jurisdictions: Champaign, Urbana, Rantoul, and University of Illinois Police Departments, and the Champaign County Sheriff's Office. Data included in the report exclude Rantoul Police CIT contacts due to a reporting anomaly that is being investigated.

Analysis is comprehensive starting with volume of CIT contacts, including frequency of contact by jurisdiction, day of week, and time of day. Followed by demographics on those whom law enforcement is engaging at the scene and whether the contact involved a CIT trained officer, and if a crisis team or other provider offered support at the scene or by telephone. Nature of the incident (i.e., reason for an officer being dispatched), followed by symptoms displayed at the scene, and outcome of the contact, delve into the nature of the call on how resolved. Petitions represent those persons transported to an emergency department. Being the most frequent "nature of incident" and "symptom", additional detail on suicide calls is included in the report. Closing out the report is an analysis of repeat contacts by officers with individuals.

Champaign County Continuum of Care - Point in Time Count

The Continuum of Care conducts a "Point in Time Count" of persons who are homeless on one day in January. The count is required by the U.S. Department of Housing and Urban Development, with results reported to Congress, and forms the basis for allocation of federal funding to address homelessness. The survey provides a snapshot of how many people are homeless at the point in time the survey is conducted. The Point in Time Count includes the number of persons residing in emergency shelter and transitional housing and those found to be unsheltered, such as living on the street or in cars. Two sets of data are included in the Needs Assessment related to the Point in Time Count:

- Chart presenting longitudinal data for years 2014 through 2018 for the "Point in Time Count." Data are broken out by sheltered population – emergency shelter (ES) and transitional housing (TH) and for unsheltered. Demographic data are for all persons counted in the survey.

- Various tables, specific to the results of the 2018 Point in Time Count. Tables, again broken out by sheltered and unsheltered, provide details on various subgroups of the homeless population included in the count. Data sets include households with children, children only, and adults only. An additional table, "Other Homeless Subpopulations" references those surveyed who identified as having a mental illness, substance use disorder, HIV/AIDS, or victim of domestic violence.

More information on the Champaign County Continuum of Care and the Point in Time Count survey can be found on the Champaign County Regional Planning Commission website, https://ccrpc.org/committees/continuum-of-care/

Illinois Youth Survey – Champaign County, 2016

Every two years, participating middle schools and high schools complete the Illinois Youth Survey administered by the Center for Prevention Research and Development at the University of Illinois under contract with the Illinois Department of Human Services. Only students in 8th, 10th and 12th grade may complete the survey. Included in the 2018 Needs Assessment are a brief overview of the survey followed by demographic data and selected charts and tables. Data presented are participants responses to questions on use of alcohol and other drugs, violence and bullying, and mental health from the 2016 Illinois Youth Survey County Report for Champaign County. The full report can be found at: https://iys.cprd.illinois.edu/

<u>Drug Prevalence and Behaviors</u>: Series of tables presenting survey results on reported substance use rates by grade, first age of use, and frequency of use for alcohol and other drugs.

<u>Drug Use Contributing Factors</u>: Series of tables on respondents' perceptions on personal use of alcohol and other drugs, use of alcohol and marijuana by peers compared to actual use rates, and perceived risk of use.

Interpersonal Conflict, Violence, and Delinquency: Series of tables on respondents' experience involving delinquent behaviors, bullying, and dating violence.

Mental Health Concerns: Series of three charts on respondents indicating having "experienced depression" (8th grade survey), and for "experienced depression and considered suicide" for 10th grade and 12th grade survey. Grade specific results are compared to prior survey results for all Illinois students.

Health Disparities

Substance Abuse and Mental Health Services Administration (SAMHSA) statement on health disparities. The one-page overview identifies groups where behavioral health disparities persist:

- Racial and ethnic groups
- Lesbian, gay, transgender, and questioning (LGBTQ) populations
- People with disabilities
- Transition-age youth
- Young adults

Links to additional resources are embedded in the overview. For more information on the topic, go to https://www.samhsa.gov/health-disparities

Champaign County Indicators of Well Being

A general assessment of how well Champaign County compares to the state as whole is provided here. Various indicators are used by the two entities preparing the respective reports to present an assessment of how well Champaign County fares. For additional context associated with each report, visit the webpages referenced in the brief overview.

2017 Kids Count Profile (Champaign County): Voices for Illinois Children publishes the Kids Count Profile. The profile is a series of indicators of child well-being across the domains of health, family and community, economic security, and education. Kids Count Profiles can be found in the publications drop down menu at Voices for Illinois Children webpage: http://www.voices4kids.org

ILLINOIS POVERTY REPORT: Local and County Data on Poverty and Well Being (Champaign County): The Social IMPACT Research Center at Heartland Alliance produces the referenced report. Similar to the Kids Count Profile, the Poverty Report identifies a series of indicators across six domains: Well-Being Index; Poverty and Income; Employment; Education; Housing; Health & Nutrition; and Assets. Data specific to Champaign County are included in the Needs Assessment. For more information on the Illinois Poverty Report, go to: http://2018.ilpovertyreport.org/county/champaign-county#

CCMHB Allocation Trends Data

Over the last couple of years, CCMHB staff has prepared various tables and charts on the allocation of resources for the Board's consideration. That information is revisited here.

PY2019 Allocation Tier Sheet: Newest addition to allocation decisions by the Board. The tiers align with the priorities selected by agencies in the application for funding.

Criminal Justice - Behavioral Health and Other Funding Priorities (PY13 – PY18): Presents table and chart of past allocation decisions over a six-year period. Funding is grouped based on staff assessment of the application and population served. A breakdown of allocations within the Criminal Justice-Behavioral Health Priority is also included as a separate table and chart.

CCMHB Appropriation by Sector, Population, and Type of Service (PY16 – PY19): Contract awards by primary disability sector, primary population served, and type of service are presented in table and chart formats. The CCMHB Annual Report presents this same data for the respective fiscal year, in a different chart format.

Comparison Population Characteristics to CCMHB Population Served (PY15 – PY17): Census data for age, race, ethnicity, gender, and residency are presented along with CCMHB data on population served. Data specific to poverty are presented in table and chart formats. Separate tables and charts comparing census data and CCMHB population data are also included.

National Prevalence Rate Statistics and Related Articles

To close out the Needs Assessment, an overview of prevalence rates is provided for reference. Not included are data specific to Illinois or Champaign County.

National Institute of Mental Health: General overview of prevalence rate for mental illness in the United States. Narrative and tables present prevalence for any mental illness and severe mental illness in past year for adults by age, race, and gender. Additional tables on adults receiving treatment are also included. For information including prevalence rates for specific mental illnesses, go to: https://www.nimh.nih.gov/health/statistics/index.shtml

Prevalence of Depression Among Adults Aged 20 and Over: United States, 2013 – 2016: Article from National Center for Health Statistics on prevalence of depression in adult population.

Estimated Prevalence of Children Diagnosed with Developmental Disabilities in the United States, 2014 – 2016: Article from National Center for Health Statistics on prevalence of children with developmental disabilities.

Mental Health/Substance Use
Disorder Survey Data Analysis

Focus Areas:

- **Services Received**
- **Services Needed But Not Received**
- **Barriers to Receiving Services**
- **Comments:** Service Needs or Gaps
- **Demographics**

SERVICES RECEIVED:

MENTAL HEALTH: Combining -

Consumer - Q5. What mental health services have you used or are you getting now? CHECK ALL THAT APPLY.

Caregiver - Q5. What mental health services have they used or are they getting now? CHECK ALL THAT APPLY.

SERVICE	%
Therapy or Counseling	69%
Psychiatry	58%
Medication Management	47%
Called a Crisis Line	31%
Coordination of Services Across Providers	23%
Inpatient Hospitalization/Residential	23%
Integrated Primary Care & Behavioral Health Services	22%
Care Coordination	19%
Day treatment/partial hospitalization	14%
Anger management services	13%
Peer support services	13%
Crisis Team	11%
Group services counseling	11%
Respite services/crisis stabilization	11%

SUBSTANCE USE DISORDER: Combining -

Consumer - Q7. What substance use disorder services have you used or are you getting now? CHECK ALL THAT APPLY.

Caregiver-Q7. What substance use disorder services have they used or are they getting now? CHECK ALL THAT APPLY.

SERVICE	%
Do Not receive SUD services	54%
12-Step Program	13%
Therapy/Counseling	11%

SERVICES NEEDED BUT NOT RECEIVED:

MENTAL HEALTH: Combining -

Consumer - Q6. What mental health services do you need but are NOT getting now?

CHECK ALL THAT APPLY. I need...

Caregiver - Q6. What mental health services do they need but are NOT getting now?

CHECK ALL THAT APPLY. They need...

SERVICE	%
Case management or other professional who helps link you (them) to services and resources	17%
Employment support services for person with mental health issues	17%
Coordination of services across providers	16%
Therapy or counseling	16%
Peer support services	13%
Anger management services	11%
Drop in center (peer-run)/"Living Room" Model	11%
Medication management	11%

SUBSTANCE USE DISORDER: Combining

Consumer - Q8. What substance use disorder services do you need but are NOT getting now. CHECK ALL THAT APPLY. I need...

Caregiver - Q8. What substance use disorder services do they need but are NOT getting now. CHECK ALL THAT APPLY. They need...

Service	%
You/They do not receive substance use disorder services	11%
Both mental health and substance use disorder services (co-occurring) from same or different agencies	8%
12-Step Program	8%
Do Not Know	6%

BARRIERS:

Note: Not specific to either MH or SUD.

Common answers (Consumers & Caregivers) - "Often" – by more than 14% of respondents combined.

Barrier	%
Have to wait too many days to get services	19%
Don't believe services will help	17%
Can't pay for services	14%
Don't think the service provider meets their needs	14%

NOTE:

Provider respondents noted as "Often" barriers/issues to include: Insurance coverage; Financial issues; Stigma; Don't know how to access services; Transportation; Wait too long for services.

Stakeholders: Unaware of service availability; Transportation; Financial.

COMMENTS (SERVICES/GAPS):

Summary of:

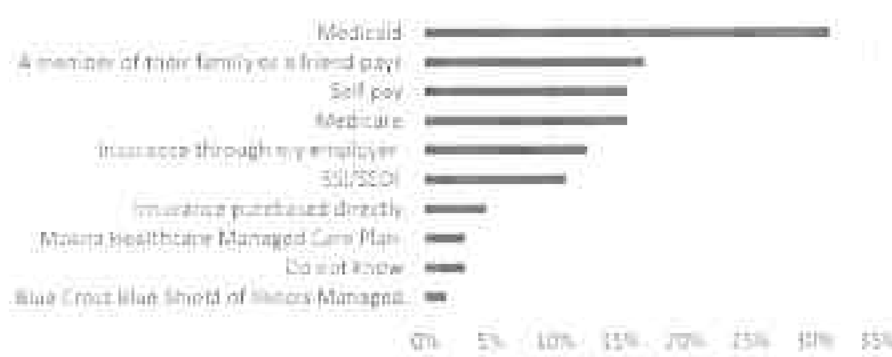
Consumer: 24 responses combined Consumer & Caregiver - Themes:

- Psychiatrists:
  - Students need for Psychiatric and other long-terms services; too long to get appointment;
  - Auto call back suggested instead of being on-hold for long period of time.
  - Specialty care (ie eating, mood, behavioral, substance use
  - Need more quality psychiatrists in the county
  - Need one-stop facility for children including psychiatry
  - Shorter wait-lists
  - MH system in Champaign-Urbana 'very poor' – not enough qualified psychiatrists
- Emergency departments: More training to deal with those with acute panic
- Can't afford services even with sliding scale.
- Living room model:
  - Need peer-run living room project
  - Would be good and at least staff for peers for talking
- Psych & Counseling: too long between need and availability
- Education needed for parents re: step-down and transitional services
- Service coordination desired
- Children's service not adequate

- Respite:
    - Need info on how and where to obtain
    - Need more such services.
- PTSD services

DEMOGRAPHICS: % of respondents that answered

Insurance Coverage:



Residence:

Race:

Language:

- English (39%); Spanish (2% Spanish); Balance Did not answer
- **NOTE:** 53% of Provider respondents stated they provided "Language Access & Communication Assistance Services"

Hispanic Origin:

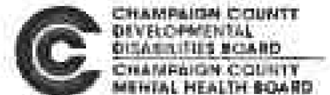
- No (67%); Yes (3%); Did Not Answer (30%)
- **NOTE:** 83% of Provider respondents stated their agency serves persons of Hispanic or Latino/a origin.

Gender:

Gender (Consumer/Caregiver)

40%
30%
20%
10%
0%

Female Male Transgender



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....**

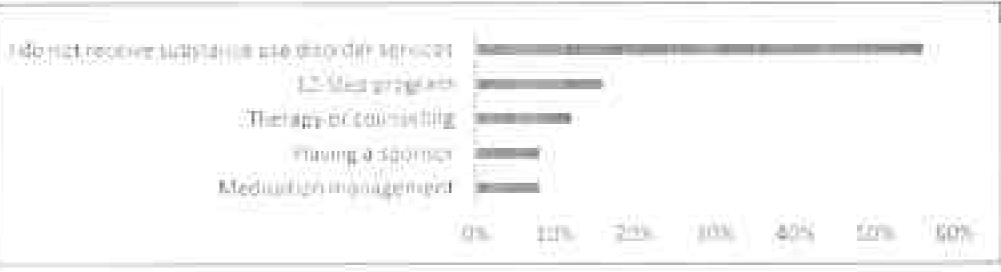
Only 2 options had more than 2 persons responding and each had 3 responses: **Peer Support and Do Not Know**

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**

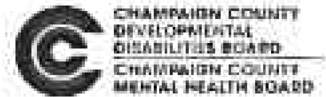
Another Type of Service:

Peer run living room project

I do not have substance abuse issue

None

17



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

RESPONSE	QUESTION	%
Often	I feel embarrassed or afraid	16%
	I can't pay for services	16%
Sometimes	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 don't think the services I need are available in my area.	16%
Seldom	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

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 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

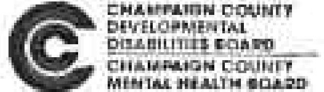
I believe there should be more accommodating services for people who are in school and out of school. Even when I was enrolled in the University, it took me at least a semester to get in touch with a therapist.

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.



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)

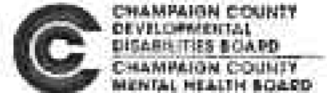
16. Do you have Medicaid?

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

20



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?

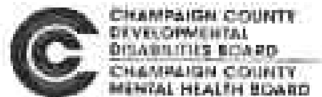
23. What is your military status now?

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

22

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	%
Often	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%
Sometimes	They have medical issues	23%
	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%
Seldom	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

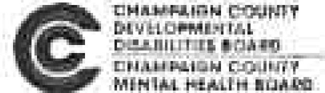
10. If the person had been arrested and booked into the jail, have they received any of the following services while in jail? CHECK ALL THAT APPLY.

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



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.

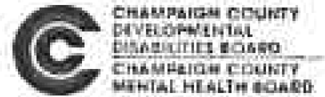
I don't think it was a lot of services

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.



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.

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:

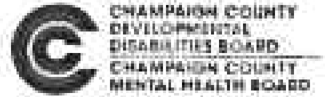
Also - Crisis Facility
Assisted living facility for the physically disabled.
Assisted living facility with our 94 year old Father.
Eden's Assisted Living

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



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

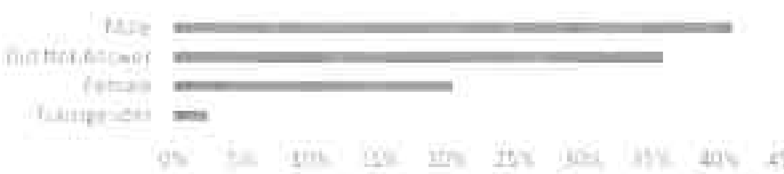
White **17/44%**
Black or African American **7/18%**
Bi-Racial/Multi-racial **2/5%**

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?



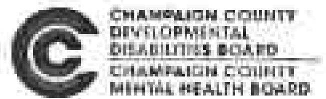
23. What is their military status now?

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

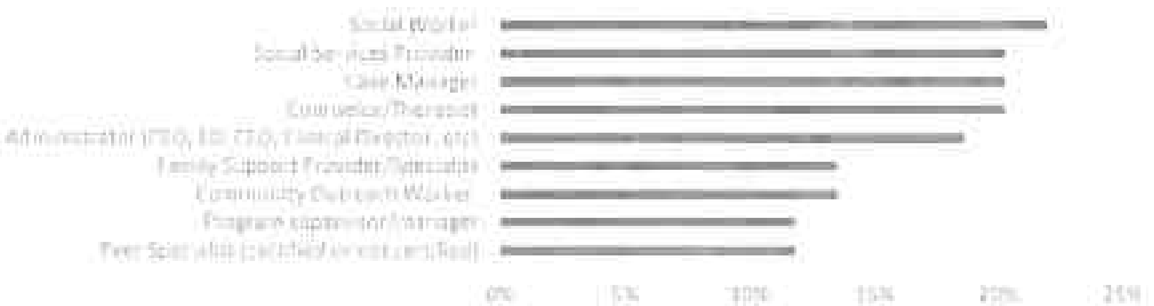
Response	# Selected	%
Did Not Answer	20	51%
I finished high school (ninth through twelfth grade) and graduated	5	13%
They attended some college	4	10%
They earned an associate's degree	3	8%
They went to self-contained special education class (not in a specific grade)	3	8%
They finished a GED	2	5%
They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

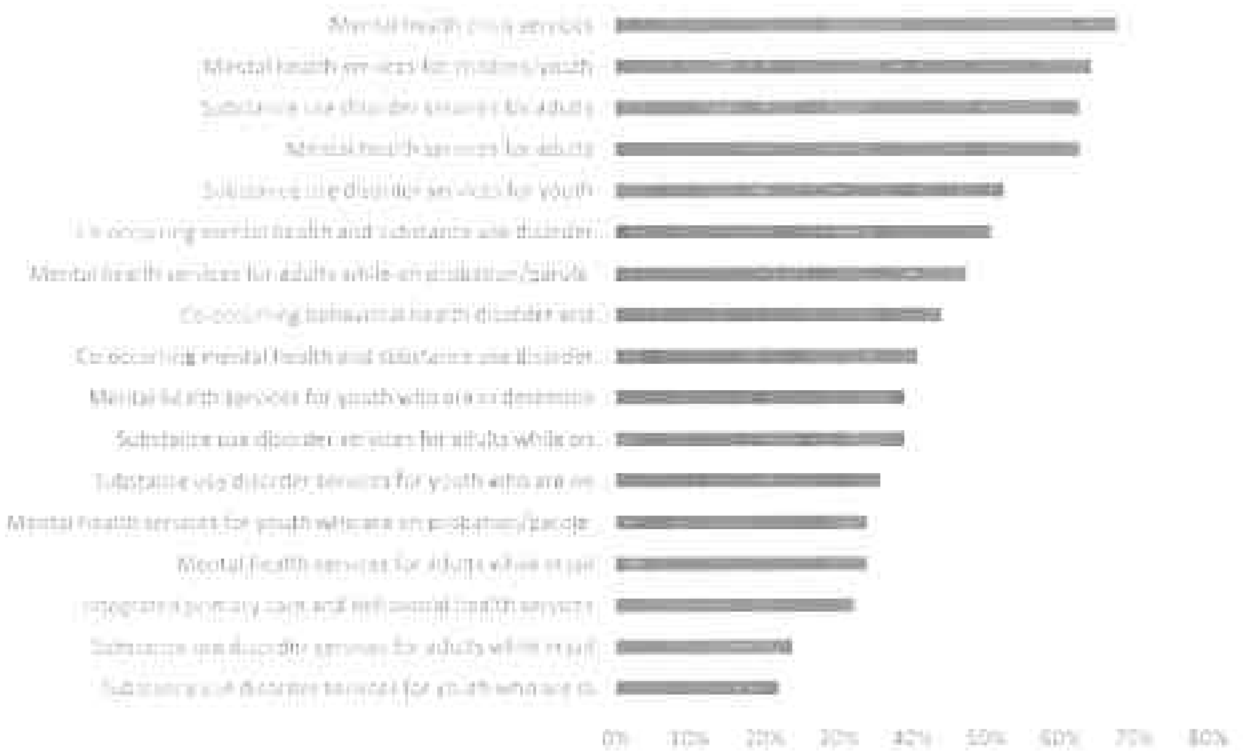
5. Within the last year, did you or your agency serve persons of Hispanic or Latino/a origin?
Yes: 83% **No:** 12% **Do Not Know:** 3% **Did Not Answer:** 2%

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

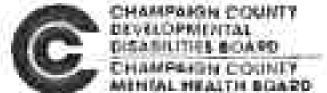
Other:
Hispanic
Hispanic/mexican
latinex, middle-eastern
middle East, European,Caribbean

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

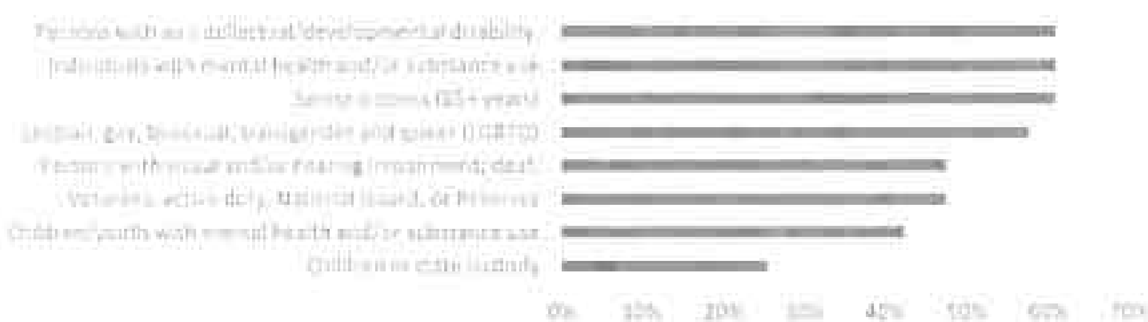
Answering: "Yes"



Answering "No": Responses more than 10%



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

30

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

Persons with an intellectual/developmental
Veterans, active duty, National Guard or Reserves
Deaf and/or deaf, hard of hearing
Lesbian, gay, bisexual, transgender or queer
Individuals who are involved in the criminal or

Mental Health Services for Children & Youth

Lesbian, gay, bisexual, transgender or queer (LGBTQ)
Persons with an intellectual/developmental disability
Children/youth in state custody
Youth with co-occurring mental health and substance
Persons with visual and/or hearing impairment, deaf,
Individuals who are involved in the criminal or juvenile

Substance Use Disorders Services for Children & Youth

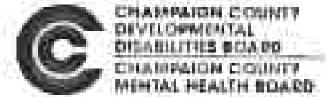
Lesbian, gay, bisexual, transgender or queer (LGBTQ)
Persons with an intellectual/developmental disability
Youth with co-occurring mental health and substance
Children/Youth in state custody
Individuals who are involved in the criminal or juvenile

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

Persons with an intellectual/developmental disability
Lesbian, gay, bisexual, transgender or queer (LGBTQ)
Persons with visual and/or hearing impairment, deaf,
Children/Youth in state custody
Individuals who are involved in the justice system

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	Assessment/screening	32%
(25% or more)	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	Case management/Community supports	59%
(50% or more)	Homelessness services	56%
	Therapy or counseling (individual, interactive, group, or family)	56%



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

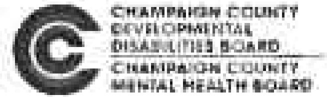
Other:
Services provided in other languages are limited or non-existent

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	12-Step program	34%
(15% or more)	Assessment/Screening	17%
	Peer support	17%
	DUI class	15%
	Substance use disorder outpatient (OP)	15%
Available w Challenges	Psychiatric/medication evaluation and management	39%
(34% or more)	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	Detoxification	20%
(over 10%)	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	Crisis services	27%
(Over 15%)	Suicide prevention	24%
	Assessment screening	17%
	Early childhood education and training	17%
	Sexual assault survivor services	17%
Available w Challenges	Therapy or counseling (individual, interactive, group or family)	46%
(34% or more)	Psychiatric/medication evaluation and management	44%
	Day treatment/partial hospitalization	36%
	School-based services	36%



	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

33

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

34

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 CCDDB 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.

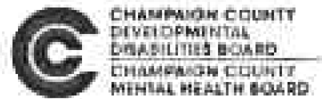
Also, there is a considerable need for Spanish-speaking providers of mental health services. Some providers have left the area in pursuit of better economic opportunities. Perhaps the board can create some incentives to retain providers.

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%

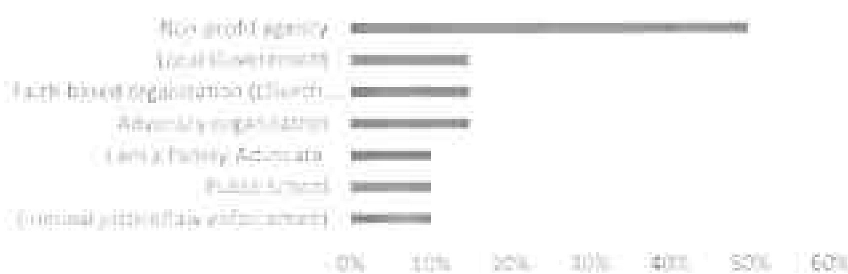
36



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



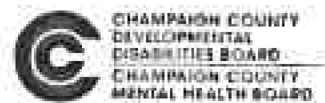
Other:
A member of a collective impact organization focused on children's well-being and development
Adult Education
Federal government
Parent Peer Support Specialist

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%

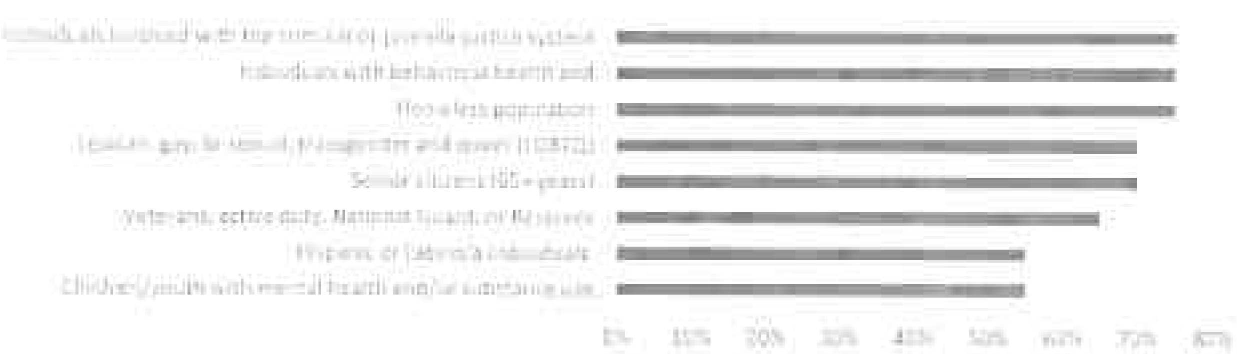
3. Did you or your organization interact with persons who received any of the following services?

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

37



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

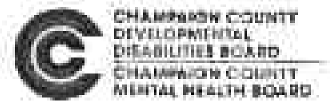
5. Based on your experience and knowledge of the service system in Champaign County, please rate the availability of the following ADULT MENTAL HEALTH services. (Please note that "Available with Challenges" means that the service is available but there are barriers that may prevent people from accessing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

RESPONSE	QUESTION	%
Available When Needed	Information and referral	45%
(25% or more)	Crisis Team	35%
	Health and wellness	30%
	Suicide prevention services	30%
	Assessment/screening	25%
	Domestic violence victim services	25%
Available w Challenges	Care coordination	70%
(65% or more)	Case management/Community supports	70%
	Coordination of services across providers	65%
	Therapy or counseling (individual, interactive, group, or family)	65%
Service Not Available	Assertive community treatment (ACT)	15%
(15% or more)	Mental health services while in jail	15%
Do Not Know	Sex offender treatment	85%
(75% or more)	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	Case management/community supports	20%
(15% or more)	Assessment/Screening	20%



	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%

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	Unaware of service availability	50%
(40% or more)	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	Involvement with justice system	40%
(25% or more)	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%
	Medical issues	25%
Seldom	***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 quality 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.

Intellectual/Developmental
Disability Survey Data Analysis

Focus Areas:

- **Services Received**
- **Services Needed But Not Received**
- **Barriers to Receiving Services**
- **Comments - Summarized:** What is important to me (Consumer/Caregiver); General Comments
- **Demographics**

SERVICES RECEIVED:

Combining -

Consumer - **Q18**. What services or supports are you receiving? (CHECK ALL THAT APPLY)

Caregiver - **Q15**. What services or supports is the person receiving? (CHECK ALL THAT APPLY)

Selected by 16% or more of respondents.

SERVICE	%
Home-based Support Services (HBS)	24%
Community Employment Supports	18%
Education	18%
Transportation	18%
Counseling/Therapy	16%
Advocacy/Linkage	16%
Speech Therapy	16%
Help with Self Care	16%

SERVICES NEEDED BUT NOT RECEIVED:

Combining –

Consumer -**Q23**. What services do you need or want that you are not receiving? (CHECK ALL THAT APPLY)

Caregiver - Q21. What services do they need or want that they are not receiving? (CHECK ALL THAT APPLY)

Selected by 10% or more of respondents.

SERVICE	%
Recreation supports	20%
Transportation	20%
Employment services & supports	16%
Housing supports	14%
Peer Support	14%
Residential services or support for independent community living	14%
Respite services	10%
Support for transition from school to adult life	10%

BARRIERS:

Common answers (Consumers & Caregivers) - "Often" – by 10% or more of respondents combined.

Barrier	%
Transportation	14%
Financial issues	10%
Stigma/embarrassment/fear	10%
There is a waiting list.	10%

NOTE:

Provider respondents noted as "Often" barriers/issues to include: Transportation; Don't know how to access services; Unaware of service availability; Eligibility for services; Financial issues.

Stakeholders: Unaware of service availability; Transportation & Financial issues.

COMMENTS: **Note () = number of such comments.**

Summary of:

Consumer/Caregiver: What is important?

- Family:
  - My children & their needs
- Advocacy:
  - Advocating for myself and for others.
  - Make a way for someone else
- Services/Supports:
  - More services needed (2)
  - More free events fun events not just going to library events
  - After high school
  - Respite care/life coaching
- Life:
  - Treated respectfully (3)
  - Happy, healthy, and safe
  - Quality of life outcomes: friendship, self-determination, and employment
  - Opportunity
  - To live your life
- Home:
  - Community involvement, accessibility, opportunity; be included in community (9)
  - Provides independent and safe living and that they are happy (8)
  - Nice place to live (2)
  - Safe and provided for environment
  - Feeling safe in group home

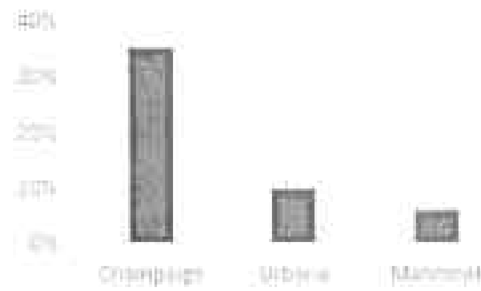
Caregiver: What else would you like us to know?

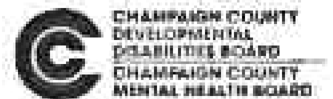
- Information:
  - Like to see more information or more access to information as to what is available
  - Likes the expos because of the information provided
- Services:
  - Employment services are inadequate and were needed 20 years ago
  - Fear when daughter ages out of school fear no options but to sit at home
  - Would like movie theater that is not dark nor loud for sensory sensitive children
  - Son needs a supportive and flexible post-secondary educational opportunity
  - Need help to provide and teach residential success as parents will not always be there.
  - Need supportive housing
  - Fear to know that there may not be services for child after we die as we handle everything now
- Providers:
  - Stressful caring for child with disabilities – thanks for assistance
  - CILA staff not being paid enough
  - DSC does a great job; Thank goodness for DSC
  - DSC is very good organization but seems to be problem with hiring/retaining group home staff
  - Love staff at McKinley
- Financial:
  - Waiting for long time for disability waiver from the State; Have to pay for all services ourselves
  - IAMC needs better funding

DEMOGRAPHICS:

Insurance Coverage: By more than 10% of respondents

Residence: By more than 5% of respondents





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:

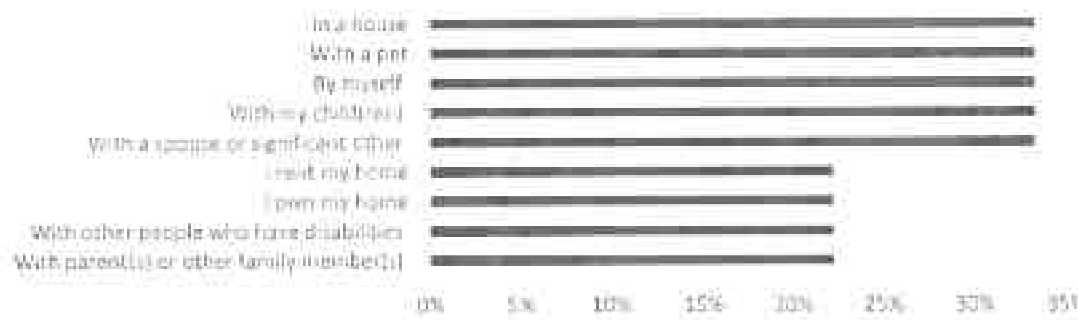
Question	Yes	No	Don't know	% Yes
1. Are you a person who has a developmental disability?	2	7	0	22%
2. Do you live in Champaign County, Illinois?	1	8	0	11%

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%

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.)

Part time
Other (Please specify below)
In the community
Full time

0% 5% 10% 15% 20% 25% 30% 35%

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....

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

0% 5% 10% 15% 20% 25% 30% 35%

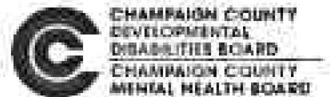
Other:
No spare time
Work part-time, hang out with my mom and live a low-key life.

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.)

What I want isn't offered anywhere
Money to pay for it
Someone to go with me
A way to get there, a ride, a bus, a cab

0% 5% 10% 15% 20% 25%

Other:
No extra money get disability



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

Counseling/Therapy
Support Group
Peer Support
Transportation
Education
Community Employment Supports
Home Did Not Answer Based Support
Self-Advocacy Support

0% 5% 10% 15% 20% 25% 30% 35%

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

Community Choices
Other Please specify below
Regional Planning Commission
Rosecrance
Developmental Services Center

0% 5% 10% 15% 20% 25% 30% 35%

Other:
My employer

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

Free because a friend or family
I Don't Know
Private Insurance
Medicaid

0% 2% 4% 6% 8% 10% 12%

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?

0 0.2 0.4 0.6 0.8 1 1.2

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

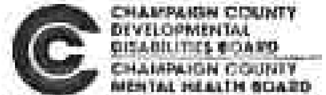
23. What services do you need or want that you are not receiving? (CHECK ALL THAT APPLY)

Peer Support
Transportation
Recreation
Support Group
Counseling/Therapy
Respite
Crisis Services
Apartment Services/Community Living
Advocacy/Linkage

0% 5% 10% 15% 20% 25%

Other:
Legal assistance for discrimination

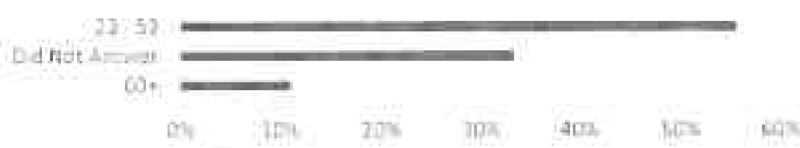
46



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

RESPONSE	QUESTION	%
Often	Unaware of service availability	33%
(22% or more)	Transportation issues	22%
	Stigma/embarrassment/fear	22%
	Don't know how to access services	22%
Sometimes	Services do not meet needs	22%
(22% or more)	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?

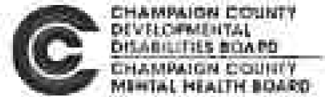
I am a stroke survivor who suffered an absence seizure in 2016. I am currently taking Keppra, feel fine now, but am having visual distrurbances in my left eye (the stroke affected my left side as well) but can see ok. I will visit my neurologist through his nurse practitioner in December and may need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

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

No

None

47



Champaign County Mental Health Board

ID/DD_Caregiver Survey

Report/Results

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.

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 an 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%

49

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.

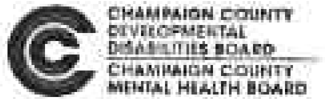
I want him to live outside our family's home. He is an adult. I want there to be a continuum of supported housing available so individuals can move from their family homes with the right amount of support. Something like a dorm first - then on to more independent living as he acquires the skills he needs.

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 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



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!

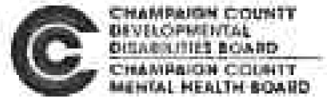
Our son seems to enjoy living with us. We try to be very supportive and provide opportunities.
Stairs
Transportation to DSC!
Unknown for sure. Individual is nonverbal.
He would like to live in an apartment or house like his sisters do, not with his parents
They like moving in with aunt and uncle

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 throught the school syste
None
Still in High School doing the life skills program. Needing a job at DSC!
Student
Volunteer
currently a student
looking for work
student

51



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.

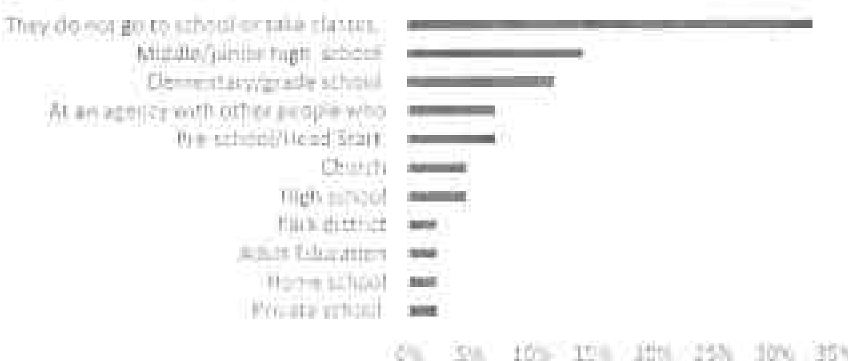
He needs a job coach to check in with his employer once a week, and then offer guidance/feedback. However, the school took away his IEP so he does not have access to job coaching/life skills classes.

He's only 14

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.

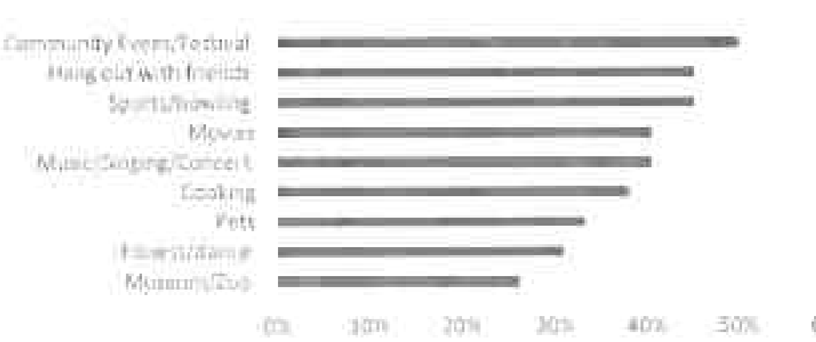
I want him to have a job with a good fit.
I would like her to have more hours
I would like to see her get more hours at Clark Rd and learning some different jobs.
More hrs
Same as above
Too much "free" time. Need more actual work.
Would like to increase the number of hours he works but he needs to be 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)



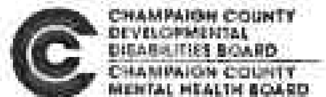
If "Other", please specify:
Early Intervention
Family events.
Homeschool preschool
Mom is a stay at home mom. son is in elementary school.
Stephens Family YMCA
Young Adult Program through school district
Has taken Community Choices workshops but experienced CCARTS problems!
We are trying to get into 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.)



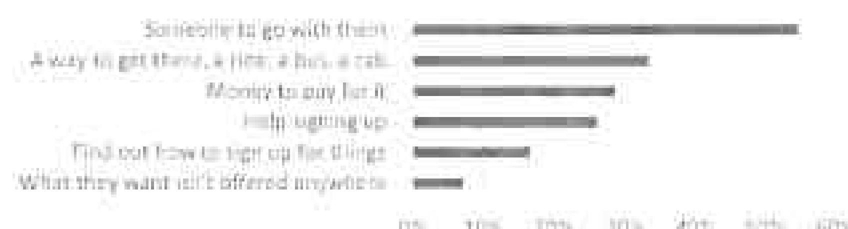
If "Other", please specify:
Adaptive sports,
Computer
Computers. Games.
Eat fried chicken!
Going to restaurants and live musicals.
Play video games and watch YouTube videos
Play, sleep

53



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.

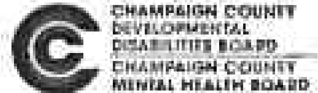
Some nursing support is required to participate in outdoor/overnight activities.
Someone to go with her, a ride and money.
Someone with a sense of humor who will entice him to go places with him/her.
Transportation
Transportation and someone to go with him!
Transportation, help to sign up and reminders

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 commmunity. 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!



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.

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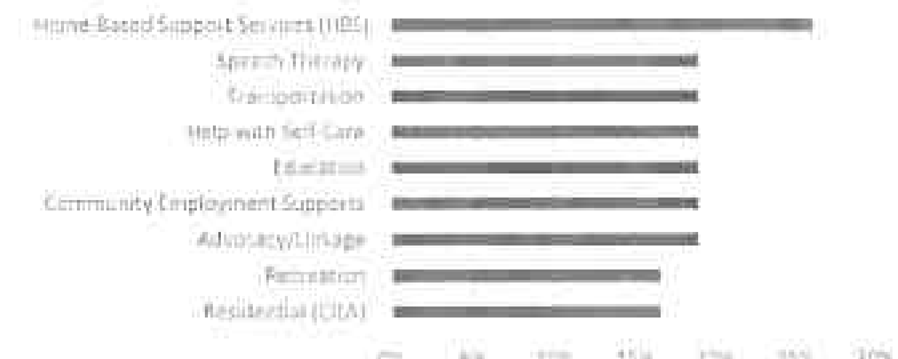
Yes. He does not travel independently or stay home alone. He needs to be in a structured class or event.
Yes. DSC doesn't have sufficient staff for recreational outings like bowling.
family
people from the alliance and choices

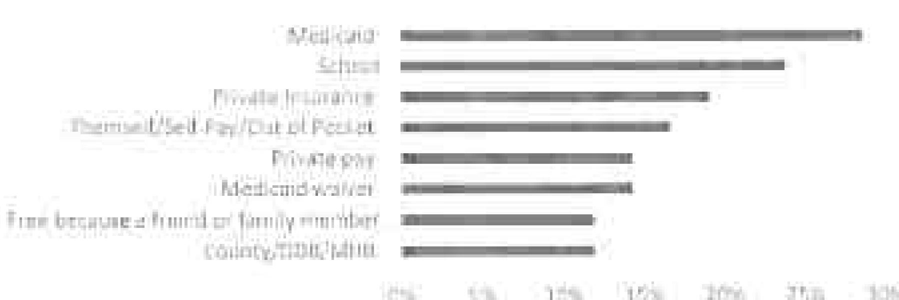
15. What services or supports is the person receiving? (CHECK ALL THAT APPLY) - 17% or more



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?

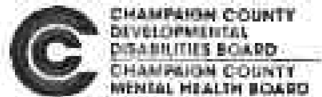
Did Not Answer: 36%; **Yes**: 33%; **No**: 29%; **I Don't Know**: 2%

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%

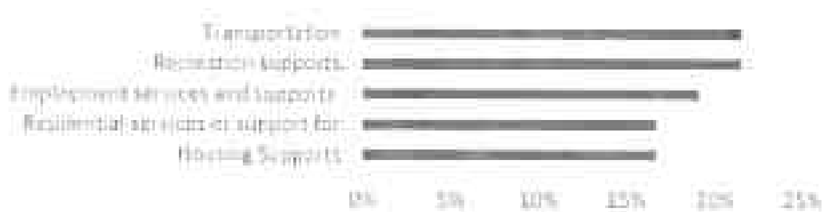
19. Do they know how to find the services they want?

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



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:

Dscc

Family

I personally have an intern from "Community Choices"

Once we lost IEP, no supports ...just parents

Skill Sprout

TAP

Dscc 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%

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	Transportation issues	12%
(10% or more)	Financial issues	10%
	Services do not meet needs	10%
	There is a waiting list.	10%
Sometimes	Transportation issues	29%
(21% or more)	Don't know how to access services	24%
	They are not sure who to ask.	24%
	Unaware of service availability	21%
	There is a waiting list.	21%
Seldom	Medical issues	19%
(12% or more)	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%

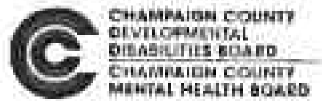
30. Have you ever been told that the person has any of the following diagnoses?

(10% or more)

If "Other", please specify:

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

58



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!

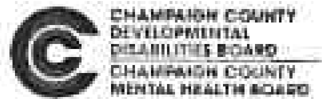
We currently don't receive any services from the State of Illinois and are waiting for the disability waiver for many years. All the services that our son receives at this time have to be paid by us (his parents), including all the respite that we need to take a break of taking care of a child with sever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

60



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)

Case Manager
Social Services Provider
Social Worker
Program supervisor/manager
Independent Service Coordinator (ISC)
Direct Support Provider
Community Employment Supports

0% 5% 10% 15% 20% 25% 30%

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

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

Persons with intellectual or
Persons with behavioral health disorders
Seniors/Elders
Persons with emotional and/or
Families
Students
Young children
Persons with physical and behavioral

0% 10% 20% 30% 40% 50% 60% 70% 80% 90%

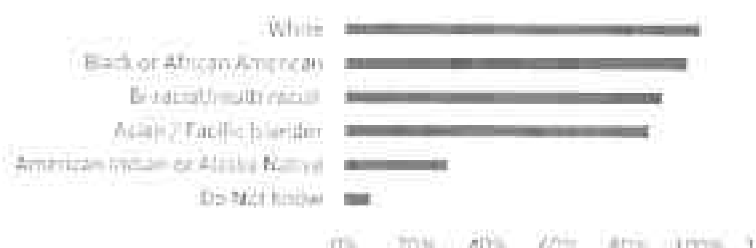
If "Other", please describe:
blind/visually impaired

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.



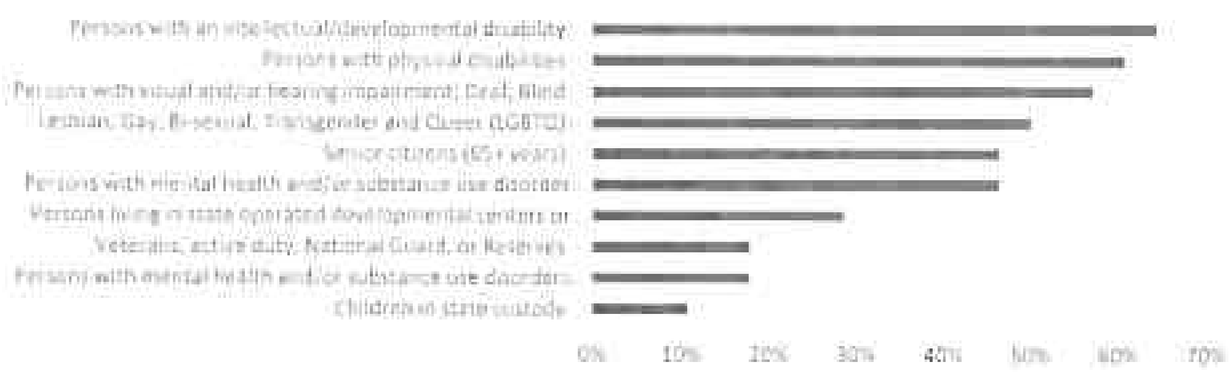
Other:
Latinos/Hispanic and International students as well as indigenous populations

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%

	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%

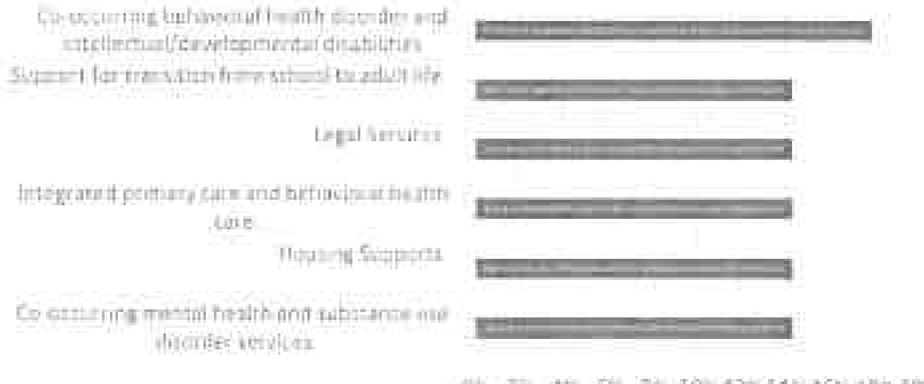
9. Within the last year did your agency serve immigrants or undocumented persons?

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

62

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	Transportation issues	43%
(21% or more)	Don't know how to access services	32%
	Unaware of service availability	25%
	Eligibility for services	21%
	Financial issues	21%
Sometimes	Services too far away	39%
(32% or more)	Eligibility for services	36%
	Financial issues	36%
	Medical Issues	36%
	Services do not meet needs	32%
	Stigma/embarrassment/fear	32%
Seldom	Belief that ID/DD services won't be helpful	25%
(14% or more)	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%

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

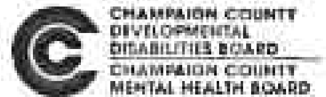
14. Do you have other comments regarding service needs or service gaps in your area that you would like us to consider?

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.

64



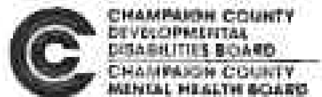
I work with individuals who also have case management for ID/DD services through Rosecrance. It is very difficult to get the case managers to respond to the needs of the individuals. This has been an ongoing issue well before Rosecance merged with Community Elements. I have found that turn over and lack 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 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.

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.

65



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)

Non-profit agency
Local government
Advocacy organization
Public School
Faith based organization (Church,
Family Advocate

0% 10% 20% 30% 40% 50% 60% 70% 80%

Other:
DSC
Park District

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

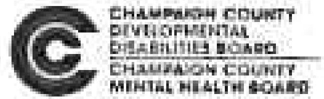
61820: 38% **Did Not Answer: 13%**
61821: 25%
61801: 13%
61802: 13%

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

RESPONSE	QUESTION	%
Yes	Mental health services	88%
(50% or more)	Early childhood/early intervention/Head Start	75%
	ID/DD services or supports	75%
	Mental health crisis services	50%
No	Substance use disorder services	63%
(50% or more)	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	***None with more than two respondents checking***	

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%



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	Information and referral	88%
(Over 50%)	School-based services	75%
	Screening	75%
	Advocacy/Linkage	63%
	Developmental Training	63%
	Early childhood/early intervention/Head Start	63%
Available w Challenges	Apartment Services/Community Living	75%
(75% or more)	Care coordination	75%
	Case management/Community supports	75%
	Supported employment	75%
Service Not Available	Mental health services while in jail or juvenile detention	25%
(only answer with 2)		
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	Financial issues	75%
Top 3	Transportation issues	38%
	Unaware of service availability	38%
Sometimes	Services too far away	63%
Top 3	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.

Community Health Improvement Plan

2018-2020
Champaign County Illinois

Presence
Covenant Medical Center

United Way
of Champaign County

The rates of insurance and health resources in 2017 are shown in the table below. Champaign has a lower rate of uninsured adults than in Illinois. Champaign County also has a lower number of preventable hospital stays and lower healthcare costs (price-adjusted Medicare spending per enrollee.)

Health Resources and Indicators	Champaign County	Illinois
Uninsured	9%	11%
Uninsured adults	11%	14%
Uninsured children	4%	4%
Primary care physicians	1,200:1	1,240:1
Dentists	1,740:1	1,380:1
Mental health providers	470:1	560:1
Other primary care providers	893:1	1,741:1
Health care costs	$9,084	$9,939
Preventable hospital stays	46	56
Mammography Screening	64%	64%

2017 County Health Rankings

According to County Health Rankings, the percentage of Champaign County residents that are uninsured has dropped from 22% in 2011 to 9% in 2017.

2017 County Health Rankings

69

According to County Health Rankings the ratio of mental health providers per 100,000 has improved drastically over the past six years, moving from 2055:1 in 2010 to 470:1 in 2016. The table below shows the ratio and number of mental health providers for Champaign County, Illinois, and the US in 2016.

Report Area	Estimated Population	Number of Mental Health Providers	Mental Health Care Provider Rate (Per 100,000 Population)
Champaign County	207,131	445	214.8
Illinois	12,806,917	23,090	180.2
United States	317,105,555	643,219	202.8

Source: University of Wisconsin Population Health Institute and County Health Rankings 2016

Chronic Disease and Health Behaviors

- Access to exercise opportunities at 84% is lower than the state average of 89%.
- HIV prevalence is much lower in Champaign County than in Illinois.
- Sexually transmitted infections, food insecurity, adult smoking are all higher than the state of Illinois overall.

Health Behaviors	Champaign County	Illinois
Adult smoking	16%	15%
Adult obesity	25%	27%
Food environment index	7.2	8.0
Physical inactivity	19%	21%
Access to exercise opportunities	84%	89%
Excessive drinking	20%	21%
Alcohol impaired driving deaths	28%	34%
Sexually transmitted infections per 100,000	608.6	516.5
HIV prevalence rate per 100,000	193	323
Food insecurity	16%	13%
Limited access to healthy foods	4%	4%
Motor vehicle crash deaths	7	8
Drug overdose deaths	14	13

2017 County Health Rankings

Access to exercise opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks (local, state, and national) or recreational facilities, which includes gyms, community centers, YMCAs, dance studios, and pools. According to the County Health Rankings, 84% of Champaign County residents have adequate access to opportunities for physical activity. Illinois' percentage is 89% and US Top Performers' percentage is 91%. Having adequate access to opportunities for physical activity is defined as individuals who:

70

According to 2017 County Health Rankings the **violent** crime rate (the number of reported violent crime offenses per 100,000 population) is 526 which is substantially higher than the state of Illinois rate of 388. The table below shows the total crime index offenses for Champaign County from 2012-2015.

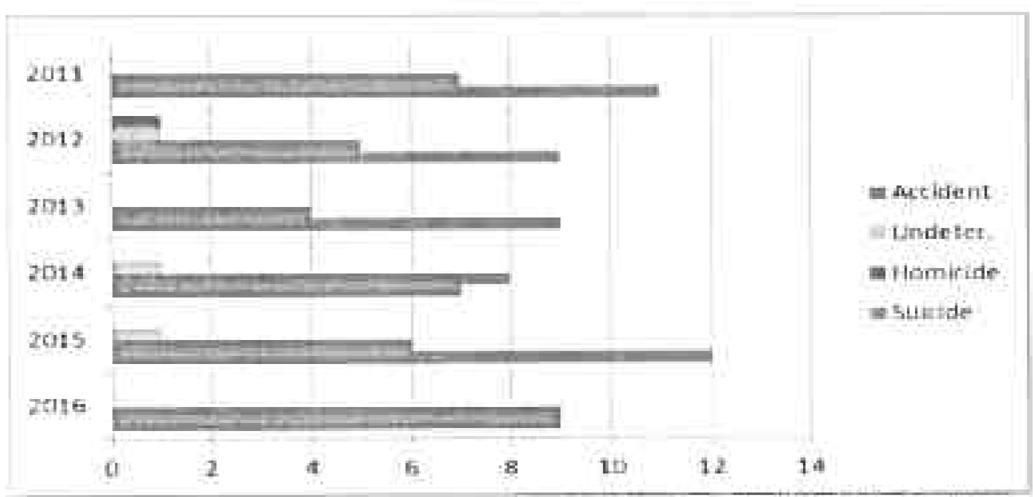
Champaign County	2015	2014	2013	2012	% change from 2012 – 2015
Total Crime Index Offense	6,494	6,243	6,567	6,999	**7.2% Decrease**
Murder	7	11	7	4	75% Increase
Forcible Rape	127	101	112	129	**1.6% Decrease**
Robbery	205	272	215	226	**9.3% Decrease**
Aggravated Assault/Battery	579	647	730	798	**27.4% Decrease**
Burglary	1,100	1,262	1,275	1,585	**30.6% Decrease**
Theft	4,235	3,840	4,049	4,045	4.7% Increase
Motor Vehicle Theft	196	118	147	165	18.8% Increase
Arson	37	42	32	47	**21.3% Decrease**

Source: Illinois State Police Crime Reports, 2012-2015

71

Gun Related Deaths in Champaign County

The table below shows the gun-related deaths in Champaign County from 2011 to 2016.



Champaign-Urbana Public Health District Death Certificates

Maternal and Child Health

- The teen birth rate in Champaign County (per 1,000 female population, ages 15-19) is 18. It is almost half of the prevalence in Illinois. Champaign County has one of the lowest teen birth rates in the US, with the top performing US County having a teen birth rate of 17.
- Child mortality is higher for Champaign than for Illinois.

Maternal Child Health Indicators	Champaign County	Illinois
Teen birth rate (per 1,000 female population ages 15-19)	18	30
Low birth weight	8%	8%
Infant mortality (within 1 year, per 1,000 live births)	7	7
Child mortality (among children under age 18 per 100,000)	60	50

2017 County Health Rankings

Environmental Health

- 22.64% of the population living in Champaign County has low food access. This percentage is higher than the percentage in Illinois (19.36%), but mirrors the average in the United States (22.43%)
- The number of grocery stores per 100,000 populations in Champaign County is 18.40. In Illinois and the United States the rate of grocery stores was slightly higher at 21.8 and 21.19,

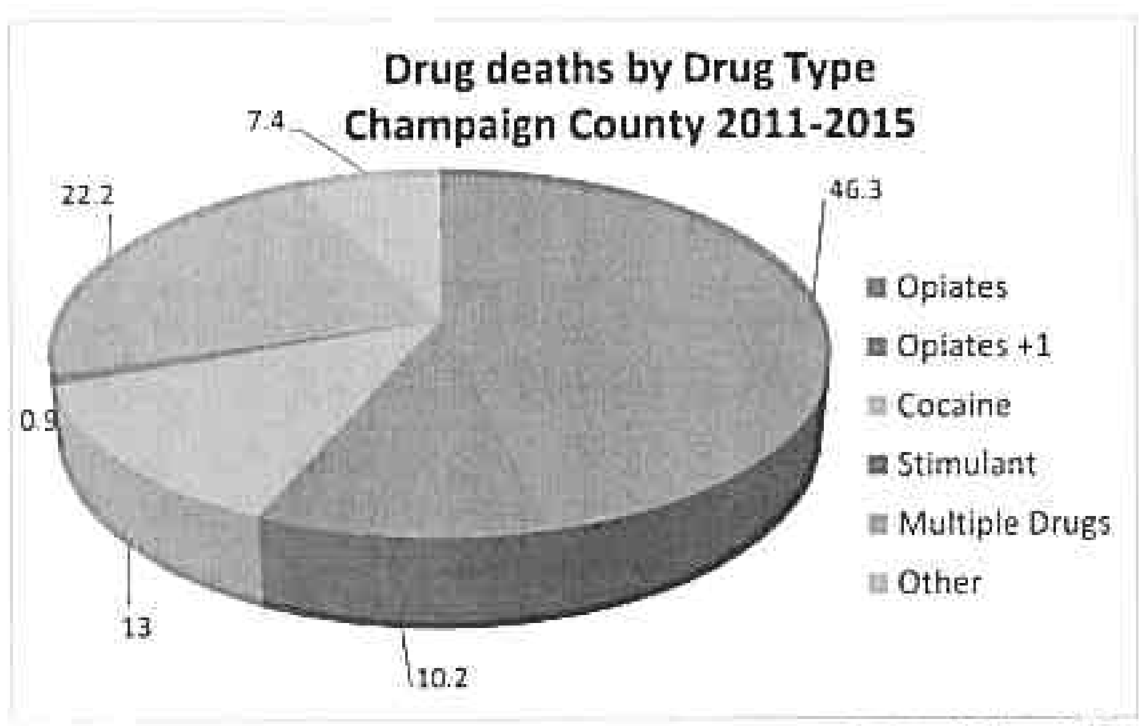
Drug-related Deaths in Champaign County, 2011-2015

According to the death certificate data compiled by Vital Records, Champaign-Urbana Public Health District, there were 132 drug-related deaths for the five-year period 2011-2015. Of these deaths, 108 were residents of Champaign County.

2011	2012	2013	2014	2015
19	19	15	26	29

Those are the ones included in this analysis. Seventy-seven of the deaths (72%) were in white individuals, and 28% in Black individuals. Over 71.3% were male, and 28.7% were female. Ages of those who had drug-related deaths were from 18-90, range 72. The mean age was 45.18. The data was bimodal with most deaths occurring at ages 39 and 47.

Opiates were the leading cause of drug-related deaths in Champaign County with nearly 47% listed as an opiate (heroin, methadone, hydrocodone, fentanyl), and an additional 10.2% had the cause of death listed as an opiate plus another drug(s). Over 22% listed multiple drugs as the cause of death. Over 13% died from cocaine, and less than one percent died of other stimulant use. 7.4% of the deaths were categorized as "other". They included such things as prescription drug overdose, over-the-counter drug over dose, and inhalant abuse.



Source: Champaign-Urbana Public Health District Vital Records

Of the 43 men who died of opiate-related death, 3 were ruled suicides, and 32 accidental. Of the 17 opiate-related deaths among females, 16 were ruled accidental, none suicides, and one natural.

73

PROMPT Region Opiate Non-Fatal & Fatal Overdose Rates (2017)

County:	Crude Non-Fatal Overdose Rate:	Crude Fatal Overdose Rate:
Champaign	8.07	1.72
Clark	3.72*	1.24*
Coles	4.9	0.57*
Cumberland	5.58*	0
Dewitt	8.05	2.48*
Douglas	5.02	1*
Edgar	7.95	0
Ford	5.92*	2.96*
Iroquois	16.08	1.4*
Piatt	5.5*	1.22*
Vermilion	20.15	3.29

"Overdose rate" is the rate of opioid overdose per 10,000 population for all demographics in a given geographical area
*Counties with less than 10 cases

PROMPT Region Opiate Mortality Trends by Age (2017)

0
10
20
30
40
50
60

75-84
65-74
55-64
45-54
35-44
25-34
15-24

Champaign
Clark
Coles
Cumberland
DeWitt
Douglas
Edgar
Ford
Iroquois
Piatt
Vermilion

PROMPT Region Opiate Mortality Trends by Gender (2017)

60
50
40
30
20
10
0

49
27
15
7
8
2
3
2 2
1
1 3
4

Female
Male

Champaign
Clark
Coles
Cumberland
DeWitt
Douglas
Edgar
Ford
Iroquois
Piatt
Vermilion

PROMPT Region Opiate Mortality Trends by Race (2017)

60
50
40
30
20
10
0

24
32
2
3
4
1
4
4
4
4
4
8
30

Hispanic
African American
White

Champaign
Clark
Coles
Cumberland
DeWitt
Douglas
Edgar
Ford
Iroquois
Piatt
Vermilion

All data collected from IDPH Opioid Data Dashboard: https://idph.illinois.gov/OpioidDataDashboard/

Provisional Data as of June 14, 2018

Justice and Mental Health Collaboration Program – Planning Grant
Champaign County, Illinois

FINAL REPORT
October 2015 – September 2017

Crisis Response Planning Committee Criminal Justice System Gaps Analysis
Champaign, Illinois
2017

Funding for the project was provided by
the U.S. Department of Justice and the Champaign County Mental Health Board

Committee

Co-Conveners:
Sheila Ferguson, Executive Director, Rosecrance Champaign/Urbana
Allen Jones, Chief Deputy, Champaign County Sheriff's Office

Project Director	Bruce Barnard
Project Coordinator	Celeste Blodgett
Collaboration Consultant	Claudia Lennhoff
Data Consultant	Saijun Zhang

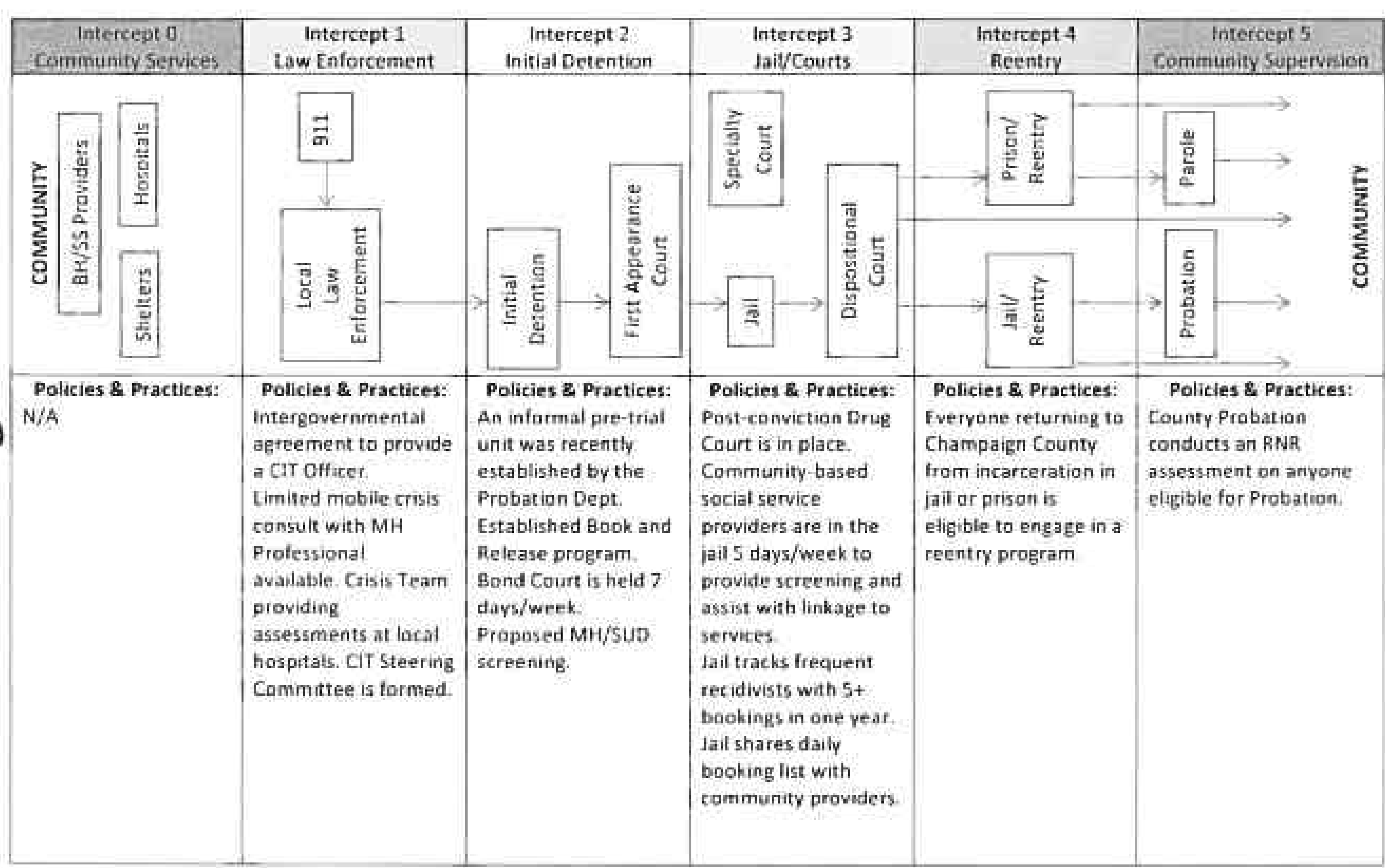
Crisis Response Planning Committee

Organization	Role	Individual
Champaign County Board		Jim McGuire
Champaign County Circuit Court	Court Administrator	Lori Hansen
Champaign County Continuum of Care	Homeless Services	Mike Benner
Champaign County Health Care Consumers	Consumer Advocate & Service Provider	Chris Garcia
Champaign County Jail	Jail Administrator	Karee Voges
Champaign County Mental Health Board	Mental Health Planning & Local Funding	Mark Driscoll
Champaign County Sheriff's Office	Co-Convener	Allen Jones
Champaign County State's Attorney		Julia Rietz
Citizen Representative		Jamie Stevens
NAMI Champaign, IL	Individual & Family Advocacy	Diane Zell
NAMI Champaign, IL	Individual & Family Advocacy	Nancy Carter
Prairie Center Health Systems	Addiction Services	Gail Raney
Rosecrance Champaign/Urbana	Mental Health & Addiction Services	Sheila Ferguson
Rosecrance Champaign/Urbana	Reentry Council Liaison	Bruce Barnard
Rosecrance Champaign/Urbana	Crisis & Respite Services	Monica Cherry
University of Illinois	CIT Police Officer	Brian Tison
University of Illinois	Law Enforcement Representative	Jeff Christensen

Technical Assistance Providers
from the Council of State Governments Justice Center
Will Englehardt & Risë Haneberg

APPENDIX A

Champaign County SIM – February 2017

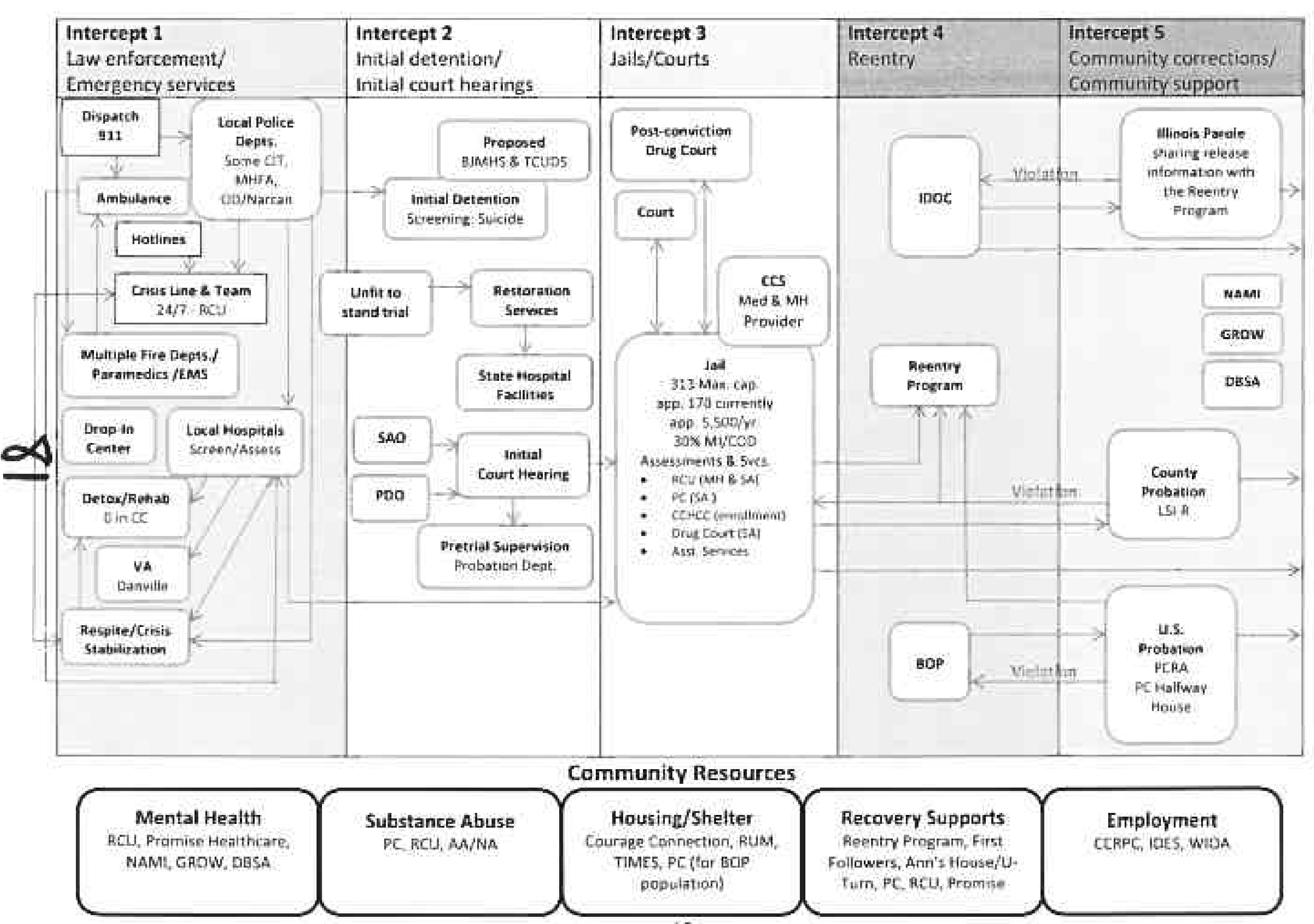


Intercept 0 Community Services	Intercept 1 Law Enforcement	Intercept 2 Initial Detention	Intercept 3 Jail/Courts	Intercept 4 Reentry	Intercept 5 Community Supervision
Policies & Practices: N/A	**Policies & Practices:** Intergovernmental agreement to provide a CIT Officer. Limited mobile crisis consult with MH Professional available. Crisis Team providing assessments at local hospitals. CIT Steering Committee is formed.	**Policies & Practices:** An informal pre-trial unit was recently established by the Probation Dept. Established Book and Release program. Bond Court is held 7 days/week. Proposed MH/SUD screening.	**Policies & Practices:** Post-conviction Drug Court is in place. Community-based social service providers are in the jail 5 days/week to provide screening and assist with linkage to services. Jail tracks frequent recidivists with 5+ bookings in one year. Jail shares daily booking list with community providers.	**Policies & Practices:** Everyone returning to Champaign County from incarceration in jail or prison is eligible to engage in a reentry program	**Policies & Practices:** County Probation conducts an RNR assessment on anyone eligible for Probation.

78

Evidence-Based Programs & Treatments: N/A	**Evidence-Based Programs & Treatments:** CIT Officers	**Evidence-Based Programs & Treatments:** Proposed screenings are BJMHS and TCUDS.	**Evidence-Based Programs & Treatments:** MRT groups are offered in the jail.	**Evidence-Based Programs & Treatments:** Reentry programming provides wrap-around services.	**Evidence-Based Programs & Treatments:** The LSI-R is conducted by Probation. MRT, cognitive behavioral therapy, groups are conducted by a community-based provider at Probation and in the community, in addition to Anger Management groups.
Data: In FY17 CCMHB allotted: $609,000 for Juvenile Justice Contracts; $799,584 for Adult Criminal Justice-Mental Health Contracts; $199,050 for Problem Solving Courts Contracts; $122,628 for Support Services - Victims of Crime; $885,952 for Community Based Services Contracts; $460,189 for System of Care for Youth & Families; $633,073 for ID/DD Contracts	**Data:** In 2014, CIT Officers responded to 1,687 calls; 461 were for Crisis; 16 excited delirium; 710 were for suicide attempts or threats; In2014, U of I PD transported 101 people to the hospital for involuntary commitments.	**Data:** 5,589 bookings in 2016; Since March 7, 2017, everyone booked into the jail is screened for MI with the BJMHS and a substance use disorder with the TCUDS V. An average of 11 screens are conducted daily. Preliminary data indicates that 32% or 3 per day will be referred for secondary screening including the LSI-R:SV proposed.	**Data:** In 2015, a point-in-time census was conducted in the jail. Of the 136 inmates surveyed, 63 or 46% reported COD, 22 or 16% cited SUD only, and 12 or 9% cited MI only. For those who stay ≥ 72 hours, ALOS = 35.81 days. At this time, there is no data available for ALOS re: the population with MI/COD.	**Data:** Identified needs data, gathered from 239 Reentry Program participants over the past 2.5 years, indicated 189 or 81% indicate a need for behavioral health services.	**Data:** County Probation approximates that: 35% of 835 cases received by the Probation Department in one year were ordered or referred to undergo a MHA, 45% were ordered or referred to undergo SUD treatment. A fair estimate would be that 60-65% of total intakes were either ordered or referred for MH/SUD treatment.

(CCMHB/CCDDB IGA). In FY1617, the City of Urbana/Cunningham Township provided $250,000 in funding to 26 different agencies. The United Way invested $2.7M in FY16 to social services, education and health. Community Foundation allocated nearly $80,000 to community organizations in 2016. **Services:** N/A	**Services:** 117 Police Officers are CIT trained. 306 Police Officers are trained in MHFA. Limited mobile crisis consult with MH Professional available, which provide 73 consults in 2016.	**Services:** Medical staff completes non-validated screening for only those who demonstrate observable symptoms of mental illness.	**Services:** Limited jail-based MH in-reach services and connection to care.	**Services:** Reentry case management services are available for anyone returning to the Champaign County community, from incarceration. Services include assistance with obtaining a state ID or driver's license, linkage to available resources in CC for housing, employment, education, medical coverage and care, benefits, some transportation, and MH and/or SA treatment.	**Services:** LSI-R risk assessment, cognitive behavioral-based groups.


Intercept 1
Law enforcement/
Emergency services
Intercept 2
Initial detention/
Initial court hearings
Intercept 3
Jails/Courts
Intercept 4
Reentry
Intercept 5
Community corrections/
Community support
Dispatch 911
Local Police Depts. Some CIT, MHFA, OD/Narcan
Ambulance
Hotlines
Crisis Line & Team 24/7 - RCU
Multiple Fire Depts./ Paramedics /EMS
Drop-In Center
Local Hospitals Screen/Assess
Detox/Rehab 0 in CC
VA Danville
Respite/Crisis Stabilization
Proposed BJMHS & TCUDS
Initial Detention Screening: Suicide
Unfit to stand trial
Restoration Services
State Hospital Facilities
SAO
PDO
Initial Court Hearing
Pretrial Supervision Probation Dept.
Post-conviction Drug Court
Court
CCS Med & MH Provider
Jail
313 Max. cap
app. 170 currently
app. 5,500/yr
30% MI/COD
Assessments & Svcs.
RCU (MH & SA)
PC (SA)
CCHCC (enrollment)
Drug Court (SA)
Asst. Services
IDOC
Violation
Illinois Parole sharing release information with the Reentry Program
NAMI
GROW
DBSA
Reentry Program
County Probation LSI-R
Violation
BOP
Violation
U.S. Probation PCRA PC Halfway House
Community Resources
Mental Health
RCU, Promise Healthcare, NAMI, GROW, DBSA
Substance Abuse
PC, RCU, AA/NA
Housing/Shelter
Courage Connection, RUM, TIMES, PC (for BOP population)
Recovery Supports
Reentry Program, First Followers, Ann's House/U-Turn, PC, RCU, Promise
Employment
CCRPC, IDES, WIOA
18

APPENDIX B

SIM Intercepts Chart - Champaign County

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 1 911 Local Law Enforcement RCU Mental Health Crisis Line	Co-Responder Programs	• RCU Crisis Team 24hr on-call	• Inadequate staffing for 24hr LE response • Response time is prohibitive to LE
	911 Dispatch System	• MHFA Training • CIT Training (6) trained in CIT • OD/Naloxone (i.e., Narcan) Training is scheduled	• More MHFA training is needed • More CIT training is needed
	Law Enforcement (LE)	• Some LE are MHFA trained • CIT (cross-jurisdiction agreements, 117 trained) • CIT training scheduled/funded into 2017 • Some LE are trained in OD/Naloxone (i.e., Narcan), additional trainings scheduled	• Determination of appropriate number of officers for MHFA and/or CIT training needs • Ongoing CIT training beyond 2017 is needed • Ongoing OD/Naloxone (i.e., Narcan) training is needed • LE outreach from LE to Crisis Team is limited • Jail staff outreach/collaboration is limited

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 1 **911** **Local Law Enforcement** **RCU** **Mental Health Crisis Line**	**Crisis Stabilization**	• Respite Center (RCU) • Voluntary hospitalization or petition for involuntary admission	• Respite Center does not meet all needs of the community (Not designed for drop-off by LE or family members) • Criminogenic Risk Assessment data is not available
	Detoxification	• Transportation to out of town detoxification, or local hospital-based	• Volume and ED activity determine access to beds/triage for severity of need
	Emergency Respite ID/DD Population	• RCU MI/DD Program (Clients eligible for Respite Center and Case Management services)	

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 2 **Initial Detention & Court Hearings**	**Jail Screening & Assessment**	• Correctional Staff currently administer the Jail's *Initial MH Screen & Assessment*	• Primarily assesses suicidality • Data sharing/tracking • Information sharing model may have unintended consequences

		• Correctional Staff will administer
		  ○ *BJMHS* (proposed)
		  ○ *TCUDS* (proposed)
			• Unknown

		• CCS (PCP provider in jail) assesses primary medical and MH needs	• Data sharing/tracking

	Specialty Courts	• Drug Court
		  ○ LSI-R
		  ○ Prairie Center is the SA treatment provider for Drug Court
		  ○ Medication Assisted Treatment (MAT) – Naltrexone (i.e., Vivitrol)
			• Limited access
			• Post-conviction only
			• MAT is limited to Drug Court participants
			• Mental Health Court or Specialty/Problem Solving Court(s) are needed

	Alternative Processes (Diversion)	• First Offender Probation • State's Attorney's Second Chance Program • Bond court 7 days/week • Informal pre-trial program	• No structured community-based diversion program • Criminogenic risk data not available at bond hearing • No alternative from jail or hospital available for referral
	Criminogenic Risk assessment	• Currently provided by County Probation	• No criminogenic risk data for community-based services unless completed by County Probation

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 2 **Initial Detention & Court Hearings**	Other		• Some linkages occur due to relationships, and are not formalized • Lack of structured services available at various intercepts without PD referral • Many people lack ability to pay for some services they are referred to • Education or awareness of MH/SUD by staff at Jail and SAO is limited • If there is no bed when involuntary commitment is recommended, there is no access

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 3 **Jail/Courts**	**Community Provider Screening & Assessment**	**RCU** (BH Provider) • Administers the *ISF* screen & requests the *LSI-R* from County Probation if possible • Community Support Program in jail provides: Case Management (Housing, Employment, Education, BH, Primary Health, Other Benefits/Entitlements SS) • Functions: Identifies people with MH needs and links to community supports, Contacts housing providers and advocates so clients don't lose housing, Notifies doctors and gets meds from outside providers, Notifies other tx providers so clients don't lose spot and arranges for providers to contact or see clients, Notifies family members, Consults with CCS, Provides info/linkage/referral to transportation, dental, vision, CCHCC, Reentry, SA, Groups in jail (MRT), Prairie Center	• No information sharing beyond aggregate data or with specific signed consent • Community providers use agency-specific screening procedures, no consistent evidence-based screening and assessment tools across the system

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 3 **Jail/Courts**	**Community Provider Screening & Assessment**	**Prairie Center** (SA Provider) • Administers the *GAIN-SS* & requests the *LSI-R* from County Probation if possible • Provides screening & brief intervention	• Pre-sentence/pre-bond population • No treatment in jail • Post-release engagement low • No information sharing beyond aggregate data
	Jail Programming & Services	• A variety of services and programming are available: CCHCC Benefits Enrollment, Public Health STD testing, Flu shots – **D**, MRT, AA/NA, Counseling – **D**, VA Outreach – **D**, GED, Tutoring Math & English, Art, Movie Critic, Poetry, Library/Books to Prisoners – **D**, Parenting classes - female only, Church/religious services – **D**, GROW?, ESL?, Project Read?, Additional groups by CCS?, Peer Support, Anger Management • CCS psychiatrist is onsite once per month	• More programming desired *Access to existing services is significantly limited due to structural limitations (i.e., space) of the existing facilities and operation of 2 jails. • Increased access to psychiatry is a concern • Specialized housing within the jail is a concern • Correct Care Solutions provides no community or transition plan
	Criminogenic Risk Assessment	• LSI-R in use by County Probation • SPIn purchased but not currently used by IDOC • PCR in use by US Probation	• No criminogenic risk data for jail population unless previously completed by County Probation

***D** - Indicates if a program is available at the Downtown Jail location.

***?** - Indicates programs that the jail would like to provide or has provided in the past and would like to again.

Intercept	Comprehensive System Features	Existing Programs		Gaps/Limitations
<u>Intercept 4</u> **Reentry**	**Pre-release planning**	• RCU in jail • TASC in two IDOC facilities		• More pre-release planning capacity needed
	Housing	Return from **Jail**	Return from **Prison**	
			Ann's House	• Faith-based • Female only • 4-6 beds • No one with sex or violent crime • Must be on Parole
		Courage Connection	**Courage Connection**	• Female only • 11 beds
			JITW (Rantoul)	• Faith-based • Male only • 5 beds
		Restoration Urban Ministries	**Restoration Urban Ministries**	• Faith-based • Approx. 70 beds • No sexual offense
		TIMES Center	**TIMES Center**	• Male only • 20 beds • Must be employed or have general assistance • No more than 2 registered sex offenders
			Prairie Center	• Halfway house for Federal BOP only

88

Intercept	Comprehensive System Features	Existing Programs		Gaps/Limitations
		Return from **Jail**	Return from **Prison**	
Intercept 4 **Reentry**	Housing	**Private Landlords**	**Private Landlords**	• Conviction type/ location near schools • City of Champaign Human Rights Ordinance allows for discrimination for up to 5 years (currently under review)
				• No halfway house • CC Housing Authority limits access to housing for people with convictions, creating barriers to family reunification
	Employment	**Community Services Center** (Rantoul) • Laptop access • Link to temp. employment agencies		
		First Followers • Laptop access • Resume assistance		
		Illinois Work Net Center • Computer access • Fax access • Resume assistance		
		RCU Reentry Program • Employer referral • Application assistance • Resume assistance		

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 4 **Reentry**	Employment	**Salvation Army Employment Training Program** • Case management • Job matching • Employment testing	• Must have a felony conviction
			• Lack of coordination of existing efforts • No structured skills development employment program • Factory-based employment based in Rantoul-approx. 20 miles from Champaign/Urbana
	Transportation	**Champaign County Area Rural Transit System (CCARTS)**	• 48hr advance notice • $5/ride • Limited operation (M-F, 6-6)

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 4 **Reentry**	**Medical/Benefits**	**CCHCC** • Enrollment & Benefits Support (in the community & the jail) • Linkage to primary medical care, dental care • Assistance with eye glasses, and prescriptions	• SSDI Application Specialists are needed
		Promise Healthcare (Frances Nelson, Smile Healthy) • Primary medical, dental, psychiatric treatment, and MH counseling provider	
		RCU Reentry Program • Follow-up post jail incarceration • Enrollment & Benefits Support • Referral to CCHCC • Referral to Promise Healthcare (Frances Nelson, Smile Healthy) • Assistance with securing a PCP	

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations

Intercept 4
 	
Reentry
	Behavioral Health	**RCU**
		• Community Support in jail
		  ○ Links to RCU BH programs
		  ○ Collaborates with Prairie Center
		• Reentry Program
		  ○ Links to BH assessments
		  ○ Links to psychiatric treatment and medication
			• Lack of capacity for psychiatry (community-wide)

		Prairie Center
		• Receives Daily Jail Booking list
		  ○ Contacts any former client
		  ○ Contacts anyone with a substance-related charge
		  ○ Collects post-release contact info
			• Lack of capacity for residential substance abuse
			• No long-term care

		TASC • In two IDOC facilities, and coordinates with Parole	• Services are limited to linkage
	Education	**Urbana Adult Education Center** • HS Diploma completion • Additional programs/coursework available	• $100 enrollment fee * UAE noted students who end up in jail typically have extremely low reading levels
		Parkland College • GED classes • Adult Reentry Program (educational reentry) • Additional programs/coursework available	• Fees associated with some programming

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 4 **Reentry**	Education	**WIOA** • Basic reading and math assistance	
			• Technology barrier in jail and prison, and for anyone releasing from prison after serving a long sentence

93

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 5 **Community Corrections**	**Criminogenic Risk Assessment**	• LSI-R in use by County Probation • PCR in use by US Probation	• No assessment from IDOC - SPIn purchased, but not in use
	Housing	• IDOC Reentry Group assists with housing placement • RCU Reentry Program refers to housing resources • Prairie Center has BOP Halfway House	• Despite a number of existing supports, housing for specialized populations remains extremely limited
	Behavioral Health	• Prairie Center SA services • RCU BH services • Promise Healthcare psychiatry services	• Access is extremely limited
	Access to Prescription Medication	• CCHCC provides assistance	• Access is limited
	Transportation Resources	• Champaign County Area Rural Transit System (CCARTS)	• 48hr advance notice • $5/ride • Limited operation (M-F, 6-6)
	Education	**Urbana Adult Education Center** • HS Diploma completion • Additional programs/coursework available	• $100 enrollment fee * UAE noted that students who end up in jail typically have extremely low reading levels
		Parkland College • GED classes • Adult Reentry Program (educational reentry) • Additional programs/coursework available	• Fees associated with some programming
		WIOA • Basic reading and math assistance	

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 5 **Community Corrections**	Employment	**Community Services Center** (Rantoul) • Laptop access • Link to temp. employment agencies	
		First Followers • Laptop access • Resume assistance	
		Illinois Work Net Center • Computer access • Fax access • Resume assistance	
		RCU Reentry Program • Employer referral • Application assistance • Resume assistance	
		Salvation Army Employment Training Program • Case management • Job matching • Employment testing	• Must have a felony conviction
			• No structured skills development employment program
	Other		• Technical conditions are not enforced

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CIT Responses in Champaign County

August 1, 2017 – July 31, 2018

Contents

Introduction 2
Methodology 2
Volume of CIT Contacts 3
Demographics 6
CIT Officer and Crisis Response Utilization 8
Natures of Incidents 10
Symptoms Displayed 11
Outcomes of Contacts 12
Suicide Attempts, Threats, and Ideations 13
Repeat Contacts 15

Introduction

In October 2012, at the Urbana City Building, members from local law enforcement agencies and the mental health community met to discuss the current law enforcement response to citizens in mental health crisis, build stronger partnerships between stakeholders, and identify resource options. The law enforcement community was represented by the Champaign County Sheriff's Department (CCSO), Champaign Police Department (CPD), University of Illinois Police Department (UIPD), Urbana Police Department (UPD) and Champaign County State's Attorney Office (SAO). The local mental health system was represented by area mental health providers, the local hospitals, a member of the jail task force, and other stakeholders.

The group continued meeting regularly and is now recognized as the Champaign County Crisis Intervention Team Steering Committee (CITSC).

Methodology

This report illustrates the Crisis Intervention Team (CIT) responses from the Champaign County Sheriff's Office, Champaign Police Department, University of Illinois Police Department, and Urbana Police Department for one full year, from August 1, 2017 to July 31, 2018. Rantoul Police Department data is excluded from this analysis

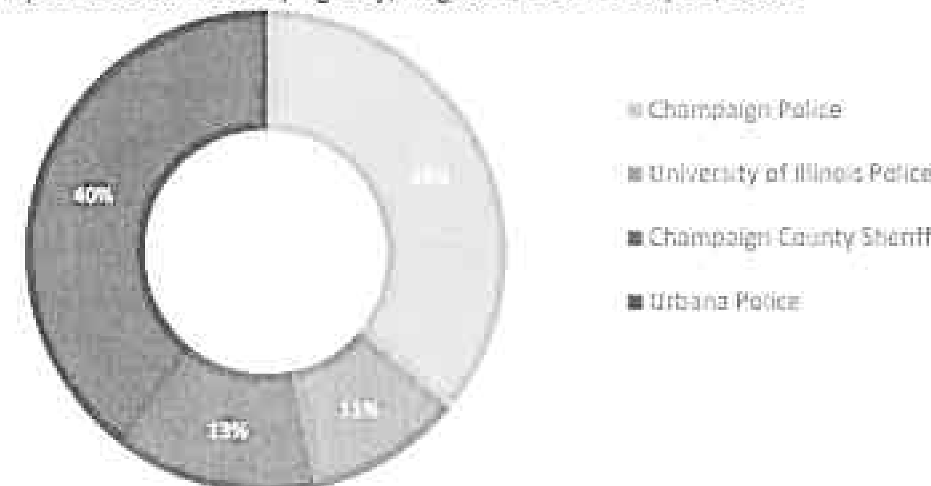
After a great deal of discussion and work among stakeholders and the administrators of the Area-Wide Records Management System (ARMS), a new method of tracking CIT contacts was developed. On February 14, 2017, a pilot of this new method was launched, where selected officers began using the new form. All officers across all agencies began using this new method on April 1, 2017. Data quality has continually improved. Analyses represent an aggregate of all four agencies.

97

Volume of CIT Contacts

The four agencies recorded 1553 symptomatic contacts in from August 1, 2017 to July 31, 2018. Figure 1 displays the disaggregation of the symptomatic contacts by agency. Urbana Police Department recorded 40% of symptomatic CIT contacts, Champaign Police Department represented 36%, the Champaign County Sheriff's Office recorded 13% of contacts, and the University of Illinois Police Department represented 11% of contacts.

Figure 1. Symptomatic Contacts by Agency, August 1, 2017 to July 31, 2018

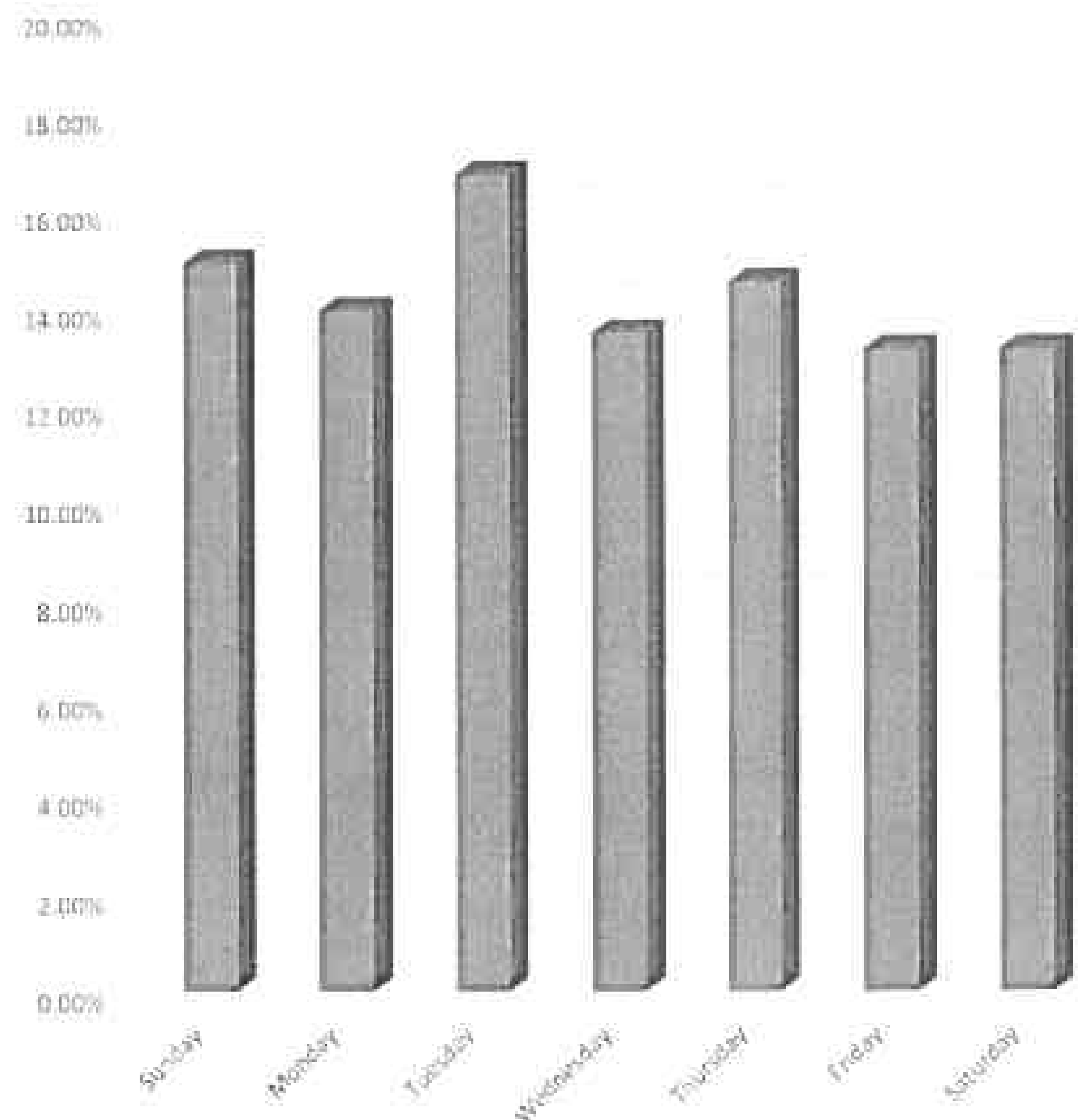


As shown in Figure 2, from April 1 to May 31, 2017, 1553 CIT contacts with individuals displaying symptoms were conducted by all agencies. There were an additional 106 contacts with individuals not displaying symptoms at the time. These 106 contacts are excluded from all analyses.

Figure 2. Symptomatic CIT Contacts by Month, August 1, 2017 to July 31, 2018

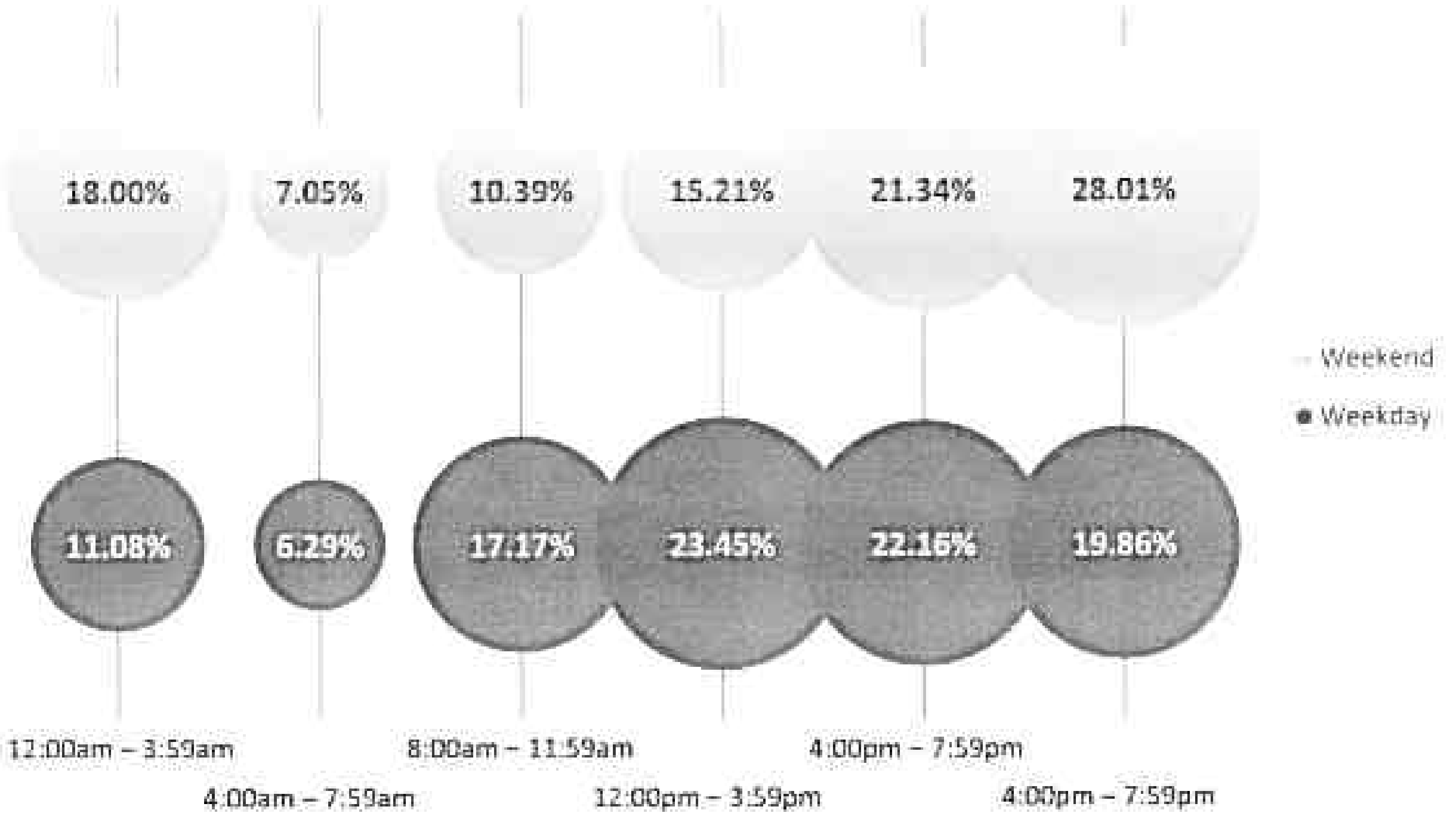
Figure 3 illustrates the contacts by day of the week. This data revealed that the CIT contacts are fairly similar across days of the week. The most contacts occur on Tuesday (16.74%), and the least occur on Friday and Saturday (each, 13.17%). The largest proportion of CIT contacts are between 5 pm and 9 pm, followed by 9 am to 1 pm.

Figure 3. Symptomatic CIT Contacts by Day of Week, August 1, 2017 to July 31, 2018



The temporal analysis presented in Figure 4 demonstrates that weekdays and weekends have a different distribution across time. During the week, the most contacts occur from 8:00am to 8:00pm. On the weekends, this shifts to 4:00 pm to 4:00 am.

Figure 4. Symptomatic CIT Contacts by Day of Week and Time of Day, August 1, 2017 to July 31, 2018



100

DEMOGRAPHICS

The four agencies had contact with 1028 individuals in the past 12 months. Many individuals had repeat contacts – this analysis presents the information by person, so each person is counted only once regardless of the number of contacts. For more details on repeat contacts, please refer to that section of this report.

As shown in Tables 1, 2, and 3, over half of the symptomatic CIT contacts involve a Caucasian subject (59.38%), followed by African American, and Hispanic. The gender distribution of individuals with symptomatic contacts are nearly equal - 51.75% of are male, and 48.25% are female. The individuals ranged in age from 8 to 93; the median age was 27 and the mean was 32. 131 individuals were under the age of 18.

Table 1. Race of Individuals with Symptomatic CIT Contacts, August 1, 2017 to July 31, 2018

Race	
Caucasian	59.44%
African American	29.67%
Asian	6.03%
Hispanic	3.99%
Other	0.88%

Table 2. Sex of Individuals with Symptomatic CIT Contacts, August 1, 2017 to July 31, 2018

Sex	
Male	51.75%
Female	48.25%%

Table 3. Descriptive Statistics of Age of Individuals with Symptomatic CIT Contacts, August 1, 2017 to July 31, 2018

Age	
Range	8 to 93
Median	27
Mean	32
Individuals under 18	131

Officers will collect some additional information if it is relevant. From August 2017 to July 2018, individuals involved in CIT contacts included 45 veterans, 181 individuals affiliated with the University of Illinois, 66 homeless individuals, and 13 individuals where it was relevant to indicate they had a FOID card. In the cases any of these characteristics is not relevant to the case, the officer will mark *unknown*. The following statistics displayed in Table 4 exclude *unknown* answers, and only count each person one time. The sample size of known characteristics is denoted in each row.

Table 4. Additional Information for Individuals with Symptomatic CIT Contacts, August 1, 2017 to July 31, 2018

	Veteran	UIUC	Homeless	FOID Card
No	93.43%	76.28%	93.17%	96.41%
Yes	6.57%	23.72%	6.83%	3.59%
Total Known	685	763	967	362

CIT Officer and Crisis Response Utilization

Figure 5 illustrates the proportion of CIT incidents that involve a certified CIT officer. Becoming a CIT officer is voluntary, and certification is granted after successful completion of 40 hours of intensive training. Approximately 73% of all CIT contacts involve a CIT officer.

Figure 5. Symptomatic CIT Contacts with CIT Officer, August 1, 2017 to July 31, 2018

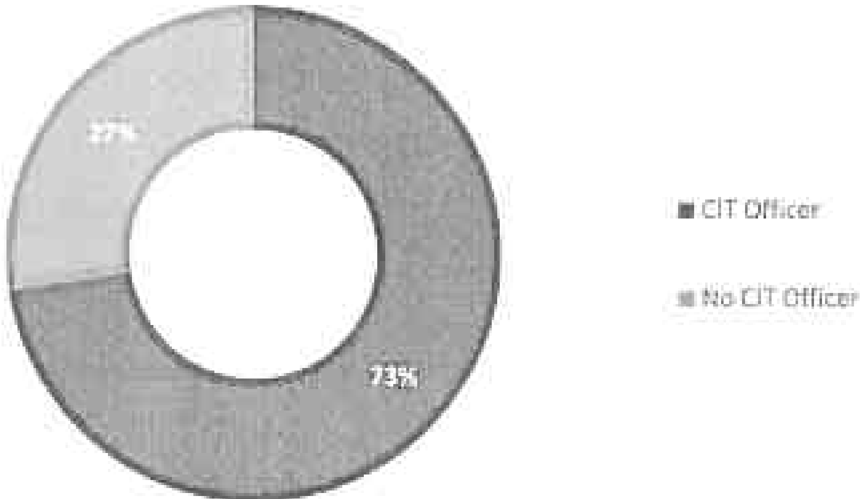


Figure 6 illustrates when Crisis Response was called from the scene. Of all symptomatic CIT contacts, Crisis Response was called in approximately 2% of contacts.

Figure 6. Crisis Response Called from Scene, August 1, 2017 to July 31, 2018

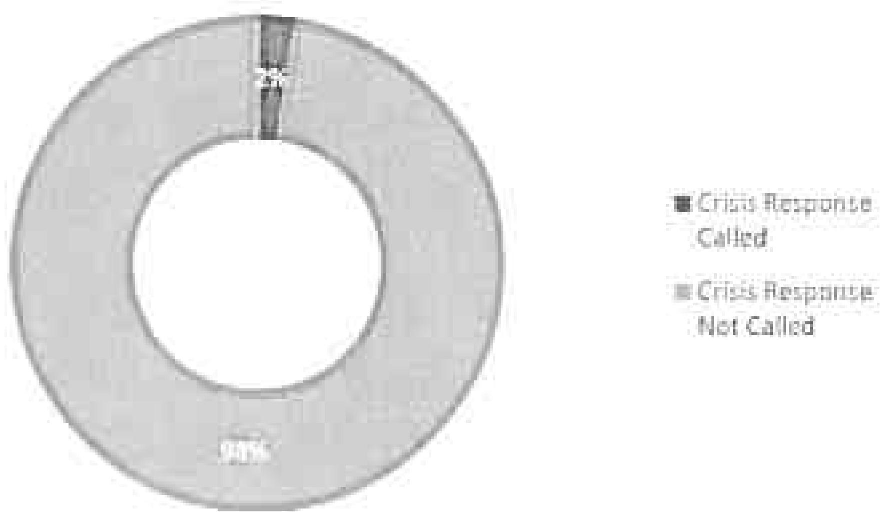
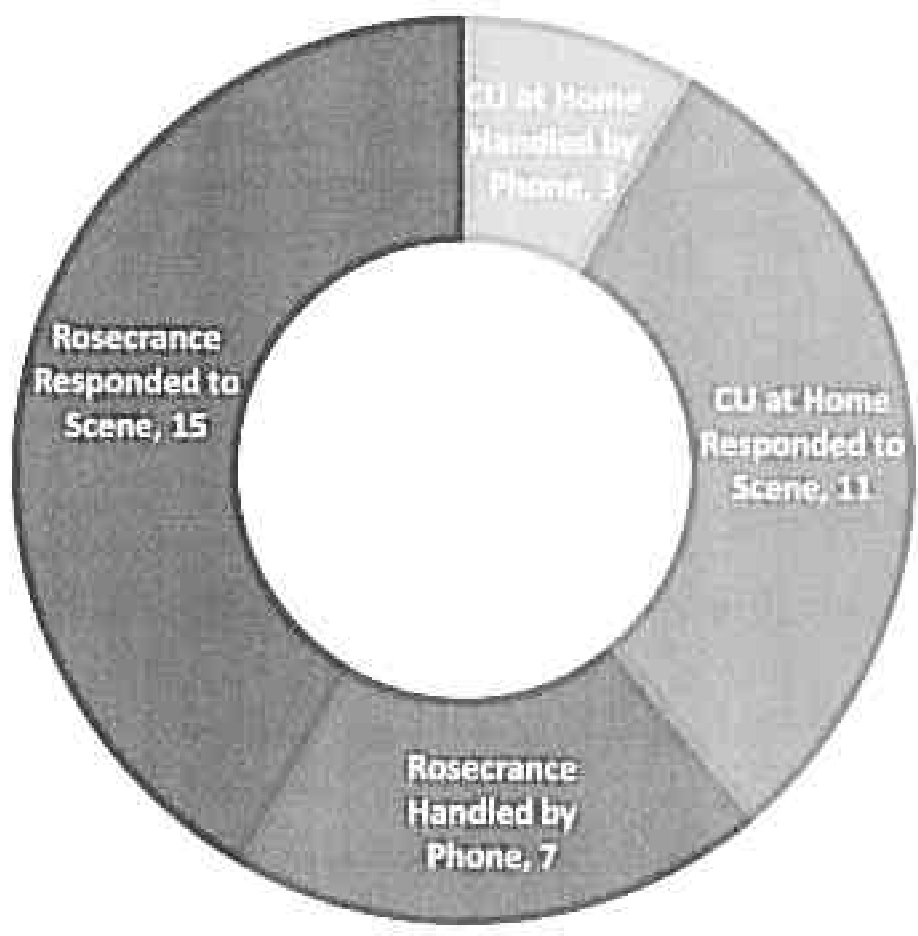


Figure 7 presents the types of Crisis Response action for the 36 instances in which Crisis Response was utilized. The most frequent action was responding to the scene (26), and there were ten instances that CU at Home or Rosecrance handled by phone.

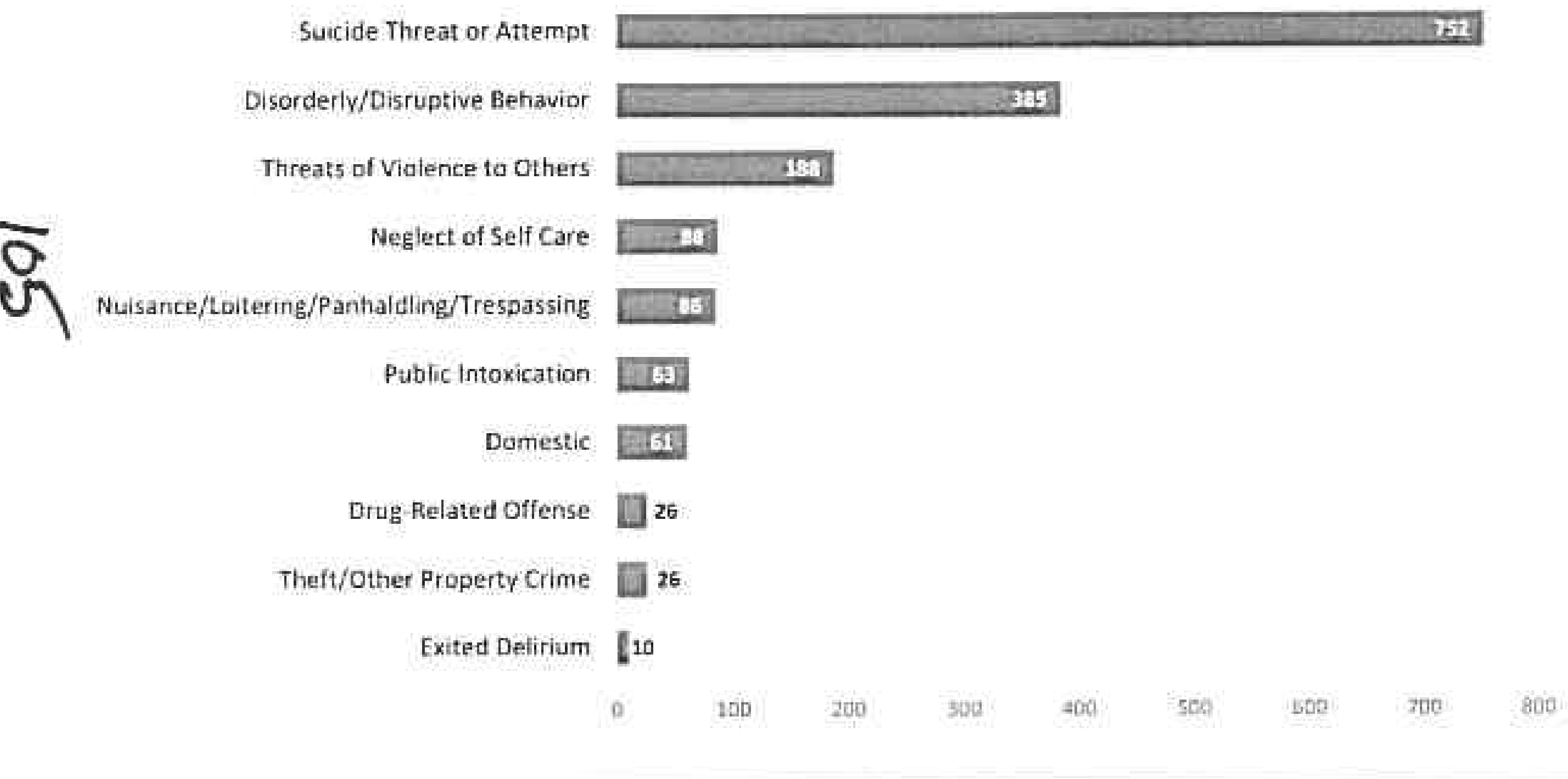
Figure 7 Crisis Response Action, August 1, 2017 to July 31, 2018



Natures of Incidents

The nature of an incident is defined as the reason the officer was dispatched or responded to an incident. The most frequent nature of CIT contacts are suicide threats or attempts, followed by disorderly or disruptive behavior, as displayed in Figure 8. Please note that multiple natures of event can be indicated for one CIT contact.

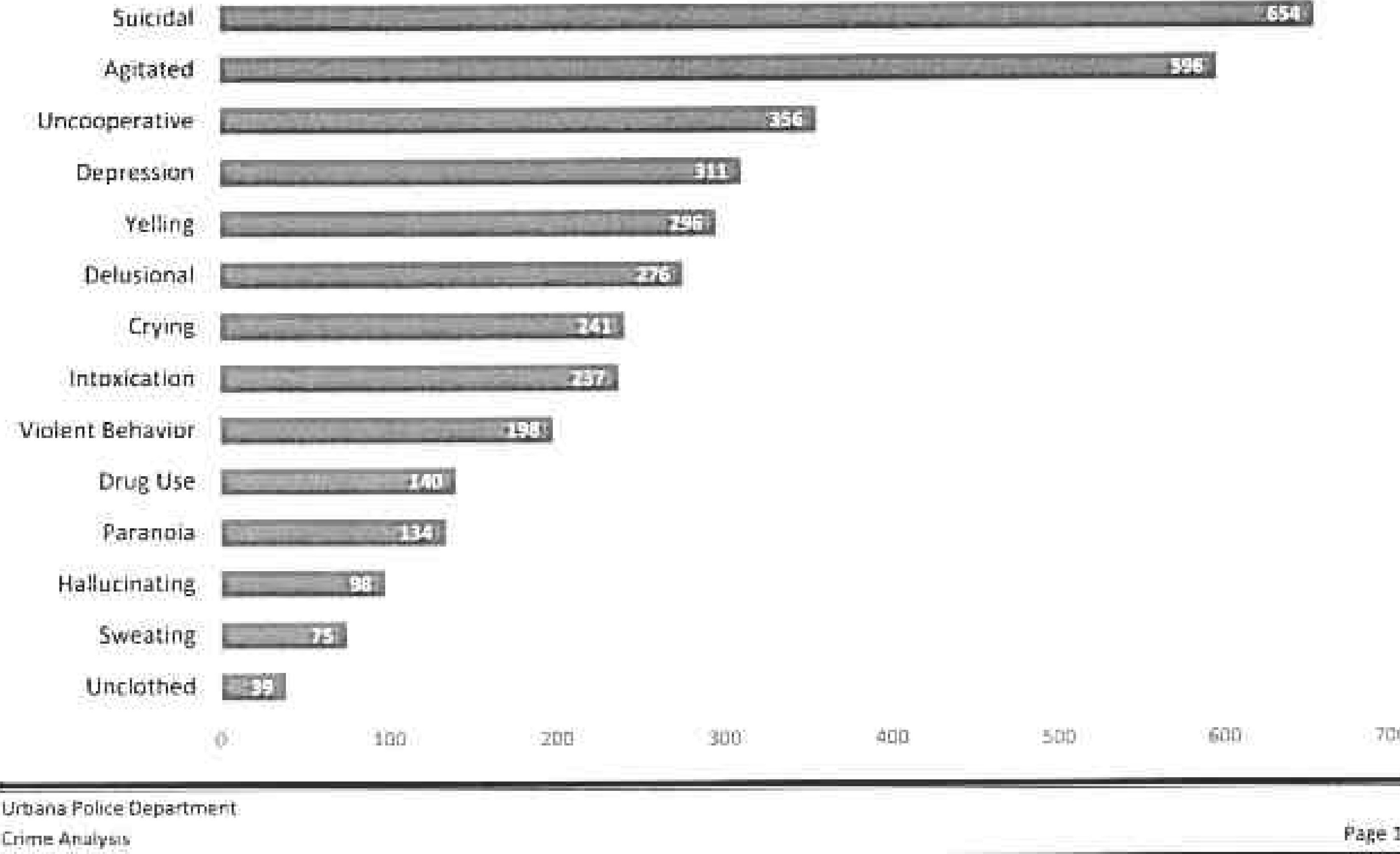
Figure 8. Natures of Incidents, August 1, 2017 to July 31, 2018



SYMPTOMS DISPLAYED

The most common symptoms displayed by individuals engaged in CIT contacts suicidal symptoms and agitation, as displayed in Figure 9. Please note that more than one symptom can be indicated for one CIT contact.

Figure 9. Symptoms Displayed, August 1, 2017 to July 31, 2018

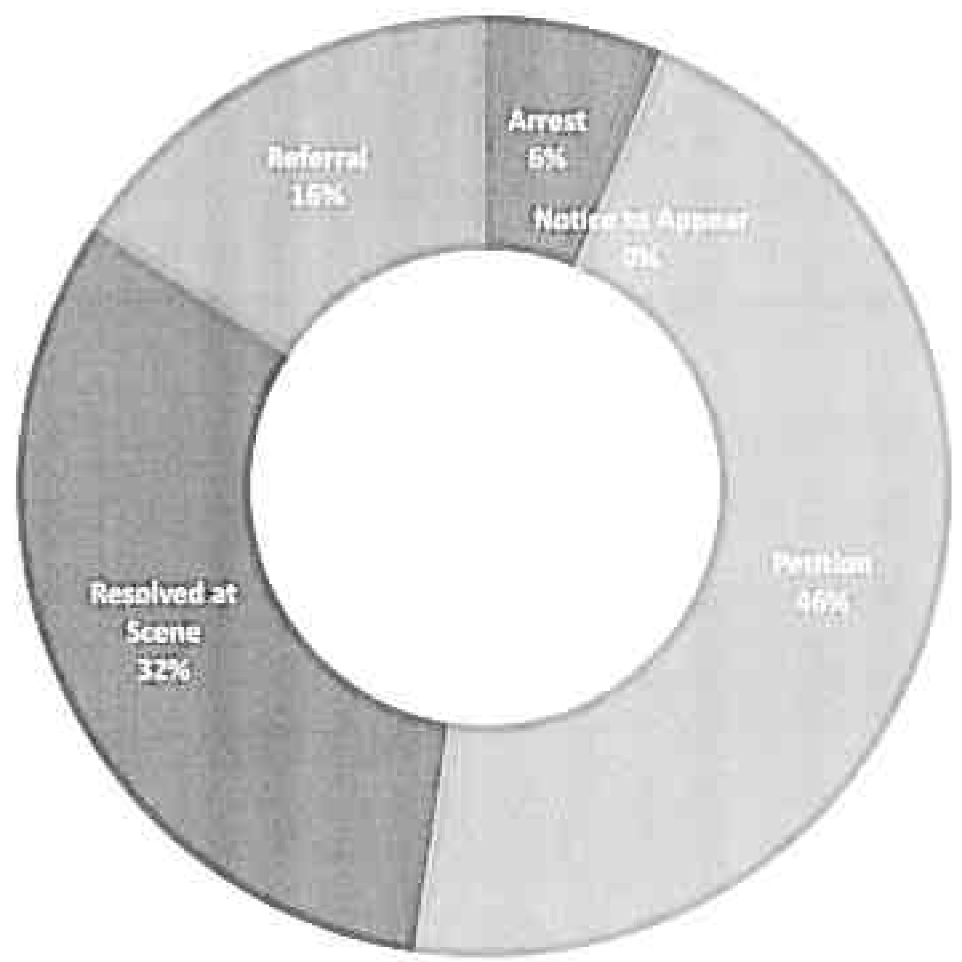


106

Outcomes of Contacts

CIT contacts can be resolved in one of five ways: custodial arrest, issuance of notices to appear, petitions, resolved at scene, and referrals. As displayed in Figure 10, 46% of contacts resulted in a petition, 32% were resolved at the scene. Approximately 6% CIT contacts resulted in arrest, or 89 incidents.

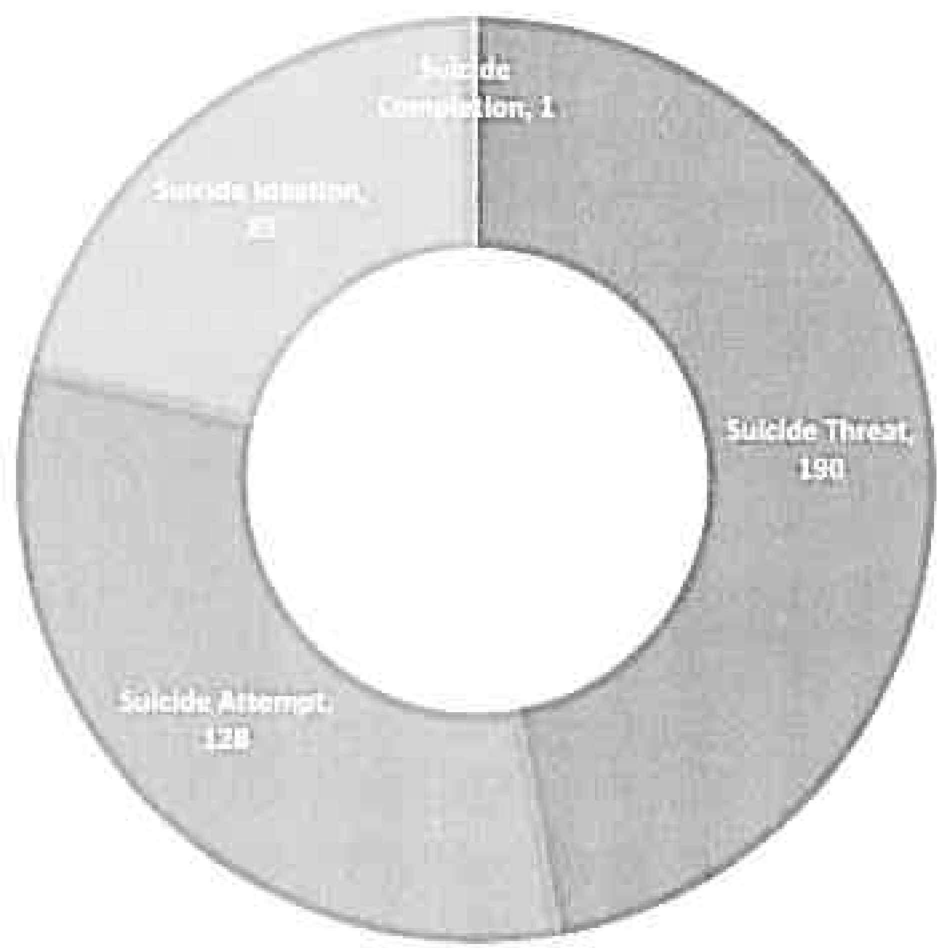
Figure 10. Outcome of Contacts, August 1, 2017 to July 31, 2018



Suicide Attempts, Threats, and Ideations

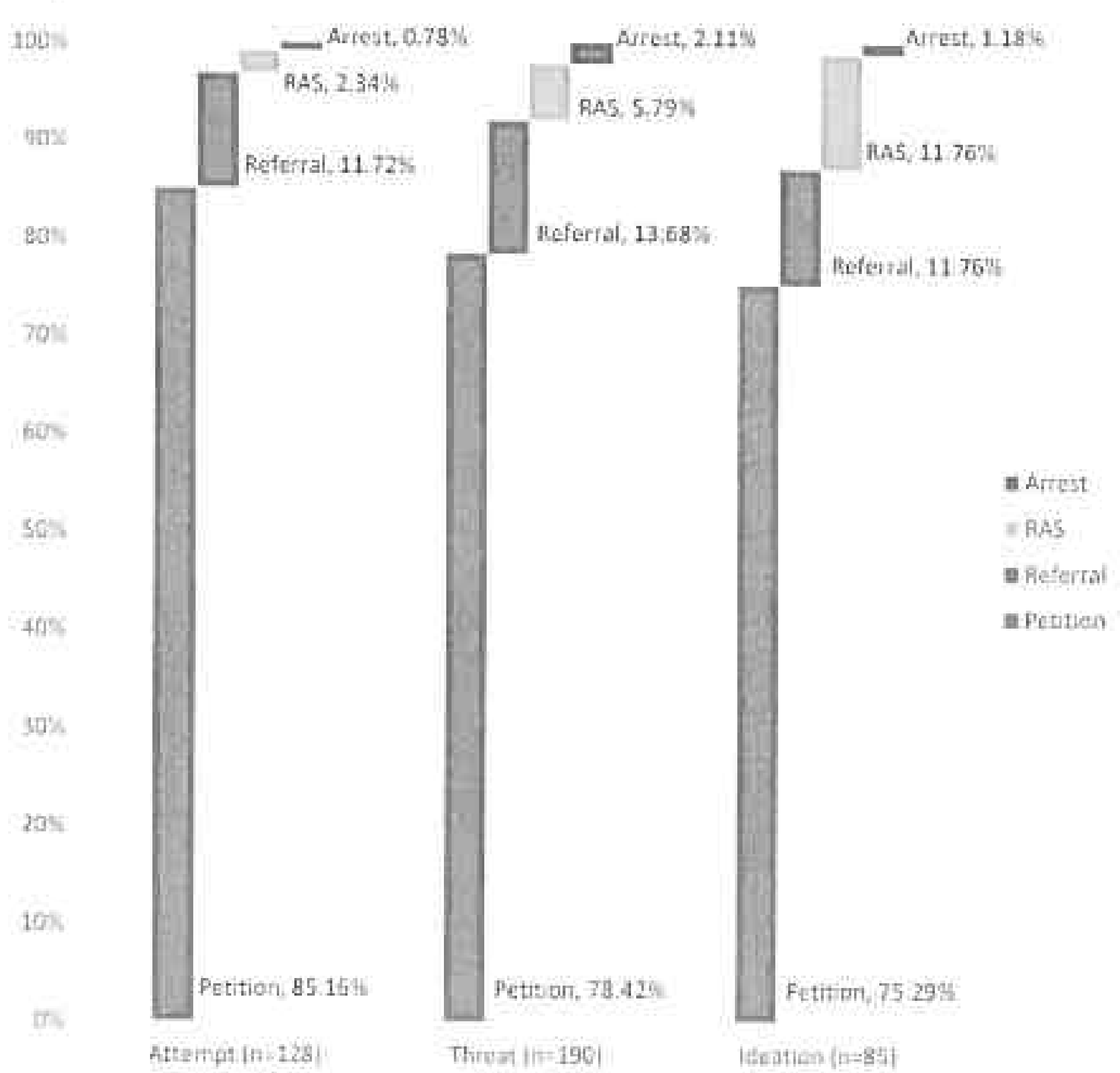
The most frequent nature of incident, and most frequent symptoms, involve suicide threats, attempts, and ideations. It is useful to consider these contacts separately. The below analysis in Figure 11 represents 404 CIT contacts from January 1, 2018 – July 31, 2018 with a suicide-related incident code nature of incident, representing 43% of all contacts from that time frame. Data quality improved beginning on July 1, and officers now denote whether the call was a suicide threat, attempt, ideation, or completion.

Figure 11. Suicide Threats, Attempts, Ideations, and Completions, January 1, 2018 to July 31, 2018



Below in Figure 12, the dispositions of each type of suicide CIT contact is disaggregated by threats, attempts, and ideations. Over ¾ of all of these contacts result in a petition; this ranges from 85% for contacts involving suicide attempts, and 75% for contacts involving suicide ideations. Referrals are highest (almost 14%) for contacts involving suicide threats, and officers resolve contacts involving suicide ideations at the scene in nearly 12% of contacts. Arrests occurred in only 6 suicide threat, attempt, or ideation CIT contacts.

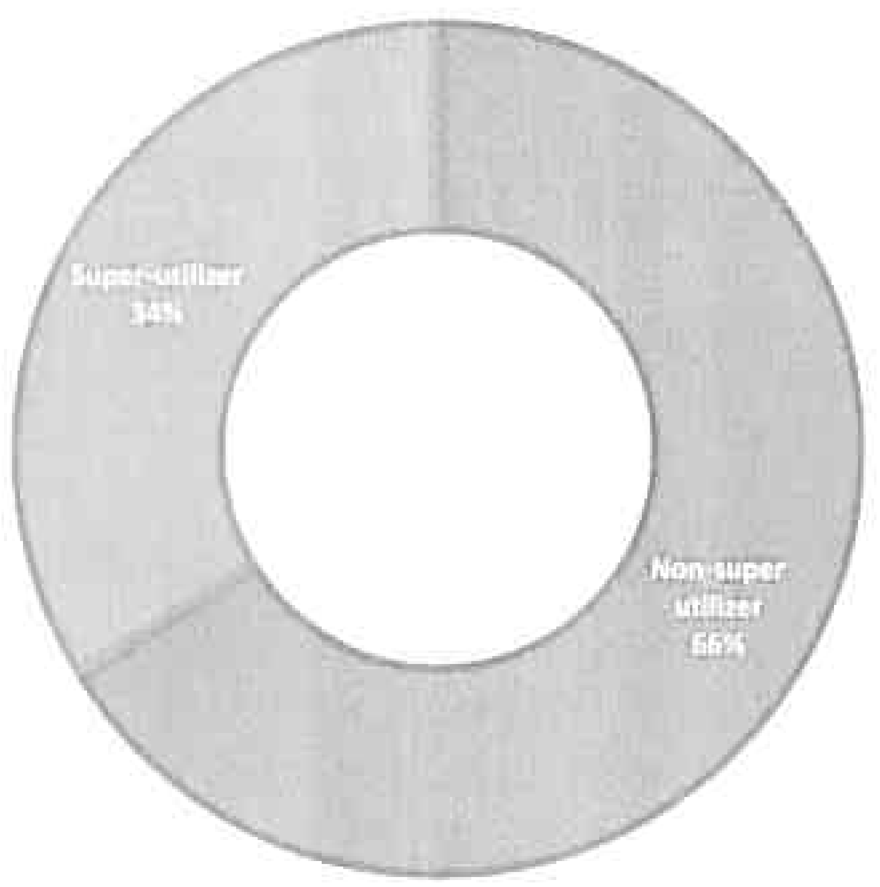
Figure 12. Dispositions of Suicide Threats, Attempts, and Ideations CIT Contacts, January 1, 2018 to July 31, 2018



Repeat Contacts

Many of the CIT contacts are with individuals who have had multiple previous CIT contacts in the recent past. The 1553 symptomatic CIT contacts from August 2017 to July 2018 were with 1028 individuals. For purpose of this analysis, an individual is considered a *super-utilizer* if he or she has had 3 or more symptomatic CIT contacts in the past 16 months (when data collection began in earnest in April of 2017). Based on this definition, 122 individuals were involved in 526 symptomatic contacts. As displayed in Figure 13, super-utilizers accounted for 34% of symptomatic CIT contacts across all 4 agencies.

Figure 13. Percent of Symptomatic CIT Contacts with Super-Utilizers, August 1, 2017 to July 31, 2018



The nature of incidents as well as symptoms displayed varies when comparing super-utilizer CIT contacts to non-super utilizer CIT contacts. As shown in Figures 14 & 15, the most frequent nature of incidents for CIT contacts with super-utilizers is disorderly/disruptive behavior, while the most frequent for non-super utilizers is suicide threats/attempts/ideations. Super-utilizers' most frequently displayed symptoms include agitation and delusions, while non-super utilizers most frequently display suicidal symptoms.

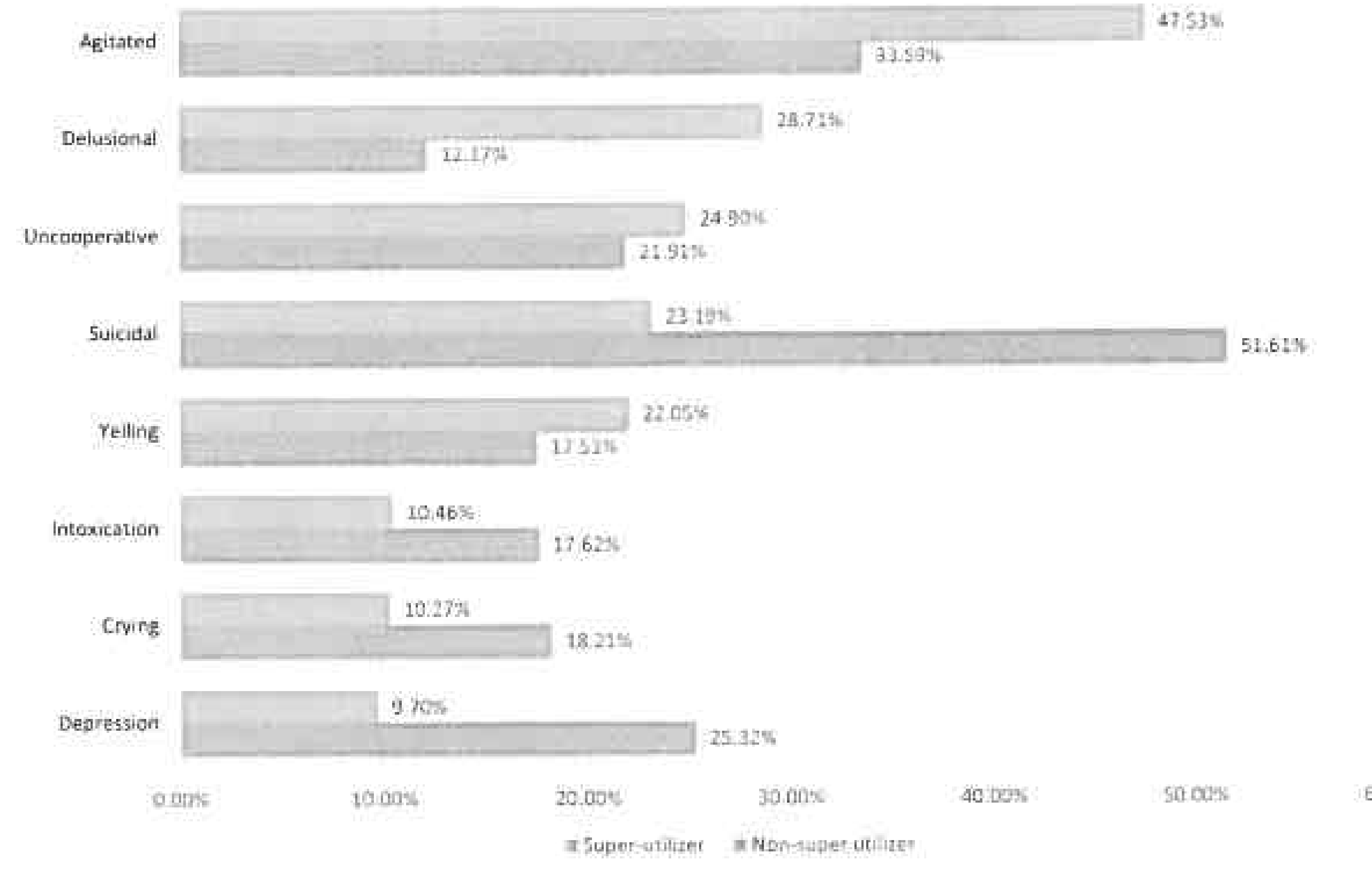
Figure 14. Comparison of Nature of Incidents by Super-Utilizers, August 1, 2017 to July 31, 2018

Disorderly/Disruptive Behavior 34.22% 19.26%
Suicide Threat/Attempt/Ideation 25.29% 58.71%
Threats of Violence to Others 12.31% 11.30%
Nuisance/Loitering/Panhandling/Trespassing 9.89% 2.92%
Neglect of Self Care 7.98% 4.28%
Domestic 6.46% 2.53%
Public Intoxication 4.56% 3.80%

0.00% 10.00% 20.00% 30.00% 40.00% 50.00% 60.00% 70.00%

Super-Utilizer ■ Not Super-Utilizer

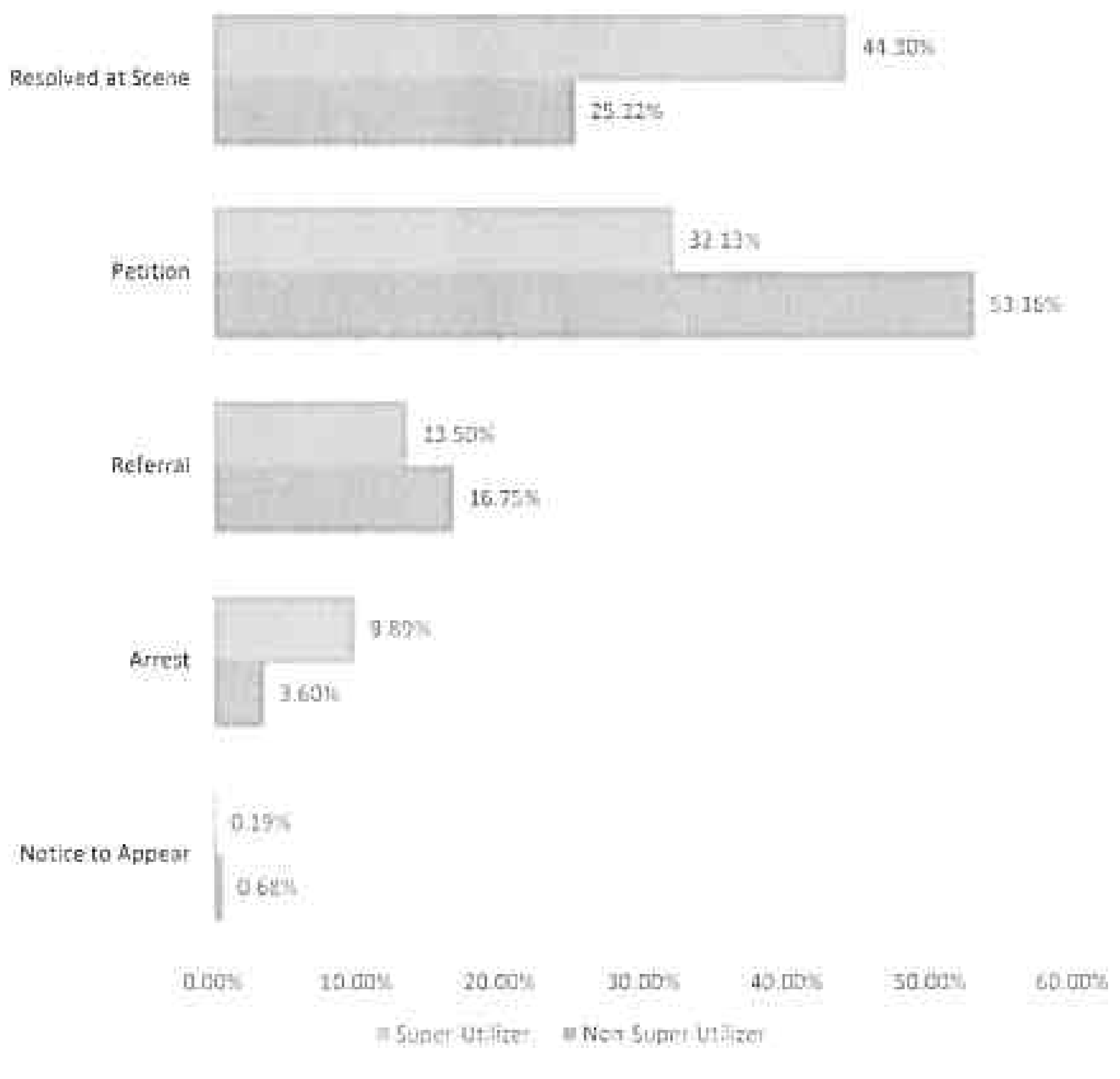
Figure 15. Comparison of Symptoms by Super-Utilizers, August 1, 2017 to July 31, 2018



112

Outcomes also vary across super-utilizer status, as shown in Figure 16. CIT contacts with super-utilizers are most likely to be resolved at the scene, while contacts with non-super utilizers most frequently result in a petition. Notably, super-utilizer contacts end in arrest in twice as frequently as symptomatic contacts with non-super utilizers.

Figure 16. Comparison of Outcomes by Super-Utilizers, August 1, 2017 to July 31, 2018



Champaign County Continuum of Care POINT IN TIME (PIT) DATA

ES= Emergency Shelter
TH= Transitional Housing

YEAR	SHELTERED ES	SHELTERED TH	UNSHELTERED	TOTAL HOMELESS
2014	14	179	12	205
2015	10	143	10	163
2016	21	149	18	188
2017	57	86	17	160
2018	109	70	9	188

	Jan. 28, 2014	Jan. 29, 2015	Jan. 28, 2016	Jan. 26, 2017	Jan. 25, 2018
TOTAL HOUSEHOLDS	165	136	146	118	140
TOTAL PERSONS	205	163	188	160	188
under age 18	41	30	43	44	45
age 18-24	21	25	23	15	15
over age 24	143	108	122	101	128
GENDER					
Female	54	42	79	79	72
Male	150	121	109	109	116
Transgender	1	0	0	0	0
ETHNICITY					
Non-Hispanic / Non-Latino	186	156	174	142	187
Hispanic / Latino	19	7	14	18	1
RACE					
White	80	76	85	64	73
Black	100	79	86	78	107
Asian	1	0	2	5	0
American Indian or Alaska Native	3	2	3	4	0
Native Hawiaan or Other Pacific	0	0	0	1	0
Multiple Races	21	6	12	8	8

Point-in-Time Count IL-503 Champaign, Urbana, Rantoul/Champaign County CoC

Population: Sheltered and Unsheltered Count

Persons in Households with at least one Adult and one Child

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Number of Households	9	11	0	20
Total Number of persons (Adults & Children)	34	33	0	67
Number of Persons (under age 18)	21	22	0	43
Number of Persons (18 - 24)	6	0	0	6
Number of Persons (over age 24)	7	11	0	18

Gender (adults and children)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Female	21	22	0	43
Male	13	11	0	24
Transgender	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0

Ethnicity (adults and children)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Non-Hispanic/Non-Latino	34	33	0	67
Hispanic/Latino	0	0	0	0

115

Point-in-Time Count IL-503 Champaign, Urbana, Rantoul/Champaign County CoC

Race (adults and children)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
White	4	13	0	**17**
Black or African-American	27	20	0	**47**
Asian	0	0	0	**0**
American Indian or Alaska Native	0	0	0	**0**
Native Hawaiian or Other Pacific Islander	0	0	0	**0**
Multiple Races	3	0	0	**3**

Chronically Homeless (adults and children)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total number of households	0		0	**0**
Total number of persons	0		0	**0**

Population: Sheltered and Unsheltered Count

Persons in Households with only Children

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	2	0	0	0	**2**
Total Number of children (under age 18)	2	0	0	0	**2**

Gender (adults and children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	1	0	0	0	**1**
Male	1	0	0	0	**1**
Transgender	0	0	0	0	**0**
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0	**0**

Ethnicity (adults and children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latino	2	0	0	0	**2**
Hispanic/Latino	0	0	0	0	**0**

Race (adults and children)	Sheltered			Unsheltered	Total
	Emergency	Transitional			
White	0	0	0	0	**0**
Black or African-American	2	0	0	0	**2**
Asian	0	0	0	0	**0**
American Indian or Alaska Native	0	0	0	0	**0**
Native Hawaiian or Other Pacific Islander	0	0	0	0	**0**
Multiple Races		0	0	0	**0**

Chronically Homeless (adults and children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total number of persons	0		0	0	**0**

Point-in-Time Count IL-503 Champaign, Urbana, Rantoul/Champaign County CoC

Population: Sheltered and Unsheltered Count

Persons in Households without Children

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	72	37	0	9	**118**
Total Number of persons (Adults)	**73**	**37**	**0**	**9**	**119**
Number of Persons (18 - 24)	8	1	0	0	**9**
Number of Persons (over age 24)	65	36	0	9	**110**

Gender (adults and children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	15	12	0	1	**28**
Male	58	25	0	8	**91**
Transgender	0	0	0	0	**0**
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0	**0**

Ethnicity (adults and children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latino	72	37	0	9	**118**
Hispanic/Latino	1	0	0	0	**1**

Point-in-Time Count IL-503 Champaign, Urbana, Rantoul/Champaign County CoC

Race (adults and children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
White	27	25	0	4	56
Black or African-American	44	10	0	4	58
Asian	0	0	0	0	0
American Indian or Alaska Native	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0
Multiple Races	2	2	0	1	5

Chronically Homeless (adults and children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total number of persons	8		0	1	9

Date of PIT Count: 1/25/2018
Population: Sheltered and Unsheltered Count

Total Households and Persons

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	83	48	0	9	140
Total Number of Persons	109	70	0	9	188
Number of Children (under age 18)	23	22	0	0	45
Number of Persons (18 to 24)	14	1	0	0	15
Number of Persons (over age 24)	72	47	0	9	128

Gender

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	37	34	0	1	72
Male	72	36	0	8	116
Transgender	0	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0	0

Ethnicity

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latino	108	70	0	9	187
Hispanic/Latino	1	0	0	0	1

Race	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
White	31	38	0	4	**73**
Black or African-American	73	30	0	4	**107**
Asian	0	0	0	0	**0**
American Indian or Alaska Native	0	0	0	0	**0**
Native Hawaiian or Other Pacific Islander	0	0	0	0	**0**
Multiple Races	5	2	0	1	**8**

Chronically Homeless	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total number of persons	8		0	1	**9**

Additional Homeless Populations Summary for IL-503 - Champaign, Urbana, Rantoul/Champaign County CoC

Date of PIT Count: 1/25/2018
Population: Sheltered and Unsheltered Count

Other Homeless Subpopulations

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Adults with a Serious Mental Illness	7	3	0	2	**12**
Adults with a Substance Use Disorder	3	8	0	2	**13**
Adults with HIV/AIDS	0	2	0	0	**2**
Adult Survivors of Domestic Violence	25	17	0	0	**42**

2016 County Report

County Name: Champaign

Data collected Spring 2016

Introduction

Based on the administration of the Illinois Youth Survey (2016), this report provides county level data on a variety of health and social indicators such as drug use, bullying, and school climate. The data has been organized into topical sections as noted in the table of contents following this introduction. In most cases, only a portion of schools in a county participate in the Illinois Youth Survey (IYS). There will be NO DATA presented in this report for any grade level with only one district reporting. This is to protect the confidentiality of district level results.

The IYS is offered to both public and private schools. In order to have the best understanding of how well the results in this report reflect the experiences of the youth in this county, several factors should be considered including: Public School Building Participation, Public School Student Participation, and Private School Student Participation.

Public School Building Participation

In Table 1, the number of eligible public schools (i.e. contain at least 10 students at the 8th, 10th or 12th grade level) is compared with the actual number of IYS participating public schools in the county.

Table 1: Public School Building IYS Participation by School Level

Middle Schools (8th grade)		High Schools (10th and/or 12th grades)	
N Schools Participating	N Schools Eligible	N Schools Participating	N Schools Eligible
2	13	2	10

Public School Student Participation

Table 2 provides a comparison between the actual number of students surveyed and the number of all students enrolled in public schools within the county. This percentage can be increased by surveying more schools and students within the county. Again, enrollment totals are based on student enrollment at public schools with at least 10 enrolled students at the 8th, 10th or 12th grade level. Table 2 is based solely on public school students due to the lack of available enrollment information for private schools.

Table 2: Public School Student IYS Participation by Grade

	N Student Surveyed	N Enrolled Students in County	% Enrolled Students in County Report
8th	243	1780	14%
10th	358	1736	21%
12th	231	1567	15%
Total	832	5083	16%

Private School Student Participation

Table 3 provides a count of the number of private school students surveyed in this county. Note that the data presented in this report includes both public and private schools that participated in this county.

Table 3: Number of Private School Students Surveyed by Grade

8th	10th	12th	Total
0	78	51	129

If schools that serve youth in specialized settings like charter schools, alternative schools, etc. participated in the IYS, these students are represented in the survey results but are not included in data summaries presented in Table 2 or Table 3 above.

Organization of the Report (Data Tables and Charts)

Tables can be helpful when you are looking for a summary of responses for particular survey questions, for example, the percentage of 8th grade youth who report using prescription pain killers to get high. Some tables may contain a mean score (an average of all the responses), a median score (the middle point of all responses given) or an "N" (number of students who responded to that question). Tables can also be useful when you need specific data to support a grant or report. If you see an "N/A" (Not Applicable) noted in a table, this indicates that the question was not asked at that grade level. If you see an "N/R" (Not Reported) noted in a table, this indicates that at least 90% of students skipped the question for no known reason, making the results too biased to report.

Summary charts can be helpful to view multiple questions in one place (e.g., use of different drugs to determine which is the most used) and to compare your results with the scientific sample of Illinois students who participated in the 2014 IYS. State level results from the 2016 IYS will not be available until late fall. IYS state level norms from 2014 are a good benchmark for immediate decision-making because state estimates stay relatively stable across two IYS administration years. To locate the starting page of the Summary Charts, refer to the Table of Contents on the next page.

Keep in mind that the IYS 6th and 8th grade forms do not include all questions asked on the IYS high school form. For that reason, responses to some questions do not appear in the tables and charts for some grade levels. If you would like to determine what section includes responses to a specific survey item or verify if a question was asked at a specific grade level, please refer to the Site Report Appendix on our website http://iys.cprd.illinois.edu/results.

We are confident that you will find this report to be a valuable resource for planning, grant writing, program development and reporting. If you have any questions about this report, please call 888-333-5612 and ask for an IYS Coordinator or visit the IYS website at http://iys.cprd.illinois.edu/.

(1) Student Characteristics

Age

8th		10th		12th	
Avg	N	Avg	N	Avg	N
13.7	243	15.6	436	17.5	282

Gender

	8th		10th		12th	
	%	N	%	N	%	N
Female	48%	115	52%	223	49%	137
Male	52%	124	48%	208	51%	143
Total	100%	239	100%	431	100%	280

Race

	8th		10th		12th	
	%	N	%	N	%	N
White	37%	89	67%	290	66%	184
Black/African American	28%	67	15%	66	14%	38
Latino/Latina	15%	35	4%	19	7%	20
Asian American	4%	10	3%	15	6%	16
Native American/American Indian	0%	1	0%	0	0%	0
Multi-racial	15%	35	8%	34	6%	17
Other	1%	2	2%	9	2%	5
Total	100%	239	100%	433	100%	280

127

(2) Drug Prevalence and Behaviors

2016 Substance Use Rates by Grade

Substance Used	8th Grade	10th Grade	12th Grade
Used Past Year			
Any Substance (including alcohol, cigarettes, inhalants or marijuana)	**26%**	**38%**	**55%**
Alcohol	21%	33%	51%
Any Tobacco Product (excluding e-cigarettes)	4%	7%	10%
Cigarettes	3%	5%	6%
Inhalants	3%	1%	1%
Marijuana	11%	17%	21%
Any Illicit Drugs (excluding marijuana)	**1%**	**3%**	**2%**
Crack/Cocaine	0%	1%	0%
Hallucinogens/LSD	0%	2%	1%
Ecstasy/MDMA	0%	2%	1%
Methamphetamine	0%	0%	0%
Heroin	0%	0%	1%
Any Prescription Drugs to get high	**3%**	**2%**	**4%**
Steroids	1%	0%	1%
Prescription Painkillers	2%	1%	3%
Other Prescription Drugs	1%	2%	4%
Prescription drugs not prescribed to you	4%	6%	7%
Over-the-Counter Drugs	2%	1%	1%
Used Past 30 Days			
Alcohol	11%	16%	34%
Any Tobacco Product (cigarettes or other smoked tobacco or chewing tobacco or hookah or e-cigs)	**7%**	**11%**	**17%**
Cigarettes	1%	3%	4%
Smokeless tobacco	0%	2%	2%
Smoking tobacco (other than cigarettes)	1%	3%	7%
Smoked a hookah or water pipe	5%	5%	9%
E-cigarettes	3%	5%	9%
Inhalants	3%	1%	0%
Marijuana	8%	10%	14%
Prescription drugs not prescribed to you	2%	3%	2%
Used Past 2 Weeks			
Binge Drinking	3%	7%	14%
# of Respondents	243	436	282

How old were you when you first:

		Never have	10 or younger	11	12	13	14	15	16	17	18 or older	Total
10th	Had more than a sip or two of alcohol	57%	4%	2%	4%	7%	10%	12%	4%	0%	0%	100%
	Began drinking alcohol regularly (at least once or twice a month)	90%	0%	0%	0%	1%	2%	5%	1%	0%	0%	100%
	Smoked a cigarette, even just a puff	86%	2%	2%	2%	2%	2%	4%	0%	0%	0%	100%
	Used any other tobacco product (e.g. chewing tobacco or cigars)	94%	0%	1%	0%	0%	1%	2%	0%	0%	0%	100%
	Smoked marijuana	78%	0%	0%	2%	3%	6%	9%	2%	0%	0%	100%
12th	Had more than a sip or two of alcohol	39%	6%	2%	2%	3%	7%	12%	14%	10%	4%	100%
	Began drinking alcohol regularly (at least once or twice a month)	78%	1%	0%	0%	1%	2%	2%	5%	6%	4%	100%
	Smoked a cigarette, even just a puff	83%	3%	1%	3%	0%	2%	2%	1%	3%	1%	100%
	Used any other tobacco product (e.g. chewing tobacco or cigars)	90%	1%	0%	1%	0%	1%	1%	2%	2%	1%	100%
	Smoked marijuana	74%	0%	0%	1%	2%	2%	7%	7%	5%	2%	100%

DRUG INITIATION AMONG THOSE WHO HAVE EVER USED EACH DRUG: Average (mean) age when first:

	12th	
	Avg	N
Had more than a sip or two of alcohol	14.7	169
Began drinking alcohol regularly (at least once or twice a month)	15.8	61
Smoked a cigarette, even just a puff	13.7	46
Used any other tobacco product (e.g., chewing tobacco or cigars)	15.3	29
Smoked marijuana	15.4	73

When, if ever, did you FIRST:

		Never have	More than 12 months ago	During the past 12 months	Total
8th	Drink more than a sip or two of beer, wine, or hard liquor (e.g., vodka, whiskey, or gin)	74%	15%	11%	100%
	Smoke a cigarette, even just a puff	90%	7%	2%	100%
	Use an electronic cigarette (e-cigarette)	89%	6%	4%	100%
	Smoke marijuana	88%	5%	7%	100%
10th	Drink more than a sip or two of beer, wine, or hard liquor (e.g., vodka, whiskey, or gin)	61%	16%	23%	100%
	Smoke a cigarette, even just a puff	87%	8%	5%	100%
	Use an electronic cigarette (e-cigarette)	84%	8%	8%	100%
	Smoke marijuana	79%	9%	12%	100%
12th	Drink more than a sip or two of beer, wine, or hard liquor (e.g., vodka, whiskey, or gin)	44%	29%	27%	100%
	Smoke a cigarette, even just a puff	83%	10%	6%	100%
	Use an electronic cigarette (e-cigarette)	82%	7%	10%	100%
	Smoke marijuana	74%	12%	14%	100%

ALCOHOL: On how many occasions (if any) have you had alcohol:

		0 occasions	1-2 occasions	3-5 occasions	6-9 occasions	10-19 occasions	20 or more occasions	Total
8th	In the past 30 days	88%	8%	2%	2%	0%	0%	100%
	In the past year	79%	12%	6%	1%	0%	1%	100%
10th	In the past 30 days	82%	14%	3%	1%	1%	1%	100%
	In the past year	67%	18%	7%	3%	1%	3%	100%
12th	In the past 30 days	66%	22%	8%	3%	1%	0%	100%
	In the past year	49%	20%	12%	5%	8%	7%	100%

130

BINGE DRINKING: Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row:

	8th	10th	12th
None	96%	92%	86%
Once	2%	3%	6%
Twice	1%	2%	2%
3-5 times	0%	2%	3%
6-9 times	0%	0%	1%
10 or more times	0%	1%	1%
Total	100%	100%	100%

131

INHALANTS: On how many occasions (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high:

		0 occasions	1-2 occasions	3-5 occasions	6-9 occasions	10-19 occasions	20 or more occasions	Total
8th	In the past 30 days	95%	2%	2%	0%	0%	0%	100%
	In the past year	97%	2%	2%	0%	0%	0%	100%
10th	In the past 30 days	99%	0%	0%	0%	0%	0%	100%
	In the past year	99%	1%	0%	0%	0%	0%	100%
12th	In the past 30 days	98%	1%	1%	0%	0%	0%	100%
	In the past year	99%	0%	1%	0%	0%	0%	100%

MARIJUANA: On how many occasions (if any) have you used marijuana:

		0 occasions	1-2 occasions	3-5 occasions	6-9 occasions	10-19 occasions	20 or more occasions	Total
8th	In the past 30 days	91%	3%	1%	2%	2%	1%	100%
	In the past year	89%	4%	1%	2%	2%	3%	100%
10th	In the past 30 days	89%	3%	3%	0%	1%	3%	100%
	In the past year	83%	6%	3%	1%	2%	4%	100%
12th	In the past 30 days	85%	4%	4%	3%	1%	2%	100%
	In the past year	78%	6%	4%	1%	3%	7%	100%

132

ILLICIT DRUGS: During the past 12 months, how often have you used:

		0 occasions	1-2 occasions	3-5 occasions	6-9 occasions	10-19 occasions	20 or more occasions	Total
8th	MDMA ("ecstasy")	100%	0%	0%	0%	0%	0%	100%
	LSD or other psychedelics	100%	0%	0%	0%	0%	0%	100%
	Cocaine or crack	100%	0%	0%	0%	0%	0%	100%
	Meth (methamphetamine)	100%	0%	0%	0%	0%	0%	100%
	Heroin	100%	0%	0%	0%	0%	0%	100%
10th	MDMA ("ecstasy")	98%	1%	0%	0%	0%	0%	100%
	LSD or other psychedelics	98%	1%	0%	0%	0%	0%	100%
	Cocaine or crack	99%	0%	0%	0%	0%	0%	100%
	Meth (methamphetamine)	100%	0%	0%	0%	0%	0%	100%
	Heroin	100%	0%	0%	0%	0%	0%	100%
12th	MDMA ("ecstasy")	99%	1%	0%	0%	0%	0%	100%
	LSD or other psychedelics	99%	1%	0%	0%	0%	0%	100%
	Cocaine or crack	100%	0%	0%	0%	0%	0%	100%
	Meth (methamphetamine)	100%	0%	0%	0%	0%	0%	100%
	Heroin	99%	0%	0%	0%	0%	0%	100%

PRESCRIPTION AND OVER THE COUNTER DRUGS: During the past 12 months, how often have you used:

		Never	1-2 times	3-5 times	6 or more times	Total
8th	Steroids without a doctor's prescription?	99%	0%	0%	0%	100%
	Prescription painkillers to get high? (e.g., Oxycontin, Vicodin, Lortab, etc.)	98%	1%	0%	0%	100%
	Other prescription drugs to get high? (e.g., Ritalin, Adderall, Xanax, etc.)	99%	1%	0%	0%	100%
	Something you bought in a store to get high? (e.g., cough syrup, etc.)	98%	1%	0%	0%	100%
10th	Steroids without a doctor's prescription?	100%	0%	0%	0%	100%
	Prescription painkillers to get high? (e.g., Oxycontin, Vicodin, Lortab, etc.)	99%	1%	0%	0%	100%
	Other prescription drugs to get high? (e.g., Ritalin, Adderall, Xanax, etc.)	98%	1%	0%	1%	100%
	Something you bought in a store to get high? (e.g., cough syrup, etc.)	99%	0%	0%	0%	100%
12th	Steroids without a doctor's prescription?	99%	0%	0%	0%	100%
	Prescription painkillers to get high? (e.g., Oxycontin, Vicodin, Lortab, etc.)	97%	1%	0%	1%	100%
	Other prescription drugs to get high? (e.g., Ritalin, Adderall, Xanax, etc.)	96%	2%	0%	1%	100%
	Something you bought in a store to get high? (e.g., cough syrup, etc.)	99%	1%	0%	1%	100%

(3) Drug Use Contributing Factors

PERSONAL DISAPPROVAL: How wrong do you think it is for someone your age to:

		Very wrong	Wrong	A little bit wrong	Not wrong at all	Total
8th	Drink beer, wine or hard liquor (e.g., vodka, whiskey or gin) regularly	66%	23%	9%	2%	100%
	Smoke cigarettes	81%	15%	3%	0%	100%
	Smoke marijuana	65%	18%	9%	8%	100%
	Use prescription drugs not prescribed to them	79%	17%	4%	1%	100%
10th	Drink beer, wine or hard liquor (e.g., vodka, whiskey or gin) regularly	47%	31%	17%	5%	100%
	Smoke cigarettes	68%	24%	5%	3%	100%
	Smoke marijuana	54%	20%	15%	11%	100%
	Use prescription drugs not prescribed to them	73%	19%	6%	3%	100%
12th	Drink beer, wine or hard liquor (e.g., vodka, whiskey or gin) regularly	27%	31%	31%	11%	100%
	Smoke cigarettes	54%	26%	12%	8%	100%
	Smoke marijuana	31%	25%	27%	16%	100%
	Use prescription drugs not prescribed to them	68%	22%	7%	2%	100%

135

PERCEPTIONS OF PEER ALCOHOL USE: In the past 30 days, what percent of students at your school do you think have had beer, wine, or hard liquor:

	10th	12th
0% of students	4%	1%
1-10% of students	10%	5%
11-20% of students	13%	12%
21-30% of students	17%	15%
31-40% of students	15%	12%
41-50% of students	14%	14%
51-60% of students	9%	14%
61-70% of students	7%	8%
71-80% of students	6%	14%
81-90% of students	4%	5%
91-100% of students	2%	1%
Total	100%	100%

Compared to:

	10th	12th
Actual past 30 day alcohol use reported	16%	34%

136

PERCEPTIONS OF PEER MARIJUANA USE: In the past 30 days, what percent of students at your school do you think have used marijuana:

	10th	12th
0% of students	5%	2%
1-10% of students	12%	14%
11-20% of students	14%	14%
21-30% of students	15%	11%
31-40% of students	11%	10%
41-50% of students	9%	10%
51-60% of students	8%	9%
61-70% of students	5%	7%
71-80% of students	9%	9%
81-90% of students	7%	12%
91-100% of students	4%	3%
Total	100%	100%

Compared to:

	10th	12th
Actual past 30 day marijuana use reported	10%	14%

PERCEIVED RISK ASSOCIATED WITH USE: How much do you think people risk harming themselves (physically or in other ways) if they:

		No risk	Slight risk	Moderate risk	Great risk	Total
8th	Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day	5%	16%	34%	45%	100%
	Have five or more drinks of an alcoholic beverage once or twice a week	5%	9%	27%	60%	100%
	Smoke one or more packs of cigarettes per day	6%	5%	15%	74%	100%
	Smoke marijuana once or twice a week	13%	21%	23%	44%	100%
	Use prescription drugs not prescribed to them	4%	7%	14%	75%	100%
10th	Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day	4%	14%	41%	40%	100%
	Have five or more drinks of an alcoholic beverage once or twice a week	2%	15%	33%	50%	100%
	Smoke one or more packs of cigarettes per day	2%	8%	20%	71%	100%
	Smoke marijuana once or twice a week	13%	25%	30%	32%	100%
	Use prescription drugs not prescribed to them	3%	10%	22%	65%	100%
12th	Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day	4%	15%	38%	42%	100%
	Have five or more drinks of an alcoholic beverage once or twice a week	4%	14%	32%	51%	100%
	Smoke one or more packs of cigarettes per day	3%	7%	15%	75%	100%
	Smoke marijuana once or twice a week	21%	30%	26%	23%	100%
	Use prescription drugs not prescribed to them	1%	10%	23%	66%	100%

(4) Interpersonal Conflict, Violence and Delinquency

DELINQUENCY: How many times in the past year (12 months) have you:

		Never	1-2 times	3-5 times	6 or more times	Total
8th	Been in a physical fight	70%	26%	1%	3%	100%
	Carried a weapon such as a handgun, knife or club	86%	5%	3%	6%	100%
	Sold illegal drugs	97%	1%	1%	1%	100%
	Been drunk or high at school	94%	2%	2%	2%	100%
10th	Been in a physical fight	82%	13%	4%	1%	100%
	Carried a weapon such as a handgun, knife or club	90%	3%	3%	4%	100%
	Sold illegal drugs	97%	2%	0%	1%	100%
	Been drunk or high at school	95%	2%	1%	2%	100%
12th	Been in a physical fight	89%	7%	3%	1%	100%
	Carried a weapon such as a handgun, knife or club	92%	1%	1%	6%	100%
	Sold illegal drugs	97%	2%	1%	0%	100%
	Been drunk or high at school	93%	5%	1%	1%	100%

BULLYING EXPERIENCES: During the past 12 months, has another student at school:

	8th	10th	12th
Bullied you by calling you names	37%	24%	17%
Threatened to hurt you	19%	15%	9%
Bullied you by hitting, punching, kicking, or pushing you	13%	8%	3%
Bullied, harassed or spread rumors about you on the Internet or through text messages	20%	19%	11%
Ever bullied (reported at least 1 type of bullying)	45%	33%	24%
Intensely bullied (reported all types of bullying)	6%	3%	1%

BIAS-BASED BULLYING: In the past 12 months at school, how often have you been bullied, harassed, or made fun of because of:

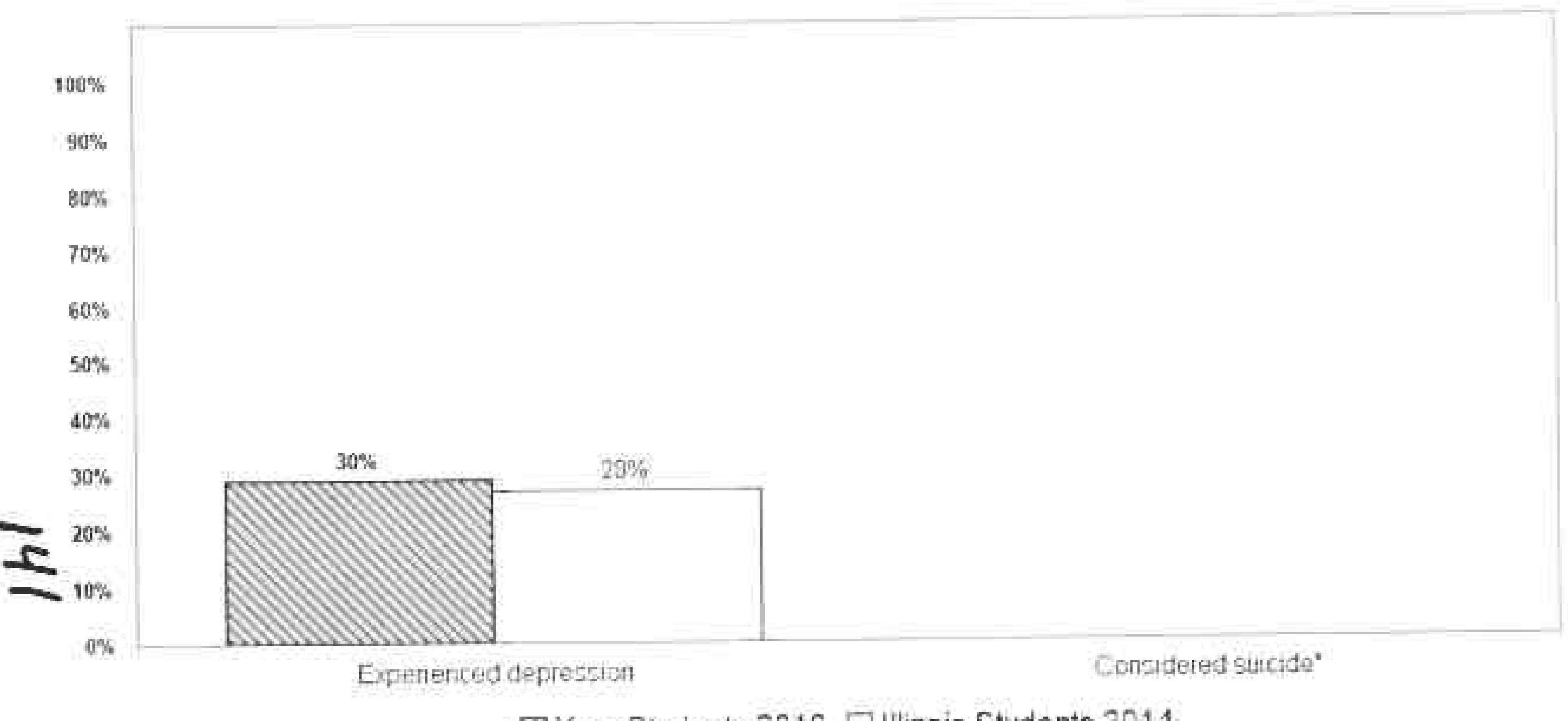
		Never	1-2 times	3-5 times	6 or more times	Total
8th	Your appearance or a disability	60%	16%	7%	18%	100%
10th	What someone assumed about your religion, sexual orientation, or race/ethnicity	83%	10%	4%	3%	100%
	Your appearance or a disability	76%	14%	5%	5%	100%
12th	What someone assumed about your religion, sexual orientation, or race/ethnicity	85%	9%	2%	4%	100%
	Your appearance or a disability	84%	8%	4%	4%	100%

DATING VIOLENCE: During the past 12 months, have any of the following been done by someone in a dating relationship with you:

		I have not begun to date	Yes	No	Not sure	Total
8th	Slapped, kicked, punched, hit, or threatened you	29%	6%	61%	4%	100%
10th	Slapped, kicked, punched, hit, or threatened you	23%	5%	69%	3%	100%
	Put you down or tried to control you	23%	14%	60%	4%	100%
12th	Slapped, kicked, punched, hit, or threatened you	18%	4%	75%	3%	100%
	Put you down or tried to control you	18%	10%	68%	4%	100%

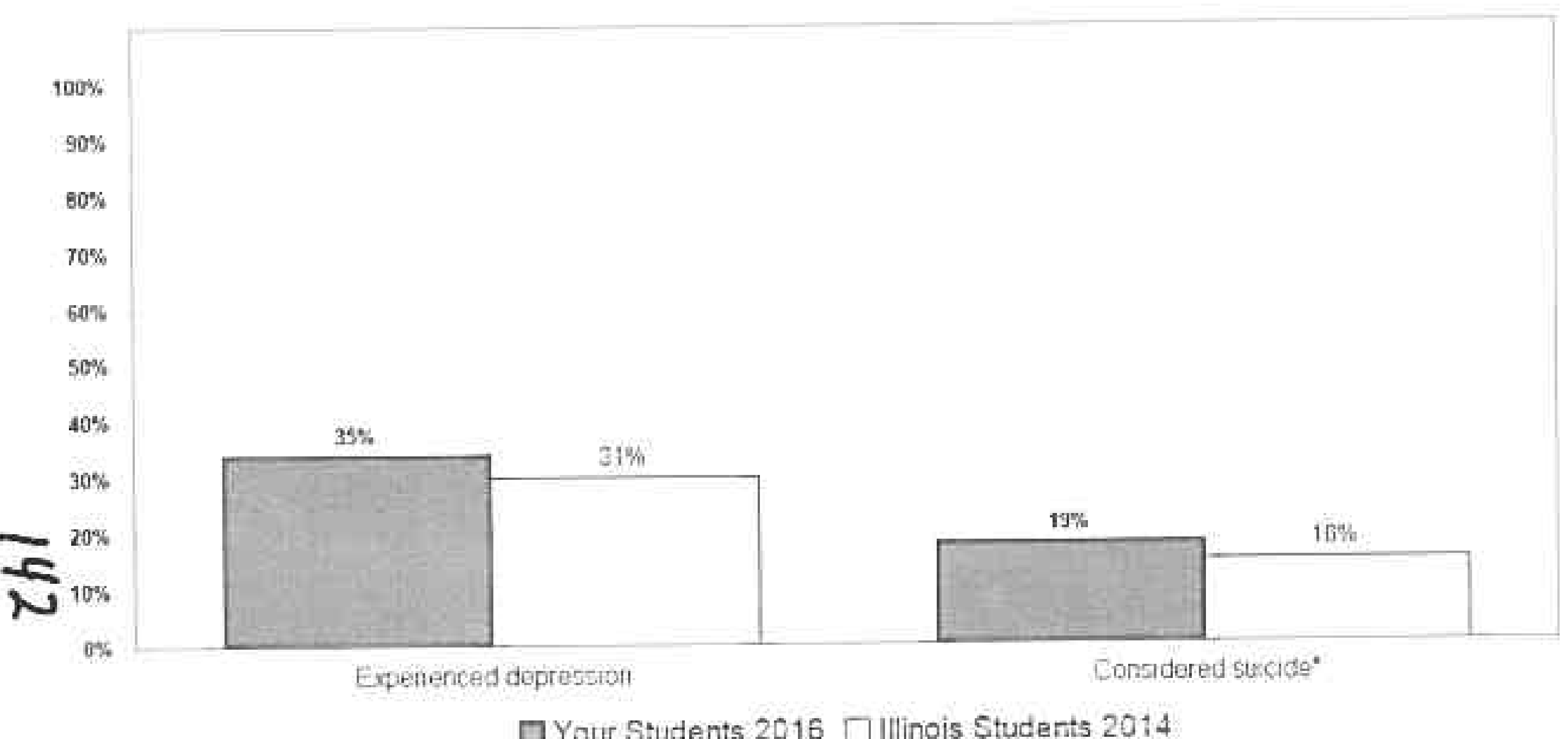
140

Mental Health Concerns in the Past 12 Months
Among 8th Grade Youth



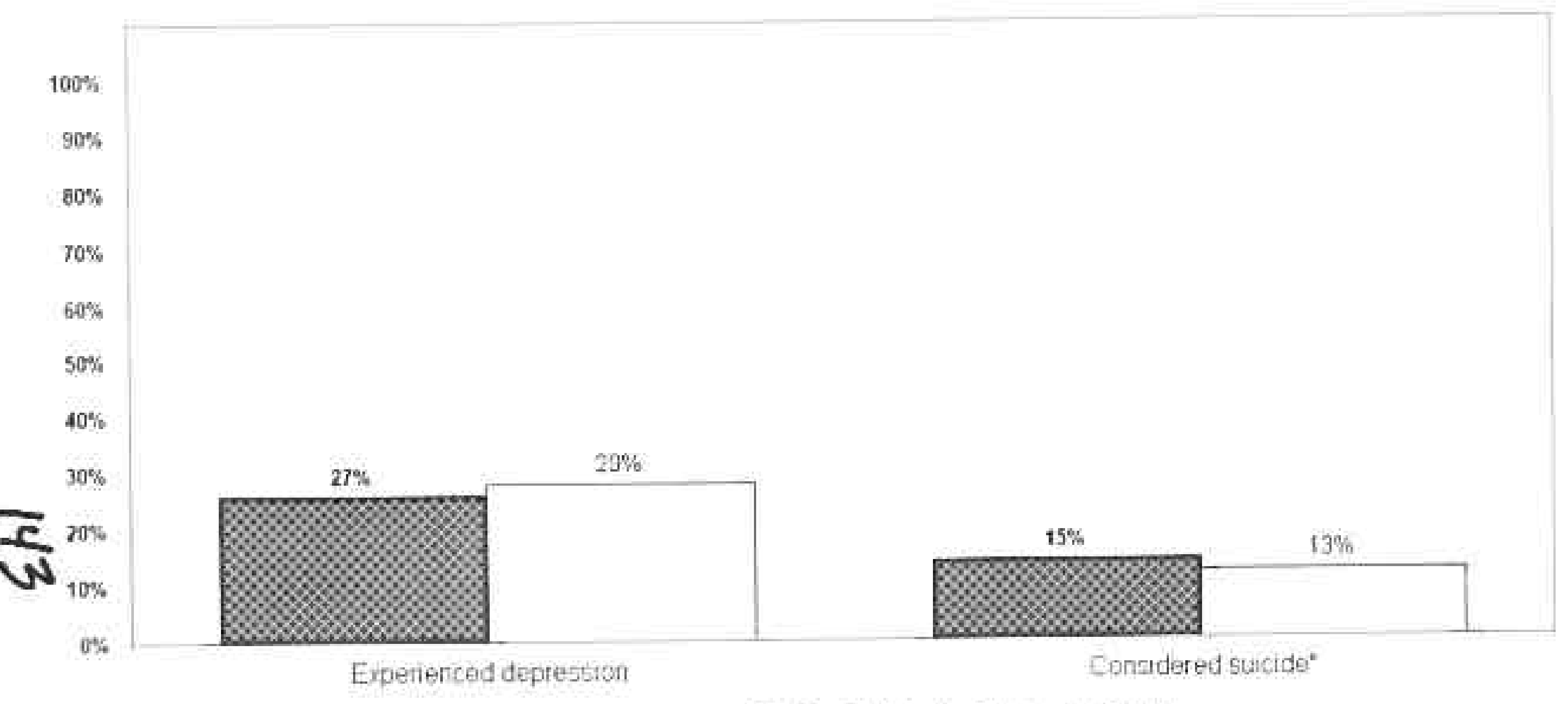
* *Question asked only on IYS high school form*

Mental Health Concerns in the Past 12 Months Among 10th Grade Youth



** Question asked only on IYS high school form*

Mental Health Concerns in the Past 12 Months Among 12th Grade Youth



Your Students 2016 Illinois Students 2014

*Question asked only on IYS high school form

Health Disparities

SAMHSA works to reduce behavioral health disparities among different population groups through programs, technical assistance, and workforce development.

Overview

Healthy People 2020 defines a health disparity as a "particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."

Significant behavioral health disparities persist in diverse communities across the United States, including:

- Racial and ethnic groups
- Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) populations
- People with disabilities
- Transition-age youth
- Young adults

Various subpopulations face elevated levels of mental and substance use disorders, and experience higher rates of suicide, poverty, domestic violence, childhood and historical trauma, as well as involvement in the foster care and criminal justice systems. Historically, these diverse populations tend to have less access to care, lower or disrupted service use, and poorer behavioral health outcomes. These disparities may be related to factors such as a lack of access to health care, the need for a diverse health care workforce, a lack of information, and the need for culturally and linguistically competent care and programs.

The Department of Health and Human Services' (HHS) HHS Action Plan to Reduce Racial and Ethnic Disparities states, "the societal burden of health and health care disparities in America manifests itself in multiple and major ways. In one stark example, Murray et al. show a difference of 33 years between the longest living and shortest living groups in the U.S." Another study, The Economic Burden of Health Inequalities in the United States by the Joint Center for Political and Economic Studies, concludes that "the combined costs of health inequalities and premature death in the United States were $1.24 trillion between 2003 and 2006."

Behavioral health disparities and their impact point to the need for an increased focus on effective prevention, treatment, and services for diverse populations.

Learn more about:

- SAMHSA's Efforts Related to Behavioral Health Equity
- Behavioral Health Equity Within SAMHSA's Strategic Initiatives
- Grants Related to Health Disparities
- Publications and Resources on Health Disparities

CHAMPAIGN COUNTY

NUMBER OF CHILDREN (2011-15): 39,402
59% WHITE 8% HISPANIC/LATINO
19% BLACK 14% OTHER

INDICATORS OF CHILD WELL-BEING		Illinois	Champaign County
HEALTH	LOW-BIRTHWEIGHT BABIES (2014) Are babies born weighing less than 5.5 pounds?	8.2%	8.4%
	CHILDREN WITHOUT HEALTH INSURANCE (2015) Are children lacking health coverage?	2.9%	2.6%
	INFANT, CHILD, AND TEEN DEATHS (2015) How many children died in one year?	1,481	20
	RATIO OF POPULATION TO PRIMARY CARE PHYSICIANS (2014) Do people have access to health care?	1,240:1	1,197:1
FAMILY & COMMUNITY	CHILD CARE ASSISTANCE FOR WORKING FAMILIES (FY 2015) Are working families able to afford quality child care? *Estimated percentage of children (ages 5 and under) at or below 185% poverty receiving state child care assistance*	26%	41%
	CHILDREN PLACED IN FOSTER CARE (FY 2017) How many children are placed in the foster care system?	14,077	311
	VIOLENT CRIMES (2015) How many violent crimes are committed?	47,843	918
	OPIOID OVERDOSE DEATHS (2016) How many people are dying from opioids?	1,889	18

2017 KIDS COUNT PROFILE | VOICES FOR ILLINOIS CHILDREN | www.voices4kids.org

Note: FY 2015 went from July 1, 2014 through June 30, 2015 and FY 2017 went from July 1, 2016 through June 30, 2017.

CHAMPAIGN COUNTY

ECONOMIC SECURITY

INDICATORS OF CHILD WELL-BEING	Illinois	Champaign County
CHILDREN IN POVERTY (2015) Are children living in poverty?	19%	18%
FOOD INSECURITY RATE (2015) Are households struggling with food insecurity?	11.7%	16.3%
UNEMPLOYMENT RATE (2016) Are adults struggling to find work?	5.9%	5.1%
HOUSEHOLDS WITH A HIGH HOUSING COST BURDEN (2011-2015) Are households struggling to afford housing? *Estimated percentage of households where more than 30% of monthly income is spent on rent or ownership costs*	35%	36%

EDUCATION

Indicator		Illinois	Champaign County
PRESCHOOL ACCESS FOR CHILDREN IN WORKING FAMILIES (2015) Are children who are most in need accessing preschool? *Estimated percentage of 3- and 4-year-olds at or below 185% poverty in Preschool for All or Head Start programs*		82%	75%

Indicator	Group	Illinois	County district range (low)		County district range (high)
3RD GRADERS MEETING ELA EXPECTATIONS (2016) Are all groups of 3rd graders meeting expectations in English Language Arts?	Low-Income	22%	7% Ludlow CCSD142	-	31% Fisher CUSD1
	Non-Low Income	51%	39% Heritage CUSD8	-	73% Prairieview-Ogden CCSD197
6TH GRADERS MEETING MATH EXPECTATIONS (2016) Are all groups of 6th graders meeting expectations in Math?	Low-Income	14%	6% Rantoul City SD137	-	36% Thomasboro CCSD130
	Non-Low Income	43%	38% Heritage CUSD8	-	61% Fisher CUSD1
HIGH SCHOOL GRADUATION RATE (2016) Are all groups of students graduating from high school in 4 years?	Black	75%	74% Champaign CUSD4	-	94% Rantoul Twp HSD193
	Hispanic	81%	71% Rantoul Twp HSD193	-	81% Urbana SD116
	White	90%	82% Fisher CUSD1	-	98% St Joseph Ogden CHSD305

ILLINOIS POVERTY REPORT: LOCAL AND COUNTY DATA ON POVERTY AND WELL-BEING

QSH

ARE

Champaign County

Population: 209 [illegible] People
Well-Being Index Score: 4 out of 8 Possible Points
[illegible] Status: Watch List

Social IMPACT Research Center at Heartland Alliance
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Media inquiries: [illegible]

Well-Being Index

	County Value	IL Value	County Change	IL Change
High School Graduation Rate, 2016-2017 academic year [1]	88.2%	86.8%	1 pts	+1 pts
Teen Births (live births per 1,000 women ages 15-19), 2016 [3]	87.5	33.3	-10.3 pts	-3.1 pts
Unemployment Rate, 2017 [2]	4.3%	5%	-0.7 pts	-0.9 pts
Poverty Rate, 2016 [4]	15.6%	13%	-1.7 pts	-0.5 pts

Poverty & Income

	County Value	IL Value	County Change	IL Change
Child Poverty Rate, 2016 [4]	15.5%	17.8%	-2.4 pts	-1.3 pts
Number of People in Poverty, 2016 [4]	30,384	1,620,674	-2,331	-61,236
Median Household Income, 2016 [4]	$51,332	$60,977	-2.40%	1%
Living Wage Calculator Annual Income for a One-Parent Family with a Young Child and Child, 2016 [5]	$56,755	$62,781	—	—
Average Amount Poor Families' Incomes Fall Below the Poverty Line (i.e. mean income deficit), 2012-2016 [7]	$9,899	$9,722	—	—

Employment

	County Value	IL Value	County Change	IL Change
Number of Unemployed Individuals, 2017 [2]	4,427	321,899	-17.86%	-12.40%
Rank by Unemployment Rate (1=highest, 102=lowest), 2017 [2]	93	—	—	—
Unemployment Rate, 2017 [2]	4.3%	5%	-0.7 pts	-0.9 pts
Initial Unemployment Insurance Claims, 2017 [8]	5,431	555,748	-1.20%	-9%

Education

	County Value	IL Value	County Change	IL Change
High School Graduation Rate for Low-income Students, 2016-2017 academic year [1]	83.2%	83.6%	1.8 pts	4.5 pts
Funded Head Start Enrollment, 2017 fiscal year [9]	427	31,556	—	—
Head Start Sites, 2017 fiscal year [9]	8	648	—	—
Average ACT Composite Score, 2016-2017 academic year [10]	21.8	21	—	—
Percentage of 3rd Graders Meeting or Exceeding Standards on the PARCC English Language Arts, 2016-2017 academic year [10]	35.2%	34.2%	—	—
Percentage of 3rd Graders Meeting or Exceeding Standards on the PARCC Math, 2016-2017 academic year [10]	33.5%	37.7%	—	—

Housing

County Value	IL Value	County Change	IL Change

148

	County Value	IL Value	County Change	IL Change
Percent Severely Rent Burdened Households, 2012-2016 [7]	30.4%	24.9%	—	—
Renters as a Percent of Total Households, 2012-2016 [7]	45%	34%	—	—
Estimated Mean Renter Hourly Wage, 2017 [11]	$10.39	$16.22	—	—
Fair Market Rent (FMR) for 2-Bedroom Apartment, 2017 [11]	$829	$1,086	—	—
Monthly Rent Affordable at Mean Renter Wage, 2017 [11]	$539	$840	—	—
Wage Needed to Afford 2-Bedroom Apartment at FMR, 2017 [11]	$15.94	$20.87	—	—
Work Hours per Week at IL Minimum Wage to Afford 2-Bedroom at FMR, 2017 [11]	77	101	—	—

Health & Nutrition

	County Value	IL Value	County Change	IL Change
Share of Families Receiving SNAP that have Two or more Workers in Family, 2012-2016 [7]	27.1%	23.6%	—	—
Health Uninsured Rate, Non-Seniors, 2016 [12]	6.9%	8.2%	-0.3 pts [illegible]	-0.9 pts [illegible]
Percentage of Babies Born Low Birth Weight, 2016 [13]	8.1%	8.4%	—	—
Child Food Insecurity Rate, 2017 [14]	15.4%	17.3%	-2.1 pts [illegible]	-0.7 pts [illegible]
Food Insecurity Rate, 2017 [14]	13.3%	11.7%	0 pts [illegible]	-0.2 pts [illegible]

Assets

	County Value	IL Value	County Change	IL Change
Homeownership Rate, 2012-2016 [7]	55%	66%	—	—
Liquid Asset Poverty, 2013 [15]	36.1%	21.8%	—	—
Asset Poverty, 2013 [15]	29.5%	22.2%	—	—
Percent of Population Age 25+ with a Bachelor's Degree or Higher 2012-2016 [7]	42.9%	33.9%	—	—
Percent of Underbanked Households, 2015 [16]	17.7%	14.3%	—	—
Percent of Unbanked Households, 2015 [16]	8.4%	7.1%	—	—

There are a number of different data sources available for poverty estimates. The smallest source available for estimates for all Illinois counties is the Small Area Income and Poverty Estimates Program, which is used here. For more information on the various sources of poverty estimates used for this project and how they differ, see the [illegible]

At the time of release, all data were the most timely and accurate available.

Data Sources

1 Social IMPACT Research Center's analysis of Illinois State Board of Education's School Report Card Data. Available at [illegible]

2 Social IMPACT Research Center's analysis of the U.S. Census Bureau's Population Estimates and Illinois Department of Public Health, Illinois Teen Births by County. Available at [illegible]

3 Illinois Department of Employment Security's Local Area Unemployment Statistics (LAUS). Available at [illegible] (not seasonally adjusted)

4 The U.S. Census Bureau's Small Area Income and Poverty Estimates. Available at [illegible]

5 The U.S. Census Bureau's Small Area Income and Poverty Estimates. Available at [illegible] (all values updated to the most recent year's dollars with the Consumer Price Index)

6 The Living Wage Calculator was created by Dr. Amy K. Glasmeier at Massachusetts Institute of Technology (MIT). Available at [illegible]

7 Social IMPACT Research Center's analysis of the U.S. Census Bureau's American Community Survey 5-Year Estimates Program. Available at [illegible]

8 Illinois Department of Employment Security's Unemployment Insurance (UI) Program Data. Available at [illegible]

9 Illinois Early Childhood Asset Map's Search the IECAM Data Collection. Available at [illegible]

10 Social IMPACT Research Center's analysis of Illinois State Board of Education's PARCC/ACT Performance Results. Available at [illegible] (ACT scores are calculated out of possible 36 points).

11 National Low Income Housing Coalition's Out of Reach report. Available at [illegible]

12 The U.S. Census Bureau's Small Area Health Insurance Estimates. Available at [illegible]

13 Social IMPACT Research Center's analysis of Illinois Department of Public Health's Birth Characteristics by Resident County. Available at [illegible]

14 Feeding America's Map the Meal Gap: Food Insecurity Estimates at the County Level. Available at [illegible]

15 CFED: Assets and Opportunity local data center. Available at [illegible]

We gratefully acknowledge The Chicago Community Trust and The Libra Foundation for their support of our poverty research, communications, and education efforts.

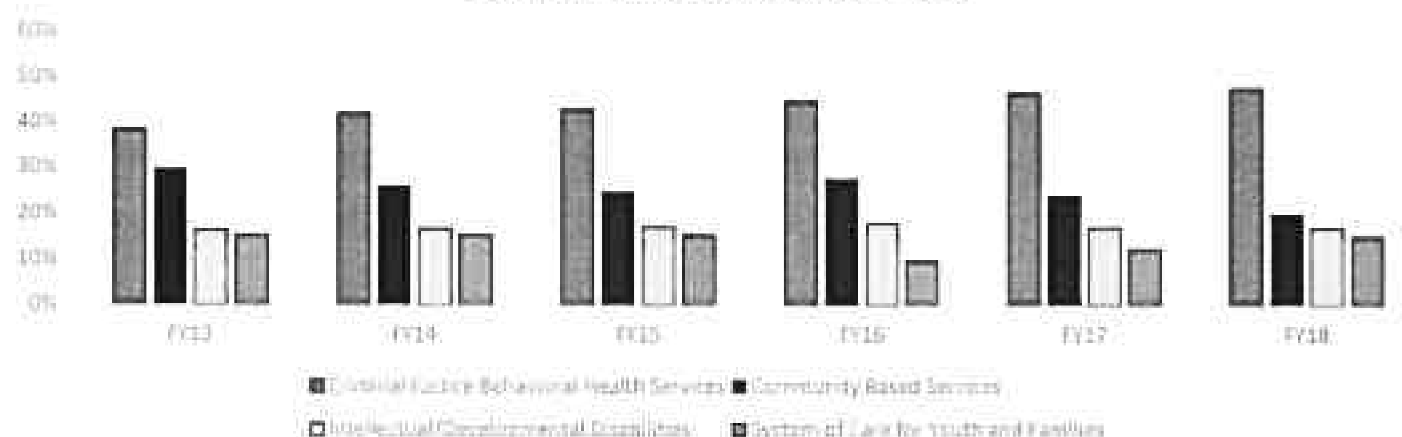
CCMHB Allocation Recommendations PY19 5/23/2018 Agency	Program	PY19 Request	Priority Justice/BH Services	Priority Innovation/Access	Priority System of Care	Priority Other	Priority ID/DD	PY19 Awards
CCMHB/CCDDB CILA Expansion	CILA Expansion	$50,000					$50,000	$50,000
Champaign County Children's Advocacy Center	Children's Advocacy Center	$56,249			$47,754			$47,754
CCRPC - Community Services	Justice Diversion Program	$65,074	$65,074					$65,074
	Youth Assessment Center	$79,000	$76,350					$76,350
CCRPC - Head Start	Early Childhood Mental Health Services	$155,179			$90,120			$90,120
	Social Emotional Disabilities Services	$73,605					$73,605	$73,605
Champaign Urbana Area Project	CU Neighborhood Champions	$64,347			$50,000			$50,000
	TRUCE	$122,833			$50,000			$50,000
Community Svc Center of Northern Champaign Co.	Resource Connection	$66,596		$66,596				$66,596
Courage Connection	Courage Connection	$127,000			$127,000			$127,000
Crisis Nursery	Beyond Blue Champaign County	$75,000				$75,000		$75,000
Cunningham Childrens Home	Independent Living Opportunities	$90,000		$90,000				$90,000
DREAAM House	DREAAM	$118,250			$80,000			$80,000
Developmental Services Center	Family Development Center	$562,280					$562,280	$562,280
Don Moyer Boys and Girls Club (DMBGC)	C-U CHANGE	$100,000			$100,000			$100,000
	Community Coalition Summer Initiatives	$107,000			$107,000			$107,000
	Youth and Family Services	$160,000			$160,000			$160,000
East Central IL Refugee Mutual Assistance Center	Family Support & Strengthening	$48,239				$48,239		$48,239
Family Service of Champaign County	Counseling	$25,000	$25,000					$25,000
	Self-Help Center	$28,928		$28,928				$28,928
	Senior Counseling & Advocacy	$142,337		$142,337				$142,337
FirstFollowers	Peer Mentoring for Re-entry	$105,400	$70,000					$70,000
GROW in Illinois	Peer Support	$20,000		$20,000				$20,000
Mahomet Area Youth Club	BLAST	$15,000			$15,000			$15,000
	MAYC Members Matter!	$18,000			$18,000			$18,000
Promise Healthcare	Mental Health Services with Promise	$222,000				$222,000		$222,000
	Promise Healthcare Wellness	$58,000		$58,000				$58,000
Rape Advocacy, Counseling & Education Services	Sexual Violence Prevention Education	$18,600				$18,600		$18,600
Rattle the Stars	Youth Suicide Prevention Education	$54,500		$54,500				$54,500
Rosecrance Central Illinois	Criminal Justice PSC	$338,643	$338,643					$338,643
	Crisis, Access, & Benefits	$262,650				$255,440		$255,440
	Fresh Start	$79,310	$79,310					$79,310
	Parenting w/ Love & Limits	$392,992			$392,992			$392,992
	Prevention Services	$67,725			$60,000			$60,000
	Recovery Home	$200,000		$200,000				$200,000
	Specialty Courts	$203,000	$203,000					$203,000
The UP Center of Champaign County	Children, Youth, & Families Program	$18,423			$18,423			$18,423
United Cerebral Palsy Land of Lincoln	Vocational Training and Support	$53,885		$43,238				$43,238
Urbana Neighborhood Connections	Community Study Center	$19,500			$19,500			$19,500
	Total	$4,441,045	$857,377	$703,599	$1,335,789	$619,279	$685,885	$4,201,929
DOJ JMHCP Implementation Application March	(contingent on award/three year term)		$111,632					$4,313,561

151

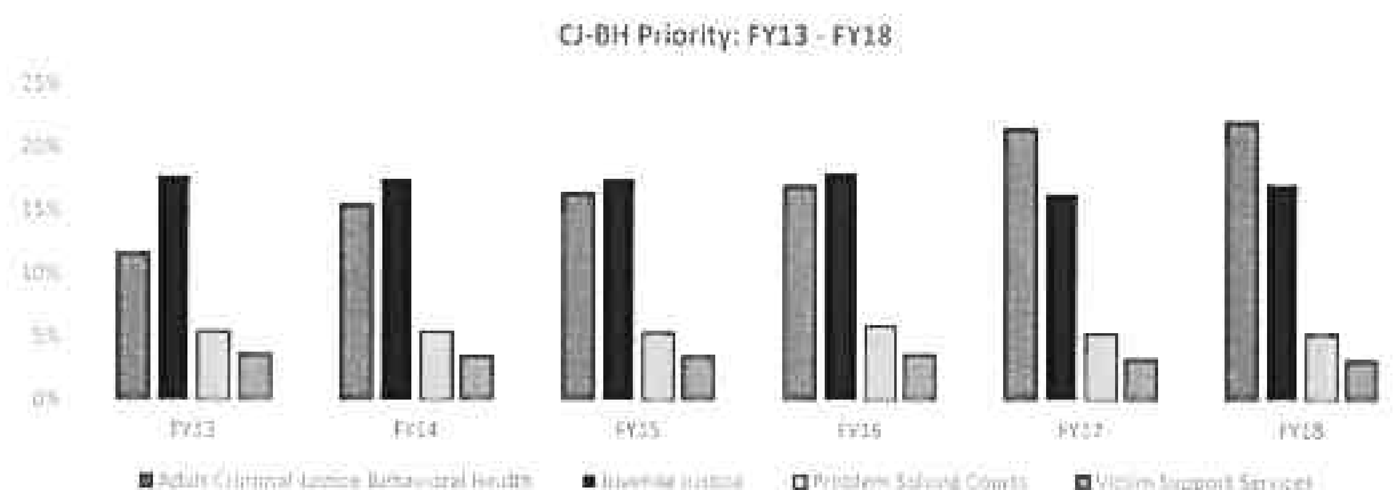
CCMHB Criminal Justice - Behavioral Health and Other Funding Priorities (FY13 - FY17)

CCMHB Priority	FY13	FY14	FY15	FY16	FY17	FY18
Criminal Justice Behavioral Health Services	39%	42%	43%	45%	47%	48%
Community Based Services	30%	26%	25%	28%	24%	20%
Intellectual/Developmental Disabilities	16%	17%	17%	18%	17%	17%
System of Care for Youth and Families	15%	15%	15%	10%	12%	15%

CCMHB Funding by Priority: FY13 - FY18



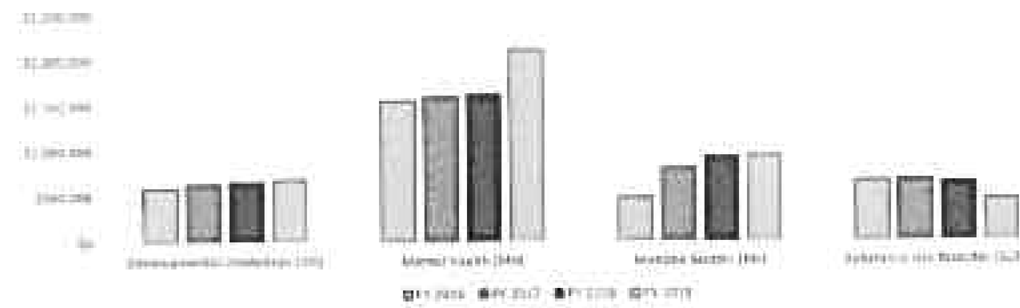
Criminal Justice-Behavioral Health Priority	FY13	FY14	FY15	FY16	FY17	FY18
Adult Criminal Justice-Behavioral Health	12%	15%	16%	17%	22%	22%
Juvenile Justice	18%	18%	18%	18%	16%	17%
Problem Solving Courts	5%	5%	5%	6%	5%	5%
Victim Support Services	4%	4%	4%	4%	3%	3%
Total - CJ-BH Services	39%	42%	43%	45%	47%	48%



CCMHB Appropriations (contract awards) by Sector, Population, and Type of Service by Program Year

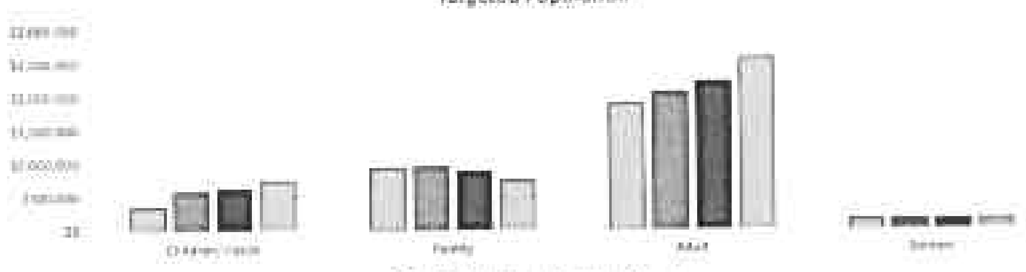
Community Mental Health Sector	FY 2016	FY 2017	FY 2018	FY 2019
Developmental Disabilities (DD)	$595,144	$653,073	$657,294	$685,885
Mental Health (MH)	$1,554,672	$1,594,185	$1,617,699	$2,112,646
Multiple Sectors (Mx)	$483,106	$806,134	$923,131	$980,399
Substance Use Disorder (SUD)	$661,070	$676,407	$647,507	$463,000
Total	$3,294,792	$3,709,299	$3,845,630	$4,201,929

Community Mental Health Sector



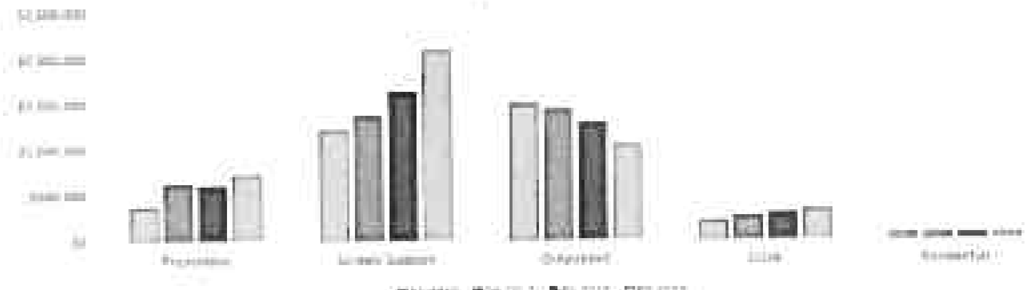
Targeted Population Group	FY 2016	FY 2017	FY 2018	FY 2019
Children/Youth	$339,630	$568,122	$613,822	$741,829
Family	$929,982	$945,517	$877,323	$746,654
Adult	$1,882,843	$2,055,829	$2,212,148	$2,573,109
Seniors	$142,337	$142,337	$142,337	$142,337
Total	$3,294,792	$3,709,299	$3,845,630	$4,201,929

Targeted Population



Type of Service	FY 2016	FY 2017	FY 2018	FY 2019
Prevention	$356,550	$515,418	$597,381	$714,262
Screen/Support	$1,201,537	$1,355,734	$1,630,087	$2,081,029
Outpatient	$1,485,045	$1,425,379	$1,277,439	$1,026,129
Crisis	$201,660	$257,330	$290,757	$330,514
Residential	$50,000	$50,000	$50,000	$50,000
Total	$3,294,792	$3,709,739	$3,845,630	$4,201,929

Type of Service



Comparison of General Population Characteristics to CCMHB Population Served

Age Distribution of All Champaign County Residents, 2015* [2]	Census
Birth to 4	6%
5 to 9 years	5%
10 to 17 years	8%
18 to 59 years	65%
60 and Older	16%
Total	100%
N=	205766

*age categories do not directly align with CCMHB categories

Age Distribution: CCMHB Population Served by Age Group	CCMHB PY15	CCMHB PY16	CCMHB PY17
Birth to 6	5%	3%	6%
7 to 12 years	17%	16%	14%
13 to 18 years	23%	17%	21%
19 to 59 years	61%	45%	41%
60 and Older	16%	17%	16%
Total	100%	100%	100%
N=	12897	15215	15440

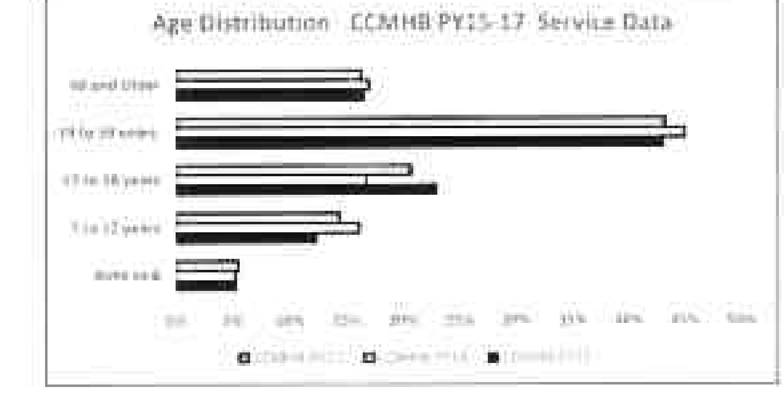
Race Distribution of All Champaign County Residents, 2015 [1]	Census		CCMHB PY15	CCMHB PY16	CCMHB PY17
White	73%		58%	56%	55%
Black/AA	13%		32%	31%	30%
Asian/Pacific Islander	11%		7%	7%	7%
Other	3%		3%	7%	8%
Total	100%		100%	100%	100%
N=	205766		12177	15685	15387

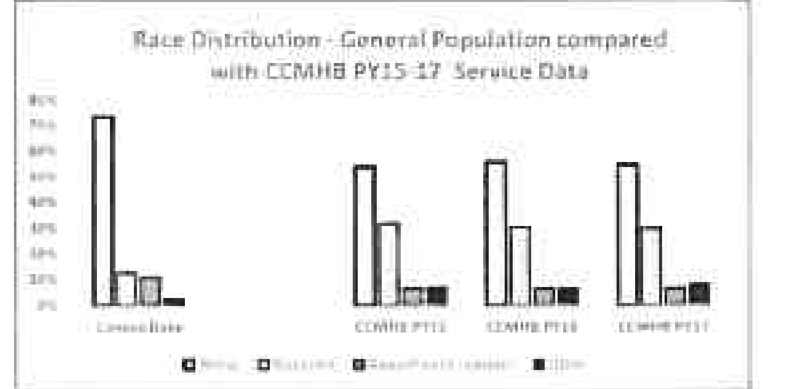
Ethnic Origin Distribution of All Champaign County Residents, 2015 [1]	Census		CCMHB PY15	CCMHB PY16	CCMHB PY17
Hispanic or Latino	6%		19%	15%	15%
Not Hispanic or Latino	94%		81%	85%	85%
Total	100%		100%	100%	100%
N=	205766		11429	14803	15316

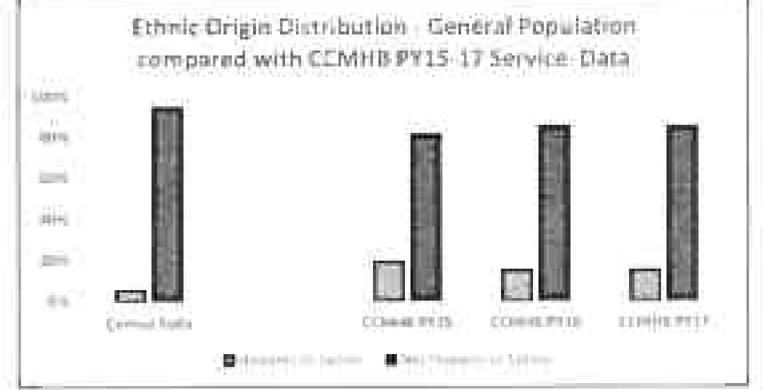
Gender Distribution of All Champaign County Residents, 2015 [1]	Census		CCMHB PY15	CCMHB PY16	CCMHB PY17
Male	50%		47%	44%	41.7%
Female	50%		53%	56%	58.2%
Other					0.1%
Total	100%		100%	100%	100.0%
N=	205766		12580	15697	15491

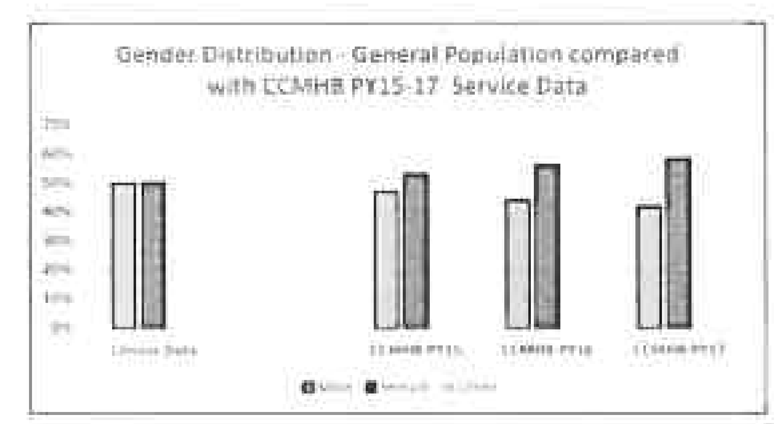
Residency Distribution of Champaign County, 2010 [4]	Census		CCMHB PY15	CCMHB PY16	CCMHB PY17
Champaign	42%		34%	39%	39%
Urbana	20%		26%	25%	28%
Rantoul	6%		17%	18%	17%
Other (rural)	32%		23%	17%	15%
Total	100%		100%	100%	100%
N=	208419		13034	13196	12929

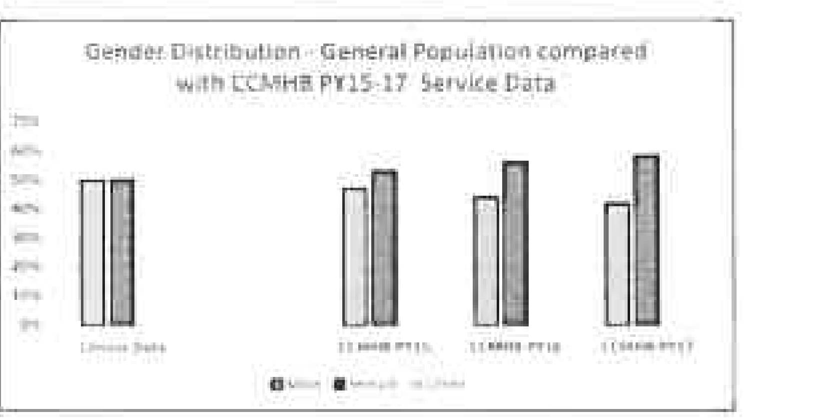
Comparison of General Population Characteristics to CCMHB Population Served











Champaign County Population Data: Persons in Poverty

Residency Distribution of Those Living in Poverty, 2015 (Assessed Population) [1] [2]	Total	In Poverty	% Poverty
Assessed Population - Champaign County	189,737	41,360	21.80%
Champaign	76,065	21,480	28.20%
Urbana	34,828	12,016	34.50%
Rantoul	12,799	3,211	25.10%
Other Rural [3]	66,045	6,585	9.97%

Age Distribution of Resident in Poverty, 2015* (Assessed Population) [1] [2]	
Birth to 4	7%
5 to 17 years	14%
18 to 59 years	74%
60 and Older	6%
Total	100%
N=	41284

*age categories do not directly align with CCMHB categories

Race Distribution of Residents in Poverty, 2015 (Assessed Population) [1] [2]	
White	56%
Black/AA	23%
Asian/Pacific Islander	16%
Other	5%
Total	100%
N=	43284

Ethnic Origin Distribution of Residents in Poverty, 2015 (Assessed Population) [1] [2]	
Hispanic or Latino	8%
Not Hispanic or Latino	92%
Total	100%
N=	41284

Gender Distribution of Residents in Poverty, 2015 (Assessed Population) [1] [2]	
Male	49%
Female	51%
Other	
Total	100%
N=	43284

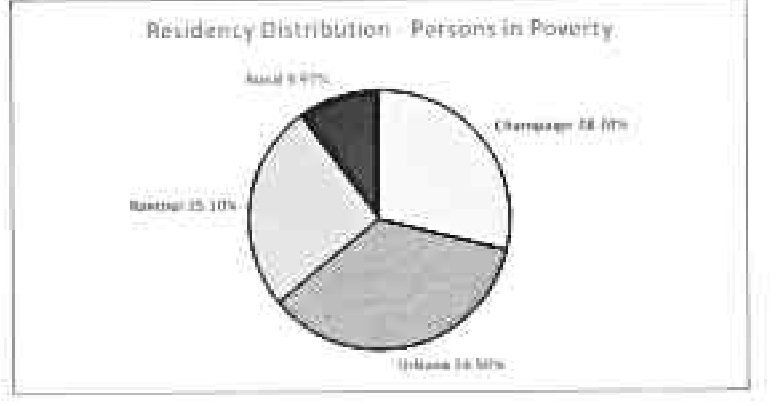
[1] Census Data Source(s): 2011-2015 American Community Survey 5-Year Estimates

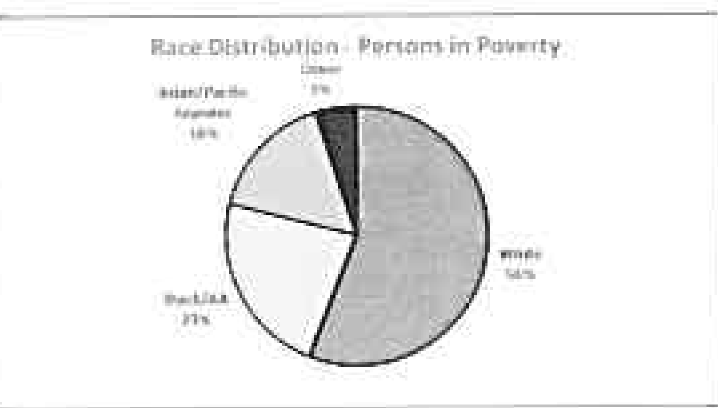
[2] Population for whom poverty status is determined is based on a total population estimate of 189,737, i.e. Assessed Population. Assessed population data excludes those residing in institutional settings: dormitories, institutions, group homes, jails, and nursing homes

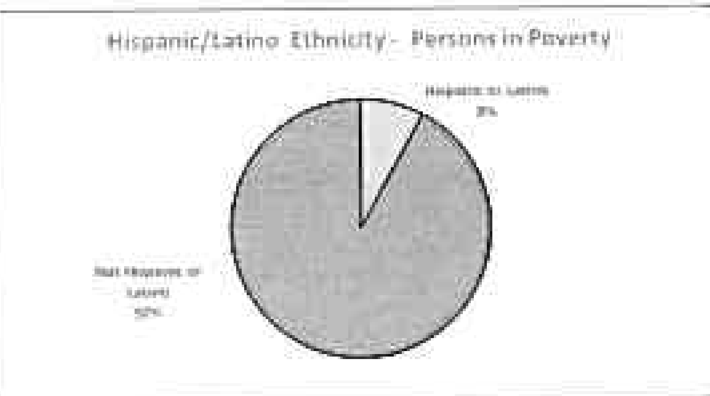
[3] Rate and number of rural residents in poverty derived by calculating number of Champaign, Urbana and Rantoul residents and subtracting from countywide total with difference being those residing in balance of county. Poverty rates within rural communities can vary significantly.
Highest poverty rates, descending order: Ludlow, Urbana, Champaign, Rantoul, Bondville, Savoy.
Lowest poverty rates, ascending order: Foosland, Philo, Pesotum, Allerton, Ogden, St. Joseph.

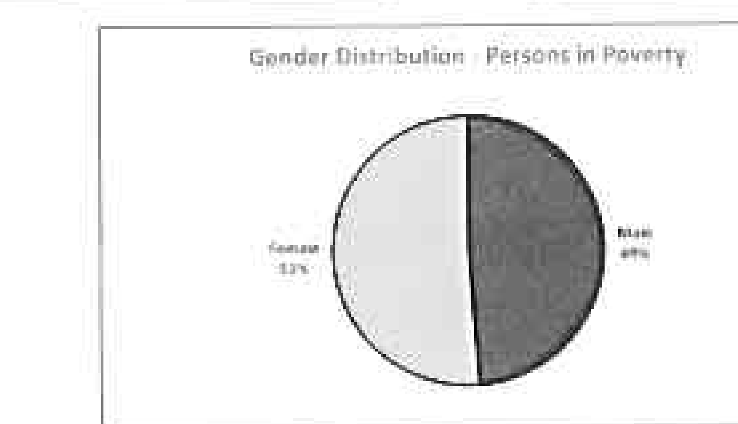
[4] American Fact Finder "2016 Population Estimates"

Champaign County Population Data: Persons in Poverty









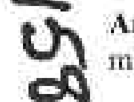
Mental Illness

Mental illnesses are common in the United States. Nearly one in five U.S. adults lives with a mental illness (44.7 million in 2016). Mental illnesses include many different conditions that vary in degree of severity, ranging from mild to moderate to severe. Two broad categories can be used to describe these conditions: Any Mental Illness (AMI) and Serious Mental Illness (SMI). AMI encompasses all recognized mental illnesses. SMI is a smaller and more severe subset of AMI. Additional information on mental illnesses can be found on the NIMH Health Topics Pages (www.nimh.nih.gov/health/topics/index.shtml).

Definitions

The data presented here are from the 2016 National Survey on Drug Use and Health (NSDUH) by the Substance Abuse and Mental Health Services Administration (SAMHSA). For inclusion in NSDUH prevalence estimates, mental illnesses include those that are diagnosable currently or within the past year; of sufficient duration to meet diagnostic criteria specified within the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV); and, exclude developmental and substance use disorders.

Any Mental Illness



Any mental illness (AMI) is defined as a mental, behavioral, or emotional disorder. AMI can vary in impact, ranging from no impairment to mild, moderate, and even severe impairment (e.g., individuals with serious mental illness as defined below).

Serious Mental Illness

Serious mental illness (SMI) is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI.

Prevalence of Any Mental Illness (AMI)

Figure 1 shows the past year prevalence of AMI among U.S. adults.

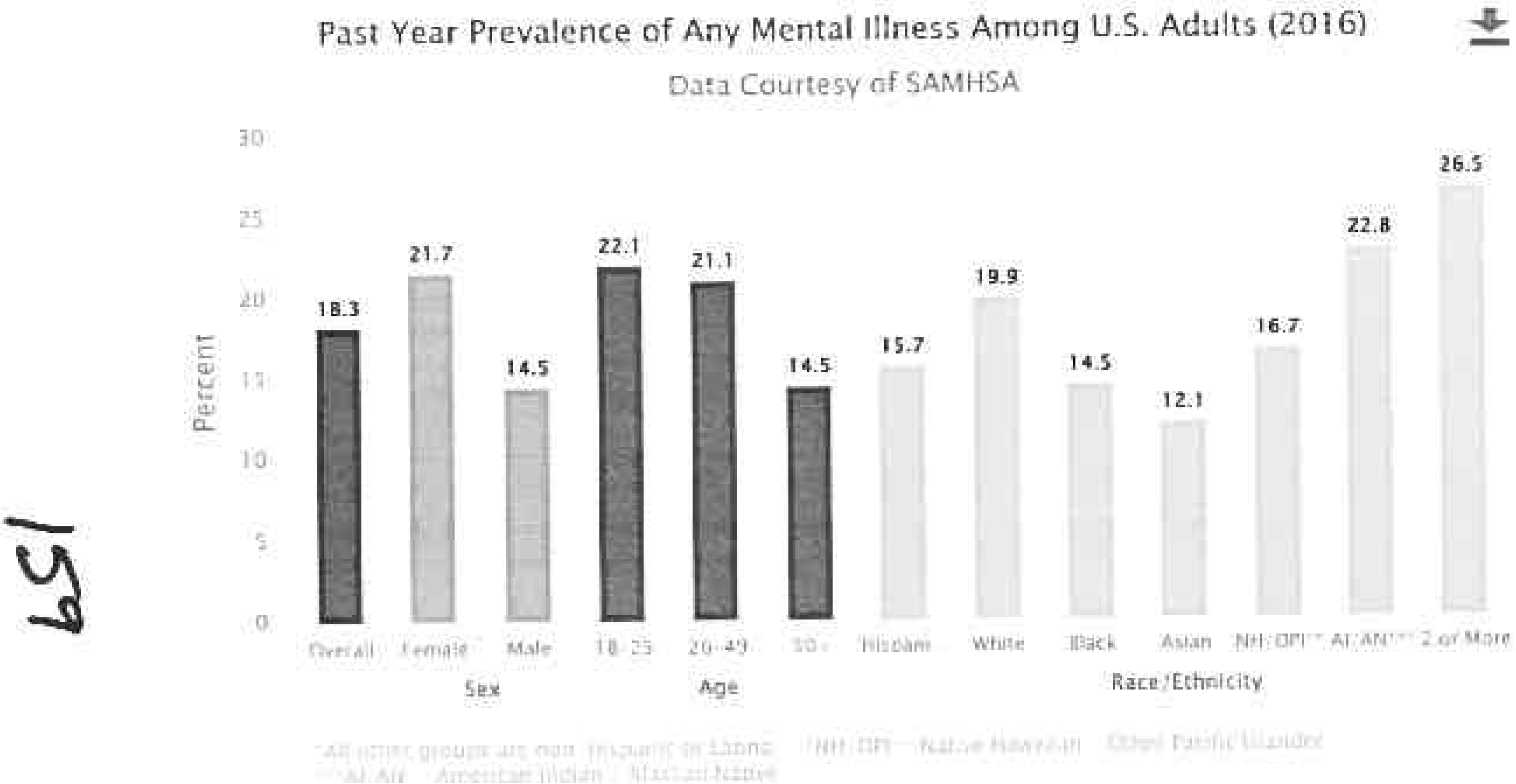
In 2016, there were an estimated 44.7 million adults aged 18 or older in the United States with AMI. This number represented 18.3% of all U.S. adults.

The prevalence of AMI was higher among women (21.7%) than men (14.5%).

Young adults aged 18-25 years had the highest prevalence of AMI (22.1%) compared to adults aged 26-49 years (21.1%) and aged 50 and older (14.5%).

The prevalence of AMI was highest among the adults reporting two or more races (26.5%), followed by the American Indian/Alaska Native group (22.8%). The prevalence of AMI was lowest among the Asian group (12.1%).

Figure 1



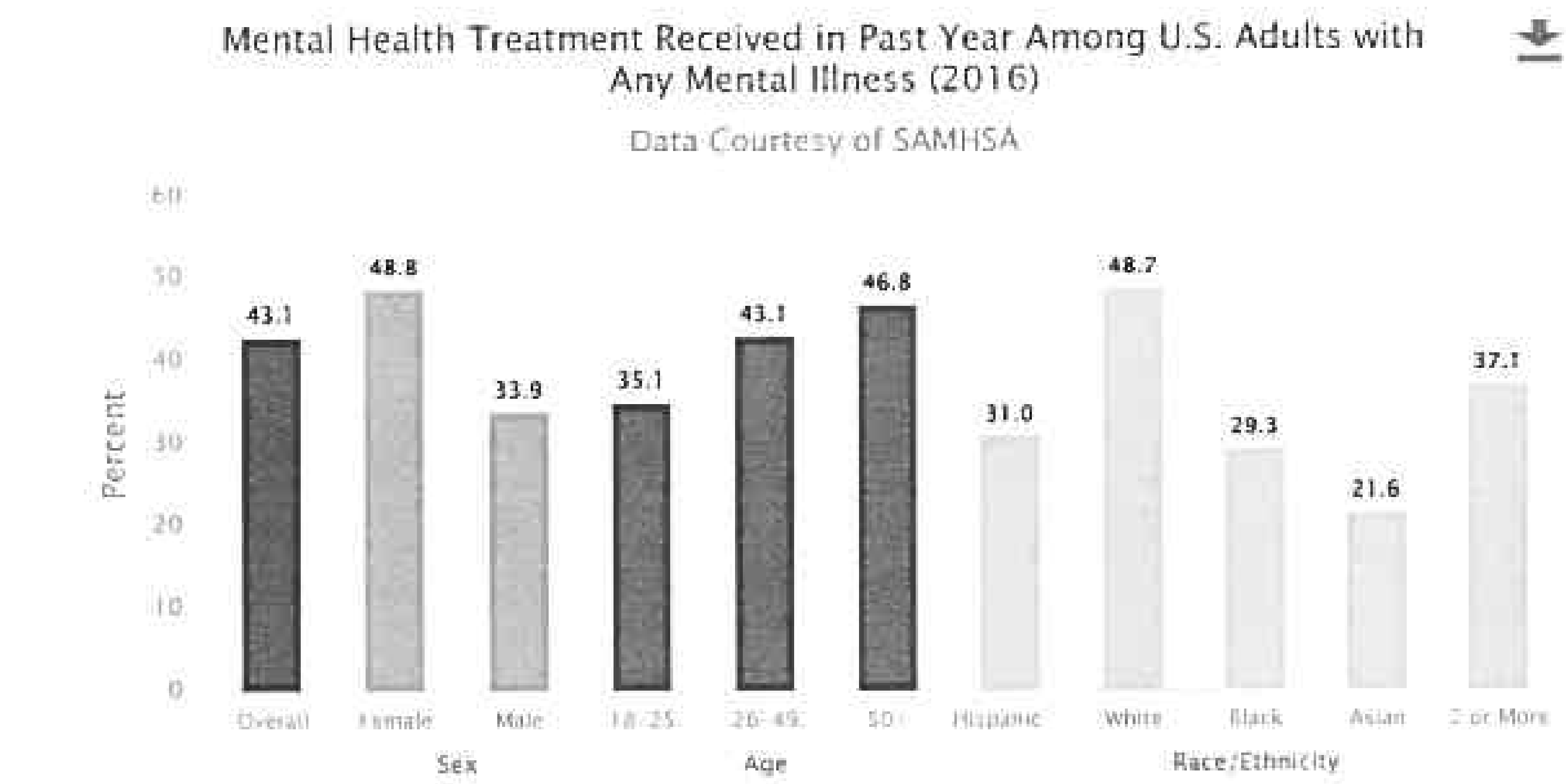
Mental Health Treatment — AMI

Figure 2 presents data on mental health treatment received within the past year by U.S. adults aged 18 or older with any mental illness (AMI). NSDUH defines mental health treatment as having received inpatient treatment/counseling or outpatient treatment/counseling, or having used prescription medication for problems with emotions, nerves, or mental health.

In 2016, among the 44.7 million adults with AMI, 19.2 million (43.1%) received mental health treatment in the past year. More women with AMI (48.8%) received mental health treatment than men with AMI (33.9%).

The percentage of young adults aged 18-25 years with AMI who received mental health treatment (35.1%) was lower than adults with AMI aged 26-49 years (43.1%) and aged 50 and older (46.8%).

Figure 2



Prevalence of Serious Mental Illness (SMI)

Figure 3 shows the past year prevalence of SMI among U.S. adults.

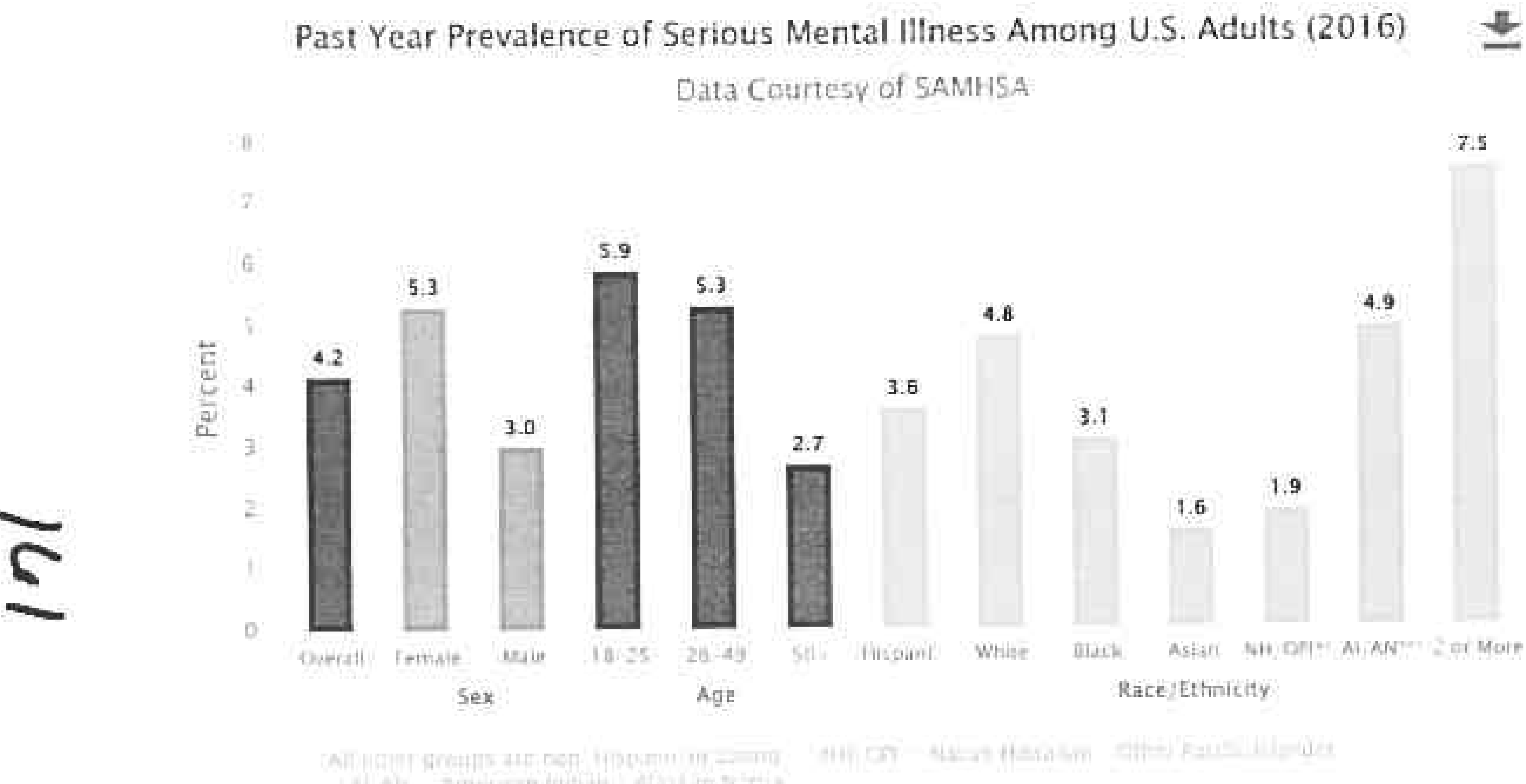
In 2016, there were an estimated 10.4 million adults aged 18 or older in the United States with SMI. This number represented 4.2% of all U.S. adults.

The prevalence of SMI was higher among women (5.3%) than men (3.0%).

Young adults aged 18-25 years had the highest prevalence of SMI (5.9%) compared to adults aged 26-49 years (5.3%) and aged 50 and older (2.7%).

The prevalence of SMI was highest among the adults reporting two or more races (7.5%), followed by the American Indian/Alaska Native group (4.9%). The prevalence of SMI was lowest among the Asian group (1.6%).

Figure 3



Mental Health Treatment — SMI

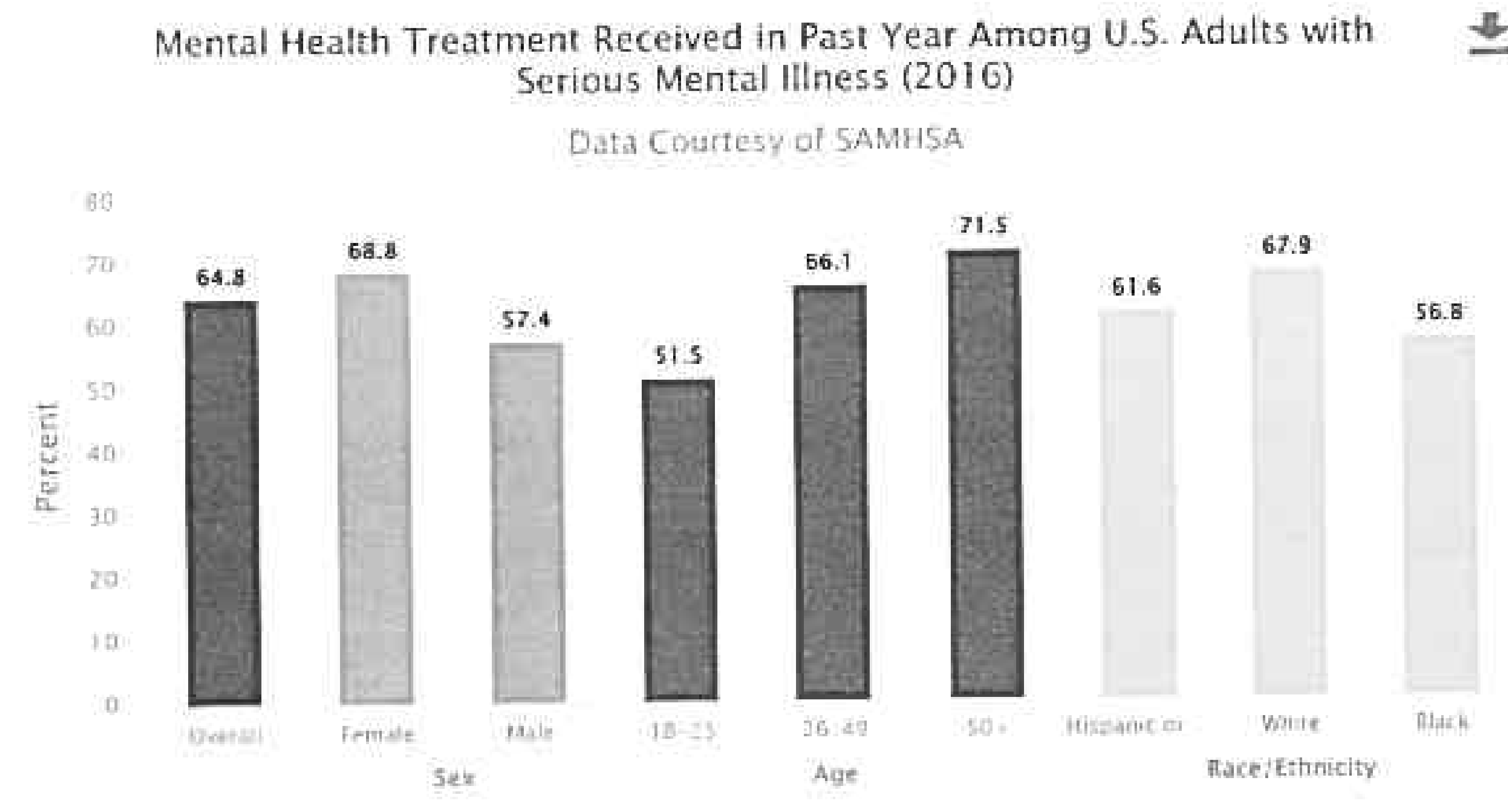
Figure 4 presents data on mental health treatment received within the past year by U.S. adults 18 or older with serious mental illness (SMI). The NSDUH defines mental health treatment as having received inpatient treatment/counseling or outpatient treatment/counseling or having used prescription medication for problems with emotions, nerves, or mental health.

In 2016, among the 10.4 million adults with SMI, 6.7 million (64.8%) received mental health treatment in the past year.

More women with SMI (68.8%) received mental health treatment than men with AMI (57.4%).

The percentage of young adults aged 18-25 years with AMI who received mental health treatment (51.5%) was lower than adults with AMI aged 26-49 years (66.1%) and aged 50 and older (71.5%).

Figure 4



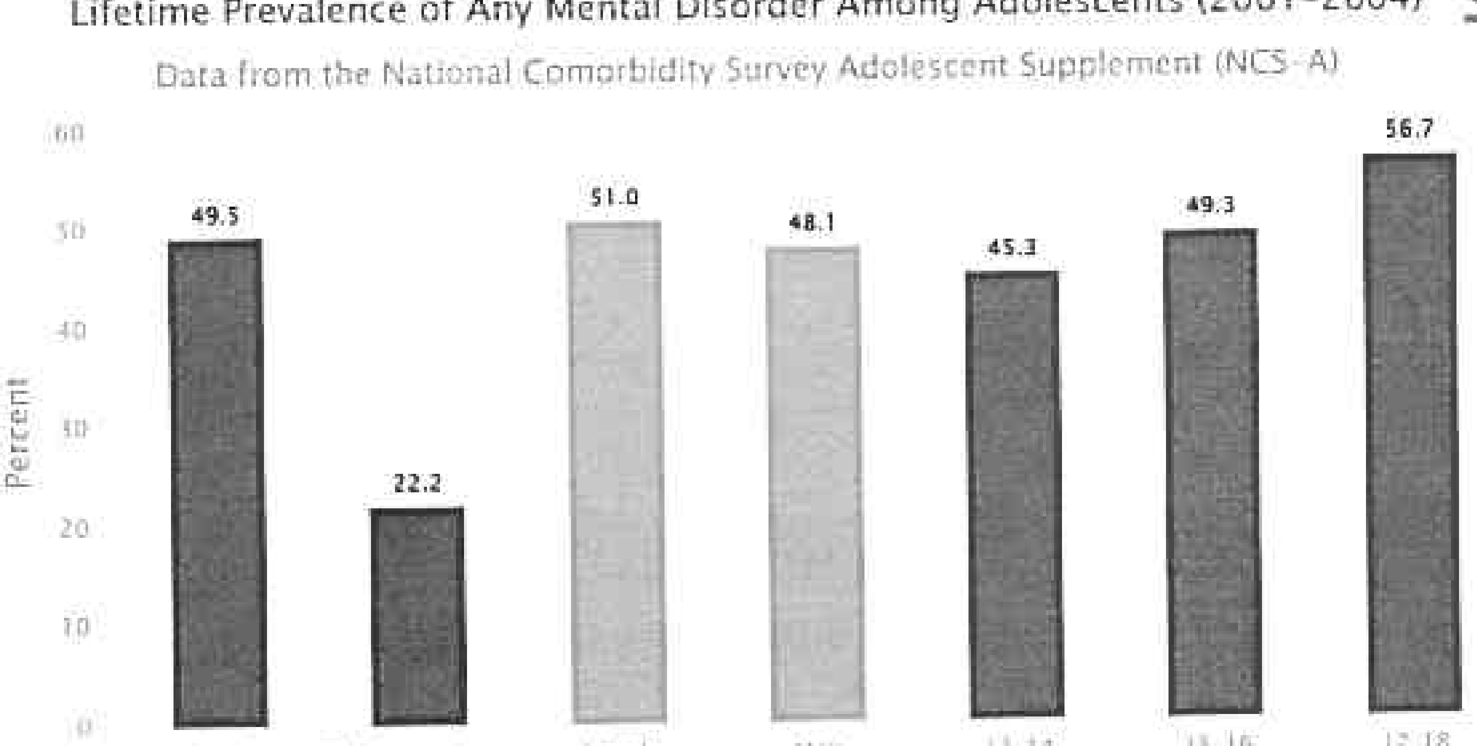
Prevalence of Any Mental Disorder Among Adolescents

Based on diagnostic interview data from National Comorbidity Survey Adolescent Supplement (NCS-A), Figure 5 shows lifetime prevalence of any mental disorder among U.S. adolescents aged 13-18.[1]

An estimated 49.5% of adolescents had any mental disorder.

Of adolescents with any mental disorder, an estimated 22.2% had severe impairment. DSM-IV criteria were used to determine impairment.

Figure 5



Data Sources

Merikangas KR, He JP, Burstein M, Swanson SA, Avenevoli S, Cui L, Benjet C, Georgiades K, Swendsen J. Lifetime prevalence of mental disorders in U.S. adolescents: results from the National Comorbidity Survey Replication--Adolescent Supplement (NCS-A). *J Am Acad Child Adolesc Psychiatry*. 2010 Oct;49(10):980-9. PMID: 20855043

Statistical Methods and Measurement Caveats

National Survey on Drug Use and Health (NSDUH)

Diagnostic Assessment:

- The NSDUH AMI and SMI estimates were generated from a prediction model created from clinical interview data collected on a subset of adult NSDUH respondents who completed a past 12-month version of the Structured Clinical Interview for DSM-IV-TR Axis I Disorders (Research Version, Non-patient Edition (SCID-I/NP)).
- The assessment included diagnostic modules assessing: mood, anxiety, eating, impulse control, substance use, adjustment disorders, and a psychotic symptoms screen.
- The assessment did not contain diagnostic modules assessing: adult attention deficit hyperactivity disorder (ADHD), autism spectrum disorders, schizophrenia or other psychotic disorders (although the assessment included a psychotic symptom screen).
- People who only have disorders that are not included in these diagnostic modules may not be adequately detected. However, there are known patterns of high comorbidities among mental disorders; these patterns increase the likelihood that people who meet AMI and/or SMI criteria were detected by the study, as they may also have one or more of the disorders assessed in the SCID-I/NP.

Population:

- The entirety of NSDUH respondents for the AMI and SMI estimates were the civilian, non-institutionalized population aged 18 years old or older residing within the United States.
- The survey covered residents of households (persons living in houses/townhouses, apartments, condominiums; civilians living in housing on military bases, etc.) and persons in non-institutional group quarters (e.g., shelters, rooming/boarding houses, college dormitories, migratory workers' camps, and halfway houses).
- The survey did not cover persons who, for the entire year, had no fixed address (e.g., homeless and/or transient persons not in shelters); were on active military duty; or who resided in institutional group quarters (e.g., correctional facilities, nursing homes, mental institutions, long-term hospitals).
- Some people in these excluded categories had AMI and/or SMI, but were not accounted for in the NSDUH AMI and/or SMI estimates.

164

Survey Non-response:

- In 2016, 31.6% of the selected NSDUH sample did not complete the interview.
- Reasons for non-response to interviewing include: refusal to participate (22.2%); respondent unavailable or never at home (4.5%); and other reasons such as physical/mental incompetence or language barriers (4.6%).
- People with mental illness may disproportionately fall into these non-response categories. While NSDUH weighting includes non-response adjustments to reduce bias, these adjustments may not fully account for differential non-response by mental illness status.

Please see the 2016 National Survey on Drug Use and Health Methodological Summary and Definitions report for further information on how these data were collected and calculated.

National Comorbidity Survey Adolescent Supplement (NCS-A)

Diagnostic Assessment and Population:

- The NCS-A was carried out under a cooperative agreement sponsored by NIMH to meet a request from Congress to provide national data on the prevalence and correlates of mental disorders among U.S. youth. The NCS-A was a nationally representative, face-to-face survey of 10,123

adolescents aged 13 to 18 years in the continental United States. The survey was based on a dual-frame design that included 904 adolescent residents of the households that participated in the adult U.S. National Comorbidity Survey Replication and 9,244 adolescent students selected from a nationally representative sample of 320 schools. The survey was fielded between February 2001 and January 2004. DSM-IV mental disorders were assessed using a modified version of the fully structured World Health Organization Composite International Diagnostic Interview.

Survey Non-response:

The overall adolescent non-response rate was 24.4%. This is made up of non-response rates of 14.1% in the household sample, 18.2% in the un-blinded school sample, and 77.7% in the blinded school sample. Non-response was largely due to refusal (21.3%), which in the household and un-blinded school samples came largely from parents rather than adolescents (72.3% and 81.0%, respectively). The refusals in the blinded school sample, in comparison, came almost entirely (98.1%) from parents failing to return the signed consent postcard.
For more information, see PMID: 19507169 and the NIMH NCS-A study page (www.nimh.nih.gov/archive/news/2010/national-survey-confirms-that-youth-are-disproportionately-affected-by-mental-disorders.shtml).

Last Updated: November 2017

STATISTICS HOME (www.nimh.nih.gov/health/statistics/index.shtml)

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Office of Science Policy, Planning, and Communications
6001 Executive Boulevard, Room 6200, MSC 9663
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NCHS Data Brief ■ No. 303 ■ February 2018

Prevalence of Depression Among Adults Aged 20 and Over: United States, 2013–2016

Debra J. Brody, M.P.H., Laura A. Pratt, Ph.D., and Jeffery P. Hughes, M.P.H.

Key findings

Data from the National Health and Nutrition Examination Survey

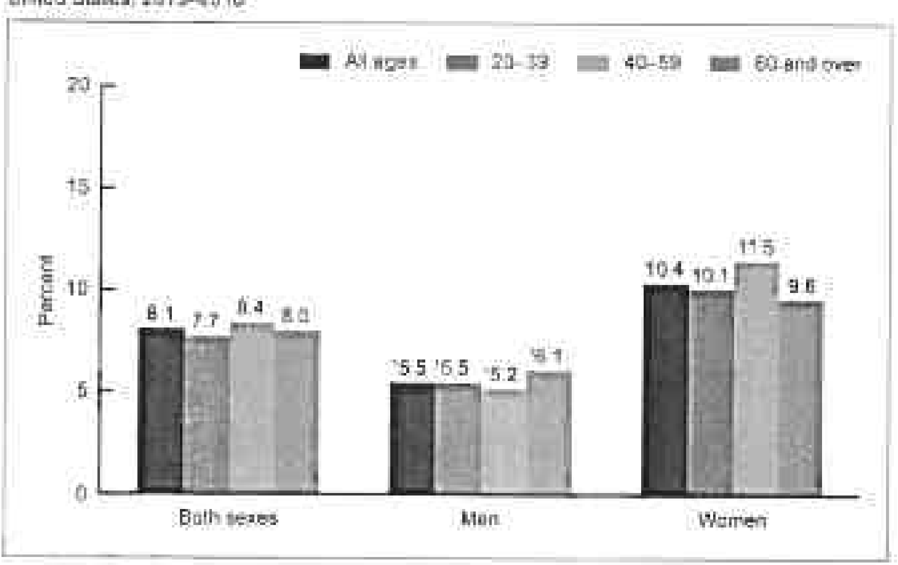
- During 2013–2016, 8.1% of American adults aged 20 and over had depression in a given 2-week period.
- Women (10.4%) were almost twice as likely as were men (5.5%) to have had depression.
- Depression was lower among non-Hispanic Asian adults, compared with Hispanic, non-Hispanic black, or non-Hispanic white adults.
- The prevalence of depression decreased as family income levels increased.
- About 80% of adults with depression reported at least some difficulty with work, home, and social activities because of their depression.
- From 2007–2008 to 2015–2016, the percentage of American adults with depression did not change significantly over time.

Major depression is a common and treatable mental disorder characterized by changes in mood, and cognitive and physical symptoms over a 2-week period (1). It is associated with high societal costs (2) and greater functional impairment than many other chronic diseases, including diabetes and arthritis (3). Depression rates differ by age, sex, income, and health behaviors (4). This report provides the most recent national estimates of depression among adults. Prevalence of depression is based on scores from the Patient Health Questionnaire (PHQ-9), a symptom-screening questionnaire that allows for criteria-based diagnoses of depressive disorders (5). Estimates for non-Hispanic Asian persons are presented for the first time.

Keywords: mental health • NHANES

During 2013–2016, 8.1% of Americans aged 20 and over had depression in a given 2-week period.

Figure 1. Percentage of persons aged 20 and over with depression, by age and sex: United States, 2013–2016



[1]Significantly different from females in same age group.
NOTES: Depression was defined as a score greater than or equal to 10 on the Patient Health Questionnaire. Access data table for Figure 1 at: [illegible]
SOURCE: NCHS, National Health and Nutrition Examination Survey, 2013–2016.

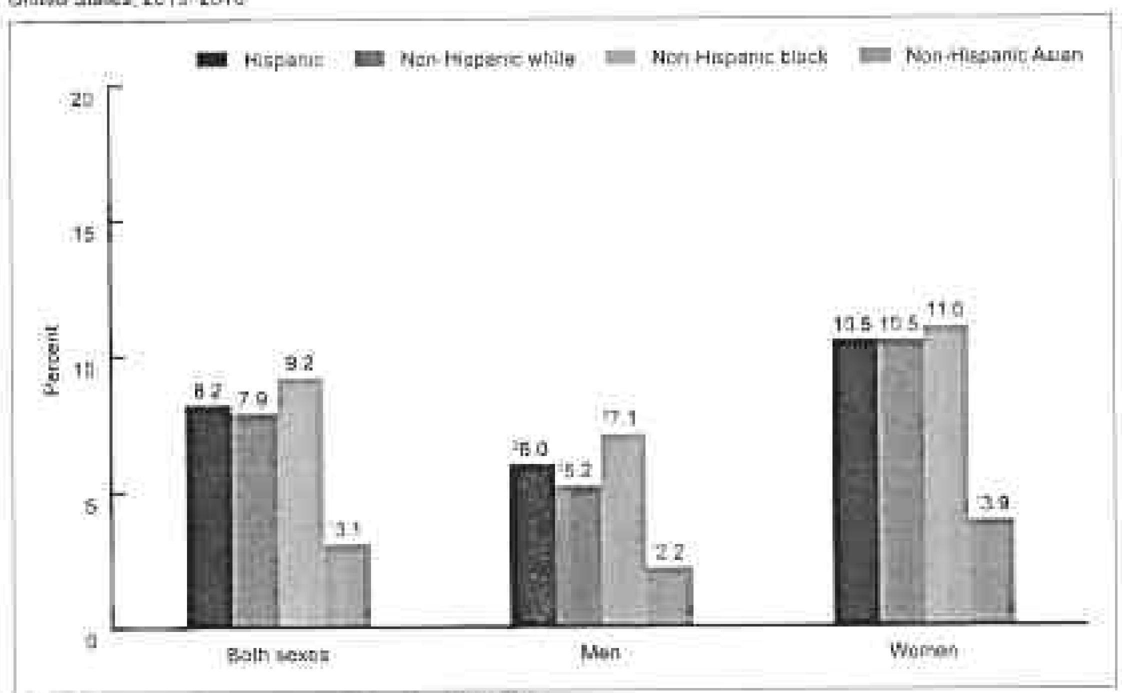
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

- Overall, women (10.4%) were almost twice as likely to have depression as men (5.5%). This pattern also was observed among each age group (Figure 1).
- Among both men and women, the percentage with depression did not differ statistically across age groups.

The prevalence of depression was lower among non-Hispanic Asian adults than among any other race and Hispanic-origin group.

- Overall, non-Hispanic Asian adults had the lowest prevalence of depression (3.1%) compared with Hispanic (8.2%), non-Hispanic white (7.9%), and non-Hispanic black (9.2%) adults. This pattern was observed among both men and women (Figure 2).
- The prevalence of depression was not statistically different for Hispanic, non-Hispanic white, and non-Hispanic black adults, overall and among both men and women.
- Among all race and Hispanic-origin groups, except non-Hispanic Asian, men had a significantly lower prevalence of depression compared with women.

Figure 2. Percentage of persons aged 20 and over with depression, by race and Hispanic origin and sex: United States, 2013–2016



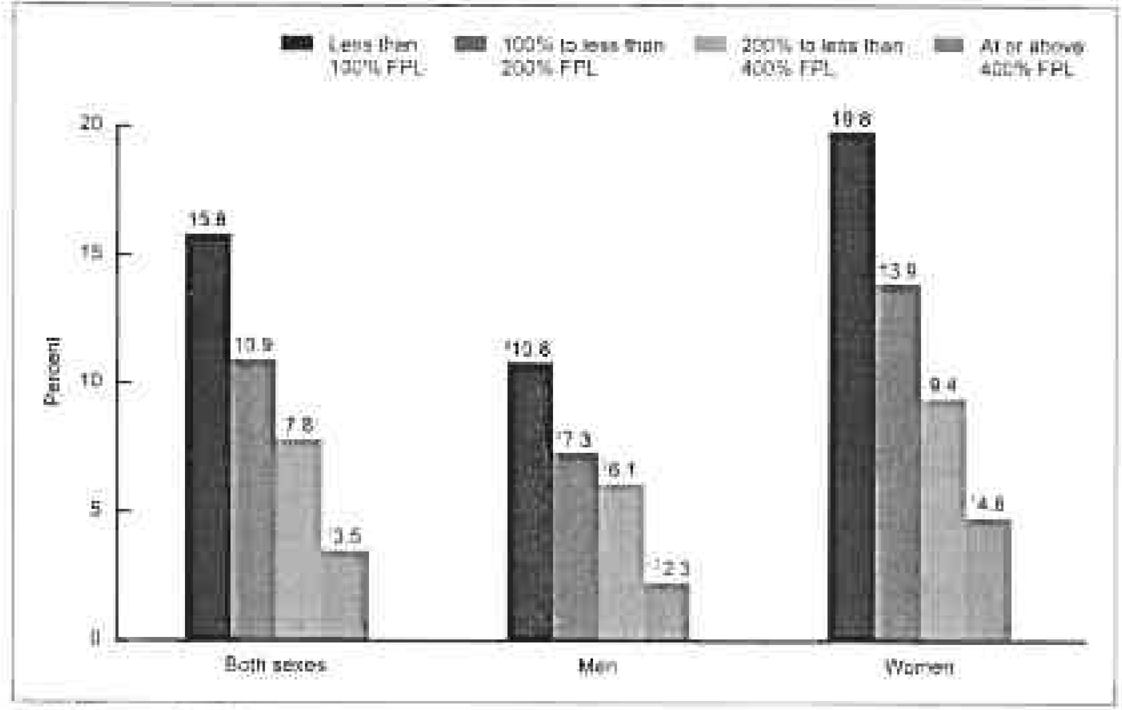
[1]Significantly lower than Hispanic, non-Hispanic white, and non-Hispanic black.
[2]Significantly lower than women of the same race and Hispanic-origin group.
NOTES: Depression was defined as a score greater than or equal to 10 on the Patient Health Questionnaire. Access data table for Figure 2 at: [illegible]
SOURCE: NCHS, National Health and Nutrition Examination Survey, 2013–2016.

167

The prevalence of depression among adults decreased as family income levels increased.

- Overall, 15.8% of adults from families living below the federal poverty level (FPL) had depression. The prevalence of depression decreased to 3.5% among adults at or above 400% of the FPL (Figure 3).
- Among both men and women, the prevalence of depression decreased with increasing levels of family income.
- Men with family incomes at or above 400% of the FPL had the lowest prevalence of depression (2.3%), while women with family incomes below the FPL had the highest prevalence (19.8%).

Figure 3. Percentage of persons aged 20 and over with depression, by family income level: United States, 2013–2016

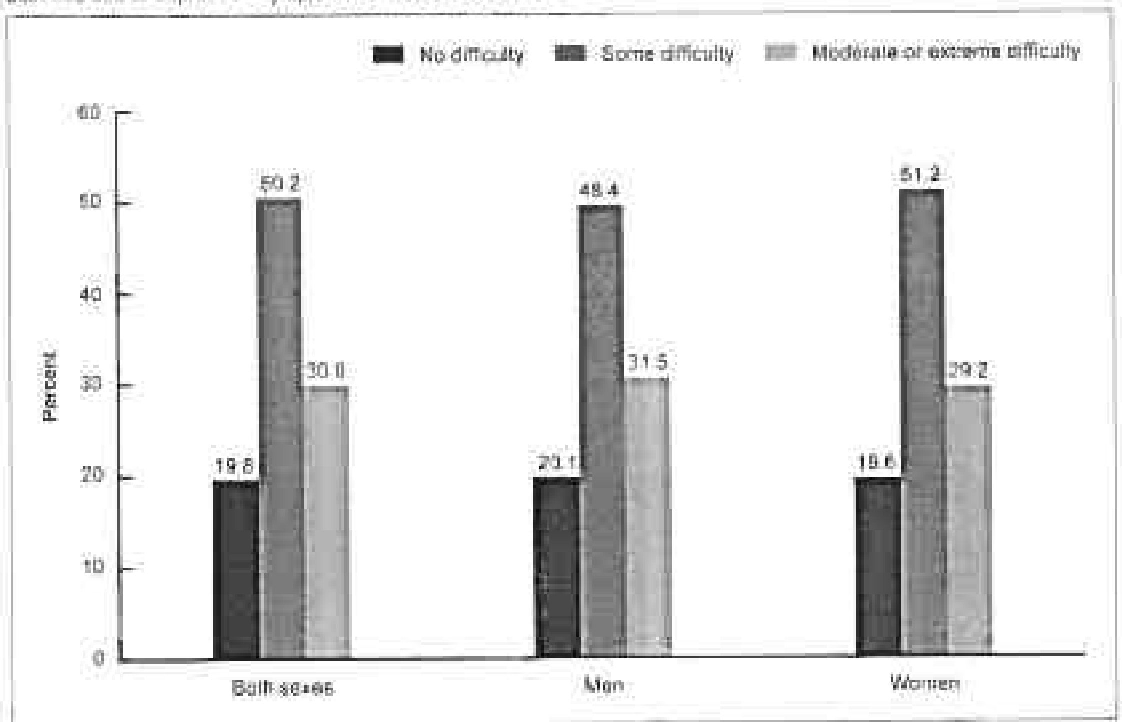


[1]Significant decreasing linear trend.
[2]Significantly lower than women in same family income level.
NOTES: Family income levels are defined by the federal poverty level (FPL). Depression was defined as a score greater than or equal to 10 on the Patient Health Questionnaire. Access data table for Figure 3 at: [illegible]
SOURCE: NCHS, National Health and Nutrition Examination Survey 2013–2016.

About 80% of adults with depression reported at least some difficulty with work, home, or social activities because of their depression symptoms.

- 50.2% of adults with depression reported some difficulty with work, home, or social activities because of their depression symptoms (Figure 4).
- 30.0% of adults with depression reported moderate or extreme difficulty with work, home, or social activities because of their depression symptoms.
- The percentage of adults with depression reporting difficulty with work, home, or social activities due to depression symptoms was similar in men and women.

Figure 4. Percentage of persons aged 20 and over with depression who reported difficulty with work, home, or social activities due to depression symptoms: United States, 2013–2016



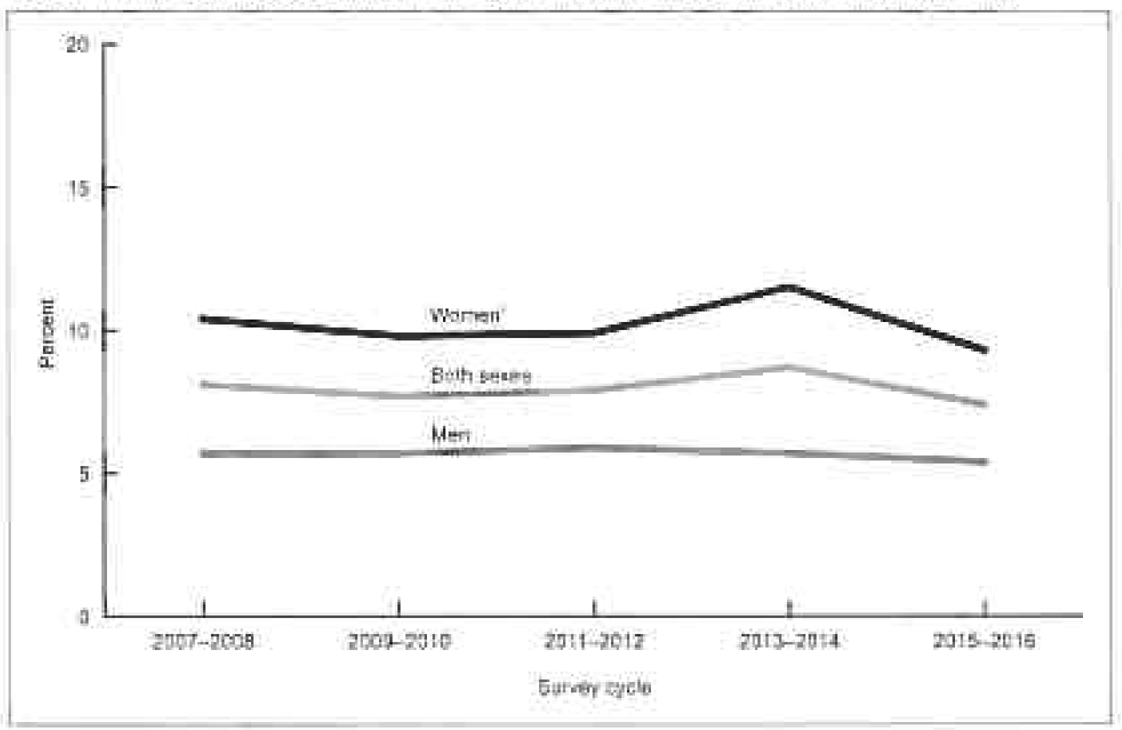
NOTES: Depression was defined as a score greater than or equal to 10 on the Patient Health Questionnaire. Access data table for Figure 4 at [illegible]
SOURCE: NCHS, National Health and Nutrition Examination Survey, 2013–2016.

169

Over a 10-year period, from 2007–2008 to 2015–2016, the percentage of adults with depression did not change significantly.

- Among men, the prevalence of depression was 5.7 % in 2007–2008 and 5.4% in 2015–2016 (Figure 5).
- Among women, the prevalence of depression was 10.4% in 2007–2008 and 9.3% in 2015–2016.

Figure 5. Prevalence of depression among persons aged 20 and over: United States, 2007–2008 to 2015–2016



¹Women had a higher prevalence of depression than men at every time point.
NOTES: Depression was defined as a score greater than or equal to 10 on the Patient Health Questionnaire. Access data table for Figure 5 at: [illegible]
SOURCE: NCHS, National Health and Nutrition Examination Survey, 2007–2016.

Summary

During 2013–2016, 8.1% of American adults had depression in a given 2-week period. As observed in other studies (4,6), depression was almost twice as common among women as among men. Depression prevalence did not differ by age. Non-Hispanic Asian adults had the lowest prevalence of depression, a finding noted in other studies (7). Depression prevalence did not vary significantly among the other race and Hispanic-origin groups studied. The proportion of adults with depression increased with decreasing family income level. About 80% of adults with depression reported at least some difficulty with work, home, or social activities due to their depression symptoms. From 2007–2008 to 2015–2016, the prevalence of depression among both men and women showed no significant changes, similar to the results of another major federal survey that tracks depression estimates in the United States (8).

Prevalence estimates reported here do not include populations considered at higher risk for depression (i.e., those in nursing homes or other institutions). Persons currently treated for depression (i.e., medication or therapy) may not have screened positively for depression using the PHQ-9. Finally, some persons with depression may not have been able or willing to participate in the National Health and Nutrition Examination Survey (NHANES). Therefore, these findings may represent conservative estimates of depression among adults in the United States.

Definitions

Depression: Measured using the score from the Patient Health Questionnaire (PHQ-9), a nine-item depression-screening instrument that asks about the frequency of symptoms of depression in the past 2 weeks (5). Response categories of "not at all," "several days," "more than half the days," and "nearly every day" are given a score of 0 to 3. Summary scores ranged from 0 to 27. Depression was defined using a score of 10 or higher, a well-validated cut point used in primary care settings (5).

Difficulties related to depression: Persons with a score of 1 or more on the PHQ-9 symptoms are asked: "How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?" Responses are 0 (not at all difficult), 1 (somewhat difficult), 2 (moderately difficult), or 3 (extremely difficult). In Figure 4, 1 was defined as "some difficulty," 2 and 3 were defined as "moderate or extreme difficulty."

Percent of federal poverty level: Based on the income-to-poverty ratio, a measure of the annual total family income divided by the poverty guidelines, adjusted for family size.

Data sources and methods

Data from the NHANES 2007–2016 were used for these analyses. Data from two combined cycles (2013–2016) were used to test differences between subgroups. Trends in depression prevalence reflect a 10-year period of five 2-year NHANES survey cycles, 2007–2016.

NHANES is a cross-sectional survey designed to monitor the health and nutritional status of the noninstitutionalized civilian U.S. population (9). The survey consists of home interviews and standardized physical examinations in mobile examination centers (MEC). The PHQ-9 was administered by trained interviewers during a private interview in the MEC. Approximately 89% of MEC-examined adults completed the PHQ-9.

The NHANES sample is selected through a complex, multistage probability design. During 2007–2016, non-Hispanic black, non-Hispanic Asian, and Hispanic persons, among other groups, were oversampled to obtain reliable estimates for these population subgroups. Race and Hispanic origin-specific estimates reflect individuals reporting only one race. Persons reporting another race or multiple races are included in the total but are not reported separately.

Examination sample weights, which account for the differential probabilities of selection, nonresponse, and noncoverage, were incorporated into the estimation process. The standard errors of the percentages were estimated using Taylor series linearization (10), a method that incorporates the sample weights and sample design.

171

A *t* statistic was used to test for difference between groups. Tests for trends by family income and survey cycle were evaluated using orthogonal polynomials to determine linear or quadratic trends. The significance level for statistical testing was set at $p < 0.05$. All differences reported are statistically significant unless otherwise indicated. All estimates presented are statistically reliable based on a relative standard error of the estimate being at or below 30%. Statistical analyses were conducted using SAS System for Windows (release 9.4; SAS Institute Inc., Cary, N.C.) and SUDAAN (release 11.1; RTI International, Research Triangle Park, N.C.).

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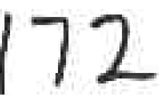

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Estimated Prevalence of Children With Diagnosed Developmental Disabilities in the United States, 2014–2016

Benjamin Zablotsky, Ph.D., Lindsey I. Black, M.P.H., and Stephen J. Blumberg, Ph.D.

Key findings

Data from the National Health Interview Survey

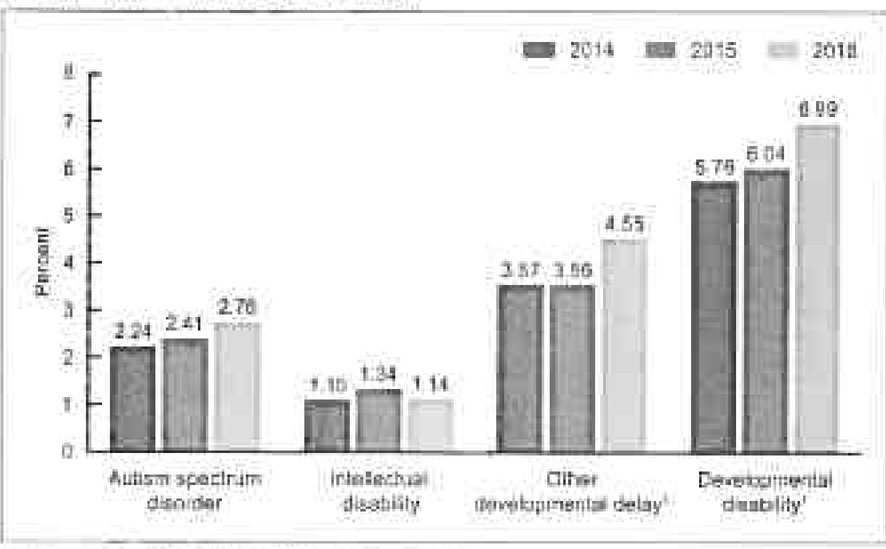
- During 2014–2016, the prevalence of children aged 3–17 years who had ever been diagnosed with a developmental disability increased from 5.76% to 6.99%.
- During this same time, the prevalence of diagnosed autism spectrum disorder and intellectual disability did not change significantly.
- The prevalence of autism spectrum disorder, intellectual disability, other developmental delay, and any developmental disability was higher among boys compared with girls.
- The prevalence of any developmental disability was lower among Hispanic children compared with children in all other race and ethnicity groups.

Developmental disabilities are a set of heterogeneous disorders characterized by difficulties in one or more domains, including but not limited to, learning, behavior, and self-care. This report provides the latest prevalence estimates for diagnosed autism spectrum disorder, intellectual disability, and other developmental delay among children aged 3–17 years from the 2014–2016 National Health Interview Survey (NHIS). Estimates are also presented for any developmental disability, defined as having had one or more of these three diagnoses. Prevalence estimates are based on parent or guardian report of ever receiving a diagnosis of each developmental disability from a doctor or other health care professional.

Keywords: autism spectrum disorder • National Health Interview Survey

The prevalence of children diagnosed with any developmental disability increased from 2014 to 2016.

Figure 1. Prevalence of children aged 3–17 years ever diagnosed with selected developmental disabilities, by year: United States, 2014–2016



[1]Linear increase from 2014 to 2016 is statistically significant (p < 0.05).
NOTES: Developmental disability includes autism spectrum disorder, intellectual disability, and any other developmental delay. Access data table for Figure 1 at: [illegible]
SOURCE: NCHS, National Health Interview Survey, 2014–2016.

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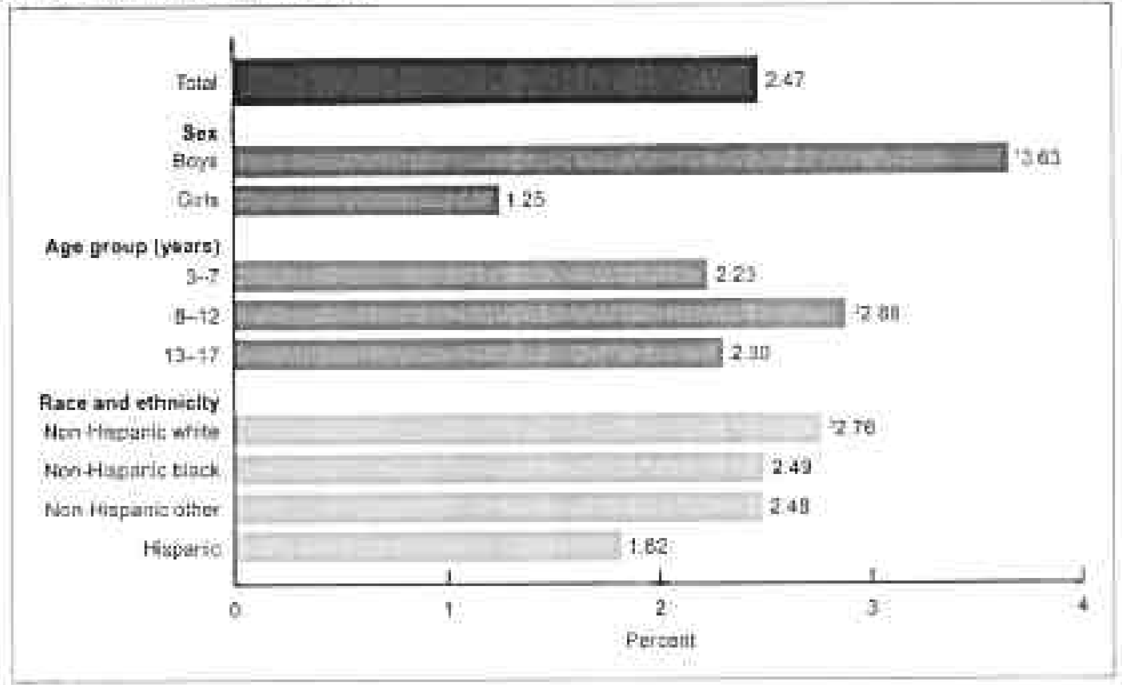
- During 2014–2016, the prevalence of children ever diagnosed with any developmental disability significantly increased, from 5.76% in 2014 to 6.99% in 2016 (Figure 1).
- The prevalence of children ever diagnosed with a developmental delay other than autism spectrum disorder or intellectual disability increased, from 3.57% in 2014 to 4.55% in 2016.
- There was not a statistically significant change in the prevalence of children ever diagnosed with autism spectrum disorder from 2014 to 2016.
- The prevalence of children ever diagnosed with intellectual disability did not significantly change from 2014 to 2016.

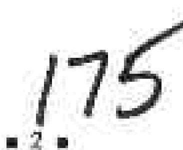
A higher percentage of boys have been diagnosed with autism spectrum disorder compared with girls.

- During 2014–2016, the prevalence of children diagnosed with autism spectrum disorder was higher among boys (3.63%) than girls (1.25%) (Figure 2).
- Non-Hispanic white children (2.76%) were more likely to have been diagnosed with autism spectrum disorder than Hispanic children (1.82%).
- Children aged 8–12 years (2.88%) were more likely to have been diagnosed with autism spectrum disorder than children aged 3–7 years (2.23%).

Figure 2. Prevalence of children aged 3–17 years ever diagnosed with autism spectrum disorder, by sex, age, and race and ethnicity: United States, 2014–2016



[1]Significantly different from girls (p < 0.05).
[2]Significantly different from children aged 3–7 years (p < 0.05).
[3]Significantly different from Hispanic children (p < 0.05).
NOTE: Access data table for Figure 2 at: [illegible]
SOURCE: NCHS, National Health Interview Survey, 2014–2016.

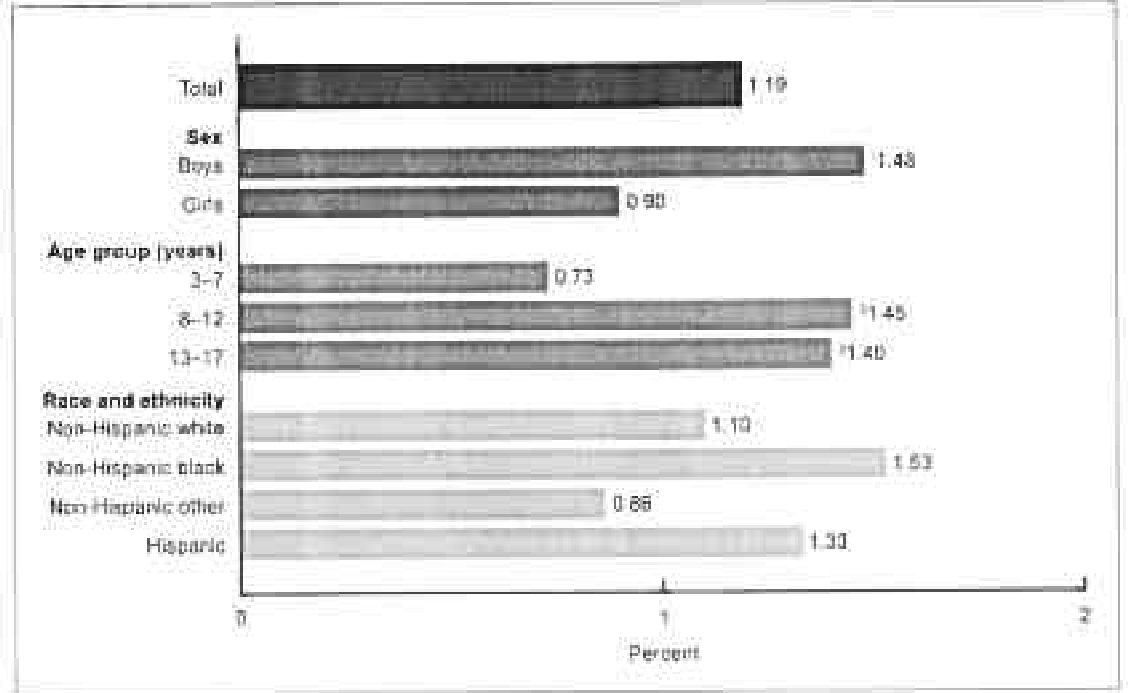


- The difference in the prevalence of children diagnosed with autism spectrum disorder between the ages of 8–12 (2.88%) and 13–17 (2.30%) years was not statistically significant ($p = 0.06$).

The prevalence of diagnosed intellectual disability was higher among boys than girls.

- During 2014–2016, the prevalence of children ever diagnosed with intellectual disability was 1.48% among boys and 0.90% among girls (Figure 3).
- The prevalence of intellectual disability was lower among younger children than older children: 0.73% among children aged 3–7 years, 1.45% among children aged 8–12 years, and 1.40% among children aged 13–17 years.
- The prevalence of children diagnosed with intellectual disability did not differ significantly by race and Hispanic ethnicity.
- The difference in the prevalence of intellectual disability between non-Hispanic black children (1.53%) and non-Hispanic other children (0.86%) was not statistically significant ($p = 0.21$).

Figure 3. Prevalence of children aged 3–17 years ever diagnosed with intellectual disability, by sex, age, and race and ethnicity: United States, 2014–2016

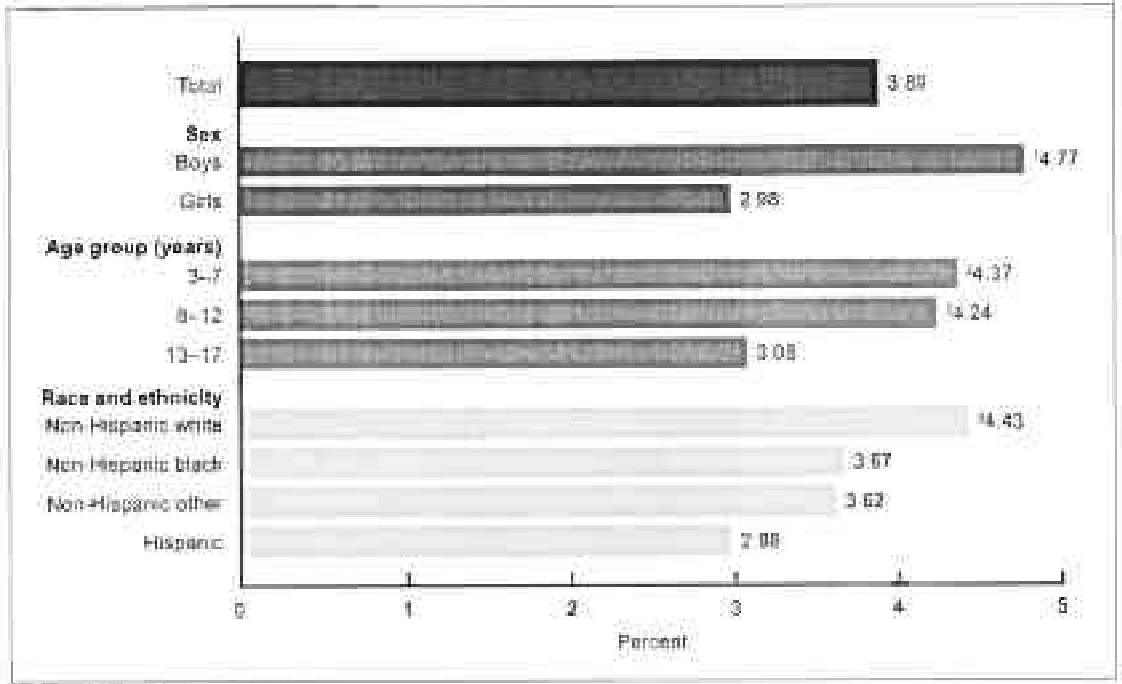


[1]Significantly different from girls ($p < 0.05$).
[2]Significantly different from children aged 3–7 years ($p < 0.05$).
NOTE: Access data table for Figure 3 at: [illegible]
SOURCE: NCHS, National Health Interview Survey, 2014–2016.

The prevalence of children ever diagnosed with developmental delay other than autism spectrum disorder or intellectual disability was lowest among older children.

- The prevalence of other developmental delay was higher among boys (4.77%) than girls (2.98%) (Figure 4).
- During 2014–2016, children aged 3–7 (4.37%) and 8–12 (4.24%) years had a higher prevalence of other developmental delay compared with children aged 13–17 years (3.08%).
- Non-Hispanic white children (4.43%) had a higher prevalence of other developmental delay compared with Hispanic children (2.98%).

Figure 4. Prevalence of children aged 3–17 years ever diagnosed with other developmental delay, by sex, age, and race and ethnicity: United States, 2014–2016



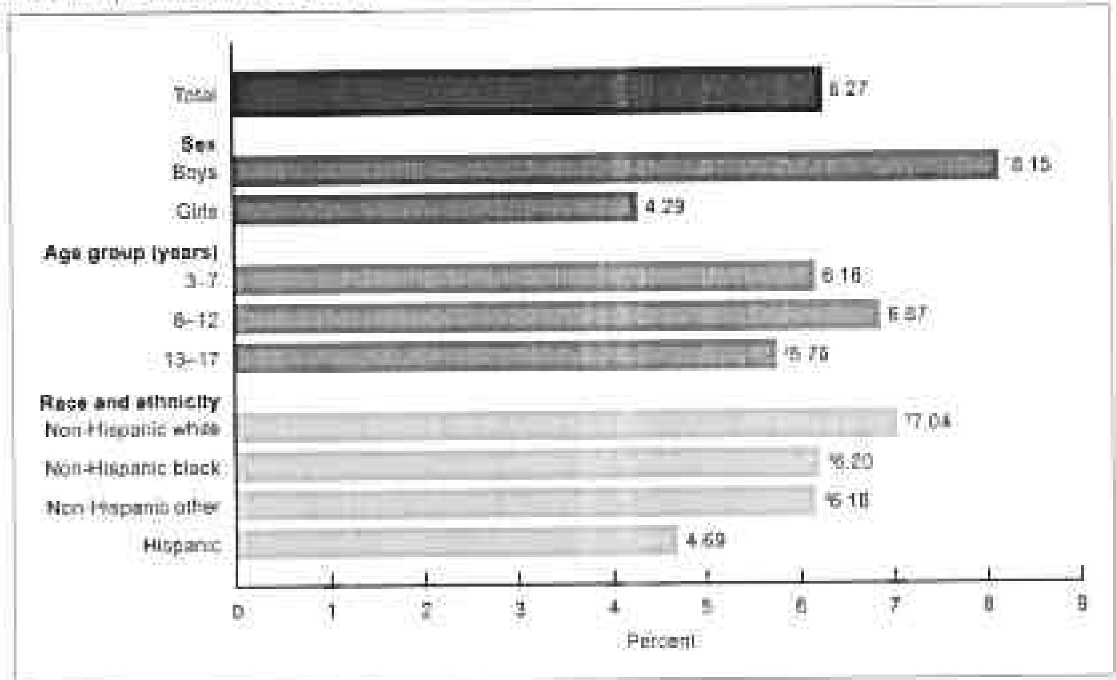
[1]Significantly different from girls ($p < 0.05$).
[2]Significantly different from children aged 13–17 years ($p < 0.05$).
[3]Significantly different from Hispanic children ($p < 0.05$).
NOTE: Access data table for Figure 4 at: [illegible]
SOURCE: NCHS, National Health Interview Survey, 2014–2016.

177

The prevalence of developmental disabilities was lowest among Hispanic children.

- The prevalence of developmental disabilities was higher among boys (8.15%) than girls (4.29%) (Figure 5).
- Children aged 13–17 years (5.76%) were less likely to have been diagnosed with any developmental disability than children aged 8–12 years (6.87%).
- During 2014–2016, Hispanic children (4.69%) were less likely to have been diagnosed with any developmental disability compared with non-Hispanic white children (7.04%), non-Hispanic black children (6.20%), and non-Hispanic other children (6.16%).

Figure 5. Prevalence of children aged 3–17 years ever diagnosed with any developmental disability, by sex, age, and race and ethnicity: United States, 2014–2016



[1]Significantly different from girls ($p < 0.05$).
[2]Significantly different from children aged 8–12 years ($p < 0.05$).
[3]Significantly different from Hispanic children ($p < 0.05$).
NOTE: Access data table for Figure 5 at:
SOURCE: NCHS, National Health Interview Survey, 2014–2016.

178

Summary

During 2014–2016, there was a significant increase in the prevalence of children who had ever been diagnosed with any developmental disability. This increase was largely the result of an increase in the prevalence of children diagnosed with a developmental delay other than autism spectrum disorder or intellectual disability. There was not a significant change in the prevalence of diagnosed autism spectrum disorder or intellectual disability over the same time period.

The prevalence of developmental disabilities described in this report is lower than findings described in previous reports using NHIS data (1). This report uses a more restrictive definition for a developmental disability that does not include conditions such as attention-deficit/hyperactivity disorder or learning disabilities, which may account for differences in estimates. A similar definition was used in a 2015 National Health Statistics Report (2).

For each condition examined, the prevalence was significantly higher among boys than girls, a finding common among children diagnosed with a developmental disability (1,3). The prevalence of any developmental disability diagnosis was lowest among Hispanic children compared with all other race and ethnicity groups; racial and ethnic disparities in the prevalence of developmental disabilities are findings commonly reported in the scientific literature (1,4). Prevalence among age groups varied by condition, which may reflect recent improvements in awareness and screening for developmental delay, resulting in younger cohorts having a higher diagnosed prevalence (4). However, for some children with less severe impairment, developmental disabilities, such as autism spectrum disorder and intellectual disability, may not be diagnosed until the child enters school and is observed by trained teachers (5).

Definitions

Diagnosed intellectual disability: Based on a positive response to the survey question, "Has a doctor or health professional ever told you that [sample child] had an intellectual disability, also known as mental retardation?"

Diagnosed autism spectrum disorder: Based on a positive response to the survey question, "Has a doctor or health professional ever told you that [sample child] had Autism, Asperger's disorder, pervasive developmental disorder, or autism spectrum disorder?"

Diagnosed other developmental delay: Based on a positive response to the survey question, "Has a doctor or health professional ever told you that [sample child] had any other developmental delay?"

Diagnosed developmental disability: A composite measure of children with a diagnosis of autism spectrum disorder, intellectual disability, or any other developmental delay.

Race and ethnicity: Based on two separate questions that determine Hispanic or Latino origin and race. Persons of Hispanic or Latino origin may be of any race.

179

Data source and methods

Data from the 2014–2016 NHIS were used for this analysis. NHIS is a nationally representative survey of the civilian noninstitutionalized U.S. population. It is conducted continuously throughout the year by the National Center for Health Statistics (NCHS). NHIS is an in-person interview conducted in the respondent's home. In some instances, follow-up to complete the interview is conducted via telephone. The survey consists of (a) the Family Core component, which collects information on all family members; (b) the Sample Adult component, which collects additional information from one randomly selected adult per family; and (c) the Sample Child component, which collects additional information about one randomly selected child per family. The sample child component is completed by a family respondent, usually the parent (approximately 91% of all cases). Data for this analysis come from the Sample Child and Family Core components of NHIS. For more information about NHIS, visit https://www.cdc.gov/nchs/nhis.htm.

NHIS is designed to yield a nationally representative sample, and these analyses used weights to produce national estimates. The sample design is described in more detail elsewhere (6). Point estimates and the corresponding variances for this analysis were calculated using SUDAAN software (7) to account for the complex sample design of NHIS. Linear and quadratic trends over time and differences between percentages were evaluated using two-sided significance tests at the 0.05 level.

About the authors

Benjamin Zablotsky, Lindsey I. Black, and Stephen J. Blumberg are with the National Center for Health Statistics, Division of Health Interview Statistics.

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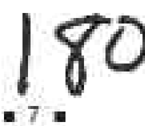

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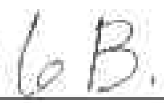

CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT OF PERSONS WITH A DEVELOPMENTAL DISABILITY

BRIEFING MEMORANDUM

DATE: September 26, 2018
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield and Mark Driscoll
SUBJECT: DRAFT Three Year Plan

Background: The Champaign County Mental Health Board is charged with developing a three-year plan with the coming year being the first year of the new three-year cycle. Throughout the course of any given year the Board participates in a dynamic process highlighting issues of the day. This process can entail presentations by outside entities during Board meetings, topics addressed during study sessions, distribution of research or other professional articles, materials prepared by staff, and input from members of the public. The on-line survey developed in the fall of 2017 attempted to engage the broader community as an extension of this dynamic process. The survey solicited input from four broad constituencies to learn about their experiences navigating the behavioral health and intellectual and developmental disability systems in Champaign County. The compilation of responses to the online surveys are the centerpiece of the 2018 needs assessment. The strategic planning process begins with this community needs assessment, described in a separate memorandum in this board packet.

The needs assessment project sought insight into the experiences people have with the local system. Typical barriers identified were: lack of transportation; financial issues; eligibility; stigma/embarrassment/fear; waiting lists; not knowing how to access services or what is available.

While community-based providers and other supportive organizations continue to respond to threats posed by a rapidly changing state and federal funding and policy context, making the Board's role as complex as ever, people seeking services have some difficulty finding and accessing local resources. As a result, our efforts should also include connecting people, coordinating across providers, and making the best possible information available to the public.

Action to Consider: The attached DRAFT Three Year Plan is presented for the period of 2019 to 2021, with revised goals and proposed objectives for 2019. Suggestions for improvement are welcomed. Service providers and other stakeholders will have an opportunity to provide input, and a revised draft will be presented for approval at a later meeting of the Board.

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CHAMPAIGN COUNTY MENTAL HEALTH BOARD
THREE-YEAR PLAN
FOR

FISCAL YEARS 2019 - 2021
(1/1/19 – 12/31/2021)

WITH
ONE YEAR OBJECTIVES
FOR

FISCAL YEAR 2019
(1/1/19 – 12/31/19)

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

WHEREAS, the Champaign County Mental Health Board has been established under Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. seq.) in order to "construct, repair, operate, maintain and regulate community mental health facilities to provide mental health services as defined by the local community mental health board, including services for the developmentally disabled and for the substance abuser, for residents (of Champaign County) and/or to contract therefore..."

WHEREAS, the Champaign County Mental Health Board is required by the Community Mental Health Act to prepare a one- and three-year plan for a program of community mental health services and facilities;

THEREFORE, the Champaign County Mental Health Board does hereby adopt the following Mission Statement and Statement of Purposes to guide the development of the mental health plan for Champaign County:

MISSION STATEMENT

The mission of the CCMHB is the promotion of a local system of services for the prevention and treatment of mental or emotional, intellectual or developmental, and substance abuse disorders, in accordance with the assessed priorities of the citizens of Champaign County.

STATEMENT OF PURPOSES

1. To plan, coordinate, evaluate and allocate funds for the comprehensive local system of mental health, intellectual disabilities and developmental disabilities, and substance abuse services for Champaign County.

2. To promote family-friendly community support networks for the at-risk, underserved and general populations of Champaign County.

3. To increase support for the local system of services from public and private sources.

4. To further develop the systematic exchange of information about local services and needs between the public/private service systems and the CCMHB.

In order to accomplish these purposes, the Champaign County Mental Health Board must collaborate with the public and private sectors in providing the resources necessary for the effective functioning of the community mental health system.

SYSTEMS OF CARE

Goal #1. Support a continuum of services to improve the quality of life experienced by meet the needs of individuals with mental and/or emotional disorders, addictions, substance use disorders, and/or intellectual or developmental disabilities and their families residing in Champaign County.

Objective #1: Conduct a needs assessment to inform development of the next three year plan

Objective #2: Under established policies and procedures, solicit proposals from community based providers in response to Board defined priorities and associated criteria using a competitive application process.

Objective #1: Expand use of evidence informed, evidence based, best practice, recommended, and promising practice models appropriate to the presenting need in an effort to improve outcomes for individuals across the lifespan and for their families and supporters.

Objective #2: Promote wellness for people with mental illnesses, substance use disorders, intellectual disabilities, or developmental disabilities to prevent and reduce early mortality, through support services including access to services addressing basic needs, enrollment in benefit plans and coordinated access to primary care.

Objective #3: As practicable in light of potential congressional or presidential actions on the Affordable Care Act and Medicaid expansion, support development or expansion of residential and/or employment supports for persons with behavioral health diagnosis not supported through expansion of Medicaid or the Affordable Care Act.

Objective #4: Support broad based community efforts to prevent opiate overdoses and expand treatment options.

Objective #5: As enrollment in health insurance and Medicaid managed care plans reduce the uninsured population, realign CCMHB dollars to fund services and supports outside the realm of Medicaid. Build resiliency and support recovery e.g. Peer Supports, outside of a therapeutic environment.

Objective #6: Build evaluation capacity of contracted providers utilizing expertise of evaluators from the Department of Psychology at the University of Illinois to further positive outcomes of those engaging in funded services.

Goal #2: Sustain commitment to addressing health disparities experienced by the need for underrepresented and diverse populations. access to and engagement in services.

Objective #1: Support culturally responsive and family driven support networks for underrepresented populations, underserved populations, and general populations of Champaign County.

Objective #2: Provide technical assistance in support of continuous improvement of cultural and linguistic competence plans to meet the needs of the population served.

Objective #3: Encourage providers and other community-based organizations to allocate resources to provide training, seek technical assistance, and pursue other professional development activities for staff and governing and/or advisory boards to advance cultural and linguistic competence.

Objective #4: Use the Culturally and Linguistically Appropriate Services Standards (CLAS) as a blueprint to strengthen funded agencies' Cultural and Linguistic Competence.

Goal #3: Improve consumer access to and engagement in services. ~~through increased coordination and collaboration between providers, community stakeholders, and consumers.~~

Objective #1: Encourage development of collaborative agreements between providers to increase or maintain access and coordination of services for consumers throughout Champaign County.

Objective #2: Participate in various coordinating councils whose missions align with the needs of the various populations of interest to the Board with the intent of strengthening coordination between providers in the delivery of services.

Objective #3: Explore at the Board level potential for collaboration on issues of mutual interest with the C-U Public Health District and the Champaign County Board of Health.

Objective #4: Engage with CUPHD, United Way, Carle Foundation Hospital and OSF in the collaborative planning process for the next Community Health Improvement Plan.

Objective #5: Increase awareness of community services and access to information on when, where, and how to apply for services. ~~In conjunction with the United Way of Champaign County, monitor implementation of the 211 information and referral system.~~

~~Objective #5: Investigate options for development of a web-based compilation of local resources and or directories targeted to specific populations.~~

Goal #4: Continue the collaborative working relationship with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB).

Objective #1: Coordinate integration, alignment, and allocation of resources with the CCDDB to ensure the efficacious use of resources within the intellectual disability and developmental disability (ID/DD) service and support continuum.

Objective #2: Assess alternative service strategies that empower people with ID/DD and increase access to integrated settings as exemplified by the collaborative approach to the Employment First Act.

Objective #3: Concurrent With the CCDDB, continue financial commitment to ~~maintain and, if demonstrated, expand the availability of~~ community-based housing ~~Community Integrated Living Arrangement (CILA) housing opportunities~~ for people with ID/DD from Champaign County and as part of that sustained

commitment, review the Community Integrated Living Arrangement (CILA) fund and recommend any changes.

Objective #4: Collaborate with the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability on issues of mutual interest as exemplified by the expansion of CILA housing and joint sponsorship of events promoting acceptance, promoting inclusion and respect for people with ID/DD.

MULTI-AGENCY INVOLVED YOUTH AND FAMILIES

Goal #5: Building on progress achieved through the six Year Cooperative Agreement between the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Illinois Department of Human Services (IDHS), and the Champaign County Mental Health Board (CCMHB) implement a plan to sustain the SAMHSA/IDHS system of care model.

Objective #1: Support the efforts of the Champaign Community Coalition and other system of care initiatives.

Objective #2: Ongoing Sustain support of Champaign County family-run organizations that incorporate family-driven and youth-guided principles. In recognition of the importance of in use of peer support specialists, and other peer-to-peer supports to assist multi-system involved families and youth. maintain direct involvement and input about decisions that are made. Encourage organizations' focus on peer support specialists, peer-to-peer support, advocacy at the local level, and statewide expansion of family run organizations.

CRIMINAL JUSTICE AND MENTAL HEALTH SYSTEM COLLABORATION

Goal #6: Support infrastructure development and investment in services along the five criminal justice intercepts points to Divert from the criminal justice system, as appropriate, persons with behavioral health needs or developmental disabilities.

Objective #1: Continue involvement in the Crisis Intervention Team Steering Committee in support of increased collaboration between law enforcement and crisis team service providers on implementing mobile crisis response in the community.

Objective #2: Sustain efforts to engage persons with behavioral health diagnoses re-entering the community from jail or prison or with recent involvement with the criminal justice system, in treatment and other support services such as the Champaign County Problem Solving Court and reentry services.

Objective #3: Maintain commitment to the Problem Solving Courts operating in Champaign County including continued participation on the Specialty Court Steering Committee.

Objective #4: Support integrated planning and service coordination for adults involved in the criminal justice system through participation in the Champaign County Reentry Council or similar body to address needs identified in the Sequential Intercept Map gaps analysis.

Objective #5: Through the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), in its partnership with the National Association of Counties (NACo.) pursue opportunities for technical assistance and support through the "Decarceration Initiative," "Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails," and the "Data Driven Justice Initiative," Encourage and participate in and other similar collaborative opportunities aimed at improving outcomes for those with behavioral health needs involved with the criminal justice system.

Goal #7: In conjunction with the Champaign County Sheriff's Office and other community stakeholders pursue a continuum of services as an alternative to incarceration and/or overutilization of local Emergency Departments for persons with behavioral health needs or developmental disabilities.

~~Objective #1: Serve on the Crisis Response Planning Committee, or its successor body, to continue to advance work initiated under the Justice and Mental Health Collaboration planning grant.~~

Objective #1: Support initiatives providing housing and employment supports for persons with a mental illness, substance use disorder, and/or intellectual and developmental disabilities through the Champaign County Continuum of Care or other local collaboration.

Objective #2: Identify options for developing jail diversion services to provide behavioral health assessments, crisis stabilization and detoxification from alcohol and/or other substances as may be necessary to serve Champaign County.

~~Objective #3: Secure commitment to support and sustain the development of a coordinated system of diversion services, from vested stakeholders in the public and private sectors.~~

~~Objective #4: Use public input gathered through these collaborations to guide advocacy for planning and policy changes at the state and federal levels, local system redesign and enhancement, and in the consideration of future funding priorities for the CCMHB.~~

Goal #8: Support interventions for youth who have juvenile justice system involvement to reduce contact with law enforcement or prevent deeper penetration into the system.

~~Objective #1: Investigate evidence based or recommended juvenile justice models as an alternative to the Parenting with Love and Limits (PLL) program.~~

Objective #1: Support continued implementation of the Parenting with Love and Limits (PLL) program based on positive evaluation and feedback from community partners and stakeholders, or as appropriate, an acceptable alternative.

~~Objective #3: Monitor local utilization of PLL and pursue options as necessary to address potential excess capacity.~~

Objective #2: Through participation on the Youth Assessment Center Advisory Board advocate for community and education-based interventions contributing to positive youth development and decision-making.

Objective #3: Through participation and engagement in the Champaign Community Coalition and other community focused initiatives, promote and encourage multi-system collaborative approaches for prevention and reduction of youth violence.

Objective #4: Promote and support those targeted interventions that specifically address historical trauma experienced by African American and other minority youth disproportionately impacted in multiple systems.

Objective #5: Utilize the principles from "Models for Change" to reduce the disproportionate minority contact with law-enforcement and involvement with the juvenile justice system.

COMMUNITY ENGAGEMENT & ADVOCACY

Goal #9: Address the need for acceptance, inclusion and respect associated with a person's or family members' mental illness, substance use disorder, intellectual disability, and/or developmental disability through broad based community education efforts to increase community acceptance and positive self-image.

Objective #1: Continue support for and involvement in efforts to challenge stigma and discrimination and other community education events including disABILITY Resource Expo: Reaching Out for Answers, and the National Children's Mental Health Awareness Day.

Objective #2: Promote substance use disorder prevention initiatives as a community education tool targeting youth and young adults.

Objective #3: Participate in behavioral health community education initiatives, such as national depression screening day, to encourage individuals to be screened and seek further assistance where indicated.

Objective #4: Encourage and support efforts to more fully integrate people with behavioral health disorders and/or intellectual or developmental disabilities into community life in Champaign County.

Goal #10: ~~Stay abreast of emerging issues affecting the local systems of care and consumer access to services and be proactive through concerted advocacy efforts.~~ Engage with other local, state, and federal stakeholders on emerging issues.

Objective #1: Monitor implementation of state Medicaid Plan amendments, 1115 waiver pilot projects, use of Managed Care Organizations ~~to implement the Affordable Care Act and~~ the expansion of Medicaid by the State of Illinois and advocate ~~for increased service capacity sufficient to meet consumer demand~~ through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHAI) and other statewide associations and advocacy groups. ~~and national associations such as the National Association of Counties (NACo).~~

Objective #2: Track state implementation of class action suit settlements involving persons with intellectual disabilities or developmental disabilities or mental illness, e.g. Ligas vs. Hamos Consent Decree and Williams vs. Quinn Consent Decree, ~~and proposed closure of state facilities,~~ and advocate for the

189

allocation of state resources sufficient to meet needs of clients returning to home communities or seeking fuller integration in their communities.

Objective #3: Maintain active participation in Through the National Association of County Behavioral Health and Developmental Disability Directors (NACHBBD), National Association of Counties (NACo), and like-minded national organizations, to monitor activities at the federal level. monitor the federal rulemaking process applying parity to Medicaid Managed Care and associated benefit plans and on the Institutions for Mental Disease (IMD) Medicaid Exclusion. Use opportunities for public comment on proposed rules and legislative action to advocate for the needs of our community.

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

BRIEFING MEMORANDUM

DATE: September 26, 2018
TO: Members, Champaign County Mental Health Board (CCMHB) and Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Fund Balances, Tax Liabilities, Unanticipated Revenues

Purpose
In this packet, revised 2019 budgets are presented for your consideration. Additional revenues and associated revisions are explained in a Decision Memorandum accompanying the budget documents, under Old Business. The purpose of this Briefing Memorandum is to offer context for possible Board actions in response to tax liabilities, miscellaneous revenues, and fund balances.

Background
Fund Balances: The recommended fund balance goal is to cover six months of operating costs, including contracts for services and supports provided by community-based organizations.

At the end of the Boards' fiscal year, December 31, fund balances appear to be higher than this goal because this is not the point in the year used for planning. For our purposes, the projected balances in May are most critical, as this is when the funds reach their lowest amount, just before the first distribution of property tax revenues each year. The majority of Board funding is spent on agency contracts, which use a term coinciding with the state fiscal year of July 1 through June 30. Accurately predicting property tax revenues in order to allocate in this way is a challenge, but overestimating the available revenue can put the agency programs, and the people they serve, at risk.

Analysis of the Board funds at their lowest point, in May 2018, showed that the CCDDB did not have sufficient funds to cover three months of operating costs and that the CCMHB had more than enough. The Treasurer invests these funds and anticipates increased interest income; although earning more on the funds is better than not, it may be desirable to plan bringing the fund balances closer to goal. The causes of the higher balance are: liabilities; return of excess revenue from agencies; unanticipated changes in revenues and expenditures.

The CILA fund relates to a mortgage and to maintenance of properties, and its revenues are largely interfund expenditures from the Boards.

Tax and Other Liabilities: Application of the fund balance goal is complicated by substantial liabilities in each Board's fund:
- CCMHB tax liability of $430,716, hospital property tax revenues previously distributed.
- CCDDB tax liability of $359,364, hospital property tax revenues previously distributed.
- The Boards share small liabilities associated with staff benefits which would be paid upon resignation, termination, or retirement.

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In the event of an unfavorable decision in the hospital property tax case, repayments from each fund would have the result of leaving the CCDDB with very low reserve, though the CCMHB would still have a small amount of reserve beyond the fund balance goal. Hospital tax revenues anticipated for 2019 would simply not be spent. Although the case is scheduled to be heard in January 2019, a decision might not be made in time for allocation of agency contracts next year.

Unanticipated Revenues: Reserves build through return of excess revenue from agency contracts along with other unplanned revenues and savings. Fortunate examples of unplanned revenue are a $64,000 refund from a vendor in 2017 and refunds for 2018 national conference registrations.

The 2019 budgets were adjusted to receive higher estimated additional revenues - repayments from agencies, increased interest income, increased donations related to anti-stigma and Expo - and to spend them as Contributions & Grants, funding service providers through an established annual, competitive allocation process, with public review and decisions made in late Spring. The CILA budget uses additional revenue for improvements and repairs of the homes and appliances.

It is important to note that the return of excess revenue associated with agency contracts results directly from some persistent problems. It is unfortunate that we now plan for these in our budgeting process.

As early as August, agencies return unused funds from the contract year ending on June 30. This continues as independent audits are performed and reviewed, often into the following calendar year. A short-term problem emerges because we lack a process for reallocation. The longer-term issue is that these repayments relate to underperformance on contracts, whether due to low referrals, insufficient staffing, loss of other funding, or other barriers encountered by community-based providers. These issues are not expected to resolve during 2018 or 2019. The Boards and staff track local, state, and federal changes. To invest less in the local systems of support would not align with mission, but we might consider other ways to support these systems.

Supports Other than through Agency Contracts
These additional program supports exist and could be expanded, with the purpose of strengthening agency supports and services. They are not charged to the Contributions & Grants lines of Board Fund budgets and include:

- training workshops for case managers and others providing service directly to eligible people (may also improve coordination across providers);
- service-level data collection and analysis of programs used by adults with I/DD;
- outcome evaluation support through UIUC researchers; and
- technical assistance for cultural and linguistic competence strategies.

Additional supports for persons with MI, SUD or I/DD are being explored or in progress, also not not charged to Contributions & Grants:

- March 2019 disABILITY Resource Expo and updated comprehensive resource guide;
- anti-stigma events;
- Mental Health First Aid trainings for interested groups, especially in northern Champaign County and rural areas;
- low cost, web-based or text-based mental health supports available Countywide;

- collaboration with those entities most likely to encounter people in crisis, to improve crisis response; and
- Parkland Foundation scholarship fund, through which people eligible for board-funded services would access to post-secondary educational opportunities.

The CILA budget allows for repairs to the current homes. The Boards might also consider:

- purchasing one or two more homes (with consideration for workforce shortage and appropriate referrals of Champaign County residents);
- selling the current homes to a private investor or non-profit service provider;
- paying off the mortgage ahead of schedule.

Possible Actions

As stated above, the amounts associated with previous hospital tax revenues are quite large, $430,716 in the CCMHB fund and $359,364 in the CCDDB fund, the majority of each board's reserve. If there is a ruling favorable to the County, these amounts will no longer need to be available to pay off the liabilities. The CCDDB could leave this amount in the fund account to build toward the recommended reserve; the CCMHB is in a good position to spend at least this amount.

In addition to these earlier revenues, the CCMHB's 2019 budget has anticipated hospital property tax revenue of $142,532, and the CCDDB $118,919, pending favorable ruling. There is a mechanism in the budgets to spend these amounts during 2019, though not prior to a ruling.

The Boards might consider new strategies to further their missions:

- a student loan debt repayment program for people committing to work in Champaign County for a period of time, in the areas of service most harmed by the current and growing workforce shortage, from psychiatrists to direct support professionals, as there is no question that the shortage of each has deeply damaged our service systems;
- a scholarship fund, for recipients making a similar commitment to Champaign County, also for the purpose of strengthening the workforce;
- capital/infrastructure projects for eligible community-based service providers, through the existing competitive allocation process;
- housing, paid internships, or scholarships for people with I/DD or MI/SUD;
- other capital projects identified as of value to one or both Boards.

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

8.A.

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

DECISION MEMORANDUM

DATE: September 26, 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 second drafts of the Champaign County Mental Health Board (CCMHB) Budget and CILA Fund Budget, for County Fiscal Year 2019 (January 1, 2019 through December 31, 2019). Earlier approved versions were revised with advice from County Administration, incorporating increased revenue estimates and refining personnel cost estimates, and submitted for information to the Champaign County Board in August. Final budgets will be presented as part of their appropriations process in November. Further changes in revenue projections, personnel costs, or other planned expenditures, may occur before November, requiring your approval.

The CILA Fund Budget, under joint authority of the CCMHB and Champaign County Developmental Disabilities Board (CCDDB), uses previous and current year actuals. The projected fund balance may protect against larger liabilities or, at the direction and agreement of the Boards, be used to purchase additional homes or pay the bank loan ahead of schedule.

Attached are a revised 2019 CCMHB Budget and a revised 2019 CILA Fund Budget. The draft 2019 CCDDB Budget is included for information only, along with four pages of background details. Changes made to earlier versions are italicized in the attachments and include:

- Higher projected property tax revenues (both boards)
- Property tax revenue associated with the hospital; court hearing scheduled for January; a subsequent finding will determine whether this revenue will be used or repaid. In addition, a finding favorable to the hospital will result in repayment of earlier revenue deposits, reducing the fund balance (both boards)
- Increased investment interest (both boards and CILA)
- Small adjustments of personnel costs (CCMHB budget)
- Increased estimate of costs for non-employee trainings (to host workshops for local service providers) and decreased estimate of bank charges (CCMHB budget)
- Increased contributions and grants line (both boards)
- Increased rent revenue (CILA)
- Increase in equipment expense (CILA)
- Decrease in mortgage interest expense (CILA)

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Decision Section:

Motion to approve the attached 2019 CCMHB Budget, with anticipated revenues and expenditures of $5,404,493.

_______ Approved
_______ Denied
_______ Modified
_______ Additional Information Needed

Motion to approve the attached 2019 CILA Fund Budget, with anticipated revenues and expenditures of $123,300. Payment to this fund is consistent with the terms of the Intergovernmental Agreement between the CCDDB and CCMHB.

______ Approved
______ Denied
______ Modified
______ Additional Information Needed

Draft 2019 CCMHB Budget

LINE ITEM	BUDGETED REVENUE	
311.24	Property Taxes, Current*	$4,994,429
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	$337,555
361.10	Investment Interest	$25,000
363.10	Gifts & Donations	$20,000
369.90	Other Miscellaneous Revenue	$20,000
	includes hospital property tax revenue of $142,532	
	TOTAL REVENUE*	$5,404,493

LINE ITEM	BUDGETED EXPENDITURES		
511.02	Appointed Official		$101,000
511.03	Regular FTE		$372,457
511.05	Temporary Salaries & Wages		$5,040
511.09	Overtime Wages		$1,500
513.01	FICA		$32,130
513.02	IMRF		$24,864
513.04	W-Comp		$2,730
513.05	Unemployment		$7,735
513.06	Health/Life Insurance		$60,495
513.20	Employee Development/Recognition		$300
	Personnel Total	$542,252	
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
	Commodities Total	$17,600	
533.01	Audit & Accounting Services		$10,000
533.07	Professional Services		$235,000
533.12	Travel		$5,000
533.18	Non-employee training		$3,750
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		$28,000
533.51	Equipment Rental		$800
533.70	Legal Notices/Ads		$300
533.72	Department Operating		$400
533.84	Business Meals/Expense		$200
533.85	Photocopy Services		$4,000
533.89	Public Relations		$30,000
533.92	Contributions & Grants*		$4,347,615
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		$28
534.70	Brookens Repair		$200
	**includes appropriation equal to hospital property tax revenue of $142,532*		
	*Services Total**	$4,786,641	
571.08	Payment to CCDDB (Share of Gifts, Donations, Misc Rev)		$8,000
571.11	Payment to CILA Fund		$50,000
	Interfund Expenditures TOTAL	$58,000	
	TOTAL EXPENSES*		$5,404,493

Draft 2019 CILA Fund Budget

LINE ITEM	BUDGETED REVENUE	
361.10	**Investment Interest**	$1,300
371.54	**From CCDDB 108**	$50,000
371.90	**From CCMHB Fund 090**	$50,000
362.15	**Rents**	$22,000
	TOTAL REVENUE	***$123,300***

LINE ITEM	BUDGETED EXPENDITURES	
522.44	**Equipment Less than $5,000** *(includes a designated gift of $16,881 to one individual, accessed at family request)*	$47,958
533.07	**Professional Services** *(property management services)*	$10,000
581.07	**Mortgage Principal Payments**	$49,751
582.07	**Interest on Mortgage**	$15,262
534.37	**Finance Charges** *(bank fees per statement)*	$35
533.93	**Dues & Licenses**	$295
	TOTAL EXPENSES	***$123,300***

Draft 2019 CCDDB Budget

LINE ITEM	BUDGETED REVENUE	
311.19	Property Taxes, Current*	$4,167,033
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	$13,000
371.90	Interfund Transfer (Gifts, Donations, etc) from MH Fund	$8,000
369.90	Other Miscellaneous Revenue	$2,000
	includes hospital property tax revenue of **$118,919*	
	TOTAL REVENUE *	**$4,197,033**

LINE ITEM	BUDGETED EXPENDITURES	
533.07	**Professional Services** *(42.15% of an adjusted set of CCMHB Admin Expenses)*	$337,554
533.92	**Contributions & Grants***	$3,809,479
571.11	**Payment to CILA Fund**	$50,000
	****includes appropriation equal to hospital property tax revenue of $118,919***	
	TOTAL EXPENSES*	**$4,197,033**

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 *(includes hospital property tax amount = $142,532)*	$4,994,438	$4,649,965	$4,415,651	$4,216,355	$4,181,438	$4,037,770
Back Property Taxes	$1,000	$500	$2,731	$2,486	$2,861	$1,612
Mobile Home Tax	$4,000	$4,000	$3,786	$3,400	$3,995	$3,381
Payment in Lieu of Taxes	$2,500	$700	$3,201	$2,970	$2,869	$2,858
CCDDB Revenue	$337,555	$338,515	$287,697	$377,995	$330,637	$337,536
Investment Interest	$25,000	$24,000	$18,473	$3,493	$1,285	$1,015
Gifts & Donations	$20,000	$22,000	$5,275	$18,877	$78,221	$28,192
Other Miscellaneous Revenue	$20,000	$20,000	$117,105	$21,340	$97,549	$45,719
TOTAL REVENUE *(WITH HOSP TAX)*	**$5,404,493**	**$5,059,680**	**$4,853,938**	**$4,676,764**	**$4,597,008**	**$4,496,514**

2019 BUDGETED EXPENDITURES *(SEE PAGE 5 FOR DETAILS)*		2018 PROJECTED	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Personnel	$542,252	$538,373	$449,220	$577,548	$507,860	$502,909
Commodities	$17,600	$20,983	$6,263	$7,996	$11,237	$8,283
Services (not Contributions & Grants)	$438,826	$447,440	$432,828	$410,157	$382,870	$376,735
Contributions & Grants *(includes amount equal to hospital tax, $142,532)*	$4,347,815	$3,964,384	$3,563,418	$3,428,015	$3,305,718	$3,673,966
Interfund Expenditures	$58,000	358,000	$87,288	$60,673	$0	$0
TOTAL EXPENSES *(WITH HOSP TAX)*	**$5,404,493**	**$6,014,180**	**$4,538,017**	**$4,484,391**	**$4,232,715**	**$4,561,893**

Additional Information about Expenses

Personnel 2019 v 2018

PERSONNEL	2019	2018
Appointed Official	$101,000	$101,000
Regular FTE	$312,457	$304,632
Temporary Wage/Sal	$5,040	$0
Overtime Wages	$1,500	$1,500
FICA	$32,130	$31,398
IMRF	$24,864	$36,596
W-Comp	$2,730	$2,357
Unemployment	$1,736	$4,200
Health/Life Insurance	$60,495	$56,391
Employee Dev/Rec	$300	$200
	$542,252	$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
Audit & Accounting	$10,000	$10,000
Professional Services*	$235,000	$260,497
Travel	$5,000	$6,000
Non-employee conferences	$3,750	
Insurance	$12,000	$11,000
Computer Services	$7,500	$7,300
Telephone	$2,500	$2,500
Equipment Maintenance	$500	$500
Office Rental	$26,000	$21,680
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	$23,330
Finance Charges/Bank Fees	$26	$30
Brookens Repair	$200	$200
	$438,826	$442,440

Interfund Expenditures 2019 v 2018

INTERFUND TRANSFERS	2019	2018
CCDDB Share of Donations & Miscellaneous Revenue	$8,000	$8,000
Payment to CILA Fund	$50,000	$50,000
	$58,000	$58,000

***Professional Services:**

- 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 CCDDB), and Savannah Family Institute-PLL (not shared with CCDDB)

****Public Relations (Community Awareness) and disAbility Resource Expo:**

- Ebertfest or other (not shared with CCDDB), community education/awareness, cost of some consultant support.
- Expo line is added mid-year 2018 to capture 2019 Expo expenses, including for consultants.

200

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 Services*	$235,000	$129,500 Savannah Family Institute (PLL), not shared with CCDDB. $53,335 UI Evaluation, not shared with CCDDB. $18,066 United Way for 211/Path. $250 human resources services (AAIM). $3,300 IT services (BPC). $1,500 website accessibility testing (Falling Leaf). $12,000 online application/reporting systems (EMK). $1700 maintenance of online resource directory and AIR site. $550 graphic design. $1000 shredding services. $2,000 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.)*	$263,487	$130,700 Savannah Family Institute (PLL), not shared with CCDDB. $52,976 UI Evaluation, not shared with CCDDB. 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 (CinepMedia). $450 graphic design. $1,000 shredding services. $3,000 CPA consult (Bruinsma). $4,000 legal (Meyer/Capel; Werner). $5,000 online community needs assessment (EMK).
Public Relations**	$30,000	$15,000 Ebertfest film sponsorship, *offset by Alliance member dues and other contributions of $3k-$6k/year.* $2,000 estimated for other community events. $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 ($11,000).	>$50,000	$15,000 Ebertfest 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.)*
disability Resource Expo**	$60,000	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.)*	$23,333	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.
Contributions & Grants	$4,347,815	Estimated payments to agencies from January 1 to June 30, 2019, as authorized in May 2018, plus 1/2 of estimated PY20 annual allocation amount, with agency contract maximums to be authorized by July 1, 2019.	$3,954,384	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.
Dues/Licenses	$23,500	$900 national trade association (NACBHDD) dues. $2000 portion of membership in NACo. $16,300 state trade association (ACMHAI) dues. $250 Rotary membership dues. $25 Human Services Council membership dues. $7 for any new membership, e.g., Arc of IL, NCBH, NADD.	$22,600	$825 national trade association (NACBHDD) dues ($900 in 2019). $2000 portion of membership in NACo. $16,000 state trade association (ACMHAI) dues. $250 Rotary membership dues. $25 Human Services Council membership dues. $7 for any new membership, e.g., Arc of IL, NCBH, NADD.
Conferences/ Training	$17,000	$1000 registration for NACo and NACBHDD Legislative and Policy Conferences (may be offset by ACMHAI). $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 ACMHAI meetings. Costs of one other conference/training for 1-2 staff/board members. MHFA trainer certification.	$17,000	$510 registration for NACo Conference, $335 Annual Meeting. (NACBHDD Legislative and Policy Conference registration paid by ACMHAI). 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 ACMHAI meetings. Costs of one other conference/training for 1-2 staff/board members. $500 Georgetown U program.
Unexpected		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.		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 = $430,718.29 MHB and $359,363.61 DDB.

Calculation of the CCDDB Administrative Share ("Professional Fees")

Adjustments	2019	2018
CCMHB Contributions & Grants	$4,347,815	$3,954,384
Savannah Family Institute - PLL	$129,500	$130,700
UI Evaluation Capacity Project	$3335	$52,976
Ebertfest anti-stigma film and events	$15,000	$15,000
Payment to CILA fund	$50,000	$50,000
CCDDB Share of Donations & Misc Rev	$8,000	$8,000
Adjustments Total:	**$4,603,650**	**$4,211,060**
CCMHB Total Expenditures:	$5,404,493	$5,014,180
Total Expenditures less Adjustments:	$800,843	$803,120

	2019 CCDDB Share	2018 CCDDB Share
Total Expenditures less Adjustments	800,843	$803,120.00
Adjusted Expenditures x 42.15%	**$337,555**	**$338,515**
Monthly Total for CCDDB Admin	$28,130	$28,210

At the end of each Fiscal Year, actual expenses are updated, some revenues (e.g., Expo) are shared, and adjustments are made to the CCDDB current year share.

Background for 2019 CCDDB Budget, with 2018 Projections and Earlier Actuals

2019 BUDGETED REVENUE		2018 PROJECTED	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Property Taxes, Current (includes hospital property tax amount = $118,919)	$4,167,033	$3,679,628	$3,684,008	$3,590,174	$3,540,446	$3,501,392
Back Property Taxes	$2,000	$900	$2,278	$2,105	$2,437	$1,288
Mobile Home Tax	$3,000	$1,000	$3,142	$3,305	$3,404	$3,348
Payment in Lieu of Taxes	$2,000	$1,000	$2,671	$2,515	$2,445	$2,479
Investment Interest	$13,000	$12,000	$10,883	$2,318	$1,488	$812
Gifts & Donations (transfer from MHB)	$6,000	$8,000	$7,298	$10,073	$0	$0
Other Miscellaneous Revenue	$2,000	$8,408	$14,432	$0	$0	$11,825
TOTAL REVENUE (WITH HOSP TAX)	**$4,197,033**	**$3,908,536**	**$3,724,703**	**$3,616,091**	**$3,555,220**	**$3,521,224**

2019 BUDGETED EXPENDITURES		2018 PROJECTED	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Professional Fees (*42.15% of some CCMHB expenses, as above*)	$337,554	$338,515	$187,697	$179,405	$330,637	$337,538
Contributions & Grants (*includes amount equal to hospital tax, $118,919*)	$3,809,479	$3,520,071	$3,287,911	$3,306,389	$3,068,122	$3,214,172
Interfund Expenditure - CILA	$50,000	$50,000	$50,000	$50,000	$50,000	$0
TOTAL EXPENSES (WITH HOSP TAX)	**$4,197,033**	**$3,908,538**	**$3,425,608**	**$3,635,794**	**$3,448,759**	**$3,551,708**

8.B.

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)

September 12, 2018 – study session

September 26, 2018

October 17, 2018

October 24, 2018 – study session

November 14, 2018

November 28, 2018 – joint study session with the CCDDB

December 19, 2018 – tentative

**This schedule is subject to change due to unforeseen circumstances. Please call the CCMHB-CCDDB office to confirm all meetings.*

CCDDB 2018 Meeting Schedule

Board Meetings
8:00AM except where noted
Brookens Administrative Building, Lyle Shields Room
1776 East Washington Street, Urbana, IL

September 26, 2018 – Dimit Conference Room (8AM)

October 24, 2018 – Dimit Conference Room (7:30AM)

November 14, 2018 – Lyle Shields Room (8AM)

November 28, 2018 – tentative study session, Lyle Shields Room (5:30PM)

December 19, 2018 – Dimit Conference Room (7:30AM)

This schedule is subject to change due to unforeseen circumstances.
Please call the CCMHB/CCDDB office to confirm all meetings.

DRAFT
July 2017 to June 2018 Meeting Schedule with Subject and Allocation Timeline*

The schedule provides the upcoming dates and subject matter of board meetings through June 2018 for the Champaign County Mental Health Board. 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 throughout the year with potential dates listed. Study session topics will be based on issues raised at board meetings, brought to the CCMHB by staff, or in conjunction with the Champaign County Developmental Disabilities Board.

Included with the meeting dates is a tentative schedule for the CCMHB allocation process for Contract Year 2019 (July 1, 2018 – June 30, 2019).

Timeline	Tasks
7/19/17	Regular Board Meeting Approve Draft Budget Approve 2016 Annual Report
9/20/17	Regular Board Meeting Release Draft Three Year Plan 2016-2018 with FY18 Objectives U of I Program Evaluation Presentation
9/27/17	Study Session
10/18/17	Regular Board Meeting Release Draft Contract Year 2019 (CY19) Allocation Criteria Community Coalition Summer Initiatives Report
10/25/17	Study Session
11/15/17	Regular Board Meeting Approve Three Year Plan with One Year Objectives Allocation Decision Support – CY19 Allocation Criteria
11/29/17	Study Session
12/13/17	*Public Notice to be published on or before this date, giving at least 21-day notice of application period.*
12/13/17	Regular Board Meeting (tentative)

01/05/18	*Open CCMHB/CCDDB Online System access to CCMHB CY19 Agency Program and Financial Plan Application forms.*
1/17/18	Regular Board Meeting Election of Officers
1/24/18	Study Session
2/2/18	*Online System Application deadline – System suspends applications at 4:30PM (CCMHB close of business).*
2/9/18	*List of Requests for CY19 Funding*
2/21/18	Regular Board Meeting List of Requests for CY19 Funding
2/28/18	Study Session
3/21/18	Regular Board Meeting 2017 Annual Report
3/28/18	Study Session
4/11/18	*Program summaries released to Board, copies posted online with CCMHB April 18, 2018 meeting agenda*
4/18/18	Regular Board Meeting Program Summaries Review and Discussion
4/25/18	Study Session Program Summaries Review and Discussion
5/9/18	*Allocation recommendations released to Board, copies posted online with CCMHB May 16, 2018 meeting agenda*
5/16/18	Study Session Allocation Decisions
5/23/18	Regular Board Meeting Allocation Decisions Authorize Contracts for CY19
6/27/18	Regular Board Meeting Approve FY19 Draft Budget
6/28/18	*CY19 Contracts completed/First Payment Authorized*

CHAMPAIGN COUNTY MENTAL HEALTH BOARD
BOARD MEETING

Minutes—June 27, 2018

DRAFT

Brookens Administrative Center
Lyle Shields 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

MEMBERS EXCUSED: Margaret White

STAFF PRESENT: Lynn Canfield, Mark Driscoll, Stephanie Howard-Gallo

OTHERS PRESENT: Gail Raney, Chris Gleason, Rosecrance; Nancy Greenwalt, Promise Healthcare; Alex Campbell, EMK Consulting

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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.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

APPROVAL OF AGENDA:

Dr. Fowler requested Agenda Items 6.B. and 6.C. be moved in front of 6.A. The Board agreed and the agenda was approved.

PRESIDENT'S COMMENTS:

None.

NEW BUSINESS:

Promise Healthcare Child Psychiatry Request:
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 was included in the Board packet.

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. Staff recommended the Champaign County Mental Health Board approve the request.

Board discussion followed. Dr. Rappaport stated for the record he was deeply disappointed and found it shameful this service was not getting support from state or local providers for this service to the community. Dr. Robin and Dr. Moore concurred for the record.

> **MOTION: Dr. Robin moved 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. Dr. Moore seconded the motion. A roll call vote was taken with all members voting aye. The motion passed unanimously.**

University of Illinois "Build Program Evaluation Capacity: Year 4 Proposal"
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. In September, the evaluators are scheduled to present a report on activities and progress achieved under year three.

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.

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. A copy of the proposal was included in the Board packet.

MOTION: Dr. Rubin moved 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. Dr. Rappaport seconded the motion. A roll call vote was taken and all CCMHB members voted aye. The motion passed.

Needs Assessment Survey Results:
Alex Campbell from EMK Consultants presented the results of the online Needs Assessment Survey initiated in the fall of 2017. The results were included in the Board packet. A written summary of the data will be forthcoming.

Anti-Stigma Community Event:
A Decision Memorandum was included in the Board packet. Allocation of up to $15,000 to sponsor a film and support and amplify concurrent activities is requested. 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. The Alliance itself has expanded over the years to include large and small provider organizations, support groups, UIUC School of Social Work, Parkland, the Champaign Community Coalition, and Swann Special

Care Center. The anti-stigma/pro-inclusion effort supports Mental Health, Developmental Disabilities, and Substance Use Disorder community awareness and education.

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. Activities are ongoing in response to opportunities, including beyond the festival.

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.

> **MOTION: Dr. Moore moved to approve up to $15,000 for sponsorship of an anti-stigma film at the 2019 Roger Ebert's Film Festival. Mr. Patterson seconded the motion. A roll call vote was taken and all members voted aye. The motion passed unanimously.**

CCMHB FY2018 Budget:
A copy of the proposed FY2018 CCMHB Budget and the CILA Budget was included in the Board packet for review. Ms. Canfield reviewed the documents with Board members.

> **MOTION: Dr Robin moved to approve the proposed 2019 CCMHB Budget with anticipated revenues and expenditures of $5,231,018. Ms. O'Connor seconded the motion. A roll call vote was taken and the motion passed unanimously.**

> **MOTION: Ms. O'Connor moved to approve the proposed 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. Dr. Rappaport seconded the motion. A roll call vote was taken and the motion passed unanimously.**

Agency Information:
Mr. Chris Gleason from Rosecrance, Central Illinois (RCI) announced there is currently no wait list for assessments for mental health services. Walk-in assessments for adults are currently available 2 days a week.

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.

> **MOTION: Ms. O'Connor moved to cancel the July 2018 meeting. Mr. Omo-Osagie seconded the motion. A voice vote was taken and the motion passed unanimously.**

CCDDB INFO:

The CCDDB met earlier in the day.

APPROVAL OF MINUTES:

Minutes from 5/16/18 and 5/23/18 meetings were included in the Board packet for review.

> **MOTION: Dr. Moore made a motion to approve the minutes from the May 16th and May 23rd meetings. Ms. Palencia seconded the motion. A voice vote was taken and the motion passed.**

EXECUTIVE DIRECTOR'S COMMENTS:

None.

STAFF REPORTS:

Staff reports from Mark Driscoll, Kim Bowdry, Shandra Summerville, and Stephanie Howard-Gallo were included in the packet for review. Dr. Fowler asked for a PUNS update. 900 names were chosen and 12 were from Champaign County.

BOARD TO BOARD:

Ms. Palencia had an orientation with RACES and Adelaide Aime, Executive Director.

FINANCIAL INFORMATION:

The Expenditure Approval Report from the Champaign County Auditor's Office was included in the packet for review.

> **MOTION: Dr. Robin moved to approve the Expenditure Approval 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.

212

Mark Driscoll
Associate Director for Mental Health & Substance Abuse Services

Staff Report – September 26, 2018 Board Meeting

Summary of Activity

PY19 Contracts Update: At the June meeting, the Board approved an amendment to the Promise Healthcare Mental Health Services contract and renewal of the U of I program evaluation contract. The Promise Healthcare amendment has been executed. It increases the contract maximum to support access to pediatric psychiatry for children and youth being served by the agency. Payments were adjusted as of September 1st. The U of I contract has been executed. The Program Evaluation Team is in the process of selecting the three programs for intensive support. A decision will be made on the targeted programs prior to the September Mental Health Development Disabilities Council meeting.

An amendment has also been issued to the new Cunningham Children's Home contract. Shortly after the start of the contract year the program requested the name be changed from Independent Living Opportunities to ECHO Housing and Employment Support. The reason for the change was to eliminate confusion between DCFS funded services and those supported with CCMHB funds. The agency has communicated with staff on separate occasions about staffing pattern, other funds that target employment support to young adults, and plans to pursue other funding specific to assisting homeless youth. The agency also requested a follow-up meeting to the June contract meeting to reaffirm expectations on staffing and use of other funds.

The Rosecrance Recovery Home contract has not been issued. The Recovery Home is expected to open in late 2018. The contract is on hold until Rosecrance notifies CCMHB it is ready to move forward with hiring program staff. The contract amount will be pro-rated to account for the shortened contract term.

Parenting with Love and Limits: The Rosecrance Parenting with Love and Limits (PLL) program was moved from grant to fee for service for the PY19 contract. In late June and July, the program has experienced an exodus of staff. Three of the four therapists have resigned as has the case manager. The remaining therapist is attempting to engage referred families and has started a PLL group. No services were billed in July. With a group started some billable activity will have occurred during intake and continue through completion of group and family coaching sessions.

Rosecrance has met with CCMHB staff to discuss the status of the program. Effort is being made to recruit new staff but so far has not resulted in many qualified candidates applying. A secondary issue is with engagement of referred families. In many instances staff has been unable to contact the families. Neither of these issues is unique to PLL.

Subsequent to the CCMHB meeting, Rosecrance held a meeting with stakeholders. Based on the discussion with stakeholders, there was interest in getting input from youth and families on PLL, having PLL attempt to engage families at court that has proven successful in the past, consider program alternatives although stakeholders are supportive of PLL and consider it successful for those families that complete the program. It was acknowledged that issues with recruiting and retaining staff and engagement with families remain regardless of whatever program is offered. Rosecrance is to draft a proposal outlining options for moving forward.

CCMHB Needs Assessment and Draft Three Year Plan: A fair amount of time and energy has been spent compiling the documents included in the Needs Assessment and drafting the cover memo. The online survey of various constituencies completed last fall is the central piece of the Needs Assessment. Supplementing this information are other assessments and reports. The Briefing Memo references content of the assessment and provides links to the source documents as appropriate. An initial working draft of the Three-Year Plan appears as a separate document. Revisions to the draft will be made based on Board discussion and community input.

CCMHB Site Visits: Site visits on two agencies were completed in July. Agencies monitored were Community Service Center of Northern Champaign County and the Children's Advocacy Center. No significant issues were noted and both programs met expectations for documentation of reported activity. More site visits will be scheduled in the coming months.

Criminal Justice – Mental Health: The Reentry Council continues to meet on a regular basis. The Housing Authority of Champaign County has chosen to join the Council. Effort is being made to broaden community representation to include health care providers, peer supports groups (GROW), and expand participation from municipal government as well as reconnect with members having light attendance. The Council is establishing bylaws. An executive committee has been formed and I have agreed to serve on that body. The County Board has approved continued funding for the Reentry Program administered by Rosecrance. Services provided under this contract are coordinated with the CCMHB funded Criminal Justice program.

A primary focus of the most recent meeting of the Crisis Intervention Team Steering Committee was the county wide CIT report. This particular report reviewed twelve months' worth of data on disposition of CIT calls. That report is included as part of the CCMHB 2018 Needs Assessment.

In other crisis related news, Carle Foundation Hospital is contracting with The Pavilion to provide crisis services to individuals presenting at the Carle Emergency Department. While Rosecrance is now providing 24-hour coverage on-site at the OSF Emergency Department. And the state is expanding its crisis service array to include mobile crisis response for those enrolled in Medicaid. As part of this shift, providers of youth crisis services (SASS Providers) can now serve adults. Other providers wanting to serve the Medicaid population will need to meet Illinois Department of Health and Family Services certification requirements. A CCMHB study session on changes to crisis services is scheduled for October 24, 2018.

Champaign County Continuum of Care: The Continuum reviewed and ranked proposals from local providers as part of the Department of Housing and Urban Development annual application. Cunningham Township has been meeting with local funders and other stakeholders on developing an emergency shelter and transitional housing for women and women with children. And CU at Home has agreed to lease the TIMES Center. It will house the Phoenix Drop-in Center and this winter the CU Men's Emergency Shelter.

ACMHAI Fall Meeting: Attended the educational forum at the ACMHAI meeting held in Normal, Illinois. Presenters included the Executive Director of the Community Behavioral Health Association, the Director of the DHS-Division of Mental Health, and President of Meridian Health Plan. All spoke from different perspectives of the changes occurring in state supported behavioral healthcare services.

Kim Bowdry, Associate Director for Intellectual & Developmental Disabilities
Staff Report – September 2018

NACBHDD: I traveled to the NACBHDD Summer Board Meeting in Nashville, TN. I attended the NACBHDD ID/DD Summit and the Board Meeting. For more information on this please refer to the NACBHDD Summer Meeting and I/DD Summit and NACo Annual Conference Briefing Memo from Lynn. Lynn sent this as an email attachment on Wednesday, September 12, 2018. The biggest take away from this was how terrible it will be for Illinois to move the I/DD population into Medicaid Managed Care.

I also participated in monthly NACBHDD I/DD committee calls.

Site Visits: I accompanied Mark Driscoll, Associate Director for MH/SUD on site visits at the Community Service Center of Northern Champaign County and the Children's Advocacy Center. I completed a site visit with the CCRPC Decision Support Person Program in August.

Trauma Informed Care: I attended a "Trauma and Crisis Response Workshop" at the University Of Illinois School Of Social Work in July. In August, I attended a "Trauma in the Community" workshop, presented by Karen Simms with the CU Trauma and Resilience Initiative.

Provider Trainings: In early August, I began coordinating the "Trauma Informed Care for Persons with Intellectual/Developmental Disabilities Training." I have attached the flier for this training. It will be held at the Champaign Public Library on October 4, 2018 and Raul Almazar, RN, MS is the presenter. The University Of Illinois School Of Social Work is cosponsoring this training, so in addition to QIDP CEUs, LSW, LCSW, and LCPC CEUs will also be available.

Other scheduled trainings include "211" on November 1, 2018 and "Law Enforcement Rules and Regulations in Response to Crisis Situations" on December 6, 2018. Each of these scheduled trainings will be held at the Champaign Public Library.

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.

ACMHAI: I participated in the I/DD committee call in May. I attended the quarterly meeting in Bloomington in September. The focus of the presentations was on Managed Care.

MHDDAC: I participated in monthly meetings of the Mental Health & Developmental Disabilities Agencies Council Meeting.

Webinars & Chats: I participated in a "Working Memory" chat. 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 listened to two "Sex Talk for Self-Advocates" webinars. I participated in an "ISBE: Parent Guide" webinar. I participated in a Managed Care webinar. I participated in two Employment First State Leadership Mentoring Program webinars. I participated in a chat on "Executive Functioning." I participated in a webinar titled, "Direct Support Professionals and Quality of Life of People with IDD," which focused on the relationship between DSPs and people with IDD's quality of life. I participated in a webinar titled, "DRS - What is it? How Can it Help?"

School of Social Work – Community Learning Lab: Lynn and I attended a Case Management class at the University Of Illinois School Of Social Work. This semester those students are working on mapping out local resources. This class is also gathering data on barriers people/families face when trying to access services in Champaign County through an online survey.

Racial Taboo Planning Committee: I attended a meeting of the Racial Taboo Planning Committee. The group decided to pursue three main lines of action from now through June 2019. The lines of action include:

1. Naming resources (films or short audio/video clips to discuss; books; etc.) to be used throughout the year.
2. Plan a conference.
3. Use Parkland's Race Talks model of planned conversations with youth in community settings.

Alliance for Inclusion & Respect: I participated in three planning meetings for the Alliance for Inclusion and Respect. The AIR artists will be selling their books and artwork at the Market Place Shopping Center Family Fun Fest on October 6, 2018 from 10am – 2 pm. The event organizers have asked that AIR provide a children's art activity, we will have a foam pumpkin craft available to attendees.

DisABILITY Resource Expo: I participated in planning meeting for the DisABILITY Resource Expo Steering Committee. The 12th Annual DisABILITY Resource Expo is scheduled for March 30, 2019 at the Vineyard Church.

Transition Planning Committee: The TPC held its first meeting of the school year on Friday, September 21, 2018. Jermaine Raymer and Kharis Gordon of PACE presented a new PACE program, "Fast Track." The TPC is planning events throughout the school year.

Illinois Department of Human Services-Division of Developmental Disabilities Updates: On Tuesday, September 11, 2018 the DDD released the Notice of Funding Opportunity for the Independent Service Coordination Program. The state currently has 17 ISCs, with each ISC serving a different region. Effective July 1, 2019 there will be 12 regions. Of these 12 regions, seven of the current regions were unchanged. Existing ISC agencies and new providers can apply to cover one or more of the 12 regions. Applications are due by November 12, 2018.
For more information: http://www.dhs.state.il.us/page.aspx?item=112848

The DDD updated the Self-Direction Assistance guidelines for the Home-Based Services program, which were previously significantly changed in May 2018.
For more information: http://www.dhs.state.il.us/page.aspx?item=93863

As of August 1, 2018 the PUNS categories will no longer include the "Emergency" and "Critical" categories. People will instead be categorized as "seeking services" and those who are not in need of services at this time will be categorized as "planning for services."
For more information: http://www.dhs.state.il.us/page.aspx?item=109266

PUNS Selection & Reports: DHS-DDD selected fifteen Champaign County people from the PUNS database in June 2018, New PUNS Selection 2018. Three of those 15 people have already received award letters - two for Home Based Services (HBS) and one for CILA. The remaining ten people are working with a CCRPC ISC to complete the pre-admission screening (PAS) process (one person is no longer interested in Medicaid waiver services and one person is currently incarcerated). Of the 10 individuals actively pursuing services, two are interested in CILA and the remaining eight are interested in HBS.

I have attached updated (September 11, 2018) PUNS Summary by County and Selection Detail for Champaign County.

Division of Developmental Disabilities

Prioritization of Urgency of Needs for Services (PUNS)

Summary By County and Selection Detail

September 10, 2018

County: Champaign

Reason for PUNS or PUNS Update

New	85
Annual Update	247
Change of category (Emergency, Planning, or Critical)	50
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	44
Person is fully served or is not requesting any supports within the next five (5) years	185
Moved to another state, close PUNS	19
Person withdraws, close PUNS	22
Deceased	15
Individual Stayed in ICF/DD	1
Individual Moved to ICF/DD	2
Individual Determined Clinically Ineligible	5
Unable to locate	37
Submitted in error	1
Other, close PUNS	162

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.	6

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).	22
2. Death of the care giver with no other supports available.	3
3. Person has been commited 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 plaec to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.)	8
6. Other crisis, Specify	74

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.	142
2. Person has a care giver (age 60+) and will need supports within the next year.	87
3. Person has an ill care giver who will be unable to continue providing care within the next year.	26
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	83
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	31
6. There has been a death or other family crisis, requiring additional supports.	8
7. Person has a care giver who would be unable to work if services are not provided.	60
8. Person or care giver needs an alternative living arrangement.	26
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	191
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).	8
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	10
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 Disabilites, nursing home or state hospital).	1
13. Person is losing eligibity for Department of Children and Family Services supports in the next year.	8
15. Person is losing eligibility for Intermediate Care Facility for People with Developmental Disabilities supports in the next year.	1

Division of Developmental Disabilities

Prioritization of Urgency of Needs for Services (PUNS)

Summary By County and Selection Detail

September 10, 2018

17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	6
18. Person is losing eligibility for Individual Care Grants supports through the mental health system in the next year.	1
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	26

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.	155
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
8. Person or care giver needs increased supports.	42
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	1
14. Other, Explain:	6

EXISTING SUPPORTS AND SERVICES

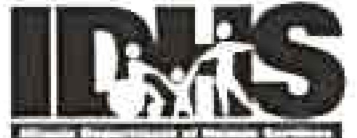
Respite Supports (24 Hour)	13
Respite Supports (<24 hour)	12
Behavioral Supports (includes behavioral intervention, therapy and counseling)	145
Physical Therapy	39
Occupational Therapy	99
Speech Therapy	126
Education	183
Assistive Technology	47
Homemaker/Chore Services	1
Adaptions to Home or Vehicle	8
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.)	62
Medical Equipment/Supplies	32
Nursing Services in the Home, Provided Intermittently	6
Other Individual Supports	137

TRANPORTATION

Transportation (include trip/mileage reimbursement)	139
Other Transportation Service	308
Senior Adult Day Services	1
Developmental Training	89
"Regular Work"/Sheltered Employment	81
Supported Employment	94
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	67
Other Day Supports (e.g. volunteering, community experience)	27

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
Supported Living Arrangement	8



Division of Developmental Disabilities
Prioritization of Urgency of Needs for Services (PUNS)
Summary By County and Selection Detail

September 10, 2018

Shelter Care/Board Home	1
Nusing Home	1
Children's Residential Services	6
Child Care Institutions (Including Residential Schools)	9
Children's Foster Care	2
Other Residential Support (including homeless shelters)	11

SUPPORTS NEEDED

Personal Support (includes habilitation, personal care and intermittent respite services)	351
Respite Supports (24 hours or greater)	22
Behavioral Supports (includes behavioral intervention, therapy and counseling)	136
Physical Therapy	47
Occupational Therapy	81
Speech Therapy	102
Assistive Technology	60
Adaptations to Home or Vehicle	18
Nursing Services in the Home, Provided Intermittently	7
Other Individual Supports	87

TRANSPORTATION NEEDED

Transportation (include trip/mileage reimbursement)	352
Other Transportation Service	354

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	272
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	93
Out-of-home residential services with 24-hour supports	86

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/PUNSbyZipallandactive05102016.pdf

Zip Code		Active PUNS	Total PUNS	
60949	Ludlow	2	4	
61801	Urbana	49	88	
61802	Urbana	56	106	
61815	Bondville (PO Box)	1	1	
61816	Broadlands	3	3	
61820	Champaign	43	80	
61821	Champaign	86	176	
61822	Champaign	51	98	
61840	Dewey	0	2	
61843	Fisher	10	12	
61845	Foosland	1	1	
61847	Gifford	1	1	
61849	Homer	0	5	
61851	Ivesdale	1	1	
61852	Longview	1	1	
61853	Mahomet	34	61	
61859	Ogden	5	11	
61862	Penfield	1	2	
61863	Pesotum	1	2	
61864	Philo	5	10	
61866	Rantoul	26	76	
61871	Royal (PO Box)	--	--	no data on website
61872	Sadorus	2	2	
61873	St. Joseph	14	25	
61874	Savoy	5	10	
61875	Seymour	2	3	
61877	Sidney	4	9	
61878	Thomasboro	0	3	
61880	Tolono	9	29	
Total		413	822	

http://www.dhs.state.il.us/page.aspx?item=56039

Updated 09/10/18

ISC	Agency	Individual Count	% of Total PUNS	Estimated Total Census for Agency	Estimated % of IL Census
CCRPC Total*		1002**	1.86%	244,880	1.90%

ISC	Agency	Individual Count	% of Total PUNS	Estimated Total Census for Agency	Estimated % of IL Census
CCRPC Active*		451**	2.33%	244,880	1.90%

*Totals include Ford & Iroquois Counties

**Increase

DHS Definition of Closed PUNS Records	Death	Fully Served	Withdrawn	Moved out of state	Other Closed

October 4, 2018

9am – 12:30 pm

3.0 CEUs

Champaign Public Library
200 W. Green Street
Champaign, IL 61820
Robeson Pavilion C

TRAUMA INFORMED CARE FOR PERSONS WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES
Raul Almazar, RN, MA

What is Trauma: Understanding the Impact of Trauma in Our Lives

Traumatic experiences can be dehumanizing, shocking and terrifying. Often a traumatic experience includes the betrayal of a trusted person or institution and a loss of safety. Trauma can result from experiences of violence, abuse, neglect or disasters that induce powerlessness, fear and recurring hopelessness. Trauma impacts one's spirituality and relationships often resulting in ongoing feelings of shame, guilt, rage and isolation. Despite all of this, healing is possible. This session will address the very high prevalence of trauma in the population we serve and will use the ACE study to help explain the symptoms and behaviors we see every day. With a better collective understanding of trauma, more people will find their path to healing and wellness. And with a greater public commitment to trauma- informed programs and systems for survivors, we lessen and prevent a wide range of health, behavioral health and social problems for generations to come.

Learning objectives:

1. The attendee will understand the prevalence of trauma and the effect of trauma in our lives and the lives of those we serve.

2. Attendees will learn of the importance and implications of the ACE study, not only in terms of symptom development but also as a way to integrate physical and behavioral health.

3. Attendees will learn to view symptoms as adaptations and shift practice from stabilization and symptom reduction to providing new tools for self regulation.

https://www.eventbrite.com/e/trauma-informed-care-for-persons-with-intellectualdevelopmental-disabilities-tickets-50178118102

Cosponsor
University of Illinois
School of Social Work

September 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

Organizations have submitted 4th Quarter Reports. I will provide information about the progress and required benchmarks by the Boards. There are a few organizations that received an extension until September 28, 2018

CLC Coordinator Direct Service Activities:

The CLC Site visit protocol was updated to ensure that monitoring and evaluation are documented about the agencies progress.

Mental Health First Aid- The instructor certification for Mental Health First Aid is up for renewal. I began the recertification process for renewal 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 disability and 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.

Georgetown Leadership Academy: Increasing Cultural Diversity and Cultural and Linguistic Competence in Networks Supporting Individuals with Intellectual and Developmental Disabilities:

The individual coaching calls with Professor Tawara Goode, Director of National Center for Cultural Competence will be in October.

ACHMHAI- I participated in the Children's Behavioral Health Committee Call on August 23. I also attended the meeting on September 7th & 8th in Bloomington, IL. This was in partnership with the Illinois Public Health Association.

Anti-Stigma Activites/Community Collaborations and Partnerships

University of Illinois African-American Community Healing Storytelling Project-

The Voices of Community Healing Storytelling event was held on September 8th. There were four stories that were featured from people that live in the community. They defined community healing and how to heal from trauma that impacted their community.

Background and Framework about the project:

As members of **C-HeART (Community Healing and Resistance Through Storytelling)** , we are interested in creating healing spaces. Each member came to our collaboration with knowledge about individual healing. We believe it is important to go beyond personal healing strategies to include a community in the healing process. We also wanted to create a framework that focused on cultural strengths, specifically storytelling and resistance. Over the course of several meetings we shared our ideas about storytelling and healing then we reviewed the research literature to identify how others talked about storytelling as a form of healing. At varying times, for example 4 months after an initial draft, we invited colleagues to review the framework. We received their feedback and made further changes to the framework. We also shared the framework informally with community members in order to get feedback. We engaged in this process for over a year. Ultimately, we created the Community Healing and Resistance Through Storytelling.

The 3 major components to the C-HeARTS framework are: (a) justice, (b) storytelling and resistance, and (c) three psychological dimensions: connectedness, collective memory, and critical consciousness.

Justice is a moral ideal and a guiding principle that communities aim for to realize optimal well-being within three spheres of life: personal, interpersonal and organizational. In the personal sphere, wellbeing involves (e.g., feeling safe and accepted and includes increased social bonding and commitment to each other and more smiling and less crying), in the interpersonal sphere wellbeing is enhanced when individuals build trust and resist interpersonal distrust and resist denigrating dominant cultural narratives and disprove stereotypes, and in the organizational sphere, systems are in place to promote fairness, develop new community narratives and where you have control over resources and are able to meet demands.

Storytelling and resistance are cultural behaviors that enable psychological dimensions. Storytelling is a rich oral tradition among African-descended people that is an effective healing intervention. Resistance reflects the fact that even in the face of oppression, African-descended people defy systems of injustice and pursue acts of self-determination.

- Storytelling and resistance through public testifying opportunities or facilitated group processes can be used to understand, validate, and nurture relationships to promote **Connectedness**
- Storytelling and resistance through co-creating and sharing products and critical bvcommunity reflection can be used to increase trust, remember traumas and triumphs, and decolonize minds to promote **Collective Memory**

(Source: Dr. Carla Hunter/Dr. Sharde Smith)

Alliance for Inclusion and Respect-

224

There have been 3 meetings with the Artists that have been productive and helpful as we provide additional opportunities to promote artists and authors that are living with different abilities and mental health challenges. (August 1, August 29, September 17) We have created an opportunity hear feedback from the artists about ways they their artwork and books can promoted. There is an interest to have more opportunities to sell their products. There will be additional opportunites for the AIR artists to be at the following activities:

1. Winter Famer's Market at Lincoln Square (Dates will be based on the artists' availability and actual booth space.
2. October 6 Family Day at Market Place Mall-10:00- 2:00pm
3. Ebert Festival Art Show April 20, 2019- 9:00am-2:00pm

Ebert Festival 2019

The planning for Ebert Festival has begun with an initial contact with Andrew Hall, Ebertfest Coordinator. There is an interest to have more student engagment this year from high school students. I met the new principal from Urbana High School about the student screening during the Ebert Festival. Ebertfest will be April 10-14, 2019.

Stephanie Howard-Gallo

Operations and Compliance Coordinator Staff Report –

September 2018 Board Meeting

SUMMARY OF ACTIVITY:

Contracts:
A few 2019 contracts for our funded programs were returned after the June 29th deadline, which resulted in delayed payments.

Certificates of Liability Insurance:
Certificates of Liability Insurance were requested on July 6th with a due date of August 1st. A reminder was sent the last week of July. Three agencies did not meet the deadline, which resulted letters of non-compliance being sent to them and their payment being held. I have received the three agency's proof of liability insurance and payments have been released.

Fourth Quarter Reporting:
4th Quarter financial and program reports for all funded programs were due August 31st at the close of business. Performance Outcome Measures are due at the 4th Quarter of each funding year, as well. Quite a few of the agencies requested an extension of time to complete the reporting. As of this writing, no letters of non-compliance have been sent and no payments have been withheld.

Anti-Stigma Efforts:
I attended Alliance for Inclusion and Respect (AIR) planning meetings on August 1st, August 29th, and September 17th. Our artists have been invited to participate in the October 6, 2018 "Family Fun Fest" at Market Place Mall from 10 am - 2 pm. They will have an area to sell their artwork, books, and other goods called "Artist Avenue".

A possible booth at the Urbana Farmer's Market is being explored as well. We discussed having two artists share the space each Saturday or as many Saturdays that we have an interest from the artists.

2019 DisABILITY Expo:
I attended an Expo planning meeting on September 11th. The Expo will take place on March 30, 2019 at the Vineyard. We discussed last year's event and ways to improve the Expo this year.

Other:

- Preparing meeting materials for CCMHB/CCDDB regular meetings and study sessions/presentations.
- Composing minutes from the meetings.
- I attended the County Department Heads meeting in Lynn Canfield's place on September 12th.

disABILITY Resource Expo: Reaching Out For Answers

Board Report

September, 2018

The 12th annual Expo will be held on Saturday, March 30th at The Vineyard Church in Urbana.

The first Steering Committee of the new planning year was held on September 11 with 18 members present. We were pleased to welcome 3 new members to our group, Michelle Clayton-disability advocate, Dianne Husby-Gordon-CU Able, and Shawn Johnson-U. of I. Police Dept. The group reviewed responsibilities of the Expo Subcommittees, and spent some time discussing evaluation summaries from the 2018 Expo. Ideas for a theme for the 12th annual Expo were given to the Exhibitor Committee to discuss further. Subcommittees will begin to meet soon. Our next Steering Committee will be Oct. 23 at 1:00 pm at the IL Worknet Center in Champaign.

There are multiple opportunities in Sept. and Oct. to distribute Expo Save-The-Date magnets and posters promoting the 2018 Expo. We will have an Expo booth at two events, Family Day by Dr. G's Brainworks and Carle's Wellness, Fun & Medicare 101 on Oct. 6. We hope to have the above-noted materials distributed at all of the following events:

Event	Date
*PACE Open House for new Access Alley	Sept. 20 (3:00-7:00 pm)
*Penguin Project Play – "High School Musical, Jr." Urbana High School	Sept. 21 & 22 (7:00 pm) Sept. 23 (2:00 pm)
*Out of the Darkness Walk/American Foundation Crystal Lake Park	Sept. 22 (11:00am-1:00 pm)
*Low Vision Fair, Danville Library	Sept. 24 (Time?)
*Family Day presented by Dr. G's Brainworks AIR Artist's exhibit and sale, Market Place Mall	Oct. 6 (10:00am-2:00 pm)
*Wellness, Fun & Medicare 101 Carle at the Fields	Oct. 6 (9am-Noon)
*Octoberfest (Benefits DSC) Downtown Champaign	Oct. 6 (3:00 pm-Midnight)
*Down Syndrome Network Buddy Walk Champaign County Fairgrounds	Oct. 6 (9:00 am-2:00 pm)
*disABILITY Awareness Month, Champaign City Bldg. display	Month of October

Respectfully submitted,

Barb Bressner & Jim Mayer

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
*** DEPT NO. 053 MENTAL HEALTH BOARD												
41	CHAMPAIGN COUNTY TREASURER								HEALTH INSUR FND 620			
		6/27/18	03	VR	620- 93		577902	6/29/18	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	APR-JUN FSA FEE	35.10
		6/27/18	04	VR	620- 95		577902	6/29/18	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	JUN HI, LI, & ADMIN	1,850.30
											VENDOR TOTAL	1,885.40 *
88	CHAMPAIGN COUNTY TREASURER								I.M.R.F. FUND 088			
		6/28/18	02	VR	88- 24		577335	6/14/18	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 4/27 P/R	1,223.65
		6/12/18	06	VR	88- 26		577336	6/14/18	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 5/11 P/R	1,223.53
		6/12/18	08	VR	88- 29		577336	6/14/18	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 5/25 P/R	1,223.53
											VENDOR TOTAL	3,670.61 *
104	CHAMPAIGN COUNTY TREASURER								HEAD START FUND 104			
		7/03/18	03	VR	53- 233		578221	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL EARLY CHILD MH	7,510.00
		7/03/18	03	VR	53- 233		578221	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL SOC/EMOT DEV	6,133.00
											VENDOR TOTAL	13,643.00 *
161	CHAMPAIGN COUNTY TREASURER								REG PLAN COMM FND075			
		7/03/18	03	VR	53- 234		578223	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL JUSTICE SYS DIV	5,422.00
		7/03/18	03	VR	53- 234		578223	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL YOUTH ASSMT CTR	6,362.00
											VENDOR TOTAL	11,784.00 *
176	CHAMPAIGN COUNTY TREASURER								SELF-FUND INS FND476			
		6/12/18	06	VR	119- 27		577341	6/14/18	090-053-513.04-00	WORKERS' COMPENSATION INS	WORK COMP 4/13,27 P	171.20
		6/12/18	08	VR	119- 33		577342	6/14/18	090-053-513.04-00	WORKERS' COMPENSATION INS	WORK COMP 5/11,25 P	171.20
											VENDOR TOTAL	342.40 *
179	CHAMPAIGN COUNTY TREASURER								CHILD ADVC CTR FND679			
		7/03/18	03	VR	53- 232		578224	7/06/18	090-053-533.93-00	CONTRIBUTIONS & GRANTS	JUL CAC	3,979.00
											VENDOR TOTAL	3,979.00 *

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

7/06/18

*** FUND NO. 090 MENTAL HEALTH

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
188	CHAMPAIGN COUNTY TREASURER SOCIAL SECUR FUND188											
		6/08/18	02	VR 188-	41		577344	6/14/18	090-053-533.01-00	SOCIAL SECURITY-EMPLOYER	FICA 4/27 P/R	1,138.04
		6/12/18	06	VR 188-	45		577345	6/14/18	090-053-533.01-00	SOCIAL SECURITY-EMPLOYER	FICA 5/11 PR	1,136.28
		6/12/18	08	VR 188-	49		577345	6/14/18	090-053-533.01-00	SOCIAL SECURITY-EMPLOYER	FICA 5/25 PR	1,133.46
											VENDOR TOTAL	3,407.78 *
15495	CHAMPAIGN URBANA AREA PROJECT SUITE #702											
		7/03/18	03	VR 53-	235		578236	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL CU NGHBRHD CHAM	4,166.00
		7/03/18	03	VR 53-	235		578236	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL TRUCE	4,166.00
											VENDOR TOTAL	8,332.00 *
18230	COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY											
		7/03/18	03	VR 53-	236		578245	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL RESOURCE CONNEC	5,550.00
											VENDOR TOTAL	5,550.00 *
19060	COURAGE CONNECTION											
		7/03/18	03	VR 53-	237		578247	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL COURAGE CONNECT	10,583.00
											VENDOR TOTAL	10,583.00 *
19346	CRISIS NURSERY											
		7/03/18	03	VR 53-	238		578248	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL BEYOND BLUE	8,250.00
											VENDOR TOTAL	8,250.00 *
20271	CUNNINGHAM CHILDREN'S HOME											
		7/03/18	03	VR 53-	239		578249	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL INDEPEND LIV OP	7,500.00
											VENDOR TOTAL	7,500.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC											
		7/03/18	03	VR 53-	240		578253	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL FAM DEV CENTER	46,856.00
											VENDOR TOTAL	46,856.00 *
22730	DON MOYER BOYS & GIRLS CLUB											
		7/03/18	03	VR 53-	241		578254	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	CUALTN SUMMER INIT	64,200.00

229

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

7/06/18

VENDOR NO	VENDOR NAME / TRN DATE	B TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH										
	7/03/18 03 VR	53-	241		578254	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL CU CHANGE	8,333.00
	7/03/18 03 VR	53-	241		578254	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL YOUTH/FAMIL SVC	13,333.00
									VENDOR TOTAL	85,866.00 *
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR									
	7/03/18 03 VR	53-	243		578256	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL FAM SUP/STRENGT	4,019.00
									VENDOR TOTAL	4,019.00 *
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY GRANTS									
	7/03/18 03 VR	53-	244		578257	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL COUNSELING	2,083.00
	7/03/18 03 VR	53-	244		578257	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL SELF HELP CENTE	2,410.00
	7/03/18 03 VR	53-	244		578257	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL SENIOR CNSL/ADV	11,861.00
									VENDOR TOTAL	16,354.00 *
30550	GROW IN ILLINOIS									
	7/03/18 03 VR	53-	246		578264	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL PEER SUPPORT	1,667.00
									VENDOR TOTAL	1,667.00 *
44370	MAHOMET AREA YOUTH CLUB 601 EAST FRANKLIN									
	7/03/18 03 VR	53-	247		578274	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL BLAST	1,250.00
	7/03/18 03 VR	53-	247		578274	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL MEMBERS MATTER	1,500.00
									VENDOR TOTAL	2,750.00 *
54650	PEPSI COLA CHAMPAIGN-URBANA BOTTLING									
	7/02/18 01 VR	53-	226		578281	7/06/18	090-053-522.02-00	OFFICE SUPPLIES	INV 81105957 5/29	19.60
	7/02/18 01 VR	53-	226		578281	7/06/18	090-053-522.02-00	OFFICE SUPPLIES	INV 81106124 6/11	10.40
	7/02/18 01 VR	53-	226		578281	7/06/18	090-053-522.02-00	OFFICE SUPPLIES	INV 81106252 6/25	19.60
									VENDOR TOTAL	49.60 *
58434	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS									
	7/03/18 03 VR	53-	248		578284	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL SEX VIOL SERV/E	1,550.00
									VENDOR TOTAL	1,550.00 *

230

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

7/06/18

VENDOR NO	VENDOR NAME TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH											
53472	RATTLE THE STARS										
	7/03/18	03	VR	53- 250		578286	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL YTH SUIC PREV/E	4,541.00
										VENDOR TOTAL	4,541.00 *
61780	ROSECRANCE, INC.										
	7/03/18	03	VR	53- 251		578289	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL CRIMNL JUSTC PS	58,230.00
	7/03/18	03	VR	53- 251		578289	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL CRIS/ACCSS/BENF	21,286.00
	7/03/18	03	VR	53- 251		578289	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL FRESH START	6,609.00
	7/03/18	03	VR	53- 251		578289	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL PARENT LOVE/LIM	12,749.00
	7/03/18	03	VR	53- 251		578289	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL PREVENTION SVCS	5,000.00
	7/03/18	03	VR	53- 251		578289	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL SPECIALTY COURT	16,916.00
										VENDOR TOTAL	122,790.00 *
62674	SAVANNAH FAMILY INSTITUTE, INC.										
	7/03/18	03	VR	53- 259		578290	7/06/18	090-053-533.07-00	PROFESSIONAL SERVICES	1ST QTR CONSULT FEE	12,375.00
										VENDOR TOTAL	12,375.00 *
76107	UNITED CEREBRAL PALSY LAND OF LINCOLN										
	7/03/18	03	VR	53- 252		578298	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL VOCATIONAL SVCS	3,683.00
										VENDOR TOTAL	3,683.00 *
77280	UP CENTER OF CHAMPAIGN COUNTY										
	7/03/18	03	VR	53- 254		578299	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL CHLD/YTH/FAM PR	1,535.00
										VENDOR TOTAL	1,535.00 *
78120	URBANA NEIGHBORHOOD CONNECTION CENTER										
	7/03/18	03	VR	53- 253		578301	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL COMM STUDY CNTR	1,629.00
										VENDOR TOTAL	1,629.00 *
78888	VISA CARDMEMBER SERVICE MENTAL HEALTH ACH4798510049573930										
	6/19/18	03	VR	53- 225		577827	6/22/18	090-053-533.95-00	CONFERENCES & TRAINING	3930 NACO 5/11	335.00
	6/19/18	03	VR	53- 225		577827	6/22/18	090-053-533.29-00	COMPUTER/INF TCH SERVICES	3930 COMCAST 5/11	116.42

231

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
		6/19/18	01	VR	53- 225		577827	6/22/18	090-053-522.06-00	POSTAGE, UPS, FED EXPRESS	1930 USPS 6/5	7.25
		6/19/18	01	VR	53- 225		577827	6/22/18	090-053-533.29-00	COMPUTER/INF TCH SERVICES	1930 COMCAST 6/11	114.42
											VENDOR TOTAL	578.59 *
										MENTAL HEALTH BOARD	DEPARTMENT TOTAL	393,072.88 *
										MENTAL HEALTH	FUND TOTAL	393,072.88 *

232

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

8/09/18 PAGE 1

*** FUND NO. 090 MENTAL HEALTH

*** DEPT NO. 053 MENTAL HEALTH BOARD

VENDOR NO	VENDOR NAME / TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
12	CHAMPAIGN COUNTY TREASURER							POSTAGE REIMBURSEMNT			
	7/09/18	02	VR	53- 263		578351	7/12/18	090-053-522.06-00	POSTAGE, UPS, FED EXPRESS	JUN POSTAGE	101.50
										VENDOR TOTAL	101.50 *
25	CHAMPAIGN COUNTY TREASURER							RENT GENERAL CORP			
	7/09/18	02	VR	53- 261		578352	7/12/18	090-053-533.50-00	FACILITY/OFFICE RENTALS	JUL OFFICE RENT	1,775.97
	8/06/18	01	VR	53- 299		579321	8/09/18	090-053-533.50-00	FACILITY/OFFICE RENTALS	AUG OFFICE RENT	1,775.97
										VENDOR TOTAL	3,551.94 *
41	CHAMPAIGN COUNTY TREASURER							HEALTH INSUR FND 620			
	7/26/18	01	VR	620- 109		578987	7/31/18	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	JUL HI, LI & ADMIN	3,850.30
										VENDOR TOTAL	3,850.30 *
88	CHAMPAIGN COUNTY TREASURER							I.M.R.F. FUND 088			
	7/12/18	01	VR	88- 31		578652	7/20/18	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 6/8 P/R	1,223.43
	7/24/18	03	VR	88- 34		578992	7/31/18	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 6/22 P/R	1,224.24
	8/02/18	08	VR	88- 36		579326	8/09/18	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 7/6 P/R	1,221.74
	8/03/18	02	VR	88- 39		579327	8/09/18	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 7/20 P/R	1,219.51
										VENDOR TOTAL	4,890.92 *
104	CHAMPAIGN COUNTY TREASURER							HEAD START FUND 104			
	8/06/18	01	VR	53- 274		579329	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG EARLY CHILD MH	7,510.00
	8/06/18	01	VR	53- 274		579329	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG SOC/EMOT DEV	6,133.00
										VENDOR TOTAL	13,643.00 *
161	CHAMPAIGN COUNTY TREASURER							REG PLAN COMM FND075			
	8/06/18	01	VR	53- 275		579332	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG JUSTICE SYS DIV	5,422.00
	8/06/18	01	VR	53- 275		579332	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG YOUTH ASSMT CTR	6,362.00
										VENDOR TOTAL	11,784.00 *

233

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

8/09/18

VENDOR NO	VENDOR NAME / TRN DTE	B CD	TR	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH											
176	CHAMPAIGN COUNTY TREASURER							SELF-FUND INS FND476			
	8/03/18	02	VR	119- 40		579333	8/09/18	090-053-513.04-00	WORKERS' COMPENSATION INS	WORK COMP 6/8 22 PR	202.34
	8/07/18	02	VR	119- 45		579334	8/09/18	090-053-513.04-00	WORKERS' COMPENSATION INS	WORK COMP 7/6,20 P/	186.77
										VENDOR TOTAL	389.11 *
179	CHAMPAIGN COUNTY TREASURER							CHLD ADVC CTR FND679			
	8/06/18	01	VR	53- 273		579336	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG CAC	2,979.00
										VENDOR TOTAL	2,979.00 *
188	CHAMPAIGN COUNTY TREASURER							SOCIAL SECUR FUND188			
	7/12/18	01	VR	188- 53		578659	7/20/18	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 6/8 P/R	1,135.82
	7/24/18	03	VR	188- 60		578997	7/31/18	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 6/22 P/R	1,136.60
	8/02/18	03	VR	188- 62		579337	8/09/18	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 7/6 P/R	1,136.12
	8/21/18	02	VR	188- 66		579338	8/09/18	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 7/20 P/R	1,132.16
										VENDOR TOTAL	4,540.70 *
5780	BP COMPUTER SERVICES										
	7/09/18	03	VR	53- 255		578372	7/12/18	090-053-533.07-00	PROFESSIONAL SERVICES	3RD QTR COMPUTER SV	750.00
										VENDOR TOTAL	750.00 *
15495	CHAMPAIGN URBANA AREA PROJECT							SUITE #702			
	8/06/18	01	VR	53- 276		579379	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG CU NGHBRHD CHAM	4,166.00
	8/06/18	01	VR	53- 276		579379	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG TRUCE	4,166.00
										VENDOR TOTAL	8,332.00 *
16930	CHRISP MEDIA, LLC										
	7/05/18	02	VR	53- 257		578384	7/12/18	090-053-533.07-00	PROFESSIONAL SERVICES	3RD QTR PROF FEE	234.00
										VENDOR TOTAL	234.00 *
18230	COMMUNITY SERVICE CENTER OF NORTHERN							CHAMPAIGN COUNTY			
	8/06/18	01	VR	53- 277		579331	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG RESOURCE CONNECT	5,550.00
										VENDOR TOTAL	5,550.00 *

234

VENDOR NO	VENDOR NAME TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH											
10260	COURAGE CONNECTION										
	8/06/18	01	VR	53- 278		579400	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG COURAGE CONNECT	10,583.00
										VENDOR TOTAL	10,583.00 *
10346	CRISIS NURSERY										
	8/06/18	01	VR	53- 279		579403	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG BEYOND BLUE	6,250.00
										VENDOR TOTAL	6,250.00 *
20272	CUNNINGHAM CHILDREN'S HOME										
	8/06/18	01	VR	53- 280		579404	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG INDEPEND LIV OP	7,500.00
										VENDOR TOTAL	7,500.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC										
	8/06/18	01	VR	53- 281		579411	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG FAM DEV CENTER	46,856.00
										VENDOR TOTAL	46,856.00 *
22730	DON MOYER BOYS & GIRLS CLUB										
	8/06/18	01	VR	53- 282		579413	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG CU CHANGE	8,333.00
	8/06/18	01	VR	53- 282		579413	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG YOUTH/FAMILY SV	13,333.00
										VENDOR TOTAL	21,666.00 *
22870	DREAAM HOUSE										
	7/17/18	03	VR	53- 242		578699	7/20/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL DREAAM	6,666.00
	8/07/18	01	VR	53- 283		579415	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG DREAAM	6,666.00
										VENDOR TOTAL	13,332.00 *
24095	EMK CONSULTING LLC										
	7/09/18	02	VR	53- 231		578402	7/11/18	090-053-533.07-00	PROFESSIONAL SERVICES	INV 262 6/27	2,144.00
	7/09/18	02	VR	53- 231		578402	7/11/18	090-053-533.07-00	PROFESSIONAL SERVICES	INV 263 6/28	1,803.42
										VENDOR TOTAL	3,947.42 *
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR										
	8/06/18	01	VR	53- 299		579417	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG FAM SUP/STRENGT	4,019.00
										VENDOR TOTAL	4,019.00 *

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY								GRANTS			
		8/06/18	01	VR	53- 285		579426	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG COUNSELING	2,083.00
		8/06/18	01	VR	53- 285		579426	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG SELF HELP CENTE	2,410.00
		8/06/18	01	VR	53- 285		579426	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG SENIOR CNSL/ADV	11,861.00
											VENDOR TOTAL	16,354.00 *
26760	FIRST FOLLOWERS											
		7/17/18	01	VR	53- 245		578738	7/20/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL PEER MNTR REENT	5,833.00
		8/06/18	01	VR	53- 286		579431	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG PEER MNTR REENT	5,833.00
											VENDOR TOTAL	11,666.00 *
30550	GROW IN ILLINOIS											
		8/06/18	01	VR	53- 287		579444	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG PEER SUPPORT	1,667.00
											VENDOR TOTAL	1,667.00 *
44570	MAHOMET AREA YOUTH CLUB								601 EAST FRANKLIN			
		8/06/18	01	VR	53- 288		579477	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG BLAST	1,250.00
		8/06/18	01	VR	53- 288		579477	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG MEMBERS MATTER	1,500.00
											VENDOR TOTAL	2,750.00 *
54660	PEPSI COLA CHAMPAIGN URBANA BOTTLING											
		7/25/18	02	VR	53- 267		579103	7/31/18	090-053-522.02-00	OFFICE SUPPLIES	INV 81106441 7/9	12.40
		7/25/18	02	VR	53- 267		579103	7/31/18	090-053-522.02-00	OFFICE SUPPLIES	INV 81106625 7/23	12.40
											VENDOR TOTAL	24.80 *
57156	PROMISE HEALTHCARE											
		7/09/18	02	VR	53- 248		578460	7/12/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL MENTAL HLTH SVC	18,500.00
		7/09/18	02	VR	53- 248		578460	7/12/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL WELLNESS	4,833.00
		8/06/18	01	VR	53- 289		579504	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG MENTAL HLTH SVC	18,500.00
		8/06/18	01	VR	53- 289		579504	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG WELLNESS	4,833.00
											VENDOR TOTAL	46,666.00 *

236

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

8/09/18

VENDOR NO	VENDOR NAME / TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH											
58118	QUILL CORPORATION										
	7/17/18	01	VR	53- 265		578764	7/20/18	090-053-522.02-00	OFFICE SUPPLIES	INV 8127061 6/26	139.60
	7/17/18	01	VR	53- 265		578764	7/20/18	090-053-522.02-00	OFFICE SUPPLIES	INV 8147239 6/27	19.63
	7/17/18	01	VR	53- 265		578764	7/20/18	090-053-522.02-00	OFFICE SUPPLIES	INV 8181756 6/28	18.88
	7/17/18	01	VR	53- 265		578764	7/20/18	090-053-522.44-00	EQUIPMENT LESS THAN $5000	INV 8215354 6/29	378.05
	8/06/18	01	VR	53- 271		579506	8/09/18	090-053-522.02-00	OFFICE SUPPLIES	INV 8733778 7/23	19.01
	8/06/18	01	VR	53- 271		579506	8/09/18	090-053-522.02-00	OFFICE SUPPLIES	INV 8744346 7/23	68.80
	8/06/18	01	VR	53- 271		579506	8/09/18	090-053-522.04-00	COPIER SUPPLIES	INV 8744346 7/23	89.46
	8/06/18	01	VR	53- 271		579506	8/09/18	090-053-522.02-00	OFFICE SUPPLIES	INV 8764207 7/24	12.46
										VENDOR TOTAL	737.69 *
59434	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS										
	8/06/18	01	VR	53- 290		579508	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG SEX VIOL PREV/E	1,550.00
										VENDOR TOTAL	1,550.00 *
59472	RATTLE THE STARS										
	8/06/18	01	VR	53- 291		579509	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG YTH SUIC PREV/E	4,541.00
										VENDOR TOTAL	4,541.00 *
61780	ROSECRANCE, INC.										
	8/06/18	01	VR	53- 292		579516	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG CRIMNL JUSTC PS	28,220.00
	8/06/18	01	VR	53- 292		579516	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG CRIS/ACCES/BENF	21,286.00
	8/06/18	01	VR	53- 292		579516	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG FRESH START	8,623.00
	8/06/18	01	VR	53- 292		579516	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG PARENT LOVE/LIM	32,743.00
	8/06/18	01	VR	53- 292		579516	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG PREVENTION SVCS	5,000.00
	8/06/18	01	VR	53- 292		579516	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG SPECIALTY COURT	16,916.00
										VENDOR TOTAL	112,788.00 *
74550	TROPHYTIME, INC.										
	7/25/18	02	VR	53- 278		579132	7/31/18	090-053-522.02-00	OFFICE SUPPLIES	INV 126570 7/10	19.30
										VENDOR TOTAL	19.30 *

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

8/03/18

VENDOR NO	VENDOR NAME / TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH											
76107	UNITED CEREBRAL PALSY LAND OF LINCOLN										
	8/06/18	01	VR	53- 293		579545	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG VOCATIONAL SVCS	1,603.00
										VENDOR TOTAL	1,603.00 *
76667	UNIV OF IL SPONSORED PROG & RESEARCH ADM										
	8/06/18	01	VR	53- 260		579548	8/09/18	090-053-533.07-00	PROFESSIONAL SERVICES	JUL MHB19-039 CONSL	4,444.00
	8/06/18	01	VR	53- 298		579548	8/09/18	090-053-533.07-00	PROFESSIONAL SERVICES	AUG MHB19-039 CONSL	4,444.00
										VENDOR TOTAL	8,888.00 *
77280	UP CENTER OF CHAMPAIGN COUNTY										
	8/06/18	01	VR	53- 294		579553	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG CHLD/YTH/FAM PR	1,535.08
										VENDOR TOTAL	1,535.08 *
78868	VINEYARD CHURCH										
	7/17/18	01	VR	53- 264		578808	7/20/18	090-053-533.98-00	DISABILITY EXPO	DEP '19 DIS RES EXP	1,368.75
										VENDOR TOTAL	1,368.75 *
78898	VISA CARDMEMBER SERVICE - MENTAL HEALTH AC#4798510049573330										
	7/13/18	03	VR	53- 266		578810	7/20/18	090-053-533.95-00	CONFERENCES & TRAINING	3910 GAYLRD OPRY 7/	212.06
	7/19/18	03	VR	53- 266		578810	7/20/18	090-053-533.29-00	COMPUTER/INF TCH SERVICES	3910 COMCAST 7/11	116.42
										VENDOR TOTAL	328.48 *
81610	XEROX CORPORATION										
	8/06/18	01	VR	53- 272		579582	8/09/18	090-053-533.85-00	PHOTOCOPY SERVICES	INV 154933076 6/9	246.29
	8/06/18	01	VR	53- 272		579582	8/09/18	090-053-533.85-00	PHOTOCOPY SERVICES	INV 154933077 6/9	39.60
	8/06/18	01	VR	53- 272		579582	8/09/18	090-053-533.85-00	PHOTOCOPY SERVICES	INV 155366178 7/5	246.29
	8/06/18	01	VR	53- 272		579582	8/09/18	090-053-533.85-00	PHOTOCOPY SERVICES	INV 155366179 7/5	39.60
										VENDOR TOTAL	571.78 *
602572	BOWDRY, KIM — MENTAL HEALTH BOARD										
	7/11/18	04	VR	53- 227		578517	7/12/18	090-053-533.12-00	JOB REQUIRED TRAVEL EXP	67.4 MILE 5/11-6/27	36.73
	7/11/18	04	VR	53- 227		578517	7/12/18	090-053-533.95-00	CONFERENCES & TRAINING	151 MILE 6/7	83.30

238

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
		8/06/18	01	VR	53-	300	579595	8/09/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	66.5 MILE 7/2-26	36.28
		8/06/18	01	VR	53-	300	579595	8/09/18	090-053-533.95-00	CONFERENCES & TRAINING	REIM REG FEE 7/13	10.00
		8/06/18	01	VR	53-	300	579595	8/09/18	090-053-533.95-00	CONFERENCES & TRAINING	748.7 MILE 7/13-17	428.94
		8/06/18	01	VR	53-	300	579595	8/09/18	090-053-533.95-00	CONFERENCES & TRAINING	MEAL 7/14-17 NSHVLL	124.00
		8/06/18	01	VR	53-	300	579595	8/09/18	090-053-533.95-00	CONFERENCES & TRAINING	LODGING 7/14-17	40.00
		8/06/18	01	VR	53-	300	579595	8/09/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARKING 7/23-26	4.75
											VENDOR TOTAL	742.06 *
602880	BRESSNER, BARBARA J											
		7/09/18	02	VR	53-	256	578518	7/12/18	090-053-533.07-00	PROFESSIONAL SERVICES	JUL PROFESSIONAL FE	2,260.00
		7/26/18	02	VR	53-	269	579168	7/31/18	090-053-533.07-00	PROFESSIONAL SERVICES	328 MILE 6/29-30	178.76
		7/26/18	02	VR	53-	269	579168	7/31/18	090-053-533.07-00	PROFESSIONAL SERVICES	TOLLS 6/29-30	15.20
		7/26/18	02	VR	53-	269	579168	7/31/18	090-053-533.07-00	PROFESSIONAL SERVICES	LODGING 6/29-30	164.10
		7/26/18	02	VR	53-	269	579168	7/31/18	090-053-533.07-00	PROFESSIONAL SERVICES	MEAL 6/29-30 SCHMBR	64.00
		8/06/18	01	VR	53-	296	579596	8/09/18	090-053-533.07-00	PROFESSIONAL SERVICES	AUG PROFESSIONAL FE	2,260.00
											VENDOR TOTAL	4,942.06 *
604568	CANFIELD, LYNN								MENTAL HEALTH BOARD			
		7/09/18	02	VR	53-	228	578520	7/12/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	63 MILE 5/2-6/28	15.43
		7/09/18	02	VR	53-	228	578520	7/12/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARKING 5/2-6/28	4.25
											VENDOR TOTAL	19.68 *
611900	DRISCOLL, MARK								MENTAL HEALTH			
		7/09/18	02	VR	53-	229	578532	7/12/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	86 MILE 5/1-6/29	46.87
		7/09/18	02	VR	53-	229	578532	7/12/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARKING 5/1-6/29	.60
											VENDOR TOTAL	47.47 *
619548	HOWARD-GALLO, STEPHANIE								MENTAL HEALTH BD			
		7/09/18	02	VR	53-	230	578548	7/12/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	61 MILE 5/9-6/19	33.25
											VENDOR TOTAL	33.25 *
630360	MAYER, JAMES											
		7/09/18	02	VR	53-	258	578560	7/12/18	090-053-533.07-00	PROFESSIONAL SERVICES	JUL PROFESSIONAL FE	906.50

237

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

8/09/18

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
		8/06/18	03	VR	53- 197		579628	8/09/18	090-053-533.07-00	PROFESSIONAL SERVICES	AUG PROFESSIONAL FE	806.00
											VENDOR TOTAL	5,012.00 *
641590	STRANBERG, RENEE											
		7/25/18	02	VR	53- 268		579205	7/31/18	090-053-533.89-00	PUBLIC RELATIONS	5.5 HR INTERPRET 4/	412.50
		7/25/18	02	VR	53- 268		579205	7/31/18	090-053-533.89-00	PUBLIC RELATIONS	40 MILE 4/7	21.80
											VENDOR TOTAL	434.30 *
										MENTAL HEALTH BOARD	DEPARTMENT TOTAL	196,551.51 *
										MENTAL HEALTH	FUND TOTAL	196,551.51 *

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
*** DEPT NO. 053 MENTAL HEALTH BOARD												
12	CHAMPAIGN COUNTY TREASURER							POSTAGE REIMBURSEMNT				
		8/16/18	03	VR	53- 302		580188	8/24/18	090-053-522.06-00	POSTAGE, UPS, FED EXPRESS	JUL POSTAGE	1.64
											VENDOR TOTAL	1.64 *
25	CHAMPAIGN COUNTY TREASURER							RENT GENERAL CORP				
		9/06/18	05	VR	53- 337		580794	9/07/18	090-053-533.50-00	FACILITY/OFFICE RENTALS	SEP OFFICE RENT	1,775.97
											VENDOR TOTAL	1,775.97 *
41	CHAMPAIGN COUNTY TREASURER							HEALTH INSUR FND 620				
		8/27/18	01	VR	620- 127		580471	8/31/18	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	AUG HI LI & ADMIN	3,850.20
											VENDOR TOTAL	3,850.20 *
88	CHAMPAIGN COUNTY TREASURER							I.M.R.F. FUND 088				
		8/27/18	02	VR	88- 41		579989	8/16/18	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 8/3 P/R	1,220.92
		8/27/18	01	VR	88- 43		580477	8/31/18	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 8/17 P/R	1,219.51
											VENDOR TOTAL	2,440.43 *
104	CHAMPAIGN COUNTY TREASURER							HEAD START FUND 104				
		9/06/18	05	VR	53- 311		580798	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP EARLY CHILD MH	7,510.00
		9/06/18	05	VR	53- 311		580798	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP SOC/EMOT DEV	6,133.00
											VENDOR TOTAL	13,643.00 *
161	CHAMPAIGN COUNTY TREASURER							REG PLAN COMM FND075				
		9/06/18	05	VR	53- 312		580799	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP JUSTICE SYS DIV	5,422.00
		9/06/18	05	VR	53- 312		580799	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP YOUTH ASSMT CTR	6,362.00
											VENDOR TOTAL	11,784.00 *
178	CHAMPAIGN COUNTY TREASURER							CHLD ADVC CTR FND679				
		9/06/18	05	VR	53- 310		580800	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CAC	3,979.00
											VENDOR TOTAL	3,979.00 *

241

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

9/07/18

VENDOR NO	VENDOR NAME / TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH											
188	CHAMPAIGN COUNTY TREASURER							SOCIAL SECUR FUND188			
	8/10/18	02	VR	188- 70		579893	8/16/18	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 8/3 P/R	1,133.40
	8/27/18	01	VR	188- 74		580481	8/31/18	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 8/17 P/R	1,132.18
										VENDOR TOTAL	2,265.58 *
4990	ACSN OF COMMUNITY MENTAL HLTH AUTH OF IL % BRIAN EAGAN										
	8/27/18	04	VR	53- 308		580492	8/31/18	090-053-533.93-00	DUES AND LICENSES	INV 1003 2/28	8,000.00
										VENDOR TOTAL	8,000.00 *
15495	CHAMPAIGN URBANA AREA PROJECT							SUITE #702			
	9/06/18	05	VR	53- 313		580817	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CU NGHBRHD CHAM	4,166.00
	9/06/18	05	VR	53- 313		580817	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP TRUCE	4,166.00
										VENDOR TOTAL	8,332.00 *
18210	COMMUNITY SERVICE CENTER OF NORTHERN							CHAMPAIGN COUNTY			
	9/06/18	05	VR	53- 314		580836	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP RESOURCE CONNEC	5,550.00
										VENDOR TOTAL	5,550.00 *
19430	CONSOLIDATED COMMUNICATIONS										
	8/22/18	03	VR	28- 73		580223	8/24/18	090-053-533.33-00	TELEPHONE SERVICE	2173843776/P 8/1	30.11
										VENDOR TOTAL	30.11 *
19260	COURAGE CONNECTION										
	9/06/18	05	VR	53- 315		580832	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP COURAGE CONNECT	10,681.00
										VENDOR TOTAL	10,681.00 *
13346	CRISIS NURSERY										
	9/06/18	05	VR	53- 316		580834	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP BEYOND BLUE	8,250.00
										VENDOR TOTAL	8,250.00 *
22271	CUNNINGHAM CHILDREN'S HOME										
	9/06/18	05	VR	53- 317		580835	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP INDEPEND LIV OP	7,500.00
										VENDOR TOTAL	7,500.00 *

242

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

9/07/18

*** FUND NO. 090 MENTAL HEALTH

VENDOR NO	VENDOR NAME / TRN DTE	B TR N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC									
	9/06/18	05 VR	53- 318		580838	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP FAM DEV CENTER	46,856.00
									VENDOR TOTAL	46,856.00 *
22730	DON MOYER BOYS & GIRLS CLUB									
	9/06/18	05 VR	53- 319		580839	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CU CHANGE	8,333.00
	9/06/18	05 VR	53- 319		580839	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP YOUTH/FAMILY SV	13,333.00
									VENDOR TOTAL	21,666.00 *
22850	DR G'S BRAINWORKS ATTN: FAMILY FUNFEST									
	8/16/18	02 VR	53- 301		580237	8/24/18	090-053-533.89-00	PUBLIC RELATIONS	FAMILY FUN FEST 10/	375.00
									VENDOR TOTAL	375.00 *
22870	DREAAM HOUSE									
	9/06/18	05 VR	53- 320		580841	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP DREAAM	6,666.00
									VENDOR TOTAL	6,666.00 *
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR									
	9/06/18	05 VR	53- 321		580842	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP FAM SUP/STRENGT	4,019.00
									VENDOR TOTAL	4,019.00 *
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY GRANTS									
	9/06/18	05 VR	53- 322		580844	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP COUNSELING	2,083.00
	9/06/18	05 VR	53- 322		580844	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP SELF HELP CENTE	2,410.00
	9/06/18	05 VR	53- 322		580844	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP SENIOR CNSL/ADV	11,861.00
									VENDOR TOTAL	16,354.00 *
26760	FIRST FOLLOWERS									
	9/06/18	05 VR	53- 323		580848	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP PEER MNTR REENT	5,833.00
									VENDOR TOTAL	5,833.00 *
30558	GROW IN ILLINOIS									
	9/06/18	05 VR	53- 324		580852	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP PEER SUPPORT	1,667.00
									VENDOR TOTAL	1,667.00 *

243

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090	MENTAL HEALTH											
44573	MAHOMET AREA YOUTH CLUB							611 EAST FRANKLIN				
		9/06/18	05	VR	53- 325		580873	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP BLAST	1,250.00
		9/06/18	05	VR	53- 325		580873	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP MEMBERS MATTER	1,500.00
											VENDOR TOTAL	2,750.00 *
54657	PEPSI COLA CHAMPAIGN-URBANA BOTTLING											
		8/27/18	04	VR	53- 306		580589	8/31/18	090-053-522.02-00	OFFICE SUPPLIES	INV 81106765 8/6	18.40
		8/27/18	04	VR	53- 306		580589	8/31/18	090-053-522.02-00	OFFICE SUPPLIES	INV 81106918 8/20	18.60
											VENDOR TOTAL	37.00 *
57196	PROMISE HEALTHCARE											
		9/06/18	05	VR	53- 326		580888	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP MENTAL HLTH SVC	20,525.00
		9/06/18	05	VR	53- 326		580888	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP WELLNESS	4,833.00
											VENDOR TOTAL	25,358.00 *
58118	QUILL CORPORATION											
		8/27/18	04	VR	53- 305		580591	8/31/18	090-053-522.02-00	OFFICE SUPPLIES	INV 3378782 8/15	203.83
											VENDOR TOTAL	203.83 *
59424	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS											
		9/06/18	05	VR	53- 327		580830	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP SEX VIOL PREV/E	1,550.00
											VENDOR TOTAL	1,550.00 *
59472	RATTLE THE STARS											
		9/06/18	05	VR	53- 328		580891	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP YTH SUIC PREV/E	4,541.00
											VENDOR TOTAL	4,541.00 *
61780	ROSECRANCE, INC.											
		9/06/18	05	VR	53- 329		580895	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CRIMNL JUSTC PS	28,220.00
		9/06/18	05	VR	53- 329		580895	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CRIS/ACCSS/BENE	21,286.00
		9/06/18	05	VR	53- 329		580895	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP FRESH START	8,609.00
		9/06/18	05	VR	53- 329		580895	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP PARENT LOVE/LIM	12,749.00

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
		9/06/18	05	VR	53- 329		580895	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP PREVENTION SVCS	5,000.00
		9/06/18	05	VR	53- 329		580895	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP SPECIALTY COURT	18,816.00
											VENDOR TOTAL	111,780.00 *
76107	UNITED CEREBRAL PALSY LAND OF LINCOLN											
		9/06/18	05	VR	53- 330		580910	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP VOCATIONAL SVCS	3,603.00
											VENDOR TOTAL	3,603.00 *
76609	UNITED WAY OF CHAMPAIGN COUNTY											
		9/06/18	05	VR	53- 336		580912	9/07/18	090-053-533.07-00	PROFESSIONAL SERVICES	1ST QTR 211 PATH SV	4,518.00
											VENDOR TOTAL	4,518.00 *
76867	UNIV OF IL SPONSORED PROG & RESEARCH ADM											
		9/06/18	05	VR	53- 335		580913	9/07/18	090-053-533.07-00	PROFESSIONAL SERVICES	SEP MHD19-033 CONSL	4,444.00
											VENDOR TOTAL	4,444.00 *
77280	UP CENTER OF CHAMPAIGN COUNTY											
		9/06/18	05	VR	53- 331		580916	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CHLD/YTH/FAM TR	1,535.00
											VENDOR TOTAL	1,535.00 *
78120	URBANA NEIGHBORHOOD CONNECTION CENTER											
		8/22/18	07	VR	53- 295		580295	8/24/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG COM STUDY CTR	1,625.00
		9/06/18	05	VR	53- 332		580918	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP COMM STUDY CNTR	1,625.00
											VENDOR TOTAL	3,250.00 *
78888	VISA CARDMEMBER SERVICE MENTAL HEALTH ACH#4798510049573930											
		8/22/18	07	VR	53- 304		580306	8/24/18	090-053-533.95-00	CONFERENCES & TRAINING	3330 OPRYLAND 7/16	551.41
		8/22/18	07	VR	53- 304		580306	8/24/18	090-053-533.95-00	CONFERENCES & TRAINING	3330 HERMITATE 7/17	816.78
		8/22/18	07	VR	53- 304		580306	8/24/18	090-053-533.95-00	CONFERENCES & TRAINING	3330 HERMITAGE 7/17	1,234.17
											VENDOR TOTAL	2,602.36 *
81610	XEROX CORPORATION											
		8/27/18	04	VR	53- 307		580636	8/31/18	090-053-533.85-00	PHOTOCOPY SERVICES	INV 155811329 8/4	246.23

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
		8/27/18	04	VR	53- 327		580636	8/31/18	090-053-533.85-00	PHOTOCOPY SERVICES	INV 155811329 8/4	39.40
											VENDOR TOTAL	385.88 *
612890	DRESSNER, BARBARA J.											
		9/06/18	05	VR	53- 333		580936	9/07/18	090-053-533.07-00	PROFESSIONAL SERVICES	SEP PROFESSIONAL FE	2,260.00
											VENDOR TOTAL	2,260.00 *
									MENTAL HEALTH BOARD			
604568	CANFIELD, LYNN											
		8/16/18	02	VR	53- 303		580323	8/24/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	28 MILE 7/2-10	19.26
		8/16/18	02	VR	53- 303		580323	8/24/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARK 7/23-10	5.25
		8/16/18	02	VR	53- 303		580323	8/24/18	090-053-533.95-00	CONFERENCES & TRAINING	675 MILE 7/12-17	307.88
		8/16/18	02	VR	53- 303		580323	8/24/18	090-053-533.95-00	CONFERENCES & TRAINING	MEAL 7/12-17 NASHVL	205.00
											VENDOR TOTAL	537.39 *
630360	MAYER, JAMES											
		9/06/18	05	VR	53- 334		580949	9/07/18	090-053-533.07-00	PROFESSIONAL SERVICES	SEP PROFESSIONAL FE	906.00
											VENDOR TOTAL	906.00 *
									MENTAL HEALTH BOARD		DEPARTMENT TOTAL	358,540.70 *
									MENTAL HEALTH		FUND TOTAL	358,540.70 *

246

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.

<u>Champaign County Mental Health Board (CCMHB)</u>
WEDNESDAY, September 26, 2018
Brookens Administrative Center, Lyle Shields Room
1776 E. Washington St. Urbana, IL
5:30 p.m.

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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 **(Pages 3-181)**
   Briefing Memorandum with Needs Assessment and a compilation of various source documents included for informational purposes.

   B. Draft CCMHB Three Year Plan with FY19 Objectives **(Pages 182-190)**
   Included for information and discussion is a draft Three Year Plan with FY19 Objectives. A Briefing Memorandum prefaces the draft Plan.

   C. Fund Balances, Tax Liabilities, & Unanticipated Revenues **(Pages 191-193)**
   Briefing Memorandum reviewing issues raised in the current budget process along with possible next steps is included in the packet for information only.

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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. CCMHB FY2019 Budget* **(Pages 194-202)**
      Decision Memorandum on updated CCMHB Fiscal Year 2019 Budget is included in the packet. Action is requested.

   B. Schedules & Allocation Process Timeline **(Pages 203-206)**
      Updated copies of meeting schedules and allocation timeline are included in the packet.

9. CCDDB Information

10. Approval of CCMHB Minutes **(Pages 207-212)***
    Minutes are included. Action is requested.

11. Executive Director's Comments

12. Staff/Consultant Reports
    Staff reports from Mark Driscoll **(Pages 213-214)**, *Kim Bowdry* **(Pages 215-222)**, *Shandra Summerville* **(Pages 223-225)**, *Stephanie Howard-Gallo* **(Page 226)**, *and Barb Bressner* **(Page 227)** *are included.*

13. Board to Board Reports

14. Financial Information **(Pages 228-246)***
    The Expenditure Approval List is included in the packet. Action is requested.

15. Board Announcements

16. Adjournment

**Board action*

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

BRIEFING MEMORANDUM

DATE: September 26, 2018
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Mark Driscoll, Kim Bowdry, Lynn Canfield
SUBJECT: Needs Assessment

Background: The Champaign County Mental Health Board is charged with developing a three-year plan with the coming year being the first year of the new three-year cycle. As part of the planning process, the CCMHB solicited input of four broad constituencies via an online survey to learn about their experiences navigating the behavioral health and intellectual and developmental disability systems in Champaign County. The compilation of responses to the online surveys are the centerpiece of the 2018 needs assessment. Other supporting content of the needs assessment is derived from local community assessments, reports, and data sets from other public bodies or consortiums, internal data analysis on CCMHB funding and populations served, and more broadly focused metrics associated with the general well-being of Champaign County residents.

The balance of the Briefing Memo references each of the documents comprising the 2018 Needs Assessment:

- CCMHB/DDB Online Needs Assessment Survey
- ISC Preference Assessment - Independent Service Coordination Unit at the Champaign County Regional Planning Commission (CCRPC)
- DHS Division of Developmental Disabilities Prioritization of Urgency of Needs for Services (PUNS)
- Champaign Urbana Public Health District IPLAN
- Justice Mental Health Collaboration Program Planning Grant Final Report (includes Sequential Intercept Map & Gaps Analysis)
- CIT Response Report (8/1/17 – 7/31/18)
- Champaign County Continuum of Care - Point in Time Count
- Illinois Youth Survey – Champaign County, 2016
- Health Disparities (National Overview)
- Champaign County Indicators of Well Being
- CCMHB Trends Data (Allocations, Service Data)
- National Prevalence Rate Statistics and Related Articles

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CCMHB/DDB Online Needs Assessment Survey Overview
Throughout the course of any given year the Board participates in a dynamic process highlighting issues of the day. This process can entail presentations by outside entities during Board meetings, topics addressed during study sessions, distribution of research or other professional articles, materials prepared by staff, and input from members of the public. The on-line survey developed in the fall of 2017 attempted to engage the broader community as an extension of this dynamic process.

To that end, staff and EMK Consulting developed surveys asking questions of consumers, caregivers, providers, and stakeholders. 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 responses were anonymous although some demographic data were requested. For three months, the surveys were available online, with paper copies upon request, and promoted broadly throughout the community.

The surveys featured similar questions but targeted these eight distinct 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 but substantially completed surveys were included in analysis.

Survey Category/Types
MH/SUD:

- **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)

ID/DD:

- **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	23
	Caregiver	25	39	30	9	10	26
	Provider	18	59	56	3	21	22
	Stakeholder	10	20	20	0	15	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

The survey results included in the Needs Assessment are presented 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.

- Survey Data Analysis Write-up:

This format highlights aggregated responses across similar questions in the consumer and caregiver responses. Data are presented for: services received; services needed but not received; barriers; comments; and demographics. The "barriers" section includes a sidebar note on Provider and Stakeholder responses.

For most respondent groups, there were enough responses to conduct an analysis and report on findings. 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, and those who experience stigma. While this appears to be the case for most groups, the responses from people who have ID/DD were still very low. To mitigate this low response rate and supplement the results reported from that survey, we have included results from the "ISC Preference Assessment" of people with intellectual and developmental disabilities served by Independent Service Coordination Unit at the Champaign County Regional Planning Commission. Excerpts of the "ISC Preference Assessment" are included in the body of the needs assessment and discussed briefly below.

On June 27, 2018, the CCMHB and CCDDB were presented with summaries of the individual survey results and an addendum with complete copies of each survey and results. The Survey Data Analysis is a new addition to compiled results. Included in the attached 2018 Needs Assessment are the Survey Data Analysis and the Individual Survey results summaries for each of the eight surveys.

Mental Health/Substance Use Disorder Survey Data

Aggregated consumer and caregiver responses reflect the breadth of services these respondents had received. The most frequent response of the few identified for "Substance use services received" was "Do not receive SUD services." One cannot discern from the survey whether this represents a lack of access to treatment or lack of interest in receiving treatment. Not reflected in the survey responses is experience with the prevention focused activities intended to build resiliency in youth, families, and community which the Board has invested in and expanded over time.

"Services needed but not received" overlap with the "services received" responses on mental health. The differences between the two categories indicate limited capacity restricting access. A drop-in center does not currently exist; nor does a triage center. Both continue to be topics of on-going discussions and are referenced in other assessments. The few substance use disorder responses again point to not receiving services. In that the category is "Services Needed but Not Received," this may indicate desire to engage in treatment but no access. Inability to access treatment for co-occurring disorders is also on this list.

Barriers identified most often by **consumers and caregivers** are:

- length of time to engage in services;
- not believing services will help;
- provider cannot meet their need; and
- inability to pay.

Providers and stakeholders express similar themes to those of consumers and caregivers, with comments about barriers consumers face including:

- financial issues including insurance coverage;
- not aware of services available
- don't know how to access services;
- wait time to engage in services;
- transportation; and
- stigma.

Intellectual/Developmental Disability Survey Data

Aggregated consumer and caregiver responses reflect breadth of services respondents had received. Regarding "Services needed but not received," in a few instances, these overlap with "services received" responses. As expected, Respite was identified as a needed service. Recreation supports and transportation were the most frequent choices for services needed. Employment Supports and Services was the third most frequent choice for "services needed but not received."

Barriers identified most often by **consumers and caregivers** are:

- Transportation
- Financial issues

- Stigma/embarrassment/fear
- Waiting list

Barriers identified most often in **Provider** surveys:

- Transportation
- Don't know how to access services
- Unaware of services availability
- Eligibility of services
- Financial Issues

Stakeholders identified three of the same barriers as Providers:

- Unaware of service availability
- Transportation
- Financial Issues

Common themes among the comments made by Caregivers were the desire that loved ones lead a happy, healthy, and safe life, and that they be respected, independent, and part of their community.

"ISC Preference Assessment"
Independent Service Coordination Unit at the Champaign County Regional Planning Commission (CCRPC) (included with CCDDB Needs Assessment but not attached here)

The Preference Assessment, completed by the CCRPC Independent Service Coordination Team, has been completed for the last three funding cycles and has consistently revealed that *people with I/DD want to go out to eat and to the movies or to recreation/sporting events*. Each year, people have also revealed that they need *supports with Independent Living Skills*, and for the past two years, people stated that they needed *transportation and vocational supports* as well.

DHS Division of Developmental Disabilities Prioritization of Urgency of Needs for Services (PUNS) (included with CCDDB Needs Assessment but not attached here)

According to DHS-DDD's Prioritization of Urgency of Needs for Services (PUNS) data, Champaign County has 417 active PUNS cases and a total of 870 PUNS, which includes those who have been closed, are deceased, no longer need services, or were clinically ineligible. According to DHS PUNS data, people requested *Personal Support (includes habilitation, personal care, and intermittent respite services), Behavioral Supports (includes behavioral intervention, therapy, and counseling), Speech Therapy, Transportation supports, and Support to work in the community.*

www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/CountyandTownship060412.pdf

http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNS_by_county_and_selection_detail110916.pdf

Champaign-Urbana Public Health District
2018 – 2020 Community Health Improvement Plan

The Champaign-Urbana Public Health District (CUPHD), in collaboration with the two hospitals and United Way, conducts a Community Health Assessment and Community Health Improvement Plan every three years. The Champaign County Mental Health Board and Champaign County Developmental Disabilities Board have been invited to join this collaborative process. Excerpts from the current plan are referenced below and included in the attached 2018 Needs Assessment. Charts and tables were originally published in color and may not be as readable in black and white format. Readers are referred to the CUPHD website to view the documents in color. The Community Health Improvement Plan aka IPLAN can be found on the CUPHD website at http://www.c-uphd.org/

The Community Health Survey conducted as part of the assessment process surveyed 700 Champaign County residents. The top five health concerns identified by respondents to the survey were:

- Mental Health,
- Alcohol and Drug Abuse,
- Gun Violence,
- Obesity, and
- Domestic Violence.

At a public meeting, community stakeholders and other interested parties identified three priorities out of the five health concerns. Work groups have been established setting goals and objectives related to each of the three priorities.

Behavioral Health: increase capacity, create behavioral health triage center, promote education and training on mental and behavioral health to reduce stigma, provide youth targeted prevention programs.
Reducing Obesity and Promoting Healthy Lifestyles: improve access to healthy food options, expand physical activity prescription program, and increase access to physical activity.
Violence: promote police-community relations, increase community engagement, and reduce community violence through partnering with local initiatives.

Included in the CCMHB Needs Assessment are the following charts and tables from the CUPHD Community Health Improvement Plan (CHIP):

Health Resources and Indicators Table: Compares various resources and indicators for uninsured, healthcare providers, cost. Of note is the low rate of uninsured children, the rate of mental health providers, and healthcare costs.

Uninsured Percentages Chart: Champaign County, the first column in the chart, has seen a significant decline in the uninsured rate from 2011 to 2017.

Mental Health Care Provider Ratio Table: Champaign County has a higher ratio of providers compared to state and national rates. Narrative accompanying the table indicates Champaign County has experienced a significant increase in providers between 2010 and 2016.

Total Crime Index-Champaign County: Compares rates of various violent crimes and change in rate between 2012 and 2015. While many categories have seen decreases, murder, theft, and motor vehicle theft have increased during the period.

Gun Related Deaths in Champaign County: Table shows changes in gun related deaths over a six-year period. With the exception of 2014 and 2016, there were more suicides committed with a gun than homicides. Since 2011, the suicide rate, by any means, has been increasing in Champaign County.

Drug Deaths by Drug Type, Champaign County 2011-2015: Opiate (46.3%) and opiate plus another drug (10.2%) account for over 56% of all drug related deaths. Some were determined to be suicides, others accidental overdoses. Narrative accompanying the chart provides additional detail on all drug related deaths including demographics.

PROMPT Opiate Non-Fatal & Fatal Overdose Rates (Various Charts): The Partnership to Reduce Opiate Mortality and Promote Training (PROMPT) is a grant funded Multi-County Task Force led by the CUPHD to provide training and resources to prevent opiate overdoses. PROMPT produced the various charts and tables for the east central Illinois region served by the Task Force using state compiled data.

Additional tables, charts, and maps on mental health, alcohol and other drug use, and community violence not included here can found in the CHIP/IPLAN at the CUPHD website previously referenced.

Justice Mental Health Collaboration Program - Planning Grant
Final Report (Needs Assessment includes Sequential Intercept Map & Gaps Analysis)

Champaign County was awarded a United States Department of Justice "Justice and Mental Health Program - Planning Grant" in 2015. The CCMHB provided matching funds and representation on the planning body, the Crisis Response Planning Committee. A presentation on the results was made to the CCMHB on September 20, 2017. A copy of the report submitted to Department of Justice is included in the Needs Assessment.

Recommendations made by the Crisis Response Planning Committee, as a result of the gaps identified during the planning process:

1. Establish a Behavioral Health and Justice Coordinating Council (BHJCC) to oversee all CJ/BH activities;
2. Implement risk-needs-responsivity screening (LSI-R) at earliest point in the criminal

justice process, to inform decisions throughout the system;

3. Enhance initial response with provision of a Co-Responder Model;
4. Provide behavioral health and case management support to the Public Defender's Office;
5. Gather data to determine the level of need, capacity, and budget required to institute and maintain an Assessment Center – where law enforcement can take persons with MI/COD, instead of jail or the hospital (envisioned to include assessment for MI, SUD, and Criminogenic Risk, crisis stabilization, emergency respite services, a living room model, and medical detox services);
6. Enhance reentry services specifically for the population with MI/COD; and
7. Ensure adequate resources and facilities for community behavioral health providers working in the jail.

The Final Report includes Appendix A. Champaign County Sequential Intercept Map (SIM) completed during the planning process. The SIM references existing resources broken out by policy/practices, evidence-based programs, relevant data, and services. A map (flowchart) of community resources across the five intercepts appears at the end of the appendix. Appendix B. SIM Chart identifies gaps and limitations across the five intercepts. The SIM is an assessment of the criminal justice-behavioral health system as it existed at that point in time. The appendices are included in the Needs Assessment with full report available on request.

CIT Response Report (8/1/17 – 7/31/18)

The Urbana Police Department (UPD) compiles data on Crisis Intervention Team (CIT) responses with results reported at each bi-monthly meeting of the CIT Steering Committee. Included in the Needs Assessment is an analysis of twelve months of data. The reports are the work product of Melissa Haynes at UPD.

Data are collected through a uniform CIT contact form used by the five jurisdictions: Champaign, Urbana, Rantoul, and University of Illinois Police Departments, and the Champaign County Sheriff's Office. Data included in the report exclude Rantoul Police CIT contacts due to a reporting anomaly that is being investigated.

Analysis is comprehensive starting with volume of CIT contacts, including frequency of contact by jurisdiction, day of week, and time of day. Followed by demographics on those whom law enforcement is engaging at the scene and whether the contact involved a CIT trained officer, and if a crisis team or other provider offered support at the scene or by telephone. Nature of the incident (i.e., reason for an officer being dispatched), followed by symptoms displayed at the scene, and outcome of the contact, delve into the nature of the call on how resolved. Petitions represent those persons transported to an emergency department. Being the most frequent "nature of incident" and "symptom", additional detail on suicide calls is included in the report. Closing out the report is an analysis of repeat contacts by officers with individuals.

Champaign County Continuum of Care - Point in Time Count

The Continuum of Care conducts a "Point in Time Count" of persons who are homeless on one day in January. The count is required by the U.S. Department of Housing and Urban Development, with results reported to Congress, and forms the basis for allocation of federal funding to address homelessness. The survey provides a snapshot of how many people are homeless at the point in time the survey is conducted. The Point in Time Count includes the number of persons residing in emergency shelter and transitional housing and those found to be unsheltered, such as living on the street or in cars. Two sets of data are included in the Needs Assessment related to the Point in Time Count:

- Chart presenting longitudinal data for years 2014 through 2018 for the "Point in Time Count." Data are broken out by sheltered population – emergency shelter (ES) and transitional housing (TH) and for unsheltered. Demographic data are for all persons counted in the survey.

- Various tables, specific to the results of the 2018 Point in Time Count. Tables, again broken out by sheltered and unsheltered, provide details on various subgroups of the homeless population included in the count. Data sets include households with children, children only, and adults only. An additional table, "Other Homeless Subpopulations" references those surveyed who identified as having a mental illness, substance use disorder, HIV/AIDS, or victim of domestic violence.

More information on the Champaign County Continuum of Care and the Point in Time Count survey can be found on the Champaign County Regional Planning Commission website, https://ccrpc.org/committees/continuum-of-care/

Illinois Youth Survey – Champaign County, 2016

Every two years, participating middle schools and high schools complete the Illinois Youth Survey administered by the Center for Prevention Research and Development at the University of Illinois under contract with the Illinois Department of Human Services. Only students in 8th, 10th and 12th grade may complete the survey. Included in the 2018 Needs Assessment are a brief overview of the survey followed by demographic data and selected charts and tables. Data presented are participants responses to questions on use of alcohol and other drugs, violence and bullying, and mental health from the 2016 Illinois Youth Survey County Report for Champaign County. The full report can be found at: https://iys.cprd.illinois.edu/

Drug Prevalence and Behaviors: Series of tables presenting survey results on reported substance use rates by grade, first age of use, and frequency of use for alcohol and other drugs.

Drug Use Contributing Factors: Series of tables on respondents' perceptions on personal use of alcohol and other drugs, use of alcohol and marijuana by peers compared to actual use rates, and perceived risk of use.

Interpersonal Conflict, Violence, and Delinquency: Series of tables on respondents' experience involving delinquent behaviors, bullying, and dating violence.

Mental Health Concerns: Series of three charts on respondents indicating having "experienced depression" (8th grade survey), and for "experienced depression and considered suicide" for 10th grade and 12th grade survey. Grade specific results are compared to prior survey results for all Illinois students.

Health Disparities

Substance Abuse and Mental Health Services Administration (SAMHSA) statement on health disparities. The one-page overview identifies groups where behavioral health disparities persist:

- Racial and ethnic groups
- Lesbian, gay, transgender, and questioning (LGBTQ) populations
- People with disabilities
- Transition-age youth
- Young adults

Links to additional resources are embedded in the overview. For more information on the topic, go to https://www.samhsa.gov/health-disparities

Champaign County Indicators of Well Being

A general assessment of how well Champaign County compares to the state as whole is provided here. Various indicators are used by the two entities preparing the respective reports to present an assessment of how well Champaign County fares. For additional context associated with each report, visit the webpages referenced in the brief overview.

2017 Kids Count Profile (Champaign County): Voices for Illinois Children publishes the Kids Count Profile. The profile is a series of indicators of child well-being across the domains of health, family and community, economic security, and education. Kids Count Profiles can be found in the publications drop down menu at Voices for Illinois Children webpage: http://www.voices4kids.org

ILLINOIS POVERTY REPORT: Local and County Data on Poverty and Well Being (Champaign County): The Social IMPACT Research Center at Heartland Alliance produces the referenced report. Similar to the Kids Count Profile, the Poverty Report identifies a series of indicators across six domains: Well-Being Index; Poverty and Income; Employment; Education; Housing; Health & Nutrition; and Assets. Data specific to Champaign County are included in the Needs Assessment. For more information on the Illinois Poverty Report, go to: http://2018.ilpovertyreport.org/county/champaign-county#

CCMHB Allocation Trends Data

Over the last couple of years, CCMHB staff has prepared various tables and charts on the allocation of resources for the Board's consideration. That information is revisited here.

PY2019 Allocation Tier Sheet: Newest addition to allocation decisions by the Board. The tiers align with the priorities selected by agencies in the application for funding.

Criminal Justice - Behavioral Health and Other Funding Priorities (PY13 – PY18): Presents table and chart of past allocation decisions over a six-year period. Funding is grouped based on staff assessment of the application and population served. A breakdown of allocations within the Criminal Justice-Behavioral Health Priority is also included as a separate table and chart.

CCMHB Appropriation by Sector, Population, and Type of Service (PY16 – PY19): Contract awards by primary disability sector, primary population served, and type of service are presented in table and chart formats. The CCMHB Annual Report presents this same data for the respective fiscal year, in a different chart format.

Comparison Population Characteristics to CCMHB Population Served (PY15 – PY17): Census data for age, race, ethnicity, gender, and residency are presented along with CCMHB data on population served. Data specific to poverty are presented in table and chart formats. Separate tables and charts comparing census data and CCMHB population data are also included.

National Prevalence Rate Statistics and Related Articles

To close out the Needs Assessment, an overview of prevalence rates is provided for reference. Not included are data specific to Illinois or Champaign County.

National Institute of Mental Health: General overview of prevalence rate for mental illness in the United States. Narrative and tables present prevalence for any mental illness and severe mental illness in past year for adults by age, race, and gender. Additional tables on adults receiving treatment are also included. For information including prevalence rates for specific mental illnesses, go to: https://www.nimh.nih.gov/health/statistics/index.shtml

Prevalence of Depression Among Adults Aged 20 and Over: United States, 2013 – 2016: Article from National Center for Health Statistics on prevalence of depression in adult population.

Estimated Prevalence of Children Diagnosed with Developmental Disabilities in the United States, 2014 – 2016: Article from National Center for Health Statistics on prevalence of children with developmental disabilities.

Mental Health/Substance Use
Disorder Survey Data Analysis

Focus Areas:

- **Services Received**
- **Services Needed But Not Received**
- **Barriers to Receiving Services**
- **Comments:** Service Needs or Gaps
- **Demographics**

SERVICES RECEIVED:

MENTAL HEALTH: Combining -

Consumer - Q5. What mental health services have you used or are you getting now? CHECK ALL THAT APPLY.

Caregiver - Q5. What mental health services have they used or are they getting now? CHECK ALL THAT APPLY.

SERVICE	%
Therapy or Counseling	69%
Psychiatry	58%
Medication Management	47%
Called a Crisis Line	31%
Coordination of Services Across Providers	23%
Inpatient Hospitalization/Residential	23%
Integrated Primary Care & Behavioral Health Services	22%
Care Coordination	19%
Day treatment/partial hospitalization	14%
Anger management services	13%
Peer support services	13%
Crisis Team	11%
Group services counseling	11%
Respite services/crisis stabilization	11%

SUBSTANCE USE DISORDER: Combining -

Consumer - Q7. What substance use disorder services have you used or are you getting now? CHECK ALL THAT APPLY.

Caregiver-Q7. What substance use disorder services have they used or are they getting now? CHECK ALL THAT APPLY.

SERVICE	%
Do Not receive SUD services	54%
12 Step Program	13%
Therapy/Counseling	11%

SERVICES NEEDED BUT NOT RECEIVED:

MENTAL HEALTH: Combining -

Consumer - Q6. What mental health services do you need but are NOT getting now?

CHECK ALL THAT APPLY. I need....

Caregiver - Q6. What mental health services do they need but are NOT getting now?

CHECK ALL THAT APPLY. They need....

SERVICE	%
Case management or other professional who helps link you (them) to services and resources	17%
Employment support services for person with mental health issues	17%
Coordination of services across providers	16%
Therapy or counseling	16%
Peer support services	13%
Anger management services	11%
Drop-in center (peer-run)/"Living Room" Model	11%
Medication management	11%

SUBSTANCE USE DISORDER: Combining

Consumer - Q8. What substance use disorder services do you need but are NOT getting now. CHECK ALL THAT APPLY. I need...

Caregiver - Q8. What substance use disorder services do they need but are NOT getting now. CHECK ALL THAT APPLY. They need...

Service	%
You/They do not receive substance use disorder services	11%
Both mental health and substance use disorder services (co-occurring) from same or different agencies.	8%
12-Step Program	8%
Do Not Know	6%

BARRIERS:

Note: Not specific to either MH or SUD.

Common answers (Consumers & Caregivers) - "Often" – by more than 14% of respondents combined.

Barrier	%
Have to wait too many days to get services	19%
Don't believe services will help	17%
Can't pay for services	14%
Don't think the service provider meets their needs	14%

NOTE:

Provider respondents noted as "Often" barriers/issues to include: Insurance coverage; Financial issues; Stigma; Don't know how to access services; Transportation; Wait too long for services.

Stakeholders: Unaware of service availability; Transportation; Financial.

COMMENTS (SERVICES/GAPS):

Summary of:

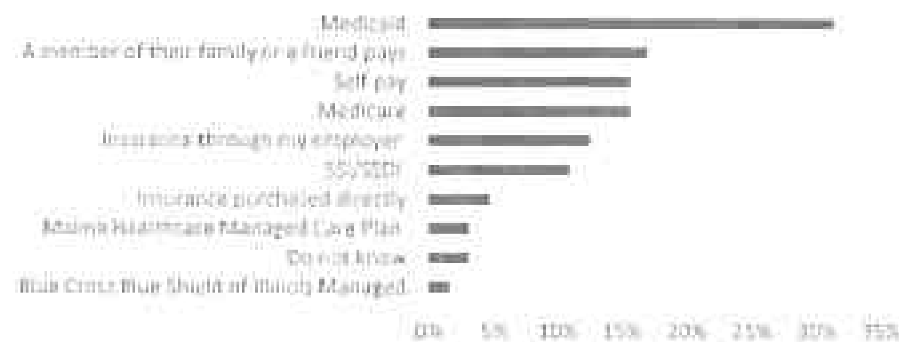
Consumer: 24 responses combined Consumer & Caregiver - Themes:

- Psychiatrists:
  - Students need for Psychiatric and other long-terms services: too long to get appointment;
  - Auto call back suggested instead of being on-hold for long period of time.
  - Specialty care (ie eating, mood, behavioral, substance use
  - Need more quality psychiatrists in the county
  - Need one-stop facility for children including psychiatry
  - Shorter wait-lists
  - MH system in Champaign-Urbana 'very poor' – not enough qualified psychiatrists
- Emergency departments: More training to deal with those with acute panic
- Can't afford services even with sliding scale.
- Living room model:
  - Need peer-run living room project
  - Would be good and at least staff for peers for talking
- Psych & Counseling: too long between need and availability
- Education needed for parents re: step-down and transitional services
- Service coordination desired
- Children's service not adequate

- Respite:
    - Need info on how and where to obtain
    - Need more such services.
- PTSD services

DEMOGRAPHICS: % of respondents that answered

Insurance Coverage:



Residence:

Race:

Language:

- English (39%); Spanish (2% Spanish); Balance Did not answer
- **NOTE:** 53% of Provider respondents stated they provided "Language Access & Communication Assistance Services"

Hispanic Origin:

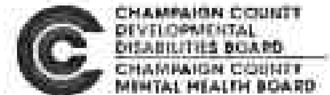
- No (67%); Yes (3%); Did Not Answer (30%)
- **NOTE:** 83% of Provider respondents stated their agency serves persons of Hispanic or Latino/a origin.

Gender:

Gender (Consumer/Caregiver)

40% 30% 20% 10% 0%

Female Male Transgender



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

17

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

RESPONSE	QUESTION	%
Often	I feel embarrassed or afraid	16%
	I can't pay for services	16%
Sometimes	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 don't think the services I need are available in my area.	16%
Seldom	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

18

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 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.

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

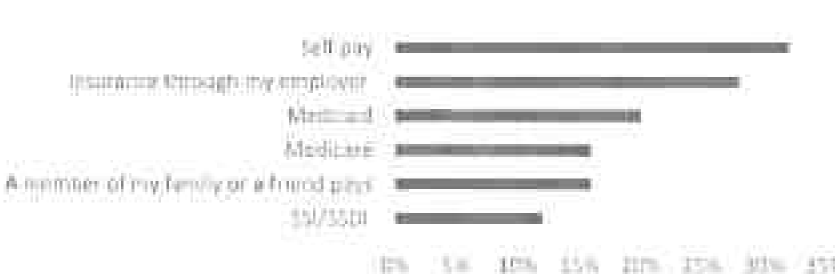
I am a full-time student with a part time job

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

20

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?

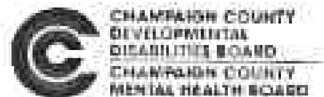
23. What is your military status now?
Non Military: 72%
Did Not Answer: 20%
Veteran: 8%

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%

21



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:

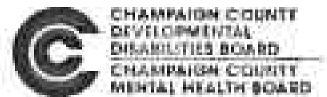
Someone to check to make sure they aren't still using substance. Some kind of follow-up or blood test.

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

22



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	%
Often	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%
Sometimes	They have medical issues	23%
	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%
Seldom	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

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.

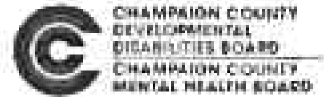
I don't think it was a lot of services

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.



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.

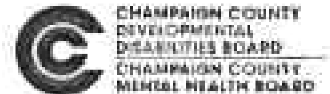
Stabilization on an inpatient basis is needed, rather than leaving in community. This results in ER visits and "meltdowns" due to fear and in my opinion neglect on the part of providers who expect patients to seek services during business hours.

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.



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?

Did Not Answer
Yes
No
Do not know

0% 10% 20% 30% 40% 50%

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

26

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?

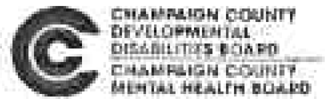
23. What is their military status now?

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

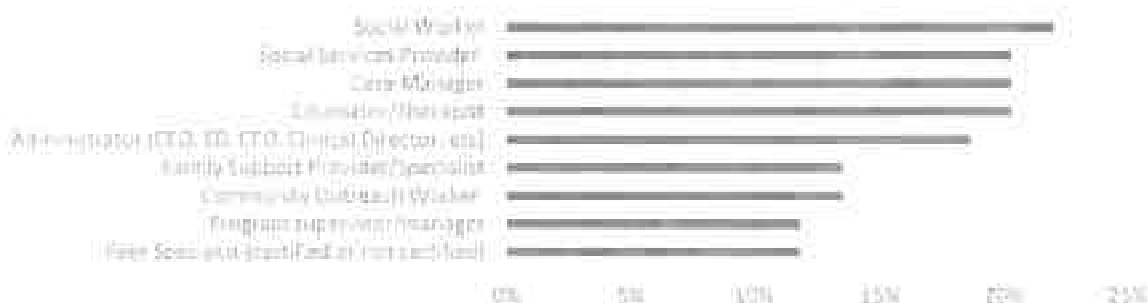
Response	# Selected	%
Did Not Answer	20	51%
I finished high school (ninth through twelfth grade) and graduated	5	13%
They attended some college	4	10%
They earned an associate's degree	3	8%
They went to self-contained special education class (not in a specific grade)	3	8%
They finished a GED	2	5%
They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



Champaign County Mental Health Board
MHSUD_Provider Survey
Report/Results

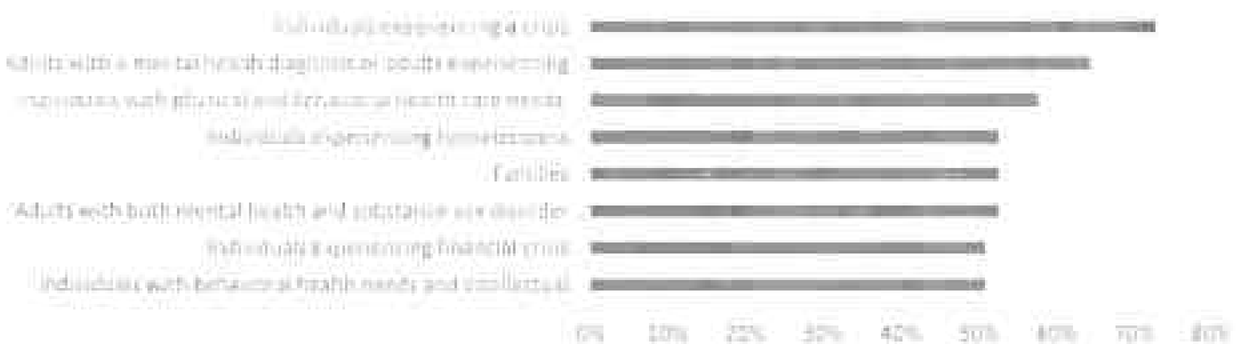
INTRODUCTION: Fifty-nine (59) complete responses were received and processed via on-line and manually.

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%

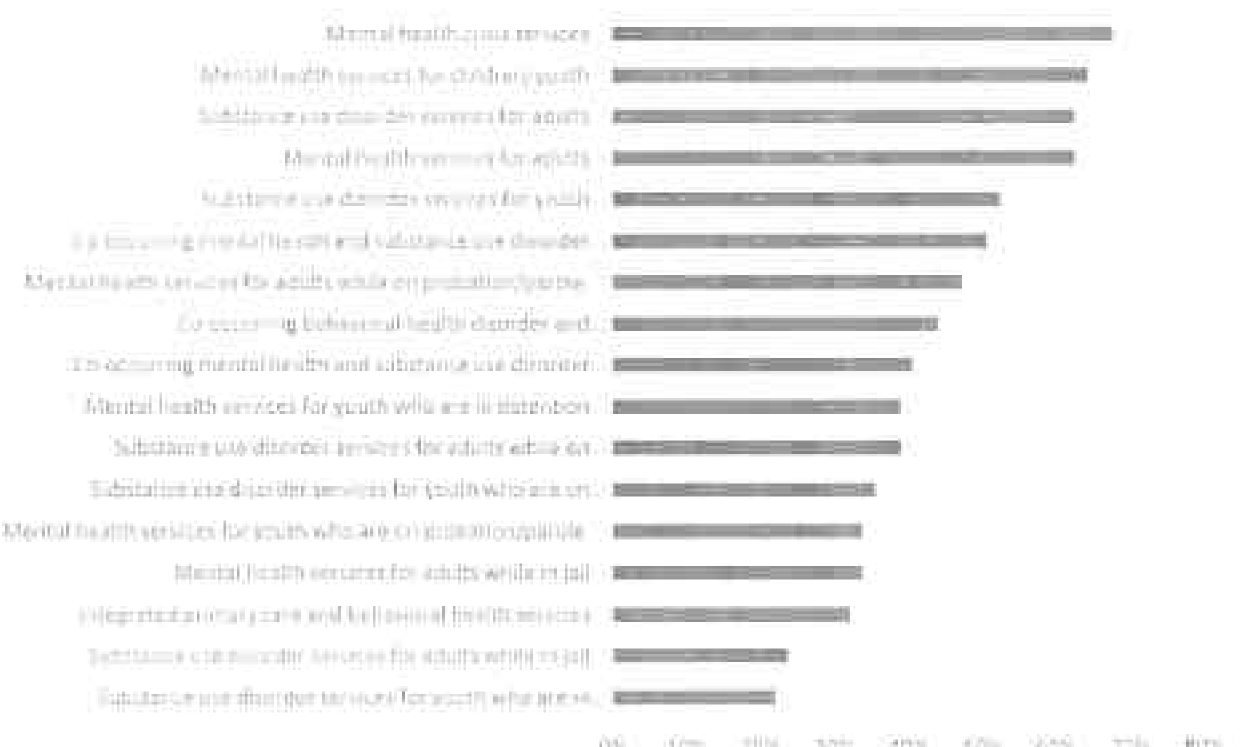
5. Within the last year, did you or your agency serve persons of Hispanic or Latino/a origin?
Yes: 83% **No**: 12% **Do Not Know**: 3% **Did Not Answer**: 2%

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
latinex, middle-eastern
middle East, European,Caribbean

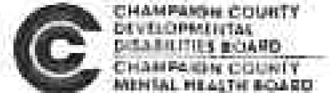
7. Do you believe that persons in your community can access the following services?

Answering: "Yes"

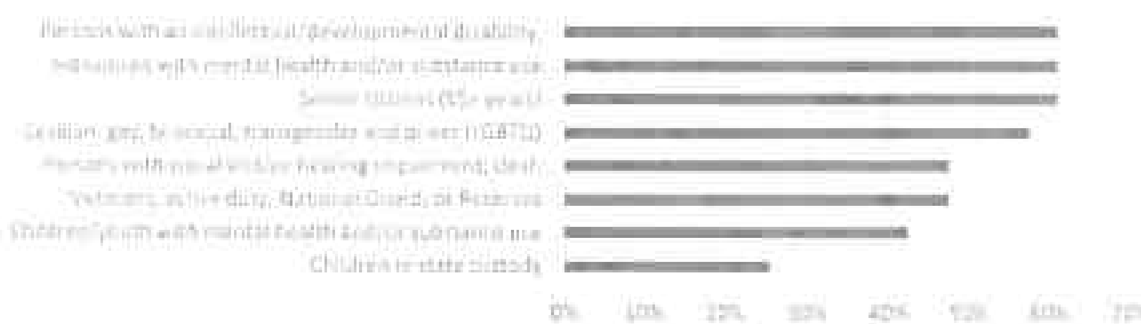


Answering "No": Responses more than 10%

29



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

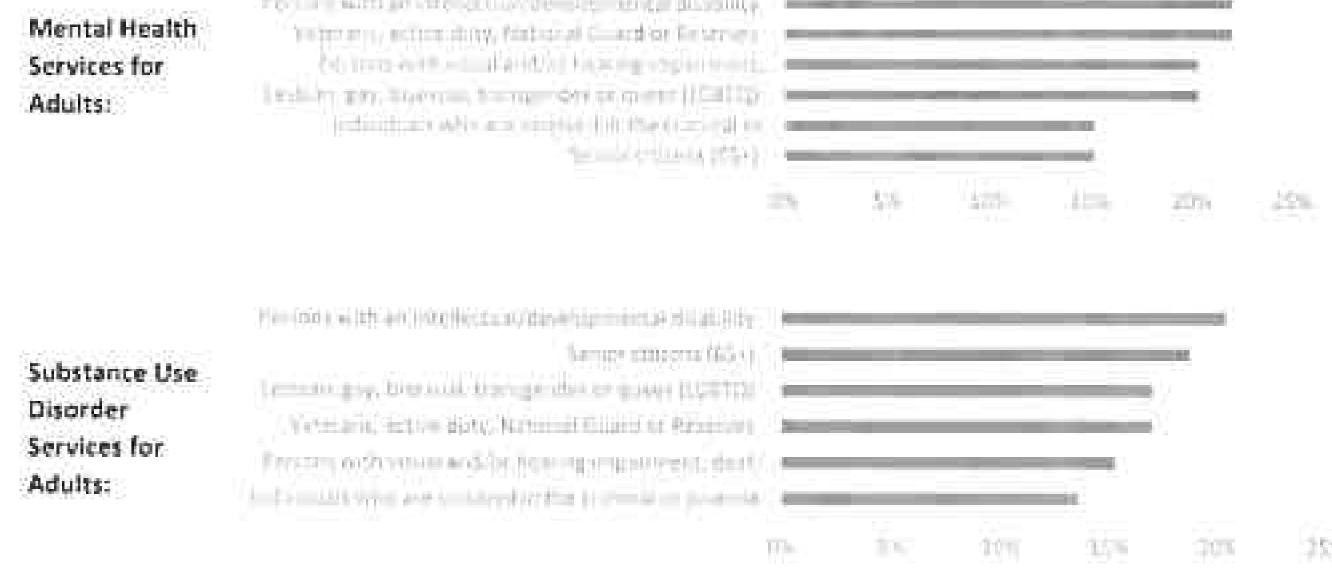
We serve many international persons whose needs, culture and norms are quite different from the dominant American culture.

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.



30

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

Senior citizens (65+)
Persons with an intellectual/developmental...
Veterans, active duty, National Guard or Reserves...
Deaf and/or deaf/hard of hearing/blind
Lesbian, gay, bisexual, transgender or queer...
Individuals who are involved in the criminal or...

0% 2% 4% 6% 8% 10% 12% 14% 16% 18% 20%

Mental Health Services for Children & Youth

Lesbian, gay, bisexual, transgender or queer (LGBTQ)
Persons with an intellectual/developmental disability
Children/youth in state custody
Youth with co-occurring mental health and substance...
Persons with visual and/or hearing impairment, deaf...
Individuals who are involved in the criminal or juvenile...

0% 2% 4% 6% 8% 10% 12% 14% 16% 18% 20%

Substance Use Disorders Services for Children & Youth

Lesbian, gay, bisexual, transgender or queer (LGBTQ)
Persons with an intellectual/developmental disability
Youth with co-occurring mental health and substance...
Children/youth in state custody
Individuals who are involved in the criminal or juvenile...

0% 2% 4% 6% 8% 10% 12% 14% 16% 18%

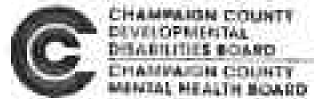
Co-Occurring Mental Health & Substance Use Disorder Services for Adults:

Persons with an intellectual/developmental disability
Lesbian, gay, bisexual, transgender or queer (LGBTQ)
Persons with visual and/or hearing impairment, deaf...
Children/Youth in state custody
Individuals who are involved in the justice system

0% 2% 4% 6% 8% 10% 12% 14% 16% 18%

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	Assessment/screening	32%
(25% or more)	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	Case management/Community supports	59%
(50% or more)	Homelessness services	56%
	Therapy or counseling (individual, interactive, group, or family)	56%



	Residential treatment	54%
	Psychiatric/medication evaluation and management	53%
Service Not Available	Integrated primary care and behavioral health services	20%
(over 10%)	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	12-Step program	34%
(15% or more)	Assessment/Screening	17%
	Peer support	17%
	DUI class	15%
	Substance use disorder outpatient (OP)	15%
Available w Challenges	Psychiatric/medication evaluation and management	39%
(34% or more)	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	Detoxification	20%
(over 10%)	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	Crisis services	27%
(Over 15%)	Suicide prevention	24%
	Assessment screening	17%
	Early childhood education and training	17%
	Sexual assault survivor services	17%
Available w Challenges	Therapy or counseling (individual, interactive, group or family)	46%
(34% or more)	Psychiatric/medication evaluation and management	44%
	Day treatment/partial hospitalization	36%
	School-based services	36%

	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

33

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

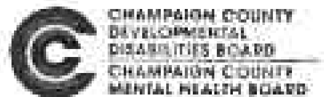
Outreach services for people with Substance Abuse/mental health disorders access to care remains a problem getting clients connected with services they need

Private practice office setting

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

Services both ways

34



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 CCDDB 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.

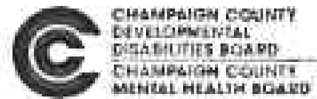
Also, there is a considerable need for Spanish-speaking providers of mental health services. Some providers have left the area in pursuit of better economic opportunities. Perhaps the board can create some incentives to retain providers.

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%

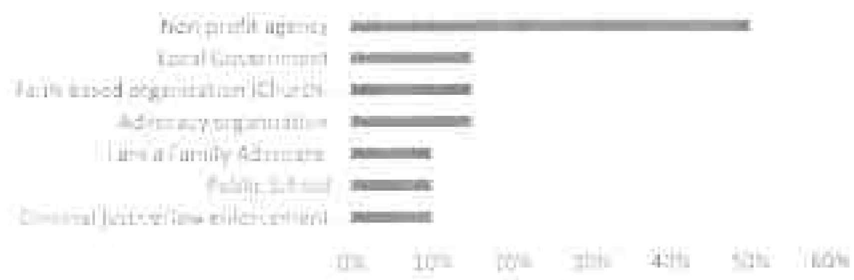
36



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	Mental health services for adults	90%
(70% or more)	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%
	Mental health services for children/youth	70%
No	Substance use disorder services for juveniles who are in detention	70%
(50% or more)	Domestic violence offender services	70%
	Sex offender treatment	70%
	Mental health services for juveniles who are in detention	65%
	Mental health services for adults while in jail	50%
	Substance use disorder services for adults while in jail	50%
Do Not Know	Co-occurring mental health and substance use disorder services for children/youth	35%
(25% or more)	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%

37

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	Information and referral	45%
(25% or more)	Crisis Team	35%
	Health and wellness	30%
	Suicide prevention services	30%
	Assessment/screening	25%
	Domestic violence victim services	25%
Available w Challenges	Care coordination	70%
(65% or more)	Case management/Community supports	70%
	Coordination of services across providers	65%
	Therapy or counseling (individual, interactive, group, or family)	65%
Service Not Available	Assertive community treatment (ACT)	15%
(15% or more)	Mental health services while in jail	15%
Do Not Know	Sex offender treatment	85%
(75% or more)	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	Case management/community supports	20%
(15% or more)	Assessment/Screening	20%

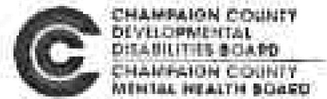
	Information and referral	20%
	Crisis team	20%
	DUI class	15%
Available w Challenges	Assessment/Screening	45%
(40% or more)	Crisis team	45%
	Therapy or counseling (individual, interactive, group, family)	45%
	Coordination of services across providers	40%
	Outpatient treatment (OP)	40%
Service Not Available	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%



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	Unaware of service availability	50%
(40% or more)	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	Involvement with justice system	40%
(25% or more)	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%
	Medical issues	25%
Seldom	*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 quality 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.

Intellectual/Developmental
Disability Survey Data Analysis

Focus Areas:

- **Services Received**
- **Services Needed But Not Received**
- **Barriers to Receiving Services**
- **Comments - Summarized:** What is important to me (Consumer/Caregiver); General Comments
- **Demographics**

SERVICES RECEIVED:

Combining –

Consumer - Q18. What services or supports are you receiving? (CHECK ALL THAT APPLY)

Caregiver - Q15. What services or supports is the person receiving? (CHECK ALL THAT APPLY)

Selected by 16% or more of respondents.

SERVICE	%
Home based Support Services (HBS)	24%
Community Employment Supports	18%
Education	18%
Transportation	18%
Counseling/Therapy	16%
Advocacy/Linkage	16%
Speech Therapy	16%
Help with Self-Care	16%

SERVICES NEEDED BUT NOT RECEIVED:

Combining –

Consumer -Q23. What services do you need or want that you are not receiving? (CHECK ALL THAT APPLY)

Caregiver - Q21. What services do they need or want that they are not receiving? (CHECK ALL THAT APPLY)

Selected by 10% or more of respondents.

SERVICE	%
Recreation supports	20%
Transportation	20%
Employment services & supports	16%
Housing supports	14%
Peer Support	14%
Residential services or support for independent community living	14%
Respite services	10%
Support for transition from school to adult life	10%

BARRIERS:

Common answers (Consumers & Caregivers) - "Often" – by 10% or more of respondents combined.

Barrier	%
Transportation	14%
Financial issues	10%
Stigma/embarrassment/fear	10%
There is a waiting list.	10%

NOTE:

Provider respondents noted as "Often" barriers/issues to include: Transportation; Don't know how to access services; Unaware of service availability; Eligibility for services; Financial issues.

Stakeholders: Unaware of service availability; Transportation & Financial issues.

41

COMMENTS: Note () = number of such comments.

Summary of:

Consumer/Caregiver: What is important?

- Family:
    - My children & their needs
- Advocacy:
    - Advocating for myself and for others.
    - Make a way for someone else
- Services/Supports:
    - More services needed (2)
    - More free events fun events not just going to library events
    - After high school
    - Respite care/life coaching
- Life:
    - Treated respectfully (3)
    - Happy, healthy, and safe
    - Quality of life outcomes: friendship, self-determination, and employment
    - Opportunity
    - To live your life.
- Home:
    - Community Involvement, accessibility, opportunity; be included in community (9)
    - Provides independent and safe living and that they are happy (8)
    - Nice place to live (2)
    - Safe and provided for environment
    - Feeling safe in group home

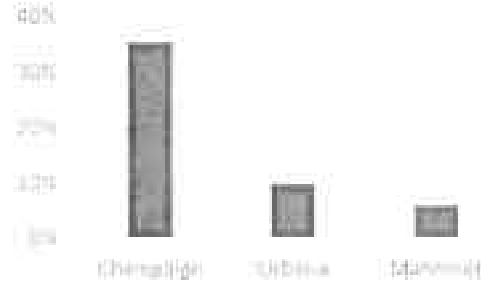
Caregiver: What else would you like us to know?

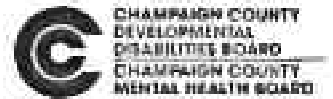
- Information:
    - Like to see more information or more access to information as to what is available
    - Likes the expos because of the information provided
- Services:
    - Employment services are inadequate and were needed 20 years ago
    - Fear when daughter ages out of school fear no options but to sit at home
    - Would like movie theater that is not dark nor loud for sensory sensitive children
    - Son needs a supportive and flexible post-secondary educational opportunity
    - Need help to provide and teach residential success as parents will not always be there.
    - Need supportive housing
    - Fear to know that there may not be services for child after we die as we handle everything now.
- Providers:
    - Stressful caring for child with disabilities – thanks for assistance
    - CILA staff not being paid enough
    - DSC does a great job; Thank goodness for DSC
    - DSC is very good organization but seems to be problem with hiring/retaining group home staff
    - Love staff at McKinley
- Financial:
    - Waiting for long time for disability waiver from the State. Have to pay for all services ourselves
    - IAMC needs better funding

DEMOGRAPHICS:

Insurance Coverage: By more than 10% of respondents

Residence: By more than 5% of respondents





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:

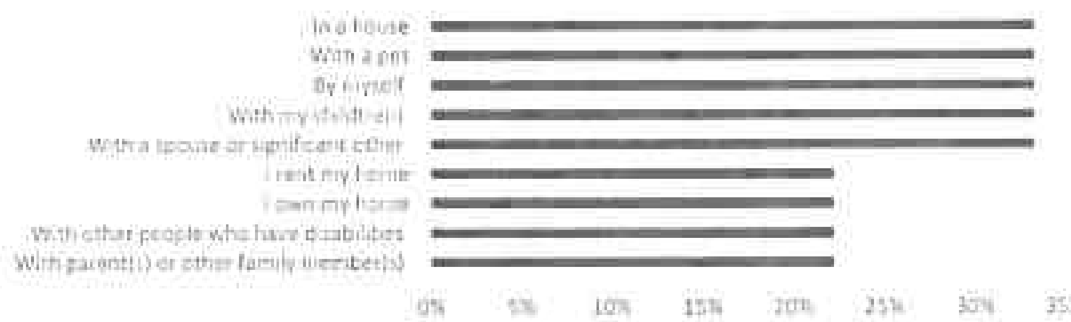
Question	Yes	No	Don't know	% Yes
1. Are you a person who has a developmental disability?	2	7	0	22%
2. Do you live in Champaign County, Illinois?	1	8	0	11%

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 -



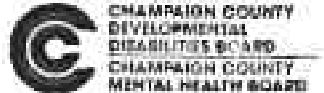
6. Do you want to change something about your home? No: 56%; **Yes:** 22% **Did Not Answer:** 22%

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%



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.)

Part time
Other (Please specify below)
In the community
Full time

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...

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

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.)

What I want isn't offered anywhere
Money to pay for it
Someone to go with me
A way to get there, a ride, a bus, a cab

Other:
No extra money get disability

45

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

Counseling/Therapy
Support Group
Peer Support
Transportation
Education
Community Employment Supports
Home Did Not Answer Based Support
Self Advocacy Support

0% 5% 10% 15% 20% 25% 30% 35%

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

Community Choices
Other Please specify below:
Regional Planning Commission
Rosecrance
Developmental Services Center

0% 5% 10% 15% 20% 25% 30% 35%

Other:
My employer

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

Free because a friend or family
I Don't Know
Private insurance
Medicaid

0% 2% 4% 6% 8% 10% 12%

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?

0 0.2 0.4 0.6 0.8 1 1.2

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)

Peer Support
Transportation
Recreation
Support Group
Counseling/Therapy
Respite
Crisis Services
Apartment Services/Community Living
Advocacy/Linkage

0% 5% 10% 15% 20% 25%

Other:
Legal assistance for discrimination

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

RESPONSE	QUESTION	%
Often	Unaware of service availability	33%
(22% or more)	Transportation issues	22%
	Stigma/embarrassment/fear	22%
	Don't know how to access services	22%
Sometimes	Services do not meet needs	22%
(22% or more)	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%

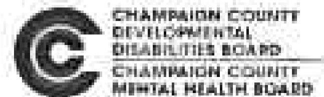
29. Is there anything else we should know about you?

I am a stroke survivor who suffered an absence seizure in 2016. I am currently taking Keppra, feel fine now, but am having visual distrurbances 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



Champaign County Mental Health Board

ID/DD_Caregiver Survey

Report/Results

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.

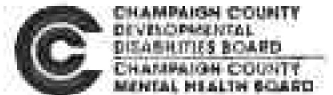
I would like for them to be happy and content and to live as independently as possible.

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.



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.

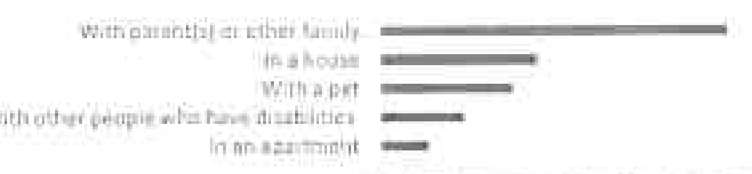
That this person gets treated with the respect they deserve and not looked down upon because they have a developmental disability.

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 an 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%

49

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.

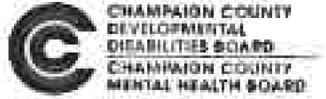
I want him to live outside our family's home. He is an adult. I want there to be a continuum of supported housing available so individuals can move from their family homes with the right amount of support. Something like a dorm first - then on to more independent living as he acquires the skills he needs.

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 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



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 throught the school syste
None
Still in High School doing the life skills program. Needing a job at DSC!
Student
Volunteer
currently a student
looking for work
student

51

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.

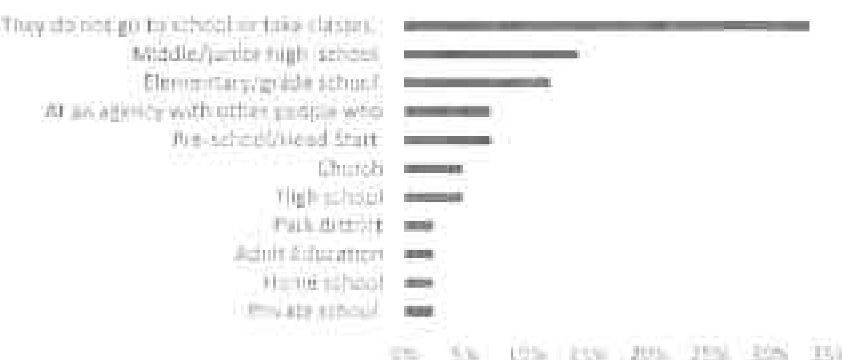
He's only 14

52

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.

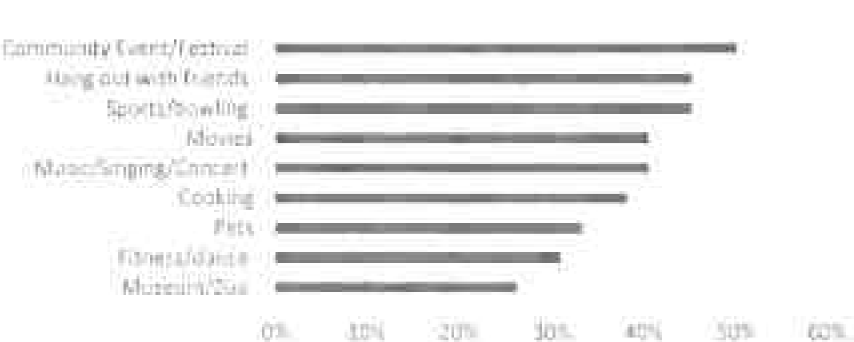
I want him to have a job with a good fit.
I would like her to have more hours
I would like to see her get more hours at Clark Rd and learning some different jobs.
More hrs
Same as above
Too much "free" time. Need more actual work.
Would like to increase the number of hours he works but he needs to be 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.)

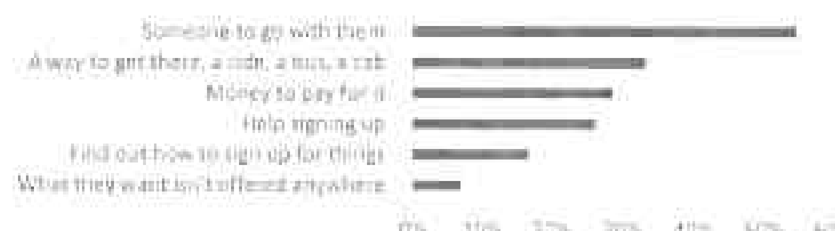


If "Other", please specify:
Adaptive sports,
Computer
Computers. Games.
Eat fried chicken!
Going to restaurants and live musicals.
Play video games and watch YouTube videos
Play, sleep

53

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 commmunity. 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!

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.

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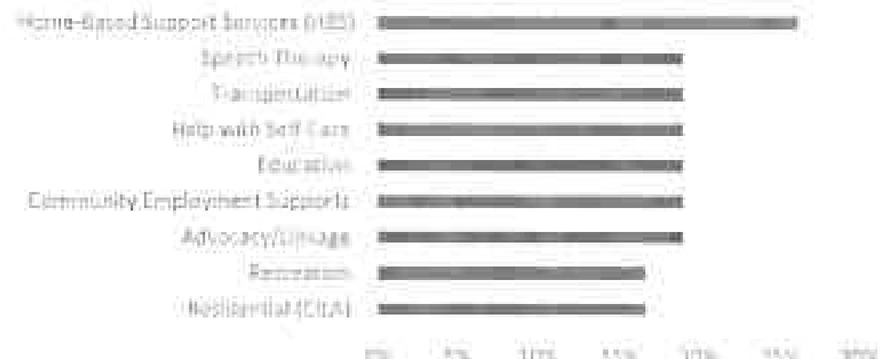
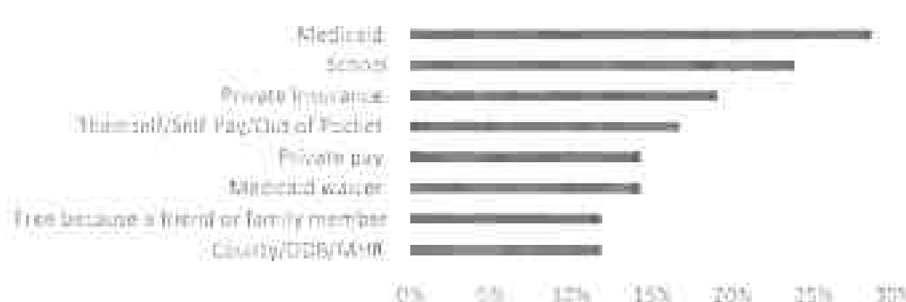
Yes. He does not travel independently or stay home alone. He needs to be in a structured class or event.
Yes. DSC doesn't have sufficient staff for recreational outings like bowling.
family
people from the alliance and choices

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%

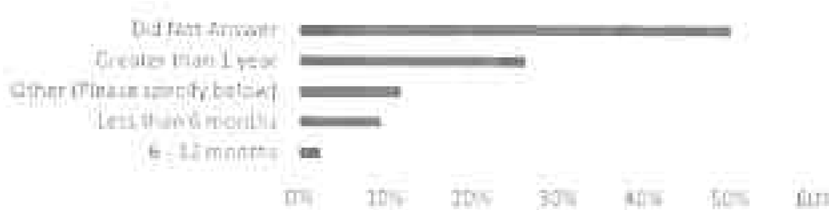
18. If the person is currently waiting for services, are they enrolled in the state's PUNS (Prioritization Urgency of Need of Services) database?

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

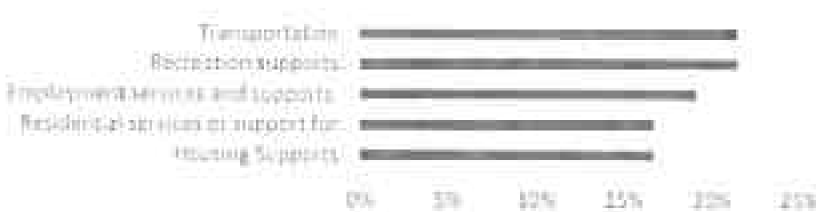
19. Do they know how to find the services they want?

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

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

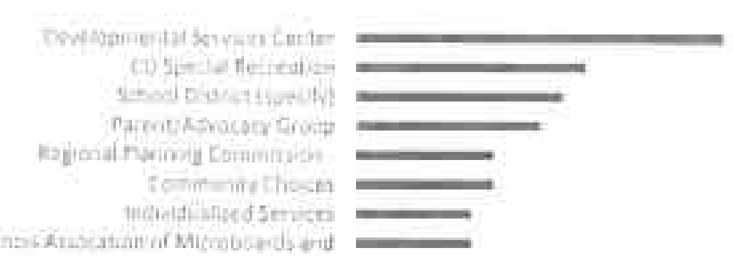


21. What services do they need or want that they are not receiving? (CHECK ALL THAT APPLY) - 17% or more



If "Other", please specify:
After school programming!
we are just getting into the age where more of this applies

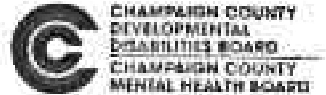
22. Who does the person currently receive services from? (CHECK ALL THAT APPLY)
- 12% or more



If "Other", please specify:
Dscc
Family
I personally have an intern from "Community Choices"
Once we lost IEP, no supports ....just parents
Skill Sprout
TAP
Dscc 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%



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	Transportation issues	12%
(10% or more)	Financial issues	10%
	Services do not meet needs	10%
	There is a waiting list.	10%
Sometimes	Transportation issues	29%
(21% or more)	Don't know how to access services	24%
	They are not sure who to ask.	24%
	Unaware of service availability	21%
	There is a waiting list.	21%
Seldom	Medical issues	19%
(12% or more)	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

58

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.

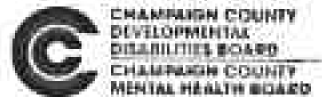
Need help to provide and teach residential success as parents will not be here forever to provide needed supports

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!



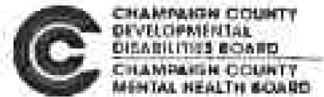
We currently don't receive any services from the State of Illinois and are waiting for the disability waiver for many years. All the services that our son receives at this time have to be paid by us (his parents), including all the respite that we need to take a break of taking care of a child with sever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

60



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)

Case Manager
Social Services Provider
Social Worker
Program supervisor/manager
Independent Service Coordinator (ISC)
Direct Support Provider
Community Employment Supports

0% 5% 10% 15% 20% 25% 30%

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

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

Persons with intellectual or
Persons with behavioral health disorders
Seniors/Elders
Persons with emotional and/or
Families
Students
Young children
Persons with physical and behavioral

0% 10% 20% 30% 40% 50% 60% 70% 80% 90%

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%

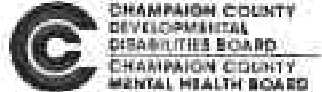
5. Within the last year, did your agency serve persons in the following race/ethnic group categories? CHECK ALL THAT APPLY.

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?

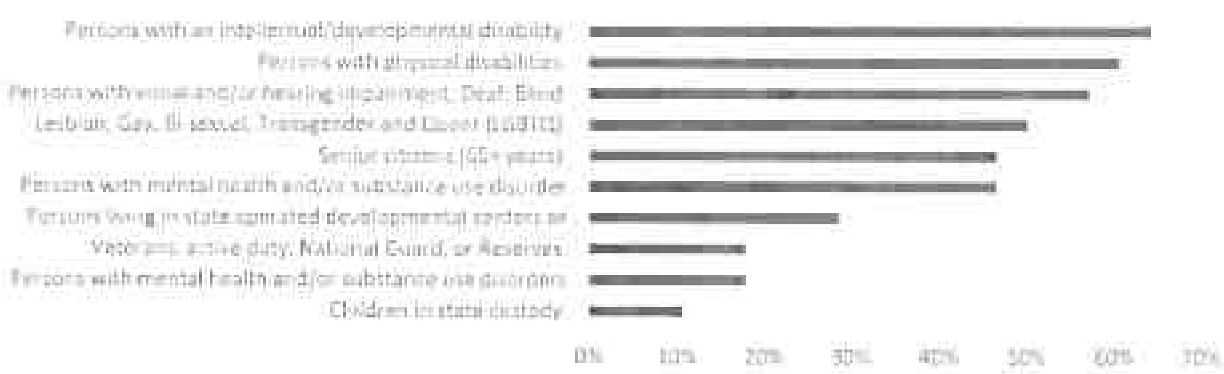
RESPONSE	QUESTION	%
Yes	Employment services and supports	57%
(50% or more)	Benefits Support	54%
	Day Program	54%
	Crisis Services	50%

61



	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.

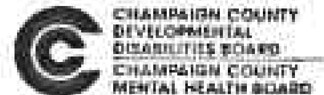


8. Within the last year, did your agency serve persons of Hispanic or Latino/a origin?

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

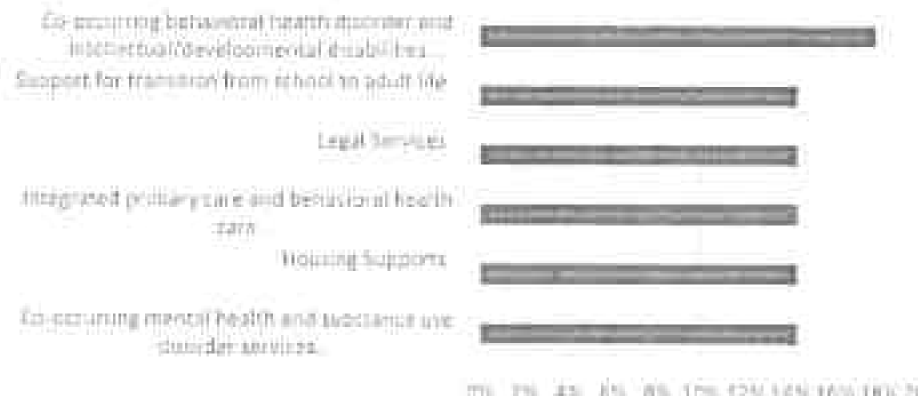
9. Within the last year did your agency serve immigrants or undocumented persons?

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



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

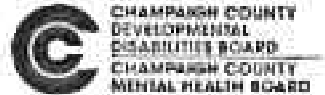
Other Barriers:

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%



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.

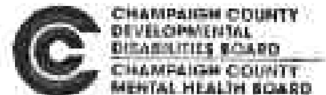
I work one on one in the home of the person needing the service.
Office
School based.
We have a main office for meetings and work, but most of our services are delivered in the community.
Yes, both office and home/day training visits.
both

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.



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 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 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.

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.

65

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)

Non-profit agency
Local government
Advocacy organization
Public School
Faith-based organization (Church,
Family Advocate
0% 10% 20% 30% 40% 50% 60% 70% 80%

Other:
DSC
Park District

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

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

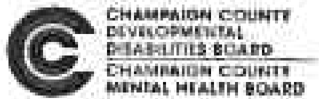
3. Did you or your organization advocate for persons with an intellectual/developmental disability to help them access the following services?

RESPONSE	QUESTION	%
Yes	Mental health services	88%
(50% or more)	Early childhood/early intervention/Head Start	75%
	ID/DD services or supports	75%
	Mental health crisis services	50%
No	Substance use disorder services	63%
(50% or more)	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	*None with more than two respondents checking*	

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%

66



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	Information and referral	88%
(Over 50%)	School-based services	75%
	Screening	75%
	Advocacy/Linkage	63%
	Developmental Training	63%
	Early childhood/early intervention/Head Start	63%
Available w Challenges	Apartment Services/Community Living	75%
(75% or more)	Care coordination	75%
	Case management/Community supports	75%
	Supported employment	75%
Service Not Available	Mental health services while in jail or juvenile detention	25%
(only answer with 2)		
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	Financial Issues	75%
Top 3	Transportation Issues	38%
	Unaware of service availability	38%
Sometimes	Services too far away	63%
Top 3	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.

Community Health Improvement Plan

2018-2020
Champaign County Illinois

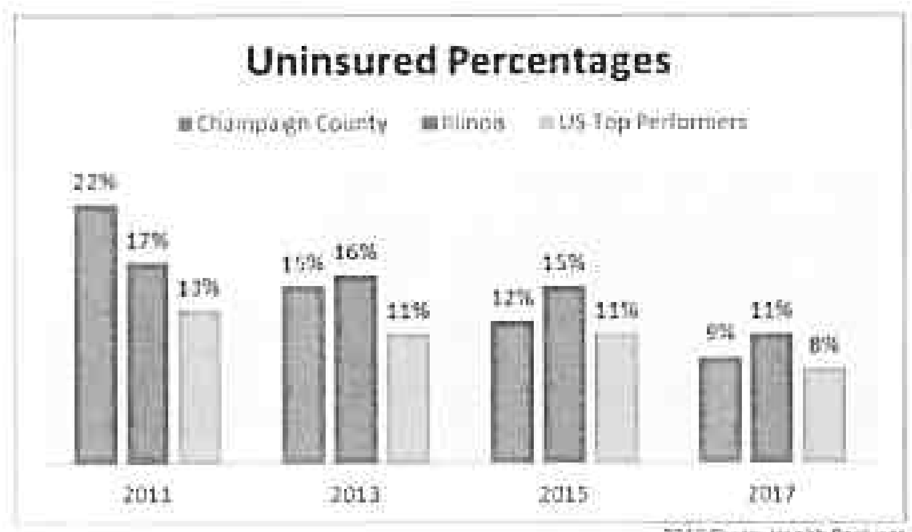
United Way
of Champaign County

The rates of insurance and health resources in 2017 are shown in the table below. Champaign has a lower rate of uninsured adults than in Illinois. Champaign County also has a lower number of preventable hospital stays and lower healthcare costs (price-adjusted Medicare spending per enrollee.)

Health Resources and Indicators	Champaign County	Illinois
Uninsured	9%	11%
Uninsured adults	11%	14%
Uninsured children	4%	4%
Primary care physicians	1,200:1	1,240:1
Dentists	1,740:1	1,380:1
Mental health providers	470:1	580:1
Other primary care providers	893:1	1,741:1
Health care costs	$9,084	$9,939
Preventable hospital stays	46	56
Mammography Screening	64%	64%

2017 County Health Rankings

According to County Health Rankings, the percentage of Champaign County residents that are uninsured has dropped from 22% in 2011 to 9% in 2017.



2017 County Health Rankings

69

According to County Health Rankings the ratio of mental health providers per 100,000 has improved drastically over the past six years, moving from 2055:1 in 2010 to 470:1 in 2016. The table below shows the ratio and number of mental health providers for Champaign County, Illinois, and the US in 2016.

Report Area	Estimated Population	Number of Mental Health Providers	Mental Health Care Provider Rate (Per 100,000 Population)
Champaign County	207,131	445	214.8
Illinois	12,806,917	23,090	180.2
United States	317,105,555	643,219	202.8

Source: University of Wisconsin Population Health Institute and County Health Rankings 2016

Chronic Disease and Health Behaviors

- Access to exercise opportunities at 84% is lower than the state average of 89%
- HIV prevalence is much lower in Champaign County than in Illinois.
- Sexually transmitted infections, food insecurity, adult smoking are all higher than the state of Illinois overall.

Health Behaviors	Champaign County	Illinois
Adult smoking	16%	15%
Adult obesity	25%	27%
Food environment index	7.2	8.0
Physical inactivity	19%	21%
Access to exercise opportunities	84%	89%
Excessive drinking	20%	21%
Alcohol-impaired driving deaths	28%	34%
Sexually transmitted infections per 100,000	608.6	516.5
HIV prevalence rate per 100,000	193	323
Food insecurity	16%	13%
Limited access to healthy foods	4%	4%
Motor vehicle crash deaths	7	8
Drug overdose deaths	14	13

2017 County Health Rankings

Access to exercise opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks (local, state, and national) or recreational facilities, which includes gyms, community centers, YMCAs, dance studios, and pools. According to the County Health Rankings, 84% of Champaign County residents have adequate access to opportunities for physical activity. Illinois' percentage is 89% and US Top Performers' percentage is 91%. Having adequate access to opportunities for physical activity is defined as individuals who:

70

According to 2017 County Health Rankings the **violent** crime rate (the number of reported violent crime offenses per 100,000 population) is 526 which is substantially higher than the state of Illinois rate of 388. The table below shows the total crime index offenses for Champaign County from 2012-2015.

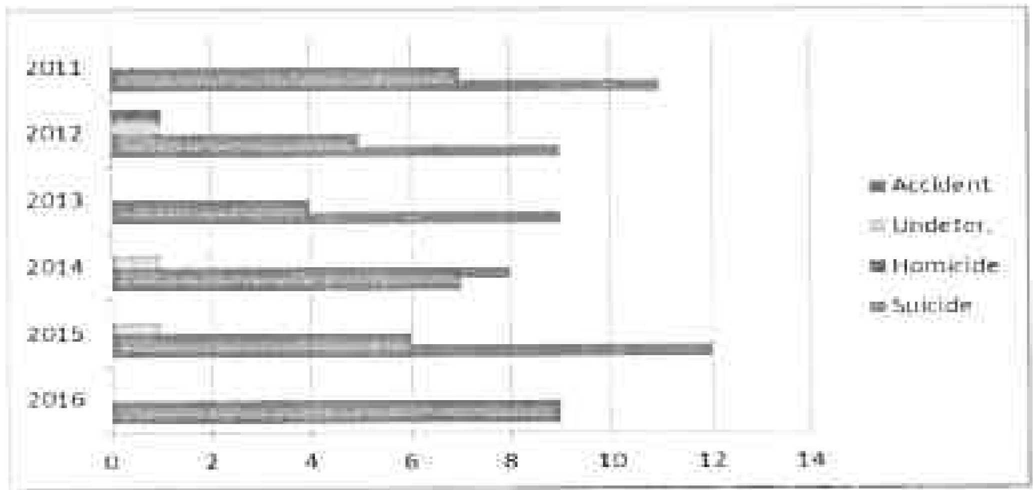
Champaign County	2015	2014	2013	2012	% change from 2012 – 2015
Total Crime Index Offense	6,494	6,243	6,567	6,999	**7.2% Decrease**
Murder	7	11	7	4	75% Increase
Forcible Rape	127	101	112	129	**1.6% Decrease**
Robbery	205	222	215	226	**9.3% Decrease**
Aggravated Assault/Battery	579	647	730	798	**27.4% Decrease**
Burglary	1,100	1,262	1,275	1,585	**30.6% Decrease**
Theft	4,235	3,840	4,049	4,045	4.7% Increase
Motor Vehicle Theft	196	118	147	165	18.8% Increase
Arson	37	42	32	47	**21.3% Decrease**

Source: Illinois State Police Crime Reports, 2012-2015

71

Gun Related Deaths in Champaign County

The table below shows the gun-related deaths in Champaign County from 2011 to 2016.



Champaign-Urbana Public Health District Death Certificates

Maternal and Child Health

- The teen birth rate in Champaign County (per 1,000 female population, ages 15-19) is 18. It is almost half of the prevalence in Illinois. Champaign County has one of the lowest teen birth rates in the US, with the top performing US County having a teen birth rate of 17.
- Child mortality is higher for Champaign than for Illinois.

Maternal Child Health Indicators	Champaign County	Illinois
Teen birth rate (per 1,000 female population ages 15-19)	18	30
Low birth weight	8%	8%
Infant mortality (within 1 year, per 1,000 live births)	7	7
Child mortality (among children under age 18 per 100,000)	60	50

2017 County Health Rankings

Environmental Health

- 22.64% of the population living in Champaign County has low food access. This percentage is higher than the percentage in Illinois (19.36%), but mirrors the average in the United States (22.43%).
- The number of grocery stores per 100,000 populations in Champaign County is 18.40. In Illinois and the United States the rate of grocery stores was slightly higher at 21.8 and 21.19.

72

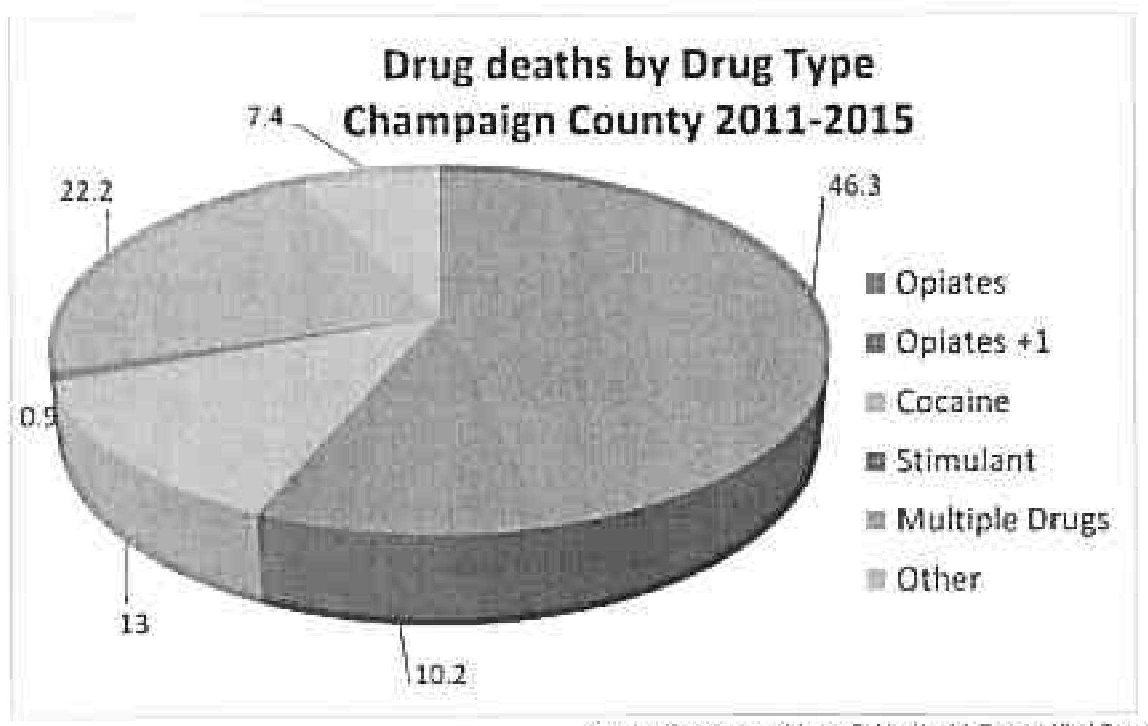
Drug-related Deaths in Champaign County, 2011-2015

According to the death certificate data compiled by Vital Records, Champaign-Urbana Public Health District, there were 132 drug related deaths for the five-year period 2011-2015. Of these deaths, 108 were residents of Champaign County.

2011	2012	2013	2014	2015
19	19	15	26	29

Those are the ones included in this analysis. Seventy-seven of the deaths (72%) were in white individuals, and 28% in Black individuals. Over 71.3% were male, and 28.7% were female. Ages of those who had drug-related deaths were from 18-90, range 72. The mean age was 45.18. The data was bimodal with most deaths occurring at ages 39 and 47.

Opiates were the leading cause of drug-related deaths in Champaign County with nearly 47% listed as an opiate (heroin, methadone, hydrocodone, fentanyl), and an additional 10.2% had the cause of death listed as an opiate plus another drug(s). Over 22% listed multiple drugs as the cause of death. Over 13% died from cocaine, and less than one percent died of other stimulant use. 7.4% of the deaths were categorized as "other". They included such things as prescription drug overdose, over-the-counter drug over dose, and inhalant abuse.



Source: Champaign-Urbana Public Health District Vital Records

Of the 43 men who died of opiate-related death, 3 were ruled suicides, and 32 accidental. Of the 17 opiate-related deaths among females, 16 were ruled accidental, none suicides, and one natural.

73

PROMPT Region Opiate Non-Fatal & Fatal Overdose Rates (2017)

County:	Crude Non-Fatal Overdose Rate:	Crude Fatal Overdose Rate:
Champaign	8.07	1.72
Clark	3.72*	1.24*
Coles	4.9	0.57*
Cumberland	5.58*	0
Dewitt	8.05	2.48*
Douglas	5.02	1*
Edgar	7.95	0
Ford	5.92*	2.96*
Iroquois	16.08	1.4*
Piatt	5.5*	1.22*
Vermilion	20.15	3.29

"Overdose rate" is the rate of opioid overdose per 10,000 population for all demographics in a given geographical area
*Counties with less than 10 cases

PROMPT Region Opiate Mortality Trends by Age (2017)

0, 10, 20, 30, 40, 50, 60

Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Iroquois, Piatt, Vermilion

75-84, 65-74, 55-64, 45-54, 35-44, 25-34, 15-24

PROMPT Region Opiate Mortality Trends by Gender (2017)

60
50
40
30
20
10
0

49
7
2
3
2 2
1
8
1 3
4
27
15

Female
Male

Champaign
Clark
Coles
Cumberland
DeWitt
Douglas
Edgar
Ford
Iroquois
Piatt
Vermilion

PROMPT Region Opiate Mortality Trends by Race (2017)

60
50
40
30
20
10
0

24
32
2
3
4
1
4
4
4
4
4
8
30

Hispanic
African American
White

Champaign
Clark
Coles
Cumberland
DeWitt
Douglas
Edgar
Ford
Iroquois
Piatt
Vermilion

All data collected from IDPH Opioid Data Dashboard: https://idph.illinois.gov/OpioidDataDashboard/

Provisional Data as of June 14, 2018

Justice and Mental Health Collaboration Program – Planning Grant
Champaign County, Illinois

FINAL REPORT
October 2015 – September 2017

76

Crisis Response Planning Committee Criminal Justice System Gaps Analysis
Champaign, Illinois
2017

Funding for the project was provided by
the U.S. Department of Justice and the Champaign County Mental Health Board

Committee

Co-Conveners:
Sheila Ferguson, Executive Director, Rosecrance Champaign/Urbana
Allen Jones, Chief Deputy, Champaign County Sheriff's Office

Project Director	Bruce Barnard
Project Coordinator	Celeste Blodgett
Collaboration Consultant	Claudia Lennhoff
Data Consultant	Saijun Zhang

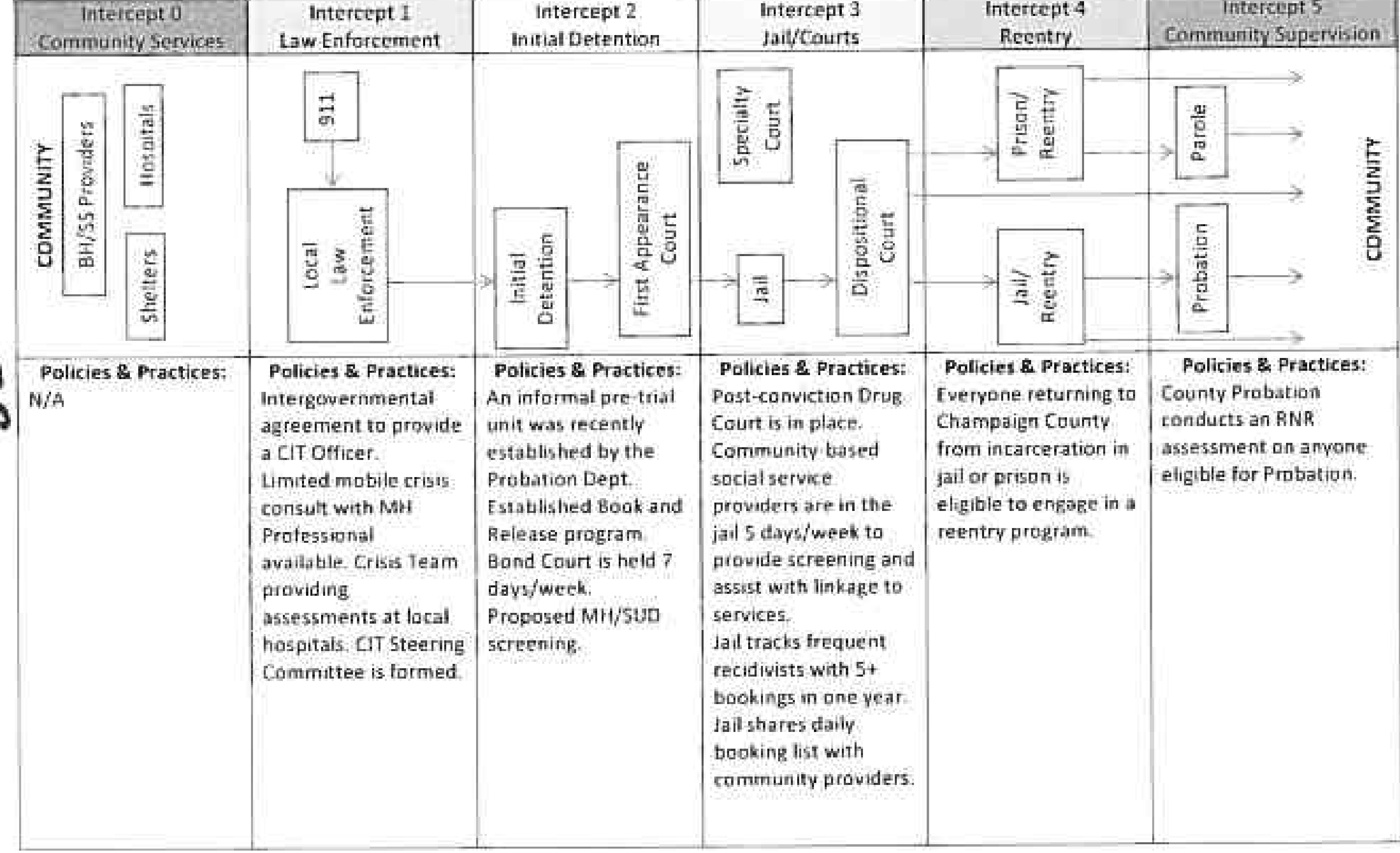
Crisis Response Planning Committee

Organization	Role	Individual
Champaign County Board		Jim McGuire
Champaign County Circuit Court	Court Administrator	Lori Hansen
Champaign County Continuum of Care	Homeless Services	Mike Benner
Champaign County Health Care Consumers	Consumer Advocate & Service Provider	Chris Garcia
Champaign County Jail	Jail Administrator	Karee Voges
Champaign County Mental Health Board	Mental Health Planning & Local Funding	Mark Driscoll
Champaign County Sheriff's Office	Co-Convener	Allen Jones
Champaign County State's Attorney		Julia Rietz
Citizen Representative		Jamie Stevens
NAMI Champaign, IL	Individual & Family Advocacy	Diane Zell
NAMI Champaign, IL	Individual & Family Advocacy	Nancy Carter
Prairie Center Health Systems	Addiction Services	Gail Raney
Rosecrance Champaign/Urbana	Mental Health & Addiction Services	Sheila Ferguson
Rosecrance Champaign/Urbana	Reentry Council Liaison	Bruce Barnard
Rosecrance Champaign/Urbana	Crisis & Respite Services	Monica Cherry
University of Illinois	CIT Police Officer	Brian Tison
University of Illinois	Law Enforcement Representative	Jeff Christensen

Technical Assistance Providers
from the Council of State Governments Justice Center
Will Englehardt & Risë Haneberg

APPENDIX A

Champaign County SIM – February 2017

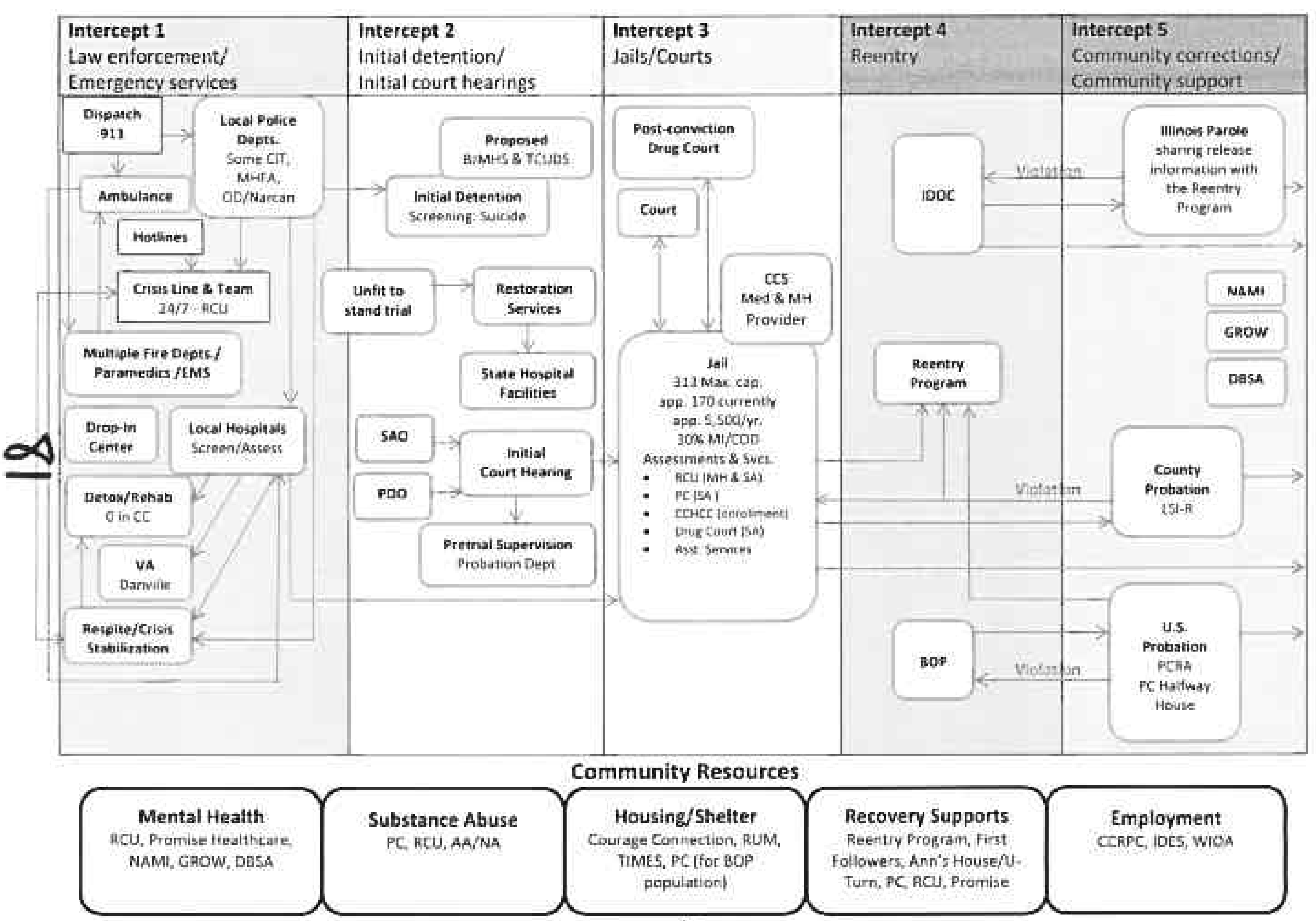


Intercept 0 Community Services	Intercept 1 Law Enforcement	Intercept 2 Initial Detention	Intercept 3 Jail/Courts	Intercept 4 Reentry	Intercept 5 Community Supervision
Policies & Practices: N/A	**Policies & Practices:** Intergovernmental agreement to provide a CIT Officer. Limited mobile crisis consult with MH Professional available. Crisis Team providing assessments at local hospitals. CIT Steering Committee is formed.	**Policies & Practices:** An informal pre-trial unit was recently established by the Probation Dept. Established Book and Release program. Bond Court is held 7 days/week. Proposed MH/SUD screening.	**Policies & Practices:** Post-conviction Drug Court is in place. Community based social service providers are in the jail 5 days/week to provide screening and assist with linkage to services. Jail tracks frequent recidivists with 5+ bookings in one year. Jail shares daily booking list with community providers.	**Policies & Practices:** Everyone returning to Champaign County from incarceration in jail or prison is eligible to engage in a reentry program.	**Policies & Practices:** County Probation conducts an RNR assessment on anyone eligible for Probation.

78

Evidence-Based Programs & Treatments: N/A	**Evidence-Based Programs & Treatments:** CIT Officers	**Evidence-Based Programs & Treatments:** Proposed screenings are BJMHS and TCUDS.	**Evidence-Based Programs & Treatments:** MRT groups are offered in the jail.	**Evidence-Based Programs & Treatments:** Reentry programming provides wrap-around services.	**Evidence-Based Programs & Treatments:** The LSI-R is conducted by Probation. MRT, cognitive behavioral therapy, groups are conducted by a community-based provider at Probation and in the community, in addition to Anger Management groups.
Data: In FY17 CCMHB allotted: $609,000 for Juvenile Justice Contracts; $799,584 for Adult Criminal Justice-Mental Health Contracts; $199,050 for Problem Solving Courts Contracts; $122,628 for Support Services - Victims of Crime; $885,952 for Community Based Services Contracts; $460,189 for System of Care for Youth & Families; $633,073 for ID/DD Contracts	**Data:** In 2014, CIT Officers responded to 1,687 calls; 461 were for Crisis; 16 excited delirium; 710 were for suicide attempts or threats; In2014, U of I PD transported 101 people to the hospital for involuntary commitments.	**Data:** 5,589 bookings in 2016; Since March 7, 2017, everyone booked into the jail is screened for MI with the BJMHS and a substance use disorder with the TCUDS V. An average of 11 screens are conducted daily. Preliminary data indicates that 32% or 3 per day will be referred for secondary screening including the LSI-R:SV proposed.	**Data:** In 2015, a point-in-time census was conducted in the jail. Of the 136 inmates surveyed, 63 or 46% reported COD, 22 or 16% cited SUD only, and 12 or 9% cited MI only. For those who stay ≥ 72 hours, ALOS = 35.81 days. At this time, there is no data available for ALOS re: the population with MI/COD.	**Data:** Identified needs data, gathered from 239 Reentry Program participants over the past 2.5 years, indicated 189 or 81% indicate a need for behavioral health services.	**Data:** County Probation approximates that: 35% of 835 cases received by the Probation Department in one year were ordered or referred to undergo a MHA, 45% were ordered or referred to undergo SUD treatment. A fair estimate would be that 60-65% of total intakes were either ordered or referred for MH/SUD treatment.

(CCMHB/CCDDB IGA). In FY1617, the City of Urbana/Cunningham Township provided $250,000 in funding to 26 different agencies. The United Way invested $2.7M in FY16 to social services, education and health. Community Foundation allocated nearly $80,000 to community organizations in 2016. **Services:** N/A	**Services:** 117 Police Officers are CIT trained. 306 Police Officers are trained in MHFA. Limited mobile crisis consult with MH Professional available, which provide 73 consults in 2016.	**Services:** Medical staff completes non-validated screening for only those who demonstrate observable symptoms of mental illness.	**Services:** Limited jail-based MH in-reach services and connection to care.	**Services:** Reentry case management services are available for anyone returning to the Champaign County community, from incarceration. Services include assistance with obtaining a state ID or driver's license, linkage to available resources in CC for housing, employment, education, medical coverage and care, benefits, some transportation, and MH and/or SA treatment.	**Services:** LSI-R risk assessment, cognitive behavioral-based groups.


Intercept 1
Law enforcement/
Emergency services
Intercept 2
Initial detention/
Initial court hearings
Intercept 3
Jails/Courts
Intercept 4
Reentry
Intercept 5
Community corrections/
Community support
Dispatch 911
Local Police Depts.
Some CIT, MHFA, OD/Narcan
Ambulance
Hotlines
Crisis Line & Team
24/7 - RCU
Multiple Fire Depts./
Paramedics /EMS
Drop-In Center
Local Hospitals
Screen/Assess
Detox/Rehab
0 in CC
VA
Danville
Respite/Crisis
Stabilization
Proposed
B/MHS & TCUDS
Initial Detention
Screening: Suicide
Unfit to stand trial
Restoration Services
State Hospital Facilities
SAO
PDO
Initial Court Hearing
Pretrial Supervision
Probation Dept
Post-conviction Drug Court
Court
CCS
Med & MH
Provider
Jail
313 Max cap.
app. 170 currently
app. 5,500/yr.
30% MI/COD
Assessments & Svcs.
RCU (MH & SA)
PC (SA)
CCHCC (enrollment)
Drug Court (SA)
Asst. Services
IDOC
Violation
Illinois Parole sharing release information with the Reentry Program
NAMI
GROW
DBSA
Reentry Program
County Probation
LSI-R
Violation
BOP
Violation
U.S. Probation
PCRA
PC Halfway House
Community Resources
Mental Health
RCU, Promise Healthcare, NAMI, GROW, DBSA
Substance Abuse
PC, RCU, AA/NA
Housing/Shelter
Courage Connection, RUM, TIMES, PC (for BOP population)
Recovery Supports
Reentry Program, First Followers, Ann's House/U-Turn, PC, RCU, Promise
Employment
CCRPC, IDES, WIOA

APPENDIX B

SIM Intercepts Chart - Champaign County

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 1 911 Local Law Enforcement RCU Mental Health Crisis Line	Co-Responder Programs	• RCU Crisis Team 24hr on-call	• Inadequate staffing for 24hr LE response • Response time is prohibitive to LE
	911 Dispatch System	• MHFA Training • CIT Training (6) trained in CIT • OD/Naloxone (i.e., Narcan) Training is scheduled	• More MHFA training is needed • More CIT training is needed
	Law Enforcement (LE)	• Some LE are MHFA trained • CIT (cross-jurisdiction agreements, 117 trained) • CIT training scheduled/funded into 2017 • Some LE are trained in OD/Naloxone (i.e., Narcan), additional trainings scheduled	• Determination of appropriate number of officers for MHFA and/or CIT training needs • Ongoing CIT training beyond 2017 is needed • Ongoing OD/Naloxone (i.e., Narcan) training is needed • LE outreach from LE to Crisis Team is limited • Jail staff outreach/collaboration is limited

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 1 **911** **Local Law Enforcement** **RCU** **Mental Health Crisis Line**	**Crisis Stabilization**	• Respite Center (RCU) • Voluntary hospitalization or petition for involuntary admission	• Respite Center does not meet all needs of the community (Not designed for drop-off by LE or family members) • Criminogenic Risk Assessment data is not available
	Detoxification	• Transportation to out of town detoxification, or local hospital-based	• Volume and ED activity determine access to beds/triage for severity of need
	Emergency Respite ID/DD Population	• RCU MI/DD Program (Clients eligible for Respite Center and Case Management services)	

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 2 **Initial Detention & Court Hearings**	**Jail Screening & Assessment**	• Correctional Staff currently administer the Jail's *Initial MH Screen & Assessment*	• Primarily assesses suicidality • Data sharing/tracking • Information sharing model may have unintended consequences

		• Correctional Staff will administer
		  ○ *BJMHS* (proposed)
		  ○ *TCUDS* (proposed)
			• Unknown

		• CCS (PCP provider in jail) assesses primary medical and MH needs	• Data sharing/tracking

	Specialty Courts	• Drug Court
		  ○ LSI-R
		  ○ Prairie Center is the SA treatment provider for Drug Court
		  ○ Medication Assisted Treatment (MAT) – Naltrexone (i.e., Vivitrol)
			• Limited access
			• Post-conviction only
			• MAT is limited to Drug Court participants
			• Mental Health Court or Specialty/Problem Solving Court(s) are needed

	Alternative Processes (Diversion)	• First Offender Probation • State's Attorney's Second Chance Program • Bond court 7 days/week • Informal pre-trial program	• No structured community based diversion program • Criminogenic risk data not available at bond hearing • No alternative from jail or hospital available for referral
	Criminogenic Risk assessment	• Currently provided by County Probation	• No criminogenic risk data for community-based services unless completed by County Probation

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 2 **Initial Detention & Court Hearings**	**Other**		• Some linkages occur due to relationships, and are not formalized • Lack of structured services available at various intercepts without PD referral • Many people lack ability to pay for some services they are referred to • Education or awareness of MH/SUD by staff at Jail and SAO is limited • If there is no bed when involuntary commitment is recommended, there is no access

85

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 3 **Jail/Courts**	**Community Provider Screening & Assessment**	**RCU** (BH Provider) • Administers the *ISF* screen & requests the *LSI-R* from County Probation if possible • Community Support Program in jail provides: Case Management (Housing, Employment, Education, BH, Primary Health, Other Benefits/Entitlements-SS) • Functions: Identifies people with MH needs and links to community supports, Contacts housing providers and advocates so clients don't lose housing, Notifies doctors and gets meds from outside providers, Notifies other tx providers so clients don't lose spot and arranges for providers to contact or see clients, Notifies family members, Consults with CCS, Provides info/linkage/referral to transportation, dental, vision, CCHCC, Reentry, SA, Groups in jail (MRT), Prairie Center	• No information sharing beyond aggregate data or with specific signed consent • Community providers use agency-specific screening procedures, no consistent evidence-based screening and assessment tools across the system

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 3 **Jail/Courts**	**Community Provider Screening & Assessment**	**Prairie Center** (SA Provider) • Administers the *GAIN-SS* & requests the *LSI-R* from County Probation if possible • Provides screening & brief intervention	• Pre-sentence/pre-bond population • No treatment in jail • Post-release engagement low • No information sharing beyond aggregate data
	Jail Programming & Services	• A variety of services and programming are available: CCHCC Benefits Enrollment, Public Health STD testing, Flu shots – **D**, MRT, AA/NA, Counseling – **D**, VA Outreach – **D**, GED, Tutoring Math & English, Art, Movie Critic, Poetry, Library/Books to Prisoners – **D**, Parenting classes - female only, Church/religious services – **D**, GROW?, ESL?, Project Read?, Additional groups by CCS?, Peer Support, Anger Management • CCS psychiatrist is onsite once per month	• More programming desired *Access to existing services is significantly limited due to structural limitations (i.e., space) of the existing facilities and operation of 2 jails. • Increased access to psychiatry is a concern • Specialized housing within the jail is a concern • Correct Care Solutions provides no community or transition plan
	Criminogenic Risk Assessment	• LSI-R in use by County Probation • SPIn purchased but not currently used by IDOC • PCR in use by US Probation	• No criminogenic risk data for jail population unless previously completed by County Probation

*D - Indicates if a program is available at the Downtown Jail location.
*? - Indicates programs that the jail would like to provide or has provided in the past and would like to again.

Intercept	Comprehensive System Features	Existing Programs		Gaps/Limitations
Intercept 4 Reentry	Pre-release planning	• RCU in jail • TASC in two IDOC facilities		• More pre-release planning capacity needed
	Housing	Return from Jail	Return from Prison	
			Ann's House	• Faith-based • Female only • 4-6 beds • No one with sex or violent crime • Must be on Parole
		Courage Connection	Courage Connection	• Female only • 11 beds
			JITW (Rantoul)	• Faith-based • Male only • 5 beds
		Restoration Urban Ministries	Restoration Urban Ministries	• Faith-based • Approx. 70 beds • No sexual offense
		TIMES Center	TIMES Center	• Male only • 20 beds • Must be employed or have general assistance • No more than 2 registered sex offenders
			Prairie Center	• Halfway house for Federal BOP only

<table>
<tr><th rowspan="2">Intercept</th><th rowspan="2">Comprehensive System Features</th><th colspan="2">Existing Programs</th><th>Gaps/Limitations</th></tr>
<tr><th>Return from
Jail</th><th>Return from
Prison</th><th></th></tr>
<tr><td rowspan="6"><u>Intercept 4</u>

Reentry</td><td rowspan="2">Housing</td><td>Private Landlords</td><td>Private Landlords</td><td>• Conviction type/ location near schools
• City of Champaign Human Rights Ordinance allows for discrimination for up to 5 years (currently under review)</td></tr>
<tr><td></td><td></td><td>• No halfway house
• CC Housing Authority limits access to housing for people with convictions, creating barriers to family reunification</td></tr>
<tr><td rowspan="4">Employment</td><td colspan="2">Community Services Center (Rantoul)
• Laptop access
• Link to temp. employment agencies</td><td></td></tr>
<tr><td colspan="2">First Followers
• Laptop access
• Resume assistance</td><td></td></tr>
<tr><td colspan="2">Illinois Work Net Center
• Computer access
• Fax access
• Resume assistance</td><td></td></tr>
<tr><td colspan="2">RCU Reentry Program
• Employer referral
• Application assistance
• Resume assistance</td><td></td></tr>
</table>

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
<u>Intercept 4</u> **Reentry**	**Employment**	**Salvation Army Employment Training Program** • Case management • Job matching • Employment testing	• Must have a felony conviction
			• Lack of coordination of existing efforts • No structured skills development employment program • Factory-based employment based in Rantoul approx. 20 miles from Champaign/Urbana
	Transportation	**Champaign County Area Rural Transit System (CCARTS)**	• 48hr advance notice • $5/ride • Limited operation (M-F, 6-6)

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 4 **Reentry**	**Medical/Benefits**	CCHCC • Enrollment & Benefits Support (in the community & the jail) • Linkage to primary medical care, dental care • Assistance with eye glasses, and prescriptions	• SSDI Application Specialists are needed
		Promise Healthcare (Frances Nelson, Smile Healthy) • Primary medical, dental, psychiatric treatment, and MH counseling provider	
		RCU Reentry Program • Follow-up post jail incarceration • Enrollment & Benefits Support • Referral to CCHCC • Referral to Promise Healthcare (Frances Nelson, Smile Healthy) • Assistance with securing a PCP	

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations

Intercept 4
 	
Reentry
	Behavioral Health	RCU
		• Community Support in jail
		  ○ Links to RCU BH programs
		  ○ Collaborates with Prairie Center
		• Reentry Program
		  ○ Links to BH assessments
		  ○ Links to psychiatric treatment and medication
			• Lack of capacity for psychiatry (community-wide)

		Prairie Center
		• Receives Daily Jail Booking list
		  ○ Contacts any former client
		  ○ Contacts anyone with a substance-related charge
		  ○ Collects post-release contact info
			• Lack of capacity for residential substance abuse
			• No long-term care

		TASC • In two IDOC facilities, and coordinates with Parole	• Services are limited to linkage
	Education	**Urbana Adult Education Center** • HS Diploma completion • Additional programs/coursework available	• $100 enrollment fee * UAE noted students who end up in jail typically have extremely low reading levels
		Parkland College • GED classes • Adult Reentry Program (educational reentry) • Additional programs/coursework available	• Fees associated with some programming

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 4 **Reentry**	**Education**	**WIOA** • Basic reading and math assistance	
			• Technology barrier in jail and prison, and for anyone releasing from prison after serving a long sentence

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 5 **Community Corrections**	**Criminogenic Risk Assessment**	• LSI-R in use by County Probation • PCR in use by US Probation	• No assessment from IDOC - SPIn purchased, but not in use
	Housing	• IDOC Reentry Group assists with housing placement • RCU Reentry Program refers to housing resources • Prairie Center has BOP Halfway House	• Despite a number of existing supports, housing for specialized populations remains extremely limited
	Behavioral Health	• Prairie Center SA services • RCU BH services • Promise Healthcare psychiatry services	• Access is extremely limited
	Access to Prescription Medication	• CCHCC provides assistance	• Access is limited
	Transportation Resources	• Champaign County Area Rural Transit System (CCARTS)	• 48hr advance notice • $5/ride • Limited operation (M-F, 6-6)
	Education	**Urbana Adult Education Center** • HS Diploma completion • Additional programs/coursework available	• $100 enrollment fee * UAE noted that students who end up in jail typically have extremely low reading levels
		Parkland College • GED classes • Adult Reentry Program (educational reentry) • Additional programs/coursework available	• Fees associated with some programming
		WIOA • Basic reading and math assistance	

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 5 **Community Corrections**	**Employment**	**Community Services Center** (Rantoul) • Laptop access • Link to temp. employment agencies	
		First Followers • Laptop access • Resume assistance	
		Illinois Work Net Center • Computer access • Fax access • Resume assistance	
		RCU Reentry Program • Employer referral • Application assistance • Resume assistance	
		Salvation Army Employment Training Program • Case management • Job matching • Employment testing	• Must have a felony conviction
			• No structured skills development employment program
	Other		• Technical conditions are not enforced

95

Urbana Police Department

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CIT Responses in Champaign County

August 1, 2017 – July 31, 2018

Contents

Introduction 2
Methodology 2
Volume of CIT Contacts 3
Demographics 6
CIT Officer and Crisis Response Utilization 8
Natures of Incidents 10
Symptoms Displayed 11
Outcomes of Contacts 12
Suicide Attempts, Threats, and Ideations 13
Repeat Contacts 15

Introduction

In October 2012, at the Urbana City Building, members from local law enforcement agencies and the mental health community met to discuss the current law enforcement response to citizens in mental health crisis, build stronger partnerships between stakeholders, and identify resource options. The law enforcement community was represented by the Champaign County Sheriff's Department (CCSO), Champaign Police Department (CPD), University of Illinois Police Department (UIPD), Urbana Police Department (UPD) and Champaign County State's Attorney Office (SAO). The local mental health system was represented by area mental health providers, the local hospitals, a member of the jail task force, and other stakeholders.

The group continued meeting regularly and is now recognized as the Champaign County Crisis Intervention Team Steering Committee (CITSC).

Methodology

This report illustrates the Crisis Intervention Team (CIT) responses from the Champaign County Sheriff's Office, Champaign Police Department, University of Illinois Police Department, and Urbana Police Department for one full year, from August 1, 2017 to July 31, 2018. Rantoul Police Department data is excluded from this analysis

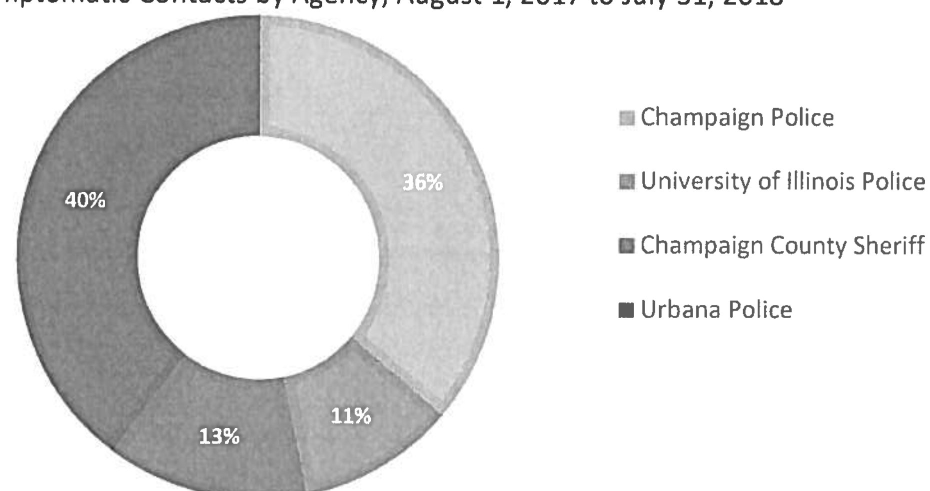
After a great deal of discussion and work among stakeholders and the administrators of the Area-Wide Records Management System (ARMS), a new method of tracking CIT contacts was developed. On February 14, 2017, a pilot of this new method was launched, where selected officers began using the new form. All officers across all agencies began using this new method on April 1, 2017. Data quality has continually improved. Analyses represent an aggregate of all four agencies.

97

Volume of CIT Contacts

The four agencies recorded 1553 symptomatic contacts in from August 1, 2017 to July 31, 2018. Figure 1 displays the disaggregation of the symptomatic contacts by agency. Urbana Police Department recorded 40% of symptomatic CIT contacts, Champaign Police Department represented 36%, the Champaign County Sheriff's Office recorded 13% of contacts, and the University of Illinois Police Department represented 11% of contacts.

Figure 1. Symptomatic Contacts by Agency, August 1, 2017 to July 31, 2018



As shown in Figure 2, from April 1 to May 31, 2017, 1553 CIT contacts with individuals displaying symptoms were conducted by all agencies. There were an additional 106 contacts with individuals not displaying symptoms at the time. These 106 contacts are excluded from all analyses.

Figure 2. Symptomatic CIT Contacts by Month, August 1, 2017 to July 31, 2018

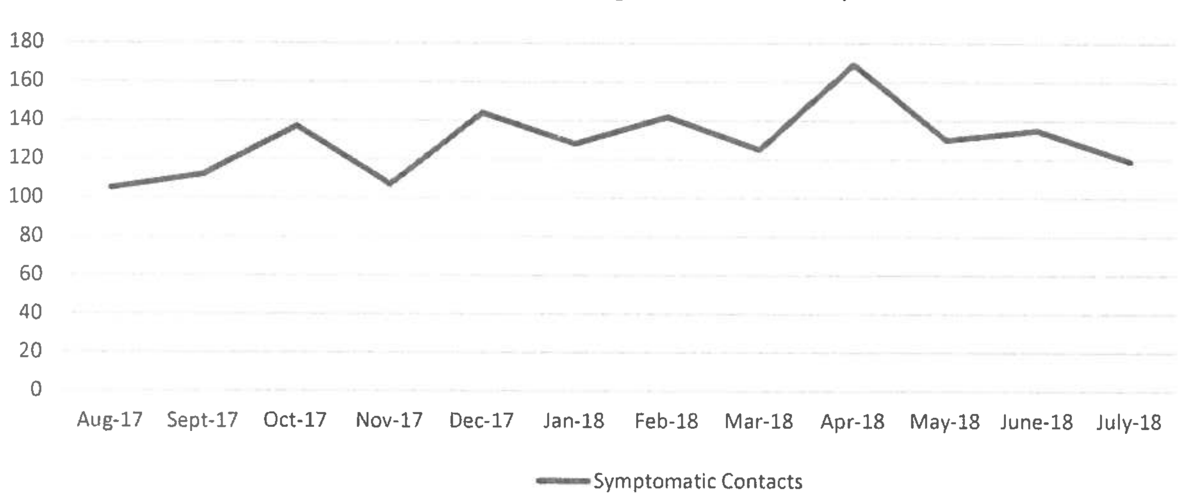
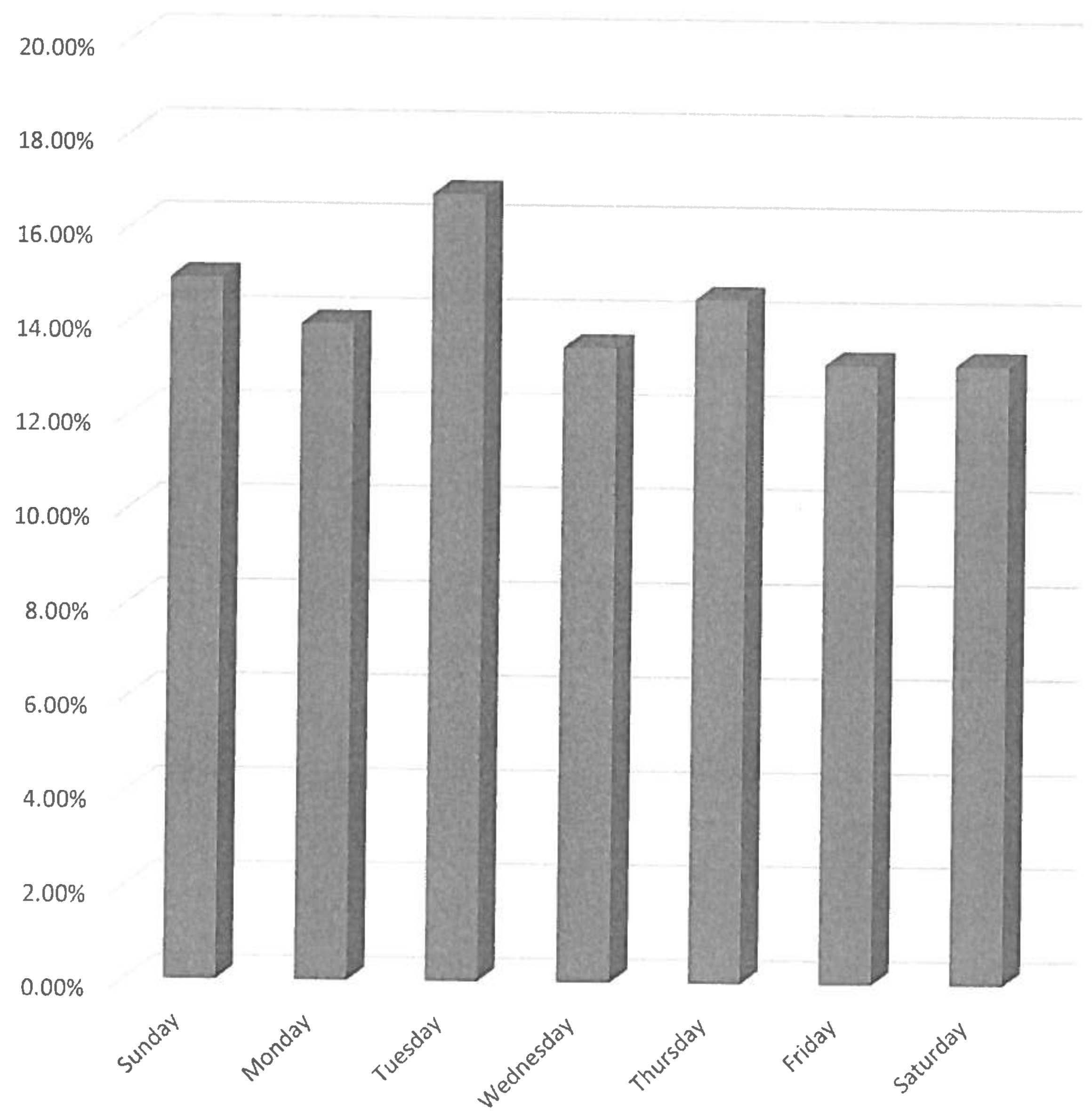


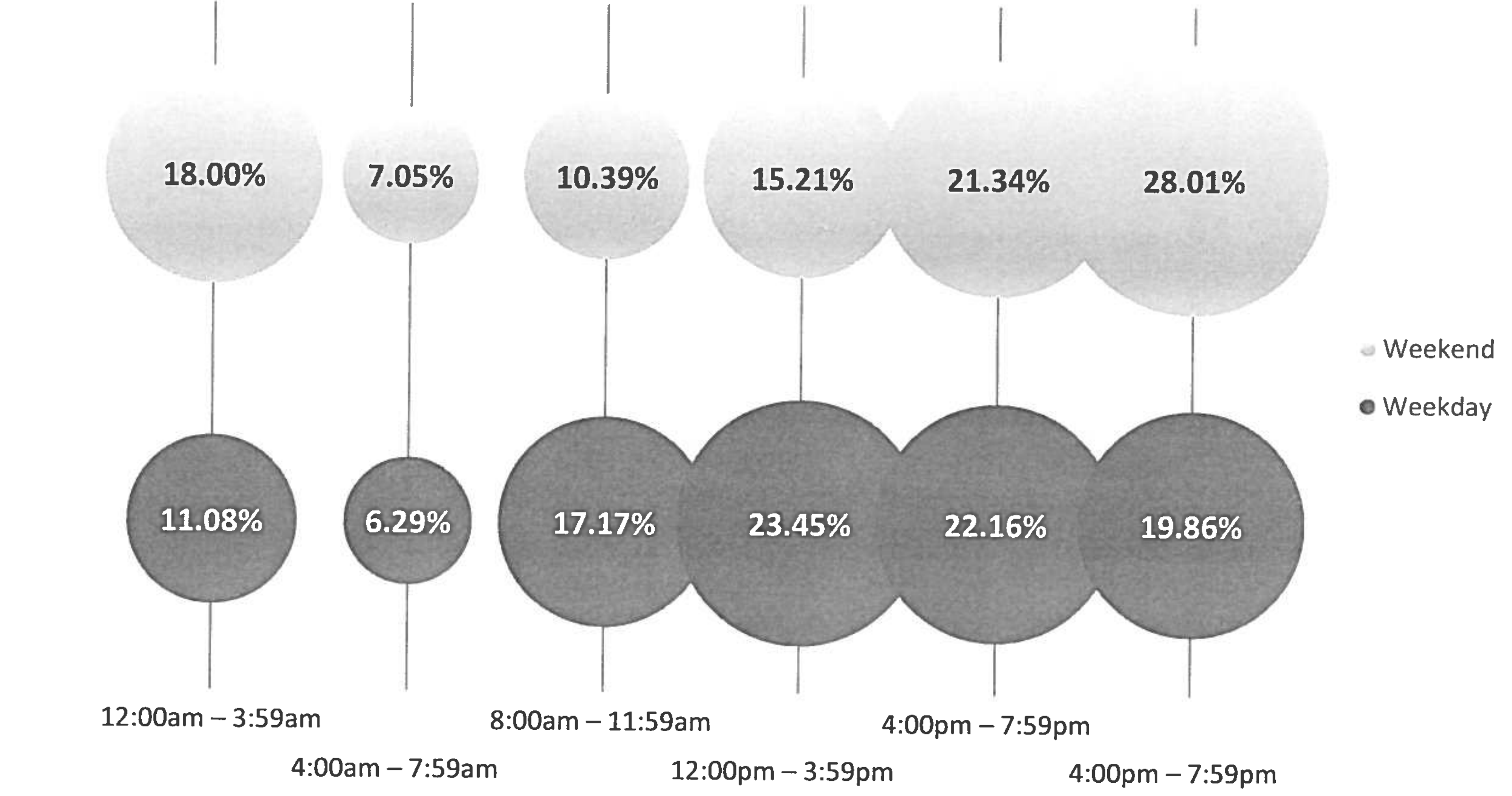
Figure 3 illustrates the contacts by day of the week. This data revealed that the CIT contacts are fairly similar across days of the week. The most contacts occur on Tuesday (16.74%), and the least occur on Friday and Saturday (each, 13.17%). The largest proportion of CIT contacts are between 5 pm and 9 pm, followed by 9 am to 1 pm.

Figure 3. Symptomatic CIT Contacts by Day of Week, August 1, 2017 to July 31, 2018



The temporal analysis presented in Figure 4 demonstrates that weekdays and weekends have a different distribution across time. During the week, the most contacts occur from 8:00am to 8:00pm. On the weekends, this shifts to 4:00 pm to 4:00 am.

Figure 4. Symptomatic CIT Contacts by Day of Week and Time of Day, August 1, 2017 to July 31, 2018



100

DEMOGRAPHICS

The four agencies had contact with 1028 individuals in the past 12 months. Many individuals had repeat contacts – this analysis presents the information by person, so each person is counted only once regardless of the number of contacts. For more details on repeat contacts, please refer to that section of this report.

As shown in Tables 1, 2, and 3, over half of the symptomatic CIT contacts involve a Caucasian subject (59.38%), followed by African American, and Hispanic. The gender distribution of individuals with symptomatic contacts are nearly equal - 51.75% of are male, and 48.25% are female. The individuals ranged in age from 8 to 93; the median age was 27 and the mean was 32. 131 individuals were under the age of 18.

Table 1. Race of Individuals with Symptomatic CIT Contacts, August 1, 2017 to July 31, 2018

Race	
Caucasian	59.44%
African American	29.67%
Asian	6.03%
Hispanic	3.99%
Other	0.88%

Table 2. Sex of Individuals with Symptomatic CIT Contacts, August 1, 2017 to July 31, 2018

Sex	
Male	51.75%
Female	48.25%%

Table 3. Descriptive Statistics of Age of Individuals with Symptomatic CIT Contacts, August 1, 2017 to July 31, 2018

Age	
Range	8 to 93
Median	27
Mean	32
Individuals under 18	131

Officers will collect some additional information if it is relevant. From August 2017 to July 2018, individuals involved in CIT contacts included 45 veterans, 181 individuals affiliated with the University of Illinois, 66 homeless individuals, and 13 individuals where it was relevant to indicate they had a FOID card. In the cases any of these characteristics is not relevant to the case, the officer will mark *unknown*. The following statistics displayed in Table 4 exclude *unknown* answers, and only count each person one time. The sample size of known characteristics is denoted in each row.

Table 4. Additional Information for Individuals with Symptomatic CIT Contacts, August 1, 2017 to July 31, 2018

	Veteran	UIUC	Homeless	FOID Card
No	93.43%	76.28%	93.17%	96.41%
Yes	6.57%	23.72%	6.83%	3.59%
Total Known	685	763	967	362

CIT Officer and Crisis Response Utilization

Figure 5 illustrates the proportion of CIT incidents that involve a certified CIT officer. Becoming a CIT officer is voluntary, and certification is granted after successful completion of 40 hours of intensive training. Approximately 73% of all CIT contacts involve a CIT officer.

Figure 5. Symptomatic CIT Contacts with CIT Officer, August 1, 2017 to July 31, 2018

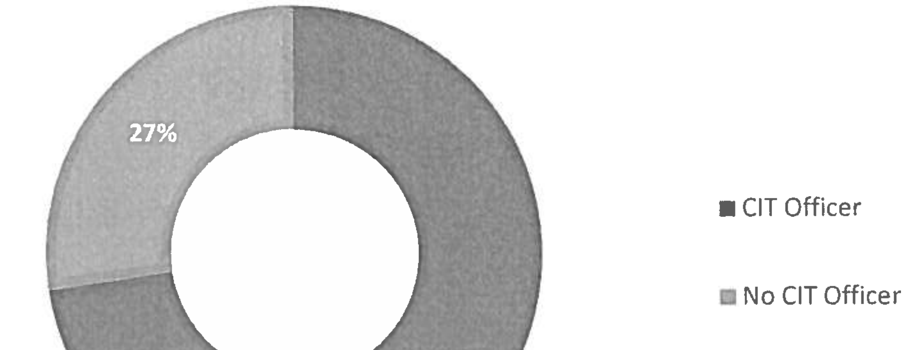


Figure 6 illustrates when Crisis Response was called from the scene. Of all symptomatic CIT contacts, Crisis Response was called in approximately 2% of contacts.

Figure 6. Crisis Response Called from Scene, August 1, 2017 to July 31, 2018

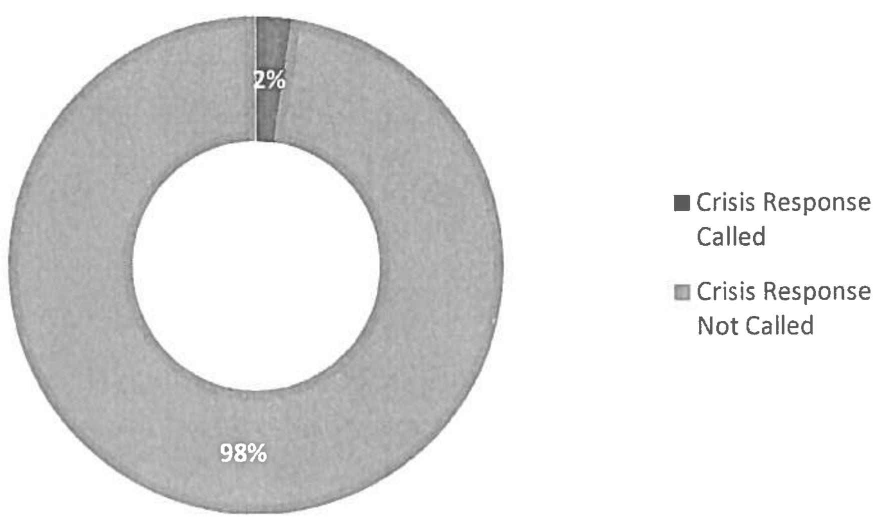
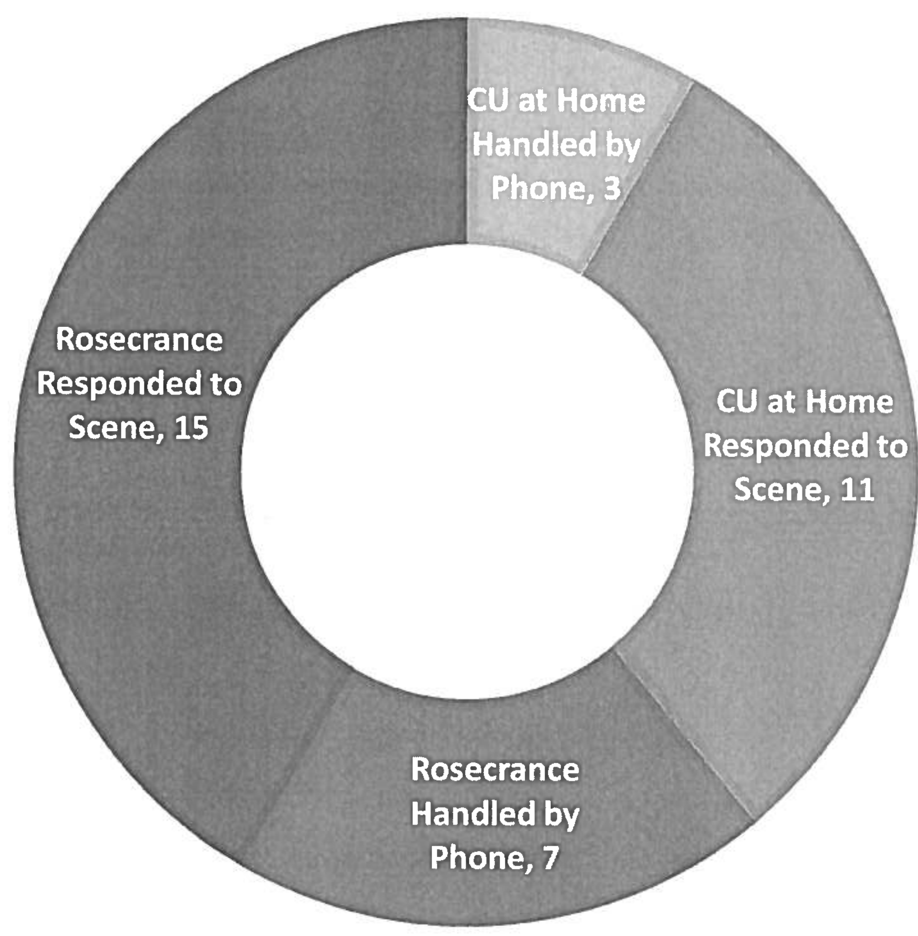


Figure 7 presents the types of Crisis Response action for the 36 instances in which Crisis Response was utilized. The most frequent action was responding to the scene (26), and there were ten instances that CU at Home or Rosecrance handled by phone.

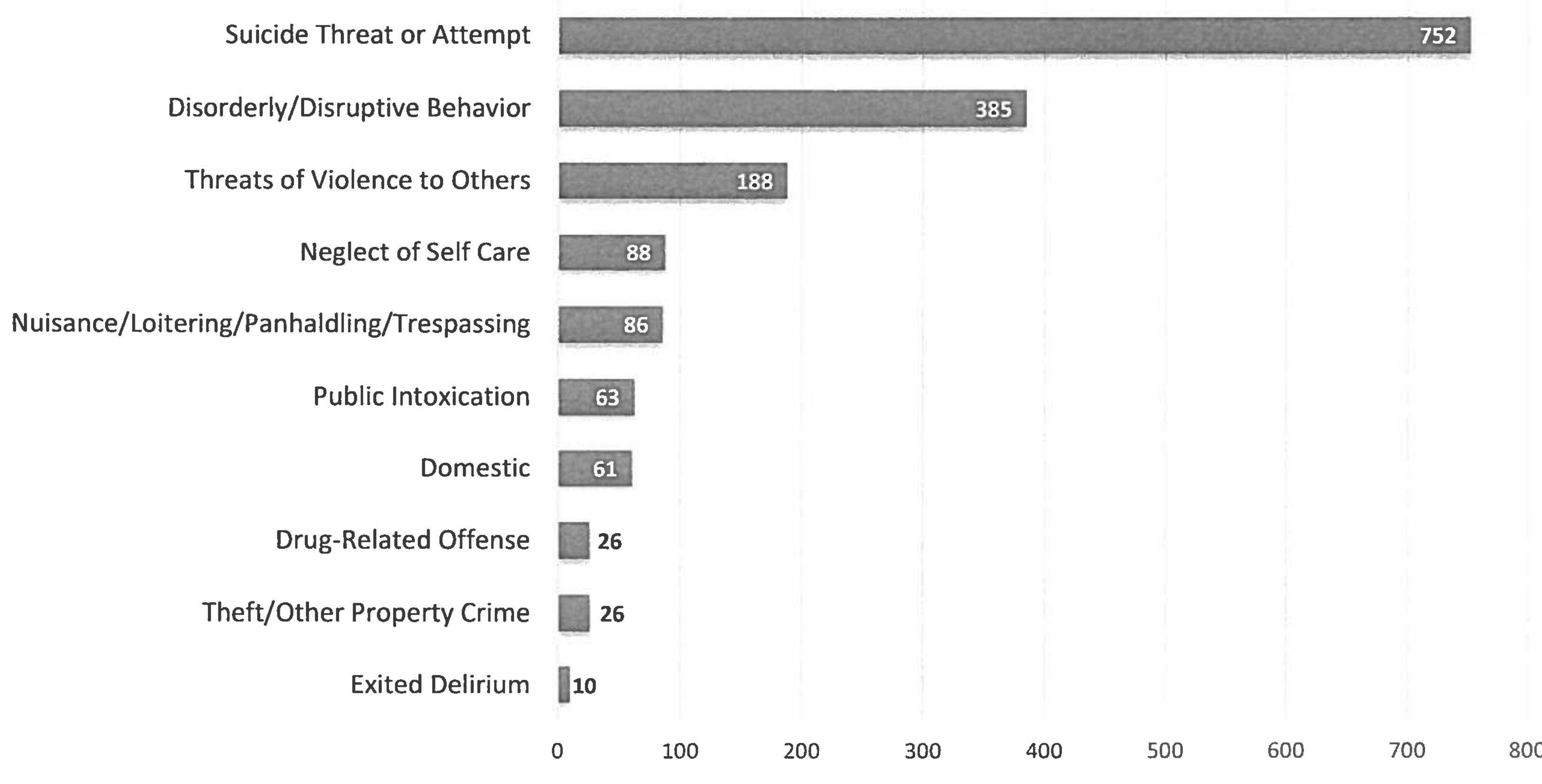
Figure 7. Crisis Response Action, August 1, 2017 to July 31, 2018



NATURES OF INCIDENTS

The nature of an incident is defined as the reason the officer was dispatched or responded to an incident. The most frequent nature of CIT contacts are suicide threats or attempts, followed by disorderly or disruptive behavior, as displayed in Figure 8. Please note that multiple natures of event can be indicated for one CIT contact.

Figure 8. Natures of Incidents, August 1, 2017 to July 31, 2018

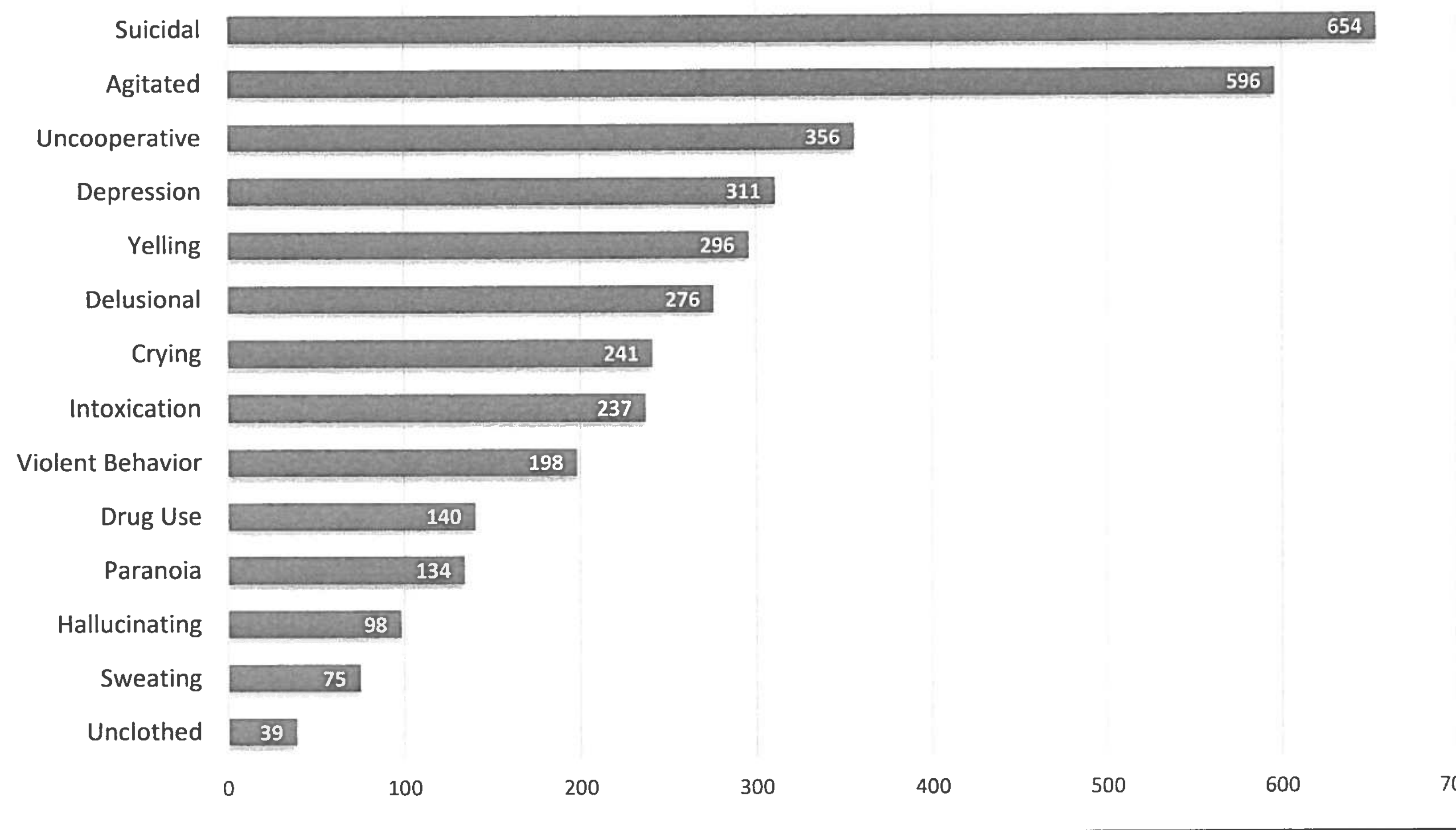


165

Symptoms Displayed

The most common symptoms displayed by individuals engaged in CIT contacts suicidal symptoms and agitation, as displayed in Figure 9. Please note that more than one symptom can be indicated for one CIT contact.

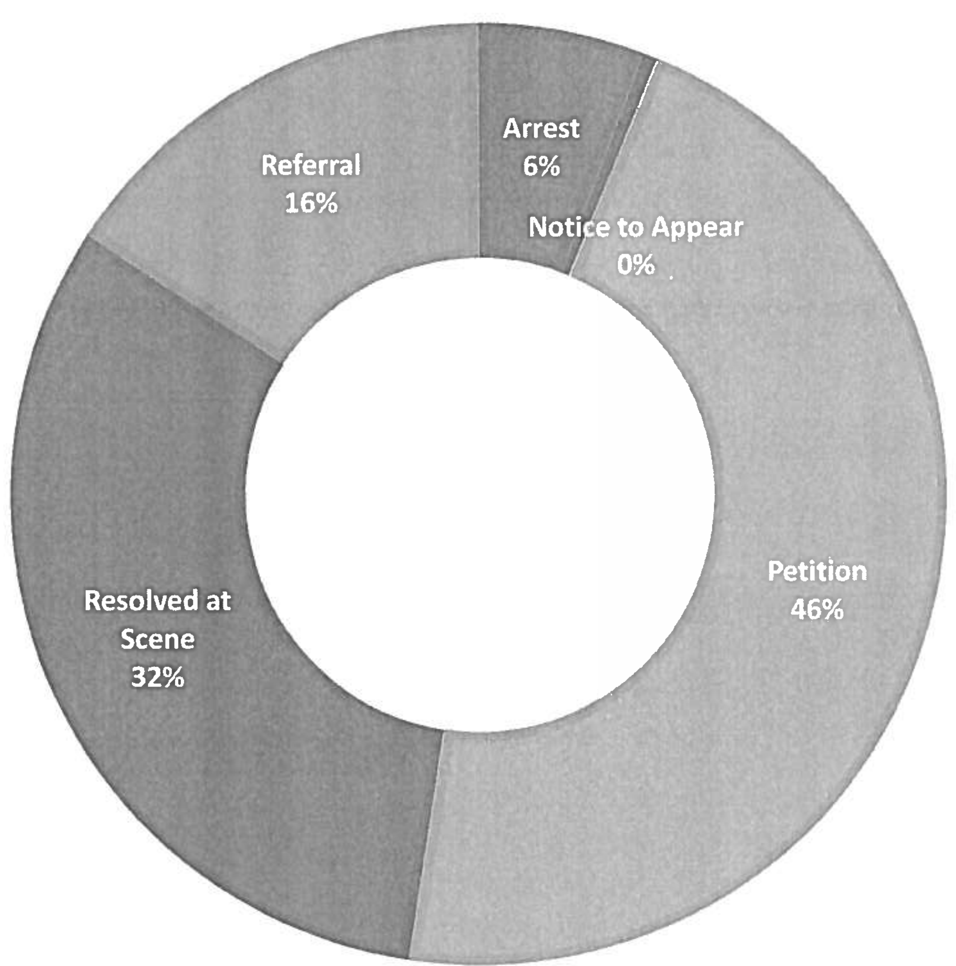
Figure 9. Symptoms Displayed, August 1, 2017 to July 31, 2018



OUTCOMES OF CONTACTS

CIT contacts can be resolved in one of five ways: custodial arrest, issuance of notices to appear, petitions, resolved at scene, and referrals. As displayed in Figure 10, 46% of contacts resulted in a petition, 32% were resolved at the scene. Approximately 6% CIT contacts resulted in arrest, or 89 incidents.

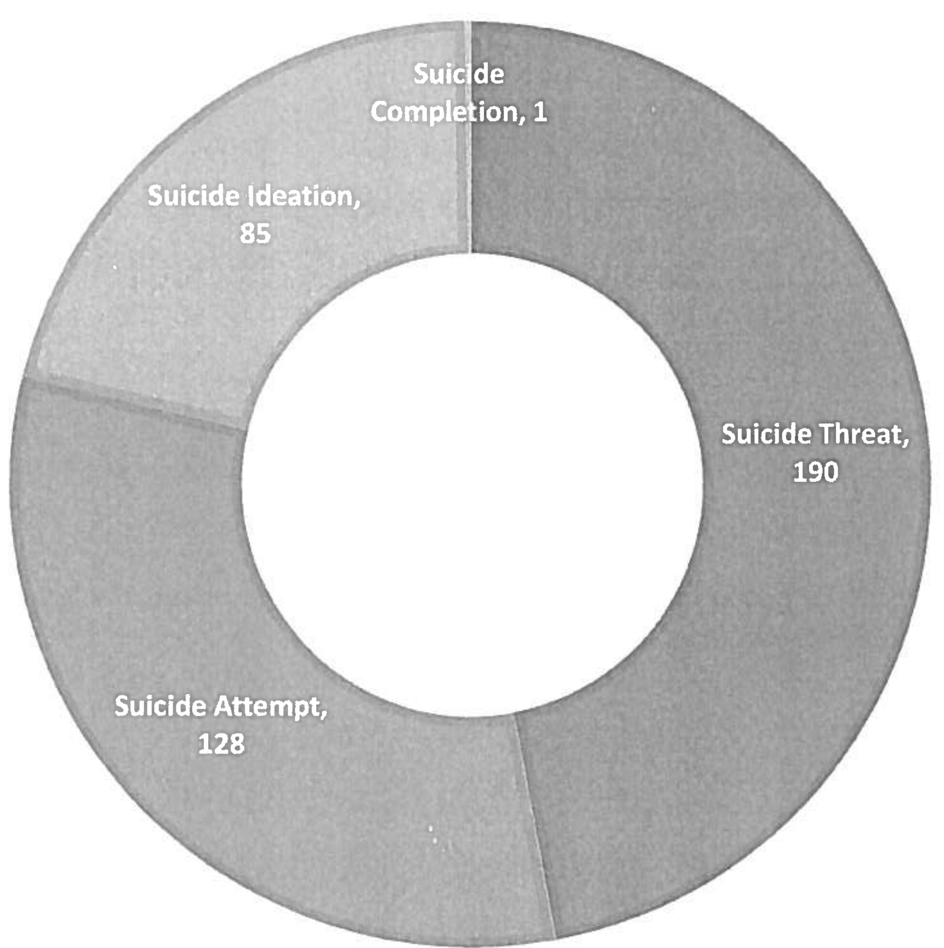
Figure 10. Outcome of Contacts, August 1, 2017 to July 31, 2018



SUICIDE ATTEMPTS, THREATS, AND IDEATIONS

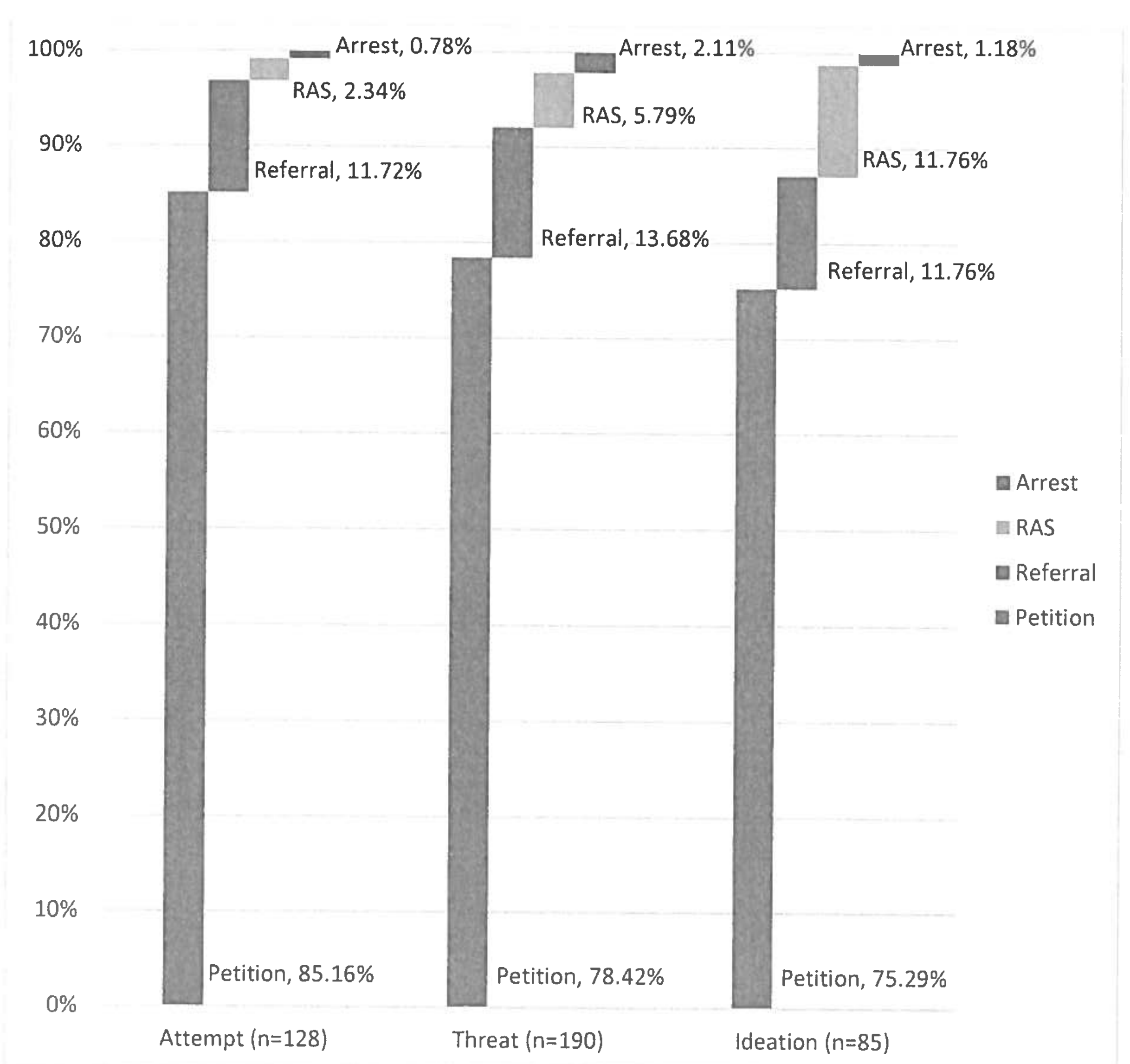
The most frequent nature of incident, and most frequent symptoms, involve suicide threats, attempts, and ideations. It is useful to consider these contacts separately. The below analysis in Figure 11 represents 404 CIT contacts from January 1, 2018 – July 31, 2018 with a suicide-related incident code nature of incident, representing 43% of all contacts from that time frame. Data quality improved beginning on July 1, and officers now denote whether the call was a suicide threat, attempt, ideation, or completion.

Figure 11. Suicide Threats, Attempts, Ideations, and Completions, January 1, 2018 to July 31, 2018



Below in Figure 12, the dispositions of each type of suicide CIT contact is disaggregated by threats, attempts, and ideations. Over ¾ of all of these contacts result in a petition; this ranges from 85% for contacts involving suicide attempts, and 75% for contacts involving suicide ideations. Referrals are highest (almost 14%) for contacts involving suicide threats, and officers resolve contacts involving suicide ideations at the scene in nearly 12% of contacts. Arrests occurred in only 6 suicide threat, attempt, or ideation CIT contacts.

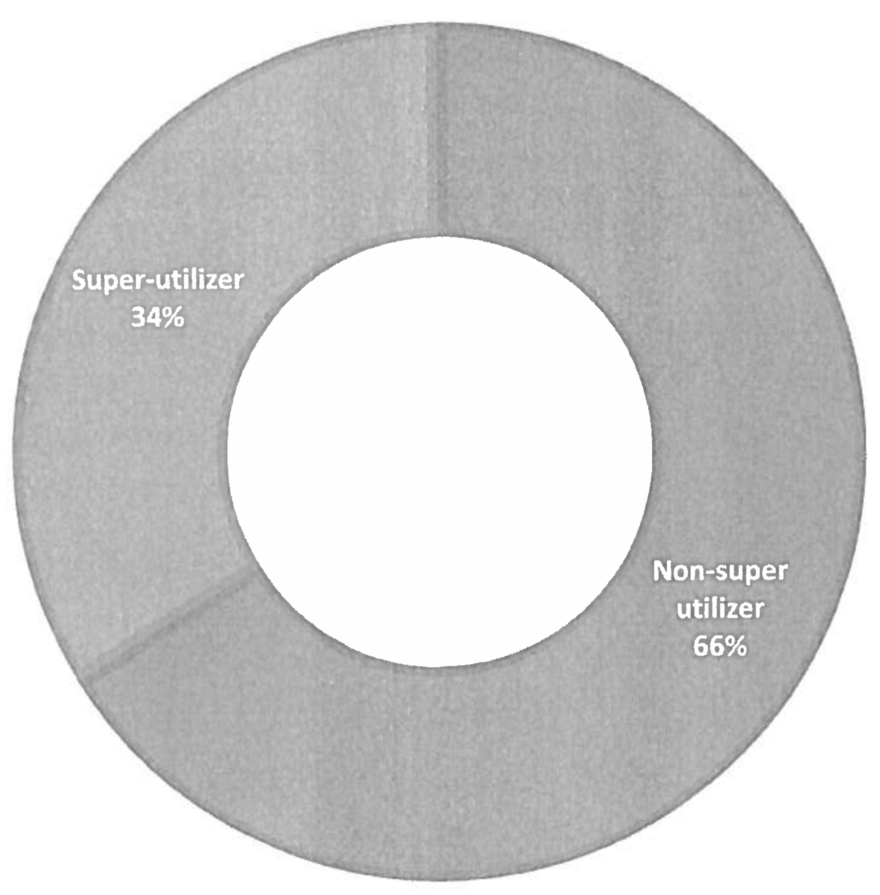
Figure 12. Dispositions of Suicide Threats, Attempts, and Ideations CIT Contacts, January 1, 2018 to July 31, 2018



Repeat Contacts

Many of the CIT contacts are with individuals who have had multiple previous CIT contacts in the recent past. The 1553 symptomatic CIT contacts from August 2017 to July 2018 were with 1028 individuals. For purpose of this analysis, an individual is considered a *super-utilizer* if he or she has had 3 or more symptomatic CIT contacts in the past 16 months (when data collection began in earnest in April of 2017). Based on this definition, 122 individuals were involved in 526 symptomatic contacts. As displayed in Figure 13, super-utilizers accounted for 34% of symptomatic CIT contacts across all 4 agencies.

Figure 13. Percent of Symptomatic CIT Contacts with Super-Utilizers, August 1, 2017 to July 31, 2018



The nature of incidents as well as symptoms displayed varies when comparing super-utilizer CIT contacts to non-super utilizer CIT contacts. As shown in Figures 14 & 15, the most frequent nature of incidents for CIT contacts with super-utilizers is disorderly/disruptive behavior, while the most frequent for non-super utilizers is suicide threats/attempts/ideations. Super-utilizers' most frequently displayed symptoms include agitation and delusions, while non-super utilizers most frequently display suicidal symptoms.

Figure 14. Comparison of Nature of Incidents by Super-Utilizers, August 1, 2017 to July 31, 2018

Nature of Incident	Super-Utilizer	Not Super-Utilizer
Disorderly/Disruptive Behavior	34.22%	19.28%
Suicide Threat/Attempt/Ideation	25.29%	58.71%
Threats of Violence to Others	13.31%	11.30%
Nuisance/Loitering/Panhaldling/Trespassing	9.89%	2.92%
Neglect of Self Care	7.98%	4.28%
Domestic	6.46%	2.53%
Public Intoxication	4.56%	3.80%

0.00% 10.00% 20.00% 30.00% 40.00% 50.00% 60.00% 70.00%

■ Super-Utilizer ■ Not Super-Utilizer

Figure 15. Comparison of Symptoms by Super-Utilizers, August 1, 2017 to July 31, 2018

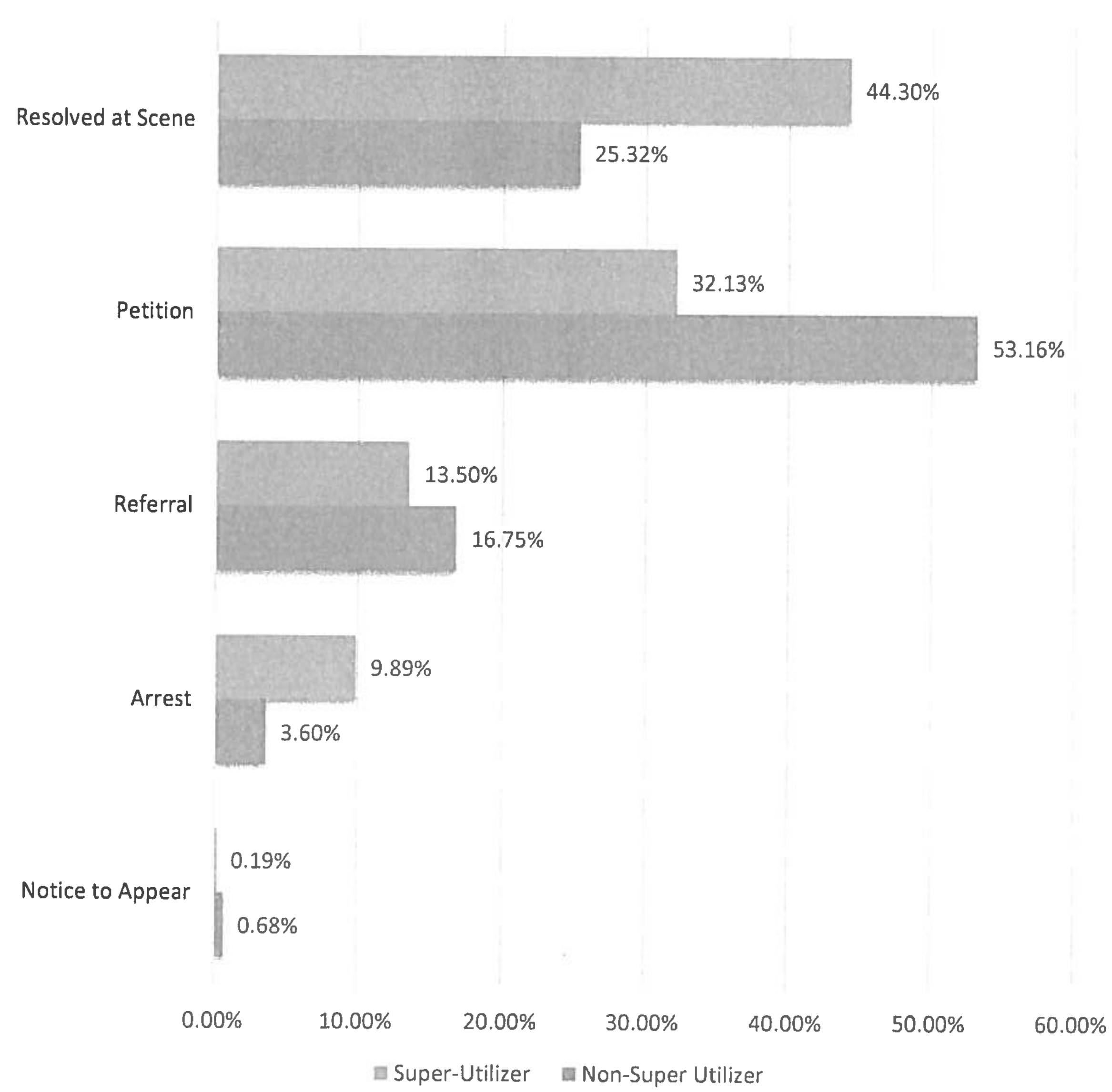
Symptom	Super-utilizer	Non-super utilizer
Agitated	47.53%	33.59%
Delusional	28.71%	12.17%
Uncooperative	24.90%	21.91%
Suicidal	23.19%	51.61%
Yelling	22.05%	17.53%
Intoxication	10.46%	17.62%
Crying	10.27%	18.21%
Depression	9.70%	25.32%

0.00% 10.00% 20.00% 30.00% 40.00% 50.00% 60.00%

■ Super-utilizer ■ Non-super utilizer

Outcomes also vary across super-utilizer status, as shown in Figure 16. CIT contacts with super-utilizers are most likely to be resolved at the scene, while contacts with non-super utilizers most frequently result in a petition. Notably, super-utilizer contacts end in arrest in twice as frequently as symptomatic contacts with non-super utilizers.

Figure 16. Comparison of Outcomes by Super-Utilizers, August 1, 2017 to July 31, 2018



Champaign County Continuum of Care POINT IN TIME (PIT) DATA

ES= Emergency Shelter
TH= Transitional Housing

YEAR	SHELTERED ES	SHELTERED TH	UNSHELTERED	TOTAL HOMELESS
2014	14	179	12	205
2015	10	143	10	163
2016	21	149	18	188
2017	57	86	17	160
2018	109	70	9	188

	Jan. 28, 2014	Jan. 29, 2015	Jan. 28, 2016	Jan. 26, 2017	Jan. 25, 2018
TOTAL HOUSEHOLDS	165	136	146	118	140
TOTAL PERSONS	205	163	188	160	188
under age 18	41	30	43	44	45
age 18-24	21	25	23	15	15
over age 24	143	108	122	101	128
GENDER					
Female	54	42	79	79	72
Male	150	121	109	109	116
Transgender	1	0	0	0	0
ETHNICITY					
Non-Hispanic / Non-Latino	186	156	174	142	187
Hispanic / Latino	19	7	14	18	1
RACE					
White	80	76	85	64	73
Black	100	79	86	78	107
Asian	1	0	2	5	0
American Indian or Alaska Native	3	2	3	4	0
Native Hawiaan or Other Pacific	0	0	0	1	0
Multiple Races	21	6	12	8	8

Point-in-Time Count IL-503 Champaign, Urbana, Rantoul/Champaign County CoC

Population: Sheltered and Unsheltered Count

Persons in Households with at least one Adult and one Child

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Number of Households	9	11	0	**20**
Total Number of persons (Adults & Children)	**34**	**33**	**0**	**67**
Number of Persons (under age 18)	21	22	0	**43**
Number of Persons (18 - 24)	6	0	0	**6**
Number of Persons (over age 24)	7	11	0	**18**

Gender (adults and children)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Female	21	22	0	**43**
Male	13	11	0	**24**
Transgender	0	0	0	**0**
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	**0**

Ethnicity (adults and children)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Non-Hispanic/Non-Latino	34	33	0	**67**
Hispanic/Latino	0	0	0	**0**

115

Point-in-Time Count IL-503 Champaign, Urbana, Rantoul/Champaign County CoC

Race (adults and children)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
White	4	13	0	**17**
Black or African-American	27	20	0	**47**
Asian	0	0	0	**0**
American Indian or Alaska Native	0	0	0	**0**
Native Hawaiian or Other Pacific Islander	0	0	0	**0**
Multiple Races	3	0	0	**3**

Chronically Homeless (adults and children)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total number of households	0		0	**0**
Total number of persons	0		0	**0**

116

Population: Sheltered and Unsheltered Count

Persons in Households with only Children

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	2	0	0	0	**2**
Total Number of children (under age 18)	2	0	0	0	**2**

Gender (adults and children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	1	0	0	0	**1**
Male	1	0	0	0	**1**
Transgender	0	0	0	0	**0**
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0	**0**

Ethnicity (adults and children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latino	2	0	0	0	**2**
Hispanic/Latino	0	0	0	0	**0**

117

Race (adults and children)	Sheltered			Unsheltered	Total
	Emergency	Transitional			
White	0	0	0	0	**0**
Black or African-American	2	0	0	0	**2**
Asian	0	0	0	0	**0**
American Indian or Alaska Native	0	0	0	0	**0**
Native Hawaiian or Other Pacific Islander	0	0	0	0	**0**
Multiple Races		0	0	0	**0**

Chronically Homeless (adults and children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total number of persons	0		0	0	**0**

Point-in-Time Count IL-503 Champaign, Urbana, Rantoul/Champaign County CoC

Population: Sheltered and Unsheltered Count

Persons in Households without Children

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	72	37	0	9	**118**
Total Number of persons (Adults)	**73**	**37**	**0**	**9**	**119**
Number of Persons (18 - 24)	8	1	0	0	**9**
Number of Persons (over age 24)	65	36	0	9	**110**

Gender (adults and children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	15	12	0	1	**28**
Male	58	25	0	8	**91**
Transgender	0	0	0	0	**0**
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0	**0**

Ethnicity (adults and children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latino	72	37	0	9	**118**
Hispanic/Latino	1	0	0	0	**1**

119

Point-in-Time Count IL-503 Champaign, Urbana, Rantoul/Champaign County CoC

Race (adults and children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
White	27	25	0	4	**56**
Black or African-American	44	10	0	4	**58**
Asian	0	0	0	0	**0**
American Indian or Alaska Native	0	0	0	0	**0**
Native Hawaiian or Other Pacific Islander	0	0	0	0	**0**
Multiple Races	2	2	0	1	**5**

Chronically Homeless (adults and children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total number of persons	8		0	1	**9**

120

Date of PIT Count: 1/25/2018
Population: Sheltered and Unsheltered Count

Total Households and Persons

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	83	48	0	9	**140**
Total Number of Persons	109	70	0	9	**188**
Number of Children (under age 18)	23	22	0	0	**45**
Number of Persons (18 to 24)	14	1	0	0	**15**
Number of Persons (over age 24)	72	47	0	9	**128**

Gender

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	37	34	0	1	**72**
Male	72	36	0	8	**116**
Transgender	0	0	0	0	**0**
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0	**0**

Ethnicity

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latino	108	70	0	9	**187**
Hispanic/Latino	1	0	0	0	**1**

Point In Time Summary for IL-503 - Champaign, Urbana, Rantoul/Champaign County CoC

Race	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
White	31	38	0	4	**73**
Black or African-American	73	30	0	4	**107**
Asian	0	0	0	0	**0**
American Indian or Alaska Native	0	0	0	0	**0**
Native Hawaiian or Other Pacific Islander	0	0	0	0	**0**
Multiple Races	5	2	0	1	**8**

Chronically Homeless	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total number of persons	8		0	1	**9**

Additional Homeless Populations Summary for IL-503 - Champaign, Urbana, Rantoul/Champaign County CoC

Date of PIT Count: 1/25/2018
Population: Sheltered and Unsheltered Count

Other Homeless Subpopulations

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Adults with a Serious Mental Illness	7	3	0	2	**12**
Adults with a Substance Use Disorder	3	8	0	2	**13**
Adults with HIV/AIDS	0	2	0	0	**2**
Adult Survivors of Domestic Violence	25	17	0	0	**42**

2016 County Report

County Name: Champaign

Data collected Spring 2016

Introduction

Based on the administration of the Illinois Youth Survey (2016), this report provides county-level data on a variety of health and social indicators such as drug use, bullying, and school climate. The data has been organized into topical sections as noted in the table of contents following this introduction. In most cases, only a portion of schools in a county participate in the Illinois Youth Survey (IYS). There will be NO DATA presented in this report for any grade level with only one district reporting. This is to protect the confidentiality of district-level results.

The IYS is offered to both public and private schools. In order to have the best understanding of how well the results in this report reflect the experiences of the youth in this county, several factors should be considered including: Public School Building Participation, Public School Student Participation, and Private School Student Participation.

Public School Building Participation

In Table 1, the number of eligible public schools (i.e. contain at least 10 students at the 8th, 10th or 12th grade level) is compared with the actual number of IYS participating public schools in the county.

Table 1: Public School Building IYS Participation by School Level

Middle Schools (8th grade)		High Schools (10th and/or 12th grades)	
N Schools Participating	N Schools Eligible	N Schools Participating	N Schools Eligible
2	13	2	10

Public School Student Participation

Table 2 provides a comparison between the actual number of students surveyed and the number of all students enrolled in public schools within the county. This percentage can be increased by surveying more schools and students within the county. Again, enrollment totals are based on student enrollment at public schools with at least 10 enrolled students at the 8th, 10th or 12th grade level. Table 2 is based solely on public school students due to the lack of available enrollment information for private schools.

Table 2: Public School Student IYS Participation by Grade

	N Student Surveyed	N Enrolled Students in County	% Enrolled Students in County Report
8th	243	1780	14%
10th	358	1736	21%
12th	231	1567	15%
Total	832	5083	16%

Private School Student Participation

Table 3 provides a count of the number of private school students surveyed in this county. Note that the data presented in this report includes both public and private schools that participated in this county.

Table 3: Number of Private School Students Surveyed by Grade

8th	10th	12th	Total
0	78	51	129

If schools that serve youth in specialized settings like charter schools, alternative schools, etc. participated in the IYS, these students are represented in the survey results but are not included in data summaries presented in Table 2 or Table 3 above.

Organization of the Report (Data Tables and Charts)

Tables can be helpful when you are looking for a summary of responses for particular survey questions, for example, the percentage of 8th grade youth who report using prescription pain killers to get high. Some tables may contain a mean score (an average of all the responses), a median score (the middle point of all responses given) or an "N" (number of students who responded to that question). Tables can also be useful when you need specific data to support a grant or report. If you see an "N/A" (Not Applicable) noted in a table, this indicates that the question was not asked at that grade level. If you see an "N/R" (Not Reported) noted in a table, this indicates that at least 90% of students skipped the question for no known reason, making the results too biased to report.

Summary charts can be helpful to view multiple questions in one place (e.g., use of different drugs to determine which is the most used) and to compare your results with the scientific sample of Illinois students who participated in the 2014 IYS. State level results from the 2016 IYS will not be available until late fall. IYS state level norms from 2014 are a good benchmark for immediate decision-making because state estimates stay relatively stable across two IYS administration years. To locate the starting page of the Summary Charts, refer to the Table of Contents on the next page.

Keep in mind that the IYS 6th and 8th grade forms do not include all questions asked on the IYS high school form. For that reason, responses to some questions do not appear in the tables and charts for some grade levels. If you would like to determine what section includes responses to a specific survey item or verify if a question was asked at a specific grade level, please refer to the Site Report Appendix on our website http://iys.cprd.illinois.edu/results.

We are confident that you will find this report to be a valuable resource for planning, grant writing, program development and reporting. If you have any questions about this report, please call 888-333-5612 and ask for an IYS Coordinator or visit the IYS website at http://iys.cprd.illinois.edu/.

(1) Student Characteristics

Age

8th		10th		12th	
Avg	N	Avg	N	Avg	N
13.7	243	15.6	436	17.5	282

Gender

	8th		10th		12th	
	%	N	%	N	%	N
Female	48%	115	52%	223	49%	137
Male	52%	124	48%	208	51%	143
Total	100%	239	100%	431	100%	280

Race

	8th		10th		12th	
	%	N	%	N	%	N
White	37%	89	67%	290	66%	184
Black/African American	28%	67	15%	66	14%	38
Latino/Latina	15%	35	4%	19	7%	20
Asian American	4%	10	3%	15	6%	16
Native American/American Indian	0%	1	0%	0	0%	0
Multi-racial	15%	35	8%	34	6%	17
Other	1%	2	2%	9	2%	5
Total	100%	239	100%	433	100%	280

(2) Drug Prevalence and Behaviors

2016 Substance Use Rates by Grade

Substance Used	8th Grade	10th Grade	12th Grade
Used Past Year			
Any Substance (including alcohol, cigarettes, inhalants or marijuana)	**26%**	**38%**	**55%**
Alcohol	21%	33%	51%
Any Tobacco Product (excluding e-cigarettes)	4%	7%	10%
Cigarettes	3%	5%	6%
Inhalants	3%	1%	1%
Marijuana	11%	17%	21%
Any Illicit Drugs (excluding marijuana)	**1%**	**3%**	**2%**
Crack/Cocaine	0%	1%	0%
Hallucinogens/LSD	0%	2%	1%
Ecstasy/MDMA	0%	2%	1%
Methamphetamine	0%	0%	0%
Heroin	0%	0%	1%
Any Prescription Drugs to get high	**3%**	**2%**	**4%**
Steroids	1%	0%	1%
Prescription Painkillers	2%	1%	3%
Other Prescription Drugs	1%	2%	4%
Prescription drugs not prescribed to you	4%	6%	7%
Over-the-Counter Drugs	2%	1%	1%
Used Past 30 Days			
Alcohol	11%	16%	34%
Any Tobacco Product (cigarettes or other smoked tobacco or chewing tobacco or hookah or e-cigs)	**7%**	**11%**	**17%**
Cigarettes	1%	3%	4%
Smokeless tobacco	0%	2%	2%
Smoking tobacco (other than cigarettes)	1%	3%	7%
Smoked a hookah or water pipe	5%	5%	9%
E-cigarettes	3%	5%	9%
Inhalants	3%	1%	0%
Marijuana	8%	10%	14%
Prescription drugs not prescribed to you	2%	3%	2%
Used Past 2 Weeks			
Binge Drinking	3%	7%	14%
# of Respondents	243	436	282

How old were you when you first:

		Never have	10 or younger	11	12	13	14	15	16	17	18 or older	Total
10th	Had more than a sip or two of alcohol	57%	4%	2%	4%	7%	10%	12%	4%	0%	0%	100%
	Began drinking alcohol regularly (at least once or twice a month)	90%	0%	0%	0%	1%	2%	5%	1%	0%	0%	100%
	Smoked a cigarette, even just a puff	86%	2%	2%	2%	2%	2%	4%	0%	0%	0%	100%
	Used any other tobacco product (e.g., chewing tobacco or cigars)	94%	0%	1%	0%	0%	1%	2%	0%	0%	0%	100%
	Smoked marijuana	78%	0%	0%	2%	3%	6%	9%	2%	0%	0%	100%
12th	Had more than a sip or two of alcohol	39%	6%	2%	2%	3%	7%	12%	14%	10%	4%	100%
	Began drinking alcohol regularly (at least once or twice a month)	78%	1%	0%	0%	1%	2%	2%	5%	6%	4%	100%
	Smoked a cigarette, even just a puff	83%	3%	1%	3%	0%	2%	2%	1%	3%	1%	100%
	Used any other tobacco product (e.g., chewing tobacco or cigars)	90%	1%	0%	1%	0%	1%	1%	2%	2%	1%	100%
	Smoked marijuana	74%	0%	0%	1%	2%	2%	7%	7%	5%	2%	100%

DRUG INITIATION AMONG THOSE WHO HAVE EVER USED EACH DRUG: Average (mean) age when first:

	12th	
	Avg	N
Had more than a sip or two of alcohol	14.7	169
Began drinking alcohol regularly (at least once or twice a month)	15.8	61
Smoked a cigarette, even just a puff	13.7	48
Used any other tobacco product (e.g., chewing tobacco or cigars)	15.3	29
Smoked marijuana	15.4	73

129

When, if ever, did you FIRST:

		Never have	More than 12 months ago	During the past 12 months	Total
8th	Drink more than a sip or two of beer, wine, or hard liquor (e.g., vodka, whiskey, or gin)	74%	15%	11%	100%
	Smoke a cigarette, even just a puff	90%	7%	2%	100%
	Use an electronic cigarette (e-cigarette)	89%	6%	4%	100%
	Smoke marijuana	88%	5%	7%	100%
10th	Drink more than a sip or two of beer, wine, or hard liquor (e.g., vodka, whiskey, or gin)	61%	16%	23%	100%
	Smoke a cigarette, even just a puff	87%	8%	5%	100%
	Use an electronic cigarette (e-cigarette)	84%	8%	8%	100%
	Smoke marijuana	79%	9%	12%	100%
12th	Drink more than a sip or two of beer, wine, or hard liquor (e.g., vodka, whiskey, or gin)	44%	29%	27%	100%
	Smoke a cigarette, even just a puff	83%	10%	6%	100%
	Use an electronic cigarette (e-cigarette)	82%	7%	10%	100%
	Smoke marijuana	74%	12%	14%	100%

ALCOHOL: On how many occasions (if any) have you had alcohol:

		0 occasions	1-2 occasions	3-5 occasions	6-9 occasions	10-19 occasions	20 or more occasions	Total
8th	In the past 30 days	88%	8%	2%	2%	0%	0%	100%
	In the past year	79%	12%	6%	1%	0%	1%	100%
10th	In the past 30 days	82%	14%	3%	1%	1%	1%	100%
	In the past year	67%	18%	7%	3%	1%	3%	100%
12th	In the past 30 days	66%	22%	8%	3%	1%	0%	100%
	In the past year	49%	20%	12%	5%	8%	7%	100%

130

BINGE DRINKING: Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row:

	8th	10th	12th
None	96%	92%	86%
Once	2%	3%	8%
Twice	1%	2%	2%
3-5 times	0%	2%	3%
6-9 times	0%	0%	1%
10 or more times	0%	1%	1%
Total	100%	100%	100%

INHALANTS: On how many occasions (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high:

		0 occasions	1-2 occasions	3-5 occasions	6-9 occasions	10-19 occasions	20 or more occasions	Total
8th	In the past 30 days	95%	2%	2%	0%	0%	0%	100%
	In the past year	97%	2%	2%	0%	0%	0%	100%
10th	In the past 30 days	99%	0%	0%	0%	0%	0%	100%
	In the past year	99%	1%	0%	0%	0%	0%	100%
12th	In the past 30 days	98%	1%	1%	0%	0%	0%	100%
	In the past year	99%	0%	1%	0%	0%	0%	100%

MARIJUANA: On how many occasions (if any) have you used marijuana:

		0 occasions	1-2 occasions	3-5 occasions	6-9 occasions	10-19 occasions	20 or more occasions	Total
8th	In the past 30 days	91%	3%	1%	2%	2%	1%	100%
	In the past year	89%	4%	1%	2%	2%	3%	100%
10th	In the past 30 days	89%	3%	3%	0%	1%	3%	100%
	In the past year	83%	6%	3%	1%	2%	4%	100%
12th	In the past 30 days	85%	4%	4%	3%	1%	2%	100%
	In the past year	79%	6%	4%	1%	3%	7%	100%

132

ILLICIT DRUGS: During the past 12 months, how often have you used:

		0 occasions	1-2 occasions	3-5 occasions	6-9 occasions	10-19 occasions	20 or more occasions	Total
8th	MDMA ("ecstasy")	100%	0%	0%	0%	0%	0%	100%
	LSD or other psychedelics	100%	0%	0%	0%	0%	0%	100%
	Cocaine or crack	100%	0%	0%	0%	0%	0%	100%
	Meth (methamphetamine)	100%	0%	0%	0%	0%	0%	100%
	Heroin	100%	0%	0%	0%	0%	0%	100%
10th	MDMA ("ecstasy")	98%	1%	0%	0%	0%	0%	100%
	LSD or other psychedelics	98%	1%	0%	0%	0%	0%	100%
	Cocaine or crack	99%	0%	0%	0%	0%	0%	100%
	Meth (methamphetamine)	100%	0%	0%	0%	0%	0%	100%
	Heroin	100%	0%	0%	0%	0%	0%	100%
12th	MDMA ("ecstasy")	99%	1%	0%	0%	0%	0%	100%
	LSD or other psychedelics	99%	1%	0%	0%	0%	0%	100%
	Cocaine or crack	100%	0%	0%	0%	0%	0%	100%
	Meth (methamphetamine)	100%	0%	0%	0%	0%	0%	100%
	Heroin	99%	0%	0%	0%	0%	0%	100%

PRESCRIPTION AND OVER THE COUNTER DRUGS: During the past 12 months, how often have you used:

		Never	1-2 times	3-5 times	6 or more times	Total
8th	Steroids without a doctor's prescription?	99%	0%	0%	0%	100%
	Prescription painkillers to get high? (e.g., Oxycontin, Vicodin, Lortab, etc.)	98%	1%	0%	0%	100%
	Other prescription drugs to get high? (e.g., Ritalin, Adderall, Xanax, etc.)	99%	1%	0%	0%	100%
	Something you bought in a store to get high? (e.g., cough syrup, etc.)	98%	1%	0%	0%	100%
10th	Steroids without a doctor's prescription?	100%	0%	0%	0%	100%
	Prescription painkillers to get high? (e.g., Oxycontin, Vicodin, Lortab, etc.)	99%	1%	0%	0%	100%
	Other prescription drugs to get high? (e.g., Ritalin, Adderall, Xanax, etc.)	98%	1%	0%	1%	100%
	Something you bought in a store to get high? (e.g., cough syrup, etc.)	99%	0%	0%	0%	100%
12th	Steroids without a doctor's prescription?	99%	0%	0%	0%	100%
	Prescription painkillers to get high? (e.g., Oxycontin, Vicodin, Lortab, etc.)	97%	1%	0%	1%	100%
	Other prescription drugs to get high? (e.g., Ritalin, Adderall, Xanax, etc.)	96%	2%	0%	1%	100%
	Something you bought in a store to get high? (e.g., cough syrup, etc.)	99%	1%	0%	1%	100%

(3) Drug Use Contributing Factors

PERSONAL DISAPPROVAL: How wrong do you think it is for someone your age to:

		Very wrong	Wrong	A little bit wrong	Not wrong at all	Total
8th	Drink beer, wine or hard liquor (e.g., vodka, whiskey or gin) regularly	66%	23%	9%	2%	100%
	Smoke cigarettes	81%	15%	3%	0%	100%
	Smoke marijuana	65%	18%	9%	8%	100%
	Use prescription drugs not prescribed to them	79%	17%	4%	1%	100%
10th	Drink beer, wine or hard liquor (e.g., vodka, whiskey or gin) regularly	47%	31%	17%	5%	100%
	Smoke cigarettes	68%	24%	5%	3%	100%
	Smoke marijuana	54%	20%	15%	11%	100%
	Use prescription drugs not prescribed to them	73%	19%	6%	3%	100%
12th	Drink beer, wine or hard liquor (e.g., vodka, whiskey or gin) regularly	27%	31%	31%	11%	100%
	Smoke cigarettes	54%	26%	12%	8%	100%
	Smoke marijuana	31%	25%	27%	16%	100%
	Use prescription drugs not prescribed to them	68%	22%	7%	2%	100%

135

PERCEPTIONS OF PEER ALCOHOL USE: In the past 30 days, what percent of students at your school do you think have had beer, wine, or hard liquor:

	10th	12th
0% of students	4%	1%
1-10% of students	10%	5%
11-20% of students	13%	12%
21-30% of students	17%	15%
31-40% of students	15%	12%
41-50% of students	14%	14%
51-60% of students	9%	14%
61-70% of students	7%	8%
71-80% of students	6%	14%
81-90% of students	4%	5%
91-100% of students	2%	1%
Total	100%	100%

Compared to:

	10th	12th
Actual past 30 day alcohol use reported	16%	34%

136

PERCEPTIONS OF PEER MARIJUANA USE: In the past 30 days, what percent of students at your school do you think have used marijuana:

	10th	12th
0% of students	5%	2%
1-10% of students	12%	14%
11-20% of students	14%	14%
21-30% of students	15%	11%
31-40% of students	11%	10%
41-50% of students	9%	10%
51-60% of students	8%	9%
61-70% of students	5%	7%
71-80% of students	9%	9%
81-90% of students	7%	12%
91-100% of students	4%	3%
Total	100%	100%

Compared to:

	10th	12th
Actual past 30 day marijuana use reported	10%	14%

137

PERCEIVED RISK ASSOCIATED WITH USE: How much do you think people risk harming themselves (physically or in other ways) if they:

		No risk	Slight risk	Moderate risk	Great risk	Total
8th	Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day	5%	16%	34%	45%	100%
	Have five or more drinks of an alcoholic beverage once or twice a week	5%	9%	27%	60%	100%
	Smoke one or more packs of cigarettes per day	6%	5%	15%	74%	100%
	Smoke marijuana once or twice a week	13%	21%	23%	44%	100%
	Use prescription drugs not prescribed to them	4%	7%	14%	75%	100%
10th	Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day	4%	14%	41%	40%	100%
	Have five or more drinks of an alcoholic beverage once or twice a week	2%	15%	33%	50%	100%
	Smoke one or more packs of cigarettes per day	2%	8%	20%	71%	100%
	Smoke marijuana once or twice a week	13%	25%	30%	32%	100%
	Use prescription drugs not prescribed to them	3%	10%	22%	65%	100%
12th	Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day	4%	15%	38%	42%	100%
	Have five or more drinks of an alcoholic beverage once or twice a week	4%	14%	32%	51%	100%
	Smoke one or more packs of cigarettes per day	3%	7%	15%	75%	100%
	Smoke marijuana once or twice a week	21%	30%	26%	23%	100%
	Use prescription drugs not prescribed to them	1%	10%	23%	66%	100%

138

(4) Interpersonal Conflict, Violence and Delinquency

DELINQUENCY: How many times in the past year (12 months) have you:

		Never	1-2 times	3-5 times	6 or more times	Total
8th	Been in a physical fight	70%	26%	1%	3%	100%
	Carried a weapon such as a handgun, knife or club	86%	5%	3%	6%	100%
	Sold illegal drugs	97%	1%	1%	1%	100%
	Been drunk or high at school	94%	2%	2%	2%	100%
10th	Been in a physical fight	82%	13%	4%	1%	100%
	Carried a weapon such as a handgun, knife or club	90%	3%	3%	4%	100%
	Sold illegal drugs	97%	2%	0%	1%	100%
	Been drunk or high at school	95%	2%	1%	2%	100%
12th	Been in a physical fight	89%	7%	3%	1%	100%
	Carried a weapon such as a handgun, knife or club	92%	1%	1%	6%	100%
	Sold illegal drugs	97%	2%	1%	0%	100%
	Been drunk or high at school	93%	5%	1%	1%	100%

BULLYING EXPERIENCES: During the past 12 months, has another student at school:

	8th	10th	12th
Bullied you by calling you names	37%	24%	17%
Threatened to hurt you	19%	15%	9%
Bullied you by hitting, punching, kicking, or pushing you	13%	8%	3%
Bullied, harassed or spread rumors about you on the Internet or through text messages	20%	19%	11%
Ever bullied (reported at least 1 type of bullying)	45%	33%	24%
Intensely bullied (reported all types of bullying)	6%	3%	1%

139

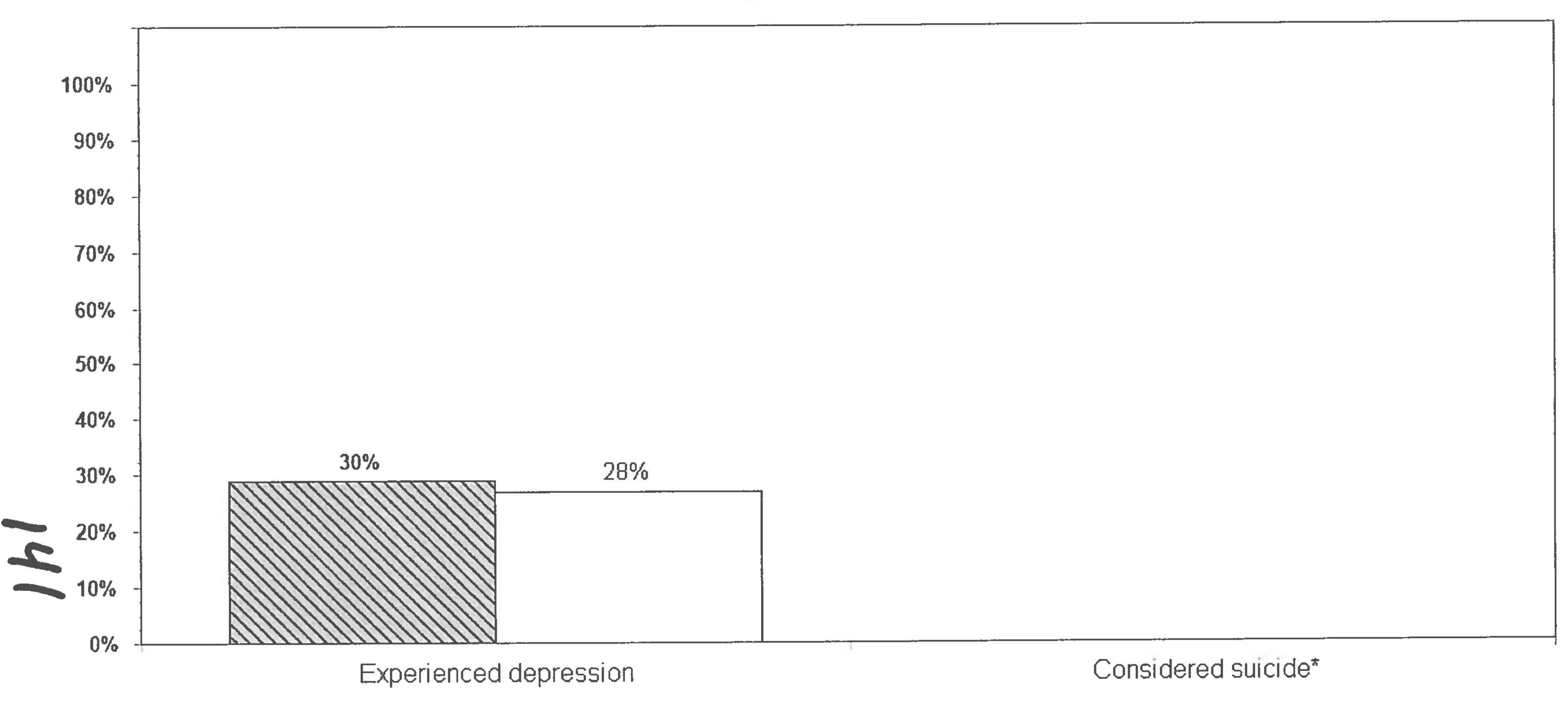
BIAS-BASED BULLYING: In the past 12 months at school, how often have you been bullied, harassed, or made fun of because of:

		Never	1-2 times	3-5 times	6 or more times	Total
8th	Your appearance or a disability	60%	16%	7%	18%	100%
10th	What someone assumed about your religion, sexual orientation, or race/ethnicity	83%	10%	4%	3%	100%
	Your appearance or a disability	76%	14%	5%	5%	100%
12th	What someone assumed about your religion, sexual orientation, or race/ethnicity	85%	9%	2%	4%	100%
	Your appearance or a disability	84%	8%	4%	4%	100%

DATING VIOLENCE: During the past 12 months, have any of the following been done by someone in a dating relationship with you:

		I have not begun to date	Yes	No	Not sure	Total
8th	Slapped, kicked, punched, hit, or threatened you	29%	6%	61%	4%	100%
10th	Slapped, kicked, punched, hit, or threatened you	23%	5%	69%	3%	100%
	Put you down or tried to control you	23%	14%	60%	4%	100%
12th	Slapped, kicked, punched, hit, or threatened you	18%	4%	75%	3%	100%
	Put you down or tried to control you	18%	10%	68%	4%	100%

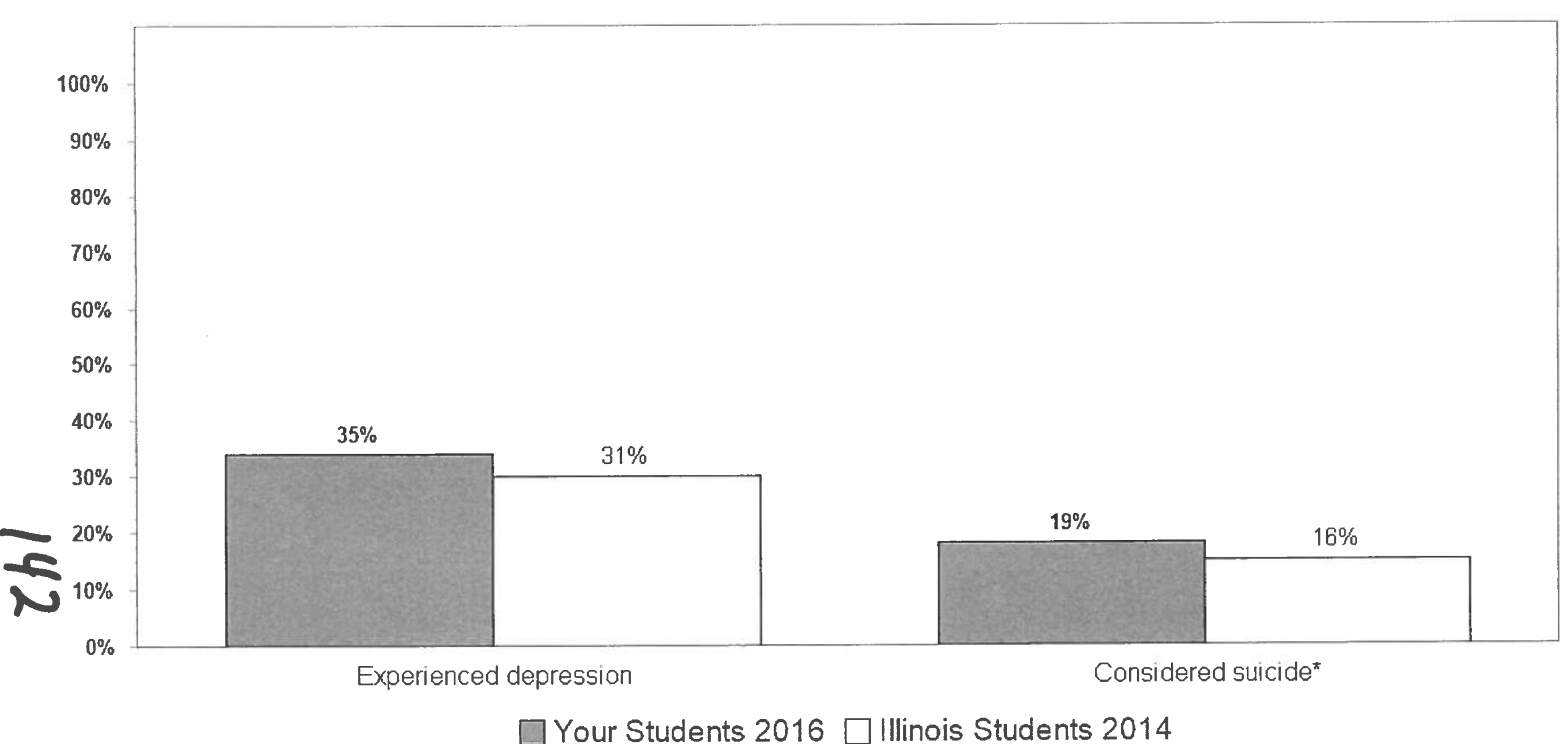
Mental Health Concerns in the Past 12 Months Among 8th Grade Youth



Your Students 2016 Illinois Students 2014

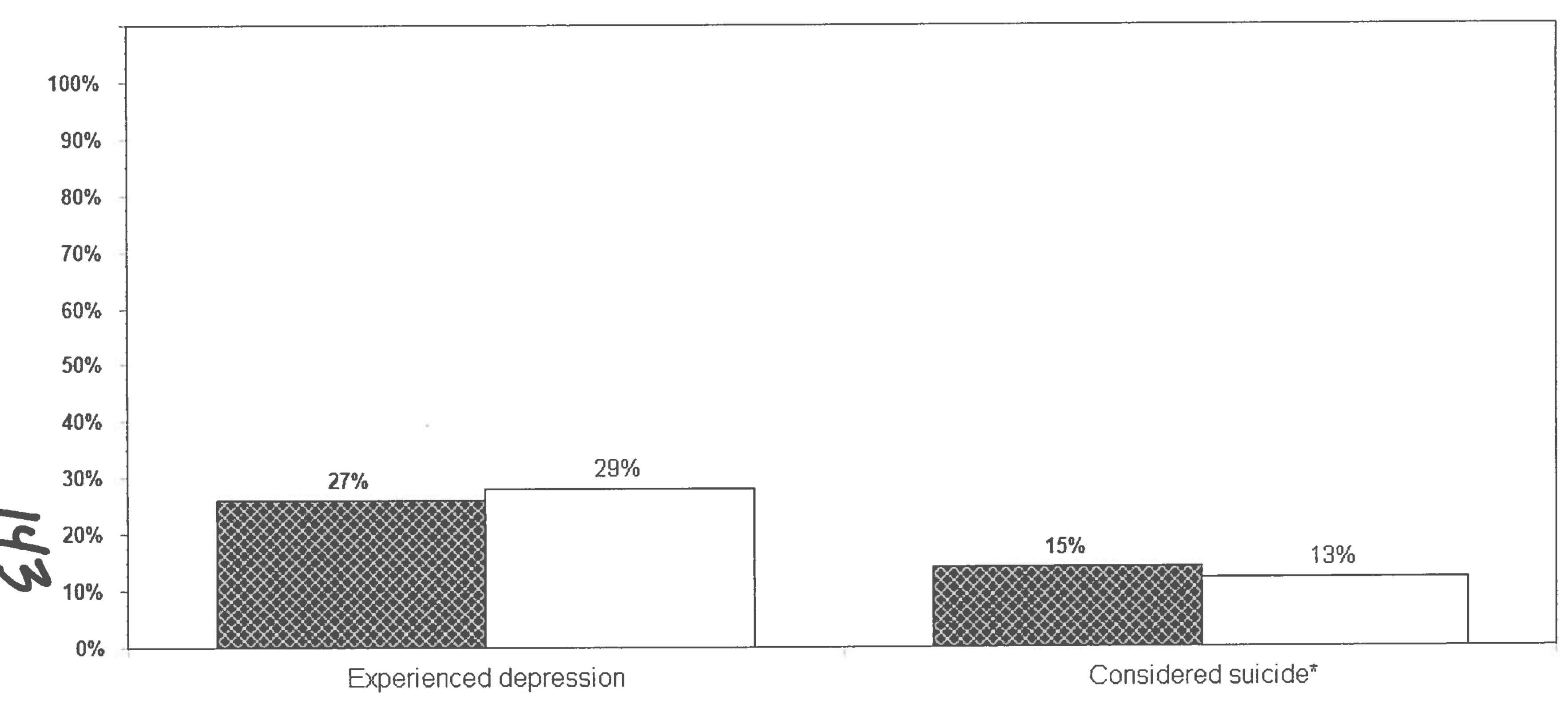
** Question asked only on IYS high school form*

Mental Health Concerns in the Past 12 Months Among 10th Grade Youth



** Question asked only on IYS high school form*

Mental Health Concerns in the Past 12 Months Among 12th Grade Youth



Your Students 2016 Illinois Students 2014

** Question asked only on IYS high school form*

Health Disparities

SAMHSA works to reduce behavioral health disparities among different population groups through programs, technical assistance, and workforce development.

Overview

Healthy People 2020 defines a health disparity as a "particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."

Significant behavioral health disparities persist in diverse communities across the United States, including:

- Racial and ethnic groups
- Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) populations
- People with disabilities
- Transition-age youth
- Young adults

Various subpopulations face elevated levels of mental and substance use disorders, and experience higher rates of suicide, poverty, domestic violence, childhood and historical trauma, as well as involvement in the foster care and criminal justice systems. Historically, these diverse populations tend to have less access to care, lower or disrupted service use, and poorer behavioral health outcomes. These disparities may be related to factors such as a lack of access to health care, the need for a diverse health care workforce, a lack of information, and the need for culturally and linguistically competent care and programs.

The Department of Health and Human Services' (HHS) HHS Action Plan to Reduce Racial and Ethnic Disparities states, "the societal burden of health and health care disparities in America manifests itself in multiple and major ways. In one stark example, Murray et al. show a difference of 33 years between the longest living and shortest living groups in the U.S." Another study, The Economic Burden of Health Inequalities in the United States by the Joint Center for Political and Economic Studies, concludes that "the combined costs of health inequalities and premature death in the United States were $1.24 trillion between 2003 and 2006."

144

Behavioral health disparities and their impact point to the need for an increased focus on effective prevention, treatment, and services for diverse populations.

Learn more about:

- SAMHSA's Efforts Related to Behavioral Health Equity
- Behavioral Health Equity Within SAMHSA's Strategic Initiatives
- Grants Related to Health Disparities
- Publications and Resources on Health Disparities

145

CHAMPAIGN COUNTY

NUMBER OF CHILDREN (2011-15): 39,402
59% WHITE 9% HISPANIC/LATINO
19% BLACK 14% OTHER

INDICATORS OF CHILD WELL-BEING		Illinois	Champaign County
HEALTH	**LOW-BIRTHWEIGHT BABIES (2014)** Are babies born weighing less than 5.5 pounds?	8.2%	8.4%
	CHILDREN WITHOUT HEALTH INSURANCE (2015) Are children lacking health coverage?	2.9%	2.6%
	INFANT, CHILD, AND TEEN DEATHS (2015) How many children died in one year?	1,481	20
	RATIO OF POPULATION TO PRIMARY CARE PHYSICIANS (2014) Do people have access to health care?	1,240:1	1,197:1
FAMILY & COMMUNITY	**CHILD CARE ASSISTANCE FOR WORKING FAMILIES (FY 2015)** Are working families able to afford quality child care? *Estimated percentage of children (ages 5 and under) at or below 185% poverty receiving state child care assistance*	26%	41%
	CHILDREN PLACED IN FOSTER CARE (FY 2017) How many children are placed in the foster care system?	14,077	311
	VIOLENT CRIMES (2015) How many violent crimes are committed?	47,843	918
	OPIOID OVERDOSE DEATHS (2016) How many people are dying from opioids?	1,889	18

2017 KIDS COUNT PROFILE | VOICES FOR ILLINOIS CHILDREN | www.voices4kids.org

Note: FY 2015 went from July 1, 2014 through June 30, 2015 and FY 2017 went from July 1, 2016 through June 30, 2017.

CHAMPAIGN COUNTY

INDICATORS OF CHILD WELL-BEING		Illinois	Champaign County	
ECONOMIC SECURITY				
CHILDREN IN POVERTY (2015) Are children living in poverty?		19%	18%	
FOOD INSECURITY RATE (2015) Are households struggling with food insecurity?		11.7%	16.3%	
UNEMPLOYMENT RATE (2016) Are adults struggling to find work?		5.9%	5.1%	
HOUSEHOLDS WITH A HIGH HOUSING COST BURDEN (2011-2015) Are households struggling to afford housing? *Estimated percentage of households where more than 30% of monthly income is spent on rent or ownership costs*		35%	36%	
EDUCATION				
PRESCHOOL ACCESS FOR CHILDREN IN WORKING FAMILIES (2015) Are children who are most in need accessing preschool? *Estimated percentage of 3- and 4-year-olds at or below 185% poverty in Preschool for All or Head Start programs*		82%	75%	
			county district range	
3RD GRADERS MEETING ELA EXPECTATIONS (2016) Are all groups of 3rd graders meeting expectations in English Language Arts?	Low-Income	22%	7% Ludlow CCSD142	31% Fisher CUSD1
	Non-Low-Income	51%	39% Heritage CUSD8	73% Prairieview-Ogden CCSD197
6TH GRADERS MEETING MATH EXPECTATIONS (2016) Are all groups of 6th graders meeting expectations in Math?	Low-Income	14%	6% Rantoul City SD137	36% Thomasboro CCSD130
	Non-Low-Income	43%	38% Heritage CUSD8	61% Fisher CUSD1
HIGH SCHOOL GRADUATION RATE (2016) Are all groups of students graduating from high school in 4 years?	Black	75%	74% Champaign CUSD4	94% Rantoul Twp HSD193
	Hispanic	81%	71% Rantoul Twp HSD193	81% Urbana SD116
	White	90%	82% Fisher CUSD1	98% St Joseph Ogden CHSD305

ILLINOIS POVERTY REPORT: LOCAL AND COUNTY DATA ON POVERTY AND WELL-BEING

OSH

ARE

Champaign County

Population: 206,420 People
Well-Being Index Score: 4 out of 8 Possible Points
List Status: Watch List

Social IMPACT Research Center at Heartland Alliance

33 W. Grand Ave., Suite 500 | Chicago, IL 60654
T: 312-870-4949 | F: 312-870-4950
Media Inquiries: acason@heartlandalliance.org

Well-Being Index

	County Value	IL Value	County Change	IL Change
High School Graduation Rate, 2016-2017 academic year [1]	88.2%	89.6%	0 pts 2015-2016	4.1 pts 2015-2016
Teen Births (live births per 1,000 women ages 15-19), 2016 [2]	97.6	52.9	16.9 pts 2015	5.7 pts 2015
Unemployment Rate, 2017 [3]	4.2%	5%	-0.9 pts 2016	-0.8 pts 2016
Poverty Rate, 2016 [4]	18.9%	13%	-1.2 pts 2015	-0.6 pts 2015

Poverty & Income

	County Value	IL Value	County Change	IL Change
Child Poverty Rate, 2016 [4]	15.9%	17.8%	-2.4 pts 2015	-1.3 pts 2015
Number of People in Poverty, 2016 [4]	36,364	1,620,974	-2,387 2015	-81,236 2015
Median Household Income, 2016 [5]	$51,032	$60,977	-0.80% 2015	1% 2015
Living Wage Calculator Annual Income for a One Parent Family with a Young Child and Child, 2016 [6]	$56,755	$62,761	—	—
Average Amount Poor Families' Incomes Falls Below the Poverty Line (i.e., mean income deficit), 2012-2016 [7]	$9,999	$9,792	—	—

Employment

	County Value	IL Value	County Change	IL Change
Number of Unemployed Individuals, 2017 [3]	4,427	321,900	-17.50% 2016	-15.40% 2016
Rank by Unemployment Rate (1=highest, 102=lowest), 2017 [3]	92	—	—	—
Unemployment Rate, 2017 [3]	4.2%	5%	-0.9 pts 2016	-0.8 pts 2016
Initial Unemployment Insurance Claims, 2017 [8]	6,431	505,749	-1.20% 2016	-9% 2016

Education

	County Value	IL Value	County Change	IL Change
High School Graduation Rate for Low-Income Students, 2016-2017 academic year [1]	82.2%	83.6%	1.8 pts 2015-2016	6.9 pts 2015-2016
Funded Head Start Enrollment, 2017 fiscal year [9]	437	31,558	—	—
Head Start Sites, 2017 fiscal year [9]	5	646	—	—
Average ACT Composite Score, 2016-2017 academic year [10]	21.8	21	—	—
Percentage of 3rd Graders Meeting or Exceeding Standards on the PARCC English Language Arts, 2016-2017 academic year [10]	30.3%	34.2%	—	—
Percentage of 3rd Graders Meeting or Exceeding Standards on the PARCC Math, 2016-2017 academic year [10]	35.6%	37.7%	—	—

Housing

	County Value	IL Value	County Change	IL Change

	County Value	IL Value	County Change	IL Change
Percent Severely Rent-Burdened Households, 2012-2016 [7]	30.4%	23.9%	—	—
Renters as a Percent of Total Households, 2012-2016 [7]	45%	34%	—	—
Estimated Mean Renter Hourly Wage, 2017 [11]	$10.30	$16.32	—	—
Fair Market Rent (FMR) for 2-Bedroom Apartment, 2017 [11]	$829	$1,085	—	—
Monthly Rent Affordable at Mean Renter Wage, 2017 [11]	$536	$848	—	—
Wage Needed to Afford 2-Bedroom Apartment at FMR, 2017 [11]	$15.94	$20.87	—	—
Work Hours per Week at IL Minimum Wage to Afford 2-Bedroom at FMR, 2017 [11]	77	101	—	—

Health & Nutrition

	County Value	IL Value	County Change	IL Change
Share of Families Receiving SNAP that have 1 or more Workers in Family, 2012-2016 [7]	87.1%	79.6%	—	—
Health Uninsured Rate, Non-Seniors, 2016 [12]	6.9%	9.3%	-0.9 pts 2015	-0.9 pts 2015
Percentage of Babies Born Low Birth Weight, 2016 [13]	8.1%	8.4%	—	—
Child Food Insecurity Rate, 2017 [14]	18.4%	17.3%	-2.1 pts 2016	-2.2 pts 2016
Food Insecurity Rate, 2017 [14]	16.3%	11.7%	0 pts 2016	-1.2 pts 2016

Assets

	County Value	IL Value	County Change	IL Change
Homeownership Rate, 2012-2016 [7]	55%	66%	—	—
Liquid Asset Poverty, 2013 [15]	36.1%	31.9%	—	—
Asset Poverty, 2013 [15]	29.5%	23.6%	—	—
Percent of Population Age 25+ with a Bachelor's Degree or Higher, 2012-2016 [7]	42.5%	32.9%	—	—
Percent of Underbanked Households, 2015 [15]	17.7%	14.3%	—	—
Percent of Unbanked Households, 2015 [15]	6.4%	7.1%	—	—

There are a number of different data sources available for poverty estimates. The timeliest source availabe for estimates for all Illinois counties is the Small Area Income and Poverty Estimates Program, which is used here. For more information on the various sources of poverty estimates used for this project and how they differ, see the FAQs page.

At the time of release, all data were the most timely and accurate available.

Data Sources

1 Social IMPACT Research Center's analysis of Illinois State Board of Education's School Report Card Data. Available at https //www isbe net/Pages/Illinois-State-Report-Card-Data aspx

2 Social IMPACT Research Center's analysis of the U.S. Census Bureau's Population Estimates and Illinois Department of Public Health, Illinois Teen Births by County. Available at http //www dph illinois gov/data-statistics/vital-statistics/birth-statistics.

3 Illinois Department of Employment Security's Local Area Unemployment Statistics (LAUS). Available at http //www ides illinois gov/LMI/Pages/Local_Area_Unemployment_Statistics aspx (not seasonally adjusted)

4 The U.S. Census Bureau's Small Area Income and Poverty Estimates. Available at https //www census gov/programs-surveys/saipe.html

5 The U.S. Census Bureau's Small Area Income and Poverty Estimates. Available at https //www census gov/programs-surveys/saipe html (all values updated to the most recent year's dollars with the Consumer Price Index)

6 The Living Wage Calculator was created by Dr. Amy K. Glasmeier at Massachusetts Institute of Technology (MIT). Available at http //livingwage mit edu/

7 Social IMPACT Research Center's analysis of the U.S. Census Bureau's American Community Survey 5-Year Estimates Program. Available at http //factfinder2 census gov/

8 Illinois Department of Employment Security's Unemployment Insurance (UI) Program Data. Available at http //www ides illinois gov/LMI/Pages/Unemployment_Insurance_Program_Data aspx

9 Illinois Early Childhood Asset Map's Search the IECAM Data Collection. Available at http //iecam illinois edu/data-search/

10 Social IMPACT Research Center's analysis of Illinois State Board of Education's PARCC/ACT Performance Results. Available at https //www isbe net/Pages/Illinois-State-Report-Card-Data aspx (ACT scores are calculated out of possible 36 points)

11 National Low Income Housing Coalition's Out of Reach report. Available at http //nlihc org/oor/

12 The U.S. Census Bureau's Small Area Health Insurance Estimates. Available at http //www census gov/did/www/sahie/

13 Social IMPACT Research Center's analysis of Illinois Department of Public Health's Birth Characteristics by Resident County. Available at http //www dph illinois gov/data-statistics/vital-statistics/birth-statistics/more-statistics

14 Feeding America's Map the Meal Gap: Food Insecurity Estimates at the County Level. Available at http //www feedingamerica org/hunger-in-america/our-research/map-the-meal-gap/data-by-county-in-each-state html

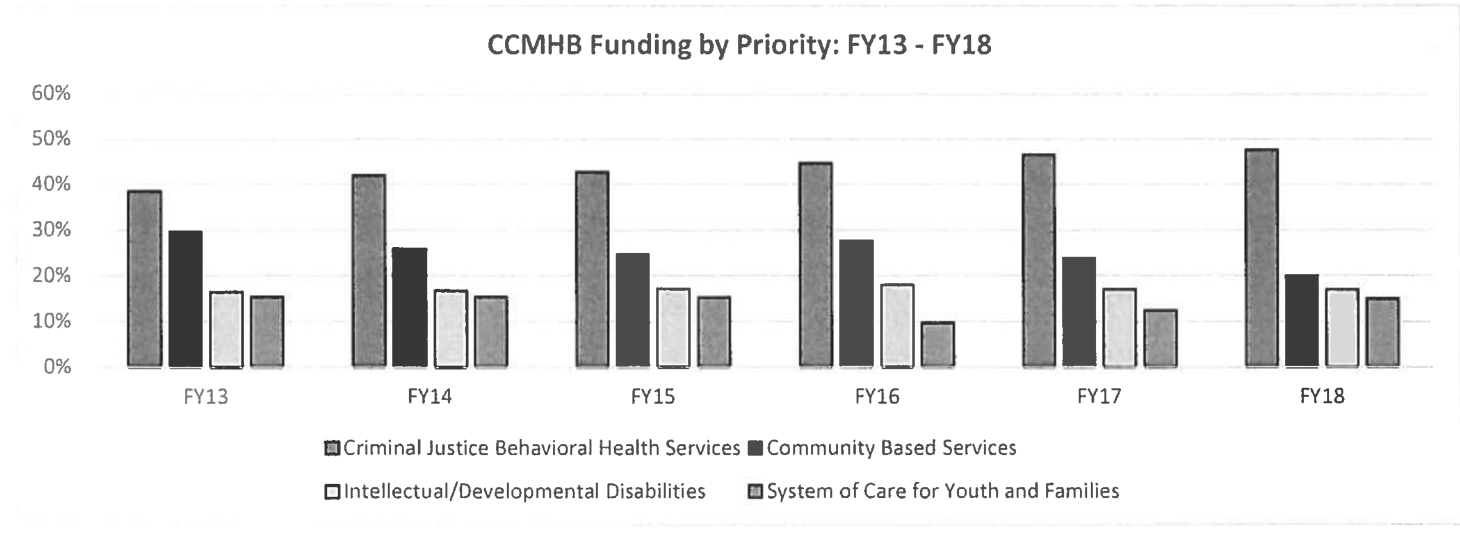
15 CFED. Assets and Opportunity local data center. Available at http //localdata assetsandopportunity org/map

We gratefully acknowledge The Chicago Community Trust and The Libra Foundation for their support of our poverty research, communications, and education efforts.

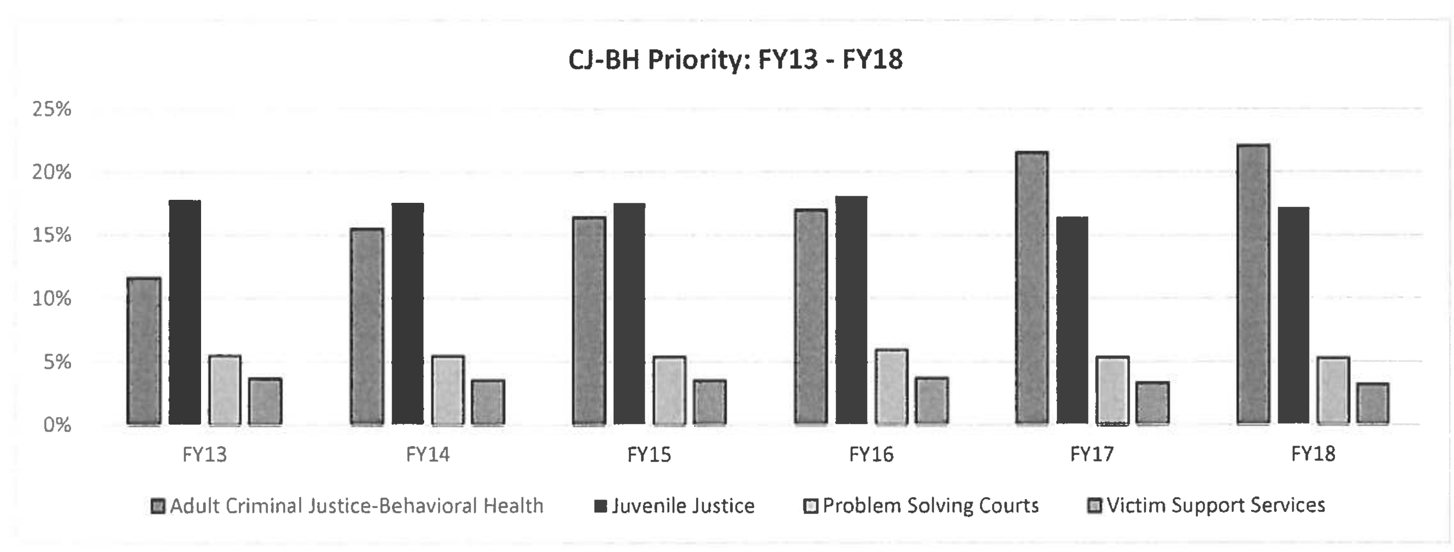
CCMHB Allocation Recommendations PY19 5/23/2018 Agency	Program	PY19 Request	Priority Justice/BH Services	Priority Innovation/Access	Priority System of Care	Priority Other	Priority ID/DD	PY19 Awards
CCMHB/CCDDB CILA Expansion	CILA Expansion	$50,000					$50,000	$50,000
Champaign County Children's Advocacy Center	Children's Advocacy Center	$56,249			$47,754			$47,754
CCRPC - Community Services	Justice Diversion Program	$65,074	$65,074					$65,074
	Youth Assessment Center	$79,000	$76,350					$76,350
CCRPC - Head Start	Early Childhood Mental Health Services	$135,179			$90,120			$90,120
	Social-Emotional Disabilities Services	$73,605					$73,605	$73,605
Champaign Urbana Area Project	CU Neighborhood Champions	$64,347			$50,000			$50,000
	TRUCE	$122,833			$50,000			$50,000
Community Svc Center of Northern Champaign Co.	Resource Connection	$66,596		$66,596				$66,596
Courage Connection	Courage Connection	$127,000			$127,000			$127,000
Crisis Nursery	Beyond Blue-Champaign County	$75,000				$75,000		$75,000
Cunningham Childrens Home	Independent Living Opportunities	$90,000		$90,000				$90,000
DREAAM House	DREAAM	$118,250			$80,000			$80,000
Developmental Services Center	Family Development Center	$562,280					$562,280	$562,280
Don Moyer Boys and Girls Club (DMBGC)	C-U CHANGE	$100,000			$100,000			$100,000
	Community Coalition Summer Initiatives	$107,000			$107,000			$107,000
	Youth and Family Services	$160,000			$160,000			$160,000
East Central IL Refugee Mutual Assistance Center	Family Support & Strengthening	$48,239				$48,239		$48,239
Family Service of Champaign County	Counseling	$25,000	$25,000					$25,000
	Self-Help Center	$28,928		$28,928				$28,928
	Senior Counseling & Advocacy	$142,337		$142,337				$142,337
FirstFollowers	Peer Mentoring for Re-entry	$105,900	$70,000					$70,000
GROW in Illinois	Peer-Support	$20,000		$20,000				$20,000
Mahomet Area Youth Club	BLAST	$15,000			$15,000			$15,000
	MAYC Members Matter!	$18,000			$18,000			$18,000
Promise Healthcare	Mental Health Services with Promise	$222,000				$222,000		$222,000
	Promise Healthcare Wellness	$58,000		$58,000				$58,000
Rape Advocacy, Counseling & Education Services	Sexual Violence Prevention Education	$18,600				$18,600		$18,600
Rattle the Stars	Youth Suicide Prevention Education	$54,500		$54,500				$54,500
Rosecrance Central Illinois	Criminal Justice PSC	$338,643	$338,643					$338,643
	Crisis, Access, & Benefits	$262,650				$255,440		$255,440
	Fresh Start	$79,310	$79,310					$79,310
	Parenting w/ Love & Limits	$392,992			$392,992			$392,992
	Prevention Services	$67,725			$60,000			$60,000
	Recovery Home	$200,000		$200,000				$200,000
	Specialty Courts	$203,000	$203,000					$203,000
The UP Center of Champaign County	Children, Youth, & Families Program	$18,423			$18,423			$18,423
United Cerebral Palsy Land of Lincoln	Vocational Training and Support	$51,885		$43,238				$43,238
Urbana Neighborhood Connections	Community Study Center	$19,500			$19,500			$19,500
	Total	**$4,443,045**	**$857,377**	**$703,599**	**$1,335,789**	**$619,279**	**$685,885**	**$4,201,929**
DoJ JMHCP Implementation Application Match	(contingent on award/three year term)		$121,632					**$4,323,561**

CCMHB Criminal Justice - Behavioral Health and Other Funding Priorities (FY13 - FY17)

CCMHB Priority	FY13	FY14	FY15	FY16	FY17	FY18
Criminal Justice Behavioral Health Services	39%	42%	43%	45%	47%	48%
Community Based Services	30%	26%	25%	28%	24%	20%
Intellectual/Developmental Disabilities	16%	17%	17%	18%	17%	17%
System of Care for Youth and Families	15%	15%	15%	10%	12%	15%

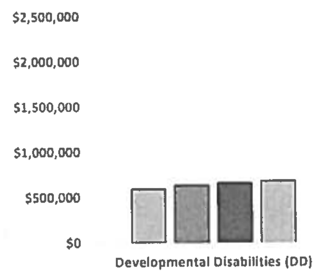
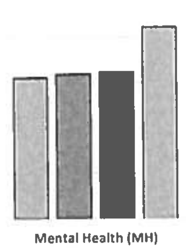
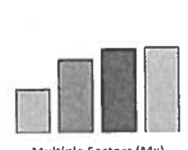


Criminal Justice-Behavioral Health Priority	FY13	FY14	FY15	FY16	FY17	FY18
Adult Criminal Justice-Behavioral Health	12%	15%	16%	17%	22%	22%
Juvenile Justice	18%	18%	18%	18%	16%	17%
Problem Solving Courts	5%	5%	5%	6%	5%	5%
Victim Support Services	4%	4%	4%	4%	3%	3%
Total - CJ-BH Services	39%	42%	43%	45%	47%	48%

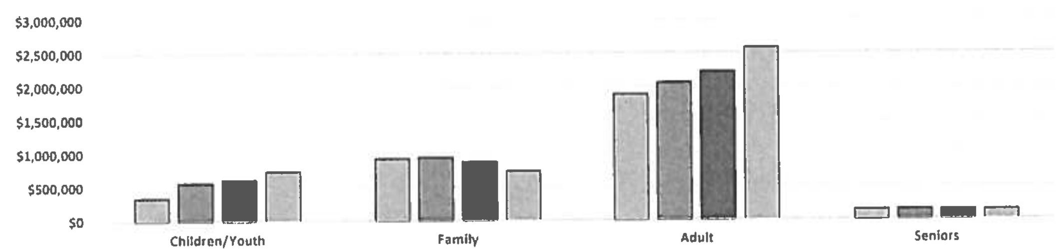


CCMHB Appropriations (contract awards) by Sector, Population, and Type of Service by Program Year

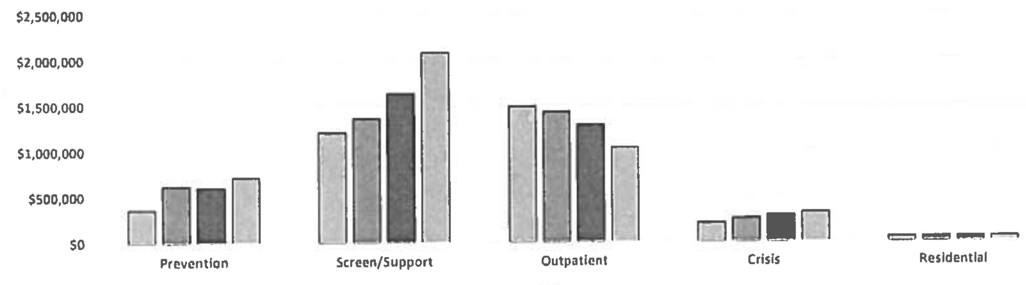
Community Mental Health Sector	PY 2016	PY 2017	PY 2018	PY 2019
Developmental Disabilities (DD)	$596,144	$633,073	$657,294	$685,885
Mental Health (MH)	$1,554,472	$1,594,185	$1,617,698	$2,112,645
Multiple Sectors (Mx)	$483,106	$806,134	$923,131	$940,399
Substance Use Disorder (SUD)	$661,070	$676,407	$647,507	$463,000
Total	$3,294,792	$3,709,799	$3,845,630	$4,201,929

Targeted Population Group	PY 2016	PY 2017	PY 2018	PY 2019
Children/Youth	$339,630	$566,122	$613,822	$741,829
Family	$929,982	$945,512	$877,323	$744,654
Adult	$1,882,843	$2,055,828	$2,212,148	$2,573,109
Seniors	$142,337	$142,337	$142,337	$142,337
Total	$3,294,792	$3,709,799	$3,845,630	$4,201,929



Type of Service	PY 2016	PY 2017	PY 2018	PY 2019
Prevention	$356,550	$616,436	$597,347	$714,262
Screen/Support	$1,201,337	$1,359,734	$1,630,087	$2,081,024
Outpatient	$1,485,045	$1,426,329	$1,277,439	$1,036,129
Crisis	$201,860	$257,300	$290,757	$320,514
Residential	$50,000	$50,000	$50,000	$50,000
Total	$3,294,792	$3,709,799	$3,845,630	$4,201,929



Comparison of General Population Characteristics to CCMHB Population Served

Age Distribution of All Champaign County Residents, 2015^ (1)	Census
Birth to 4	6%
5 to 9 years	5%
10 to 17 years	8%
18 to 59 years	65%
60 and Older	16%
Total	100%
N=	205766

^age categories do not directly align with CCMHB categories

Age Distribution: CCMHB Population Served by Age Group	CCMHB PY15	CCMHB PY16	CCMHB PY17
Birth to 6	5%	5%	6%
7 to 12 years	12%	16%	14%
13 to 18 years	23%	17%	21%
19 to 59 years	43%	45%	43%
60 and Older	16%	17%	16%
Total	100%	100%	100%
N=	12497	15715	15440

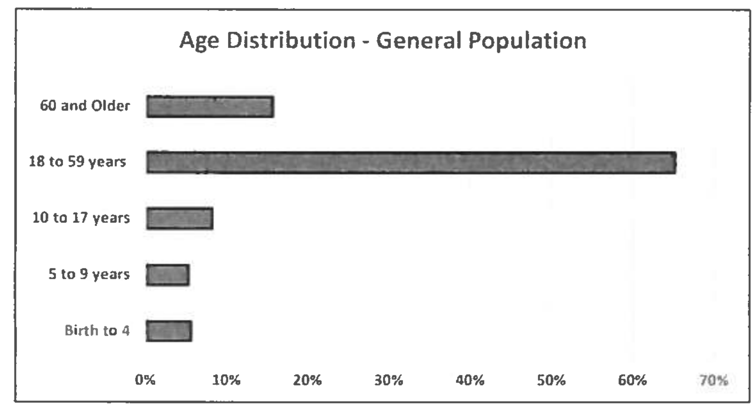
Race Distribution of All Champaign County Residents, 2015 (1)	Census		CCMHB PY15	CCMHB PY16	CCMHB PY17
White	73%		54%	56%	55%
Black/AA	13%		32%	31%	30%
Asian/Pacific Islander	11%		7%	7%	7%
Other	3%		7%	7%	8%
Total	100%		100%	100%	100%
N=	205766		12377	15685	15347

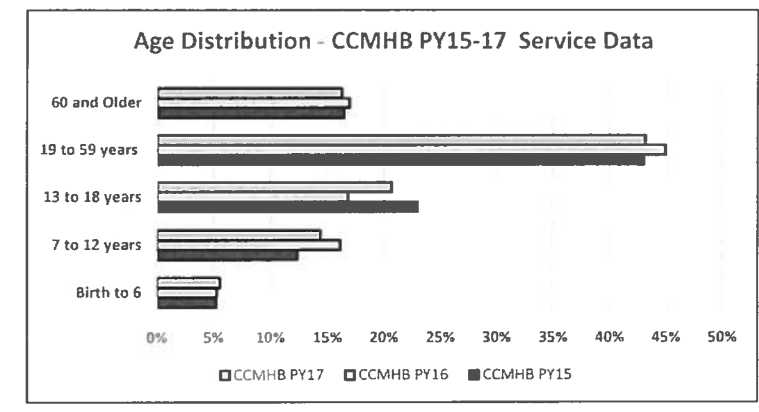
Ethnic Origin Distribution of All Champaign County Residents, 2015 (1)	Census		CCMHB PY15	CCMHB PY16	CCMHB PY17
Hispanic or Latino	6%		19%	15%	15%
Not Hispanic or Latino	94%		81%	85%	85%
Total	100%		100%	100%	100%
N=	205766		11423	14002	15316

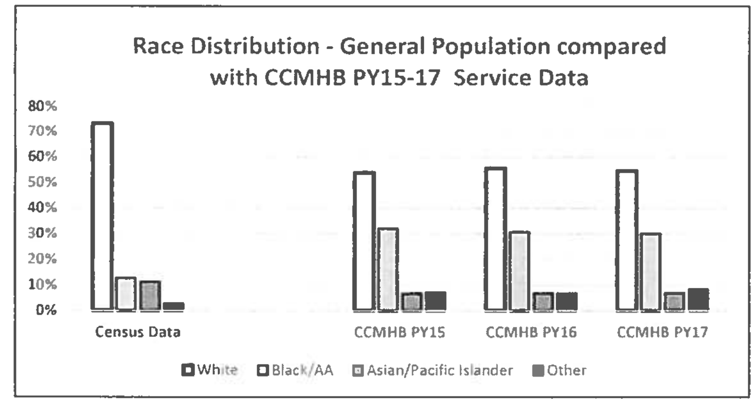
Gender Distribution of All Champaign County Residents, 2015 (1)	Census		CCMHB PY15	CCMHB PY16	CCMHB PY17
Male	50%		47%	44%	41.7%
Female	50%		53%	56%	58.2%
Other					0.1%
Total	100%		100%	100%	100.0%
N=	205766		12580	15697	15491

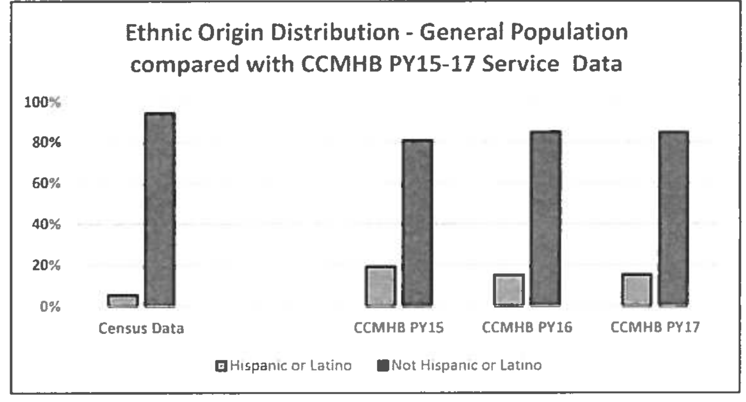
Residency Distribution of Champaign County, 2016 (4)	Census		CCMHB PY15	CCMHB PY16	CCMHB PY17
Champaign	42%		34%	39%	39%
Urbana	20%		26%	26%	28%
Rantoul	6%		17%	18%	17%
Other (rural)	32%		23%	17%	15%
Total	100%		100%	100%	100%
N=	208419		13034	12195	12929

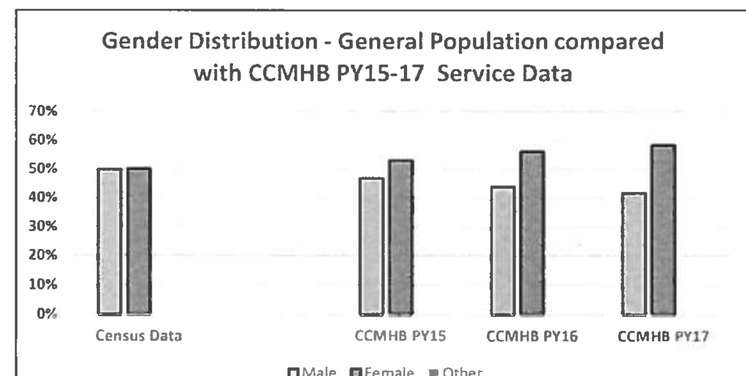
Comparison of General Population Characteristics to CCMHB Population Served

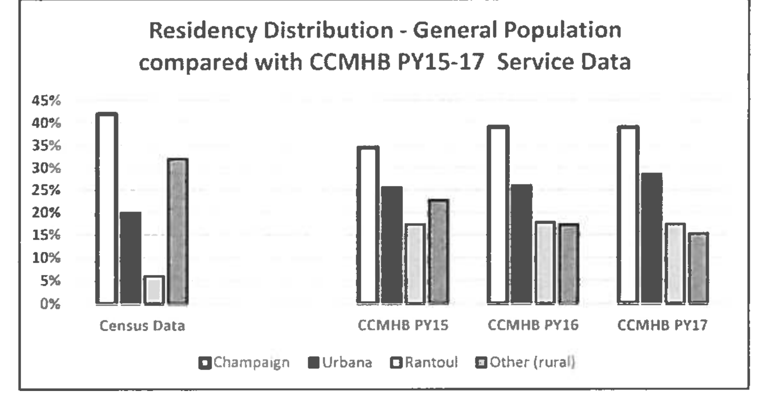












Champaign County Population Data: Persons in Poverty

Residency Distribution of Those Living in Poverty, 2015 (Assessed Population) (1) (2)	Total	In Poverty	% Poverty
Assessed Population - Champaign County	189,737	43,260	22.80%
Champaign	76,065	21,450	28.20%
Urbana	34,828	12,016	34.50%
Rantoul	12,799	3,213	25.10%
Other (rural)(3)	66,045	6,581	9.97%

Age Distribution of Residents in Poverty, 2015^ (Assessed Population) (1)(2)	
Birth to 4	7%
5 to 17 years	14%
18 to 59 years	74%
60 and Older	6%
Total	100%
N=	43284

^age categories do not directly align with CCMHB categories

Race Distribution of Residents in Poverty, 2015 (Assessed Population) (1)(2)	
White	56%
Black/AA	23%
Asian/Pacific Islander	16%
Other	5%
Total	100%
N=	43284

Ethnic Origin Distribution of Residents in Poverty, 2015 (Assessed Population) (1)(2)	
Hispanic or Latino	8%
Not Hispanic or Latino	92%
Total	100%
N=	43284

Gender Distribution of Residents in Poverty, 2015 (Assessed Population) (1)(2)	
Male	49%
Female	51%
Other	
Total	100%
N=	43284

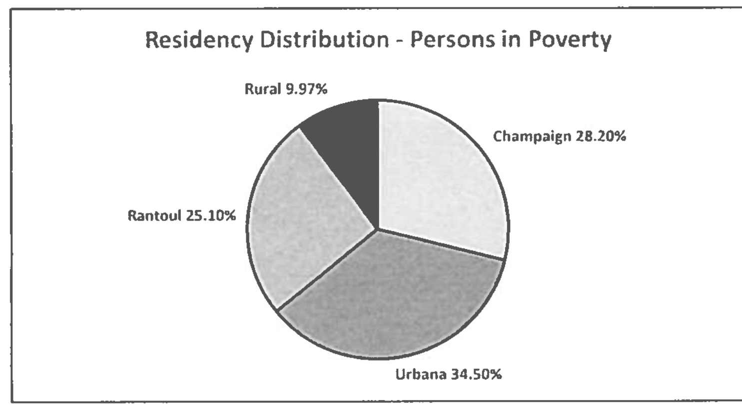
(1) Census Data Sources(s): 2011-2015 American Community Survey 5-Year Estimates

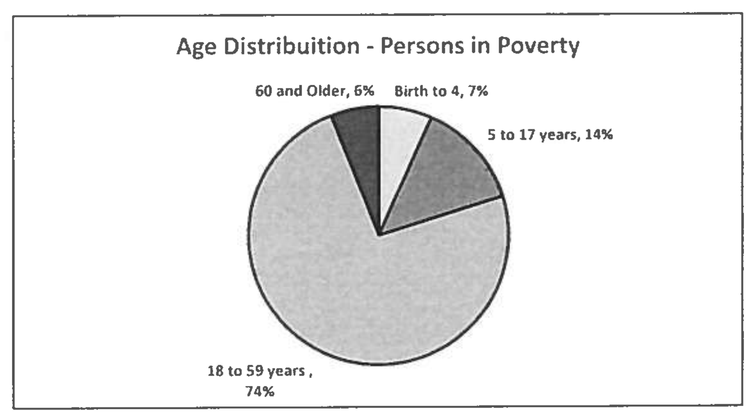
(2) Population for whom poverty status is determined is based on a total population estimate of 189,737, i.e. Assessed Population. Assessed population data excludes those residing in institutional settings: dormitories, institutions, group homes, jails, and nursing homes.

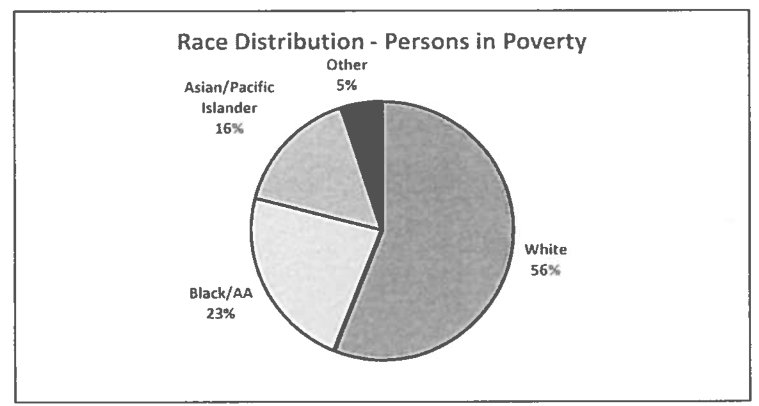
(3) Rate and number of rural residents in poverty derived by calculating number of Champaign, Urbana and Rantoul residents and subtracting from countywide total with difference being those residing in balance of county. Poverty rates within rural communities can vary siginficantly.
Highest poverty rates, descending order: Ludlow, Urbana, Champaign, Rantoul, Bondville, Savoy.
Lowest poverty rates, ascending order: Foosland, Philo, Pesotum, Allerton, Ogden, St. Joseph.

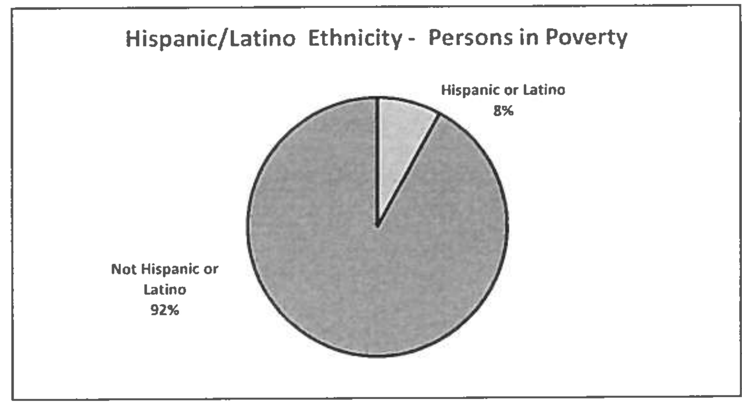
(4) American Fact Finder "2016 Population Estimates"

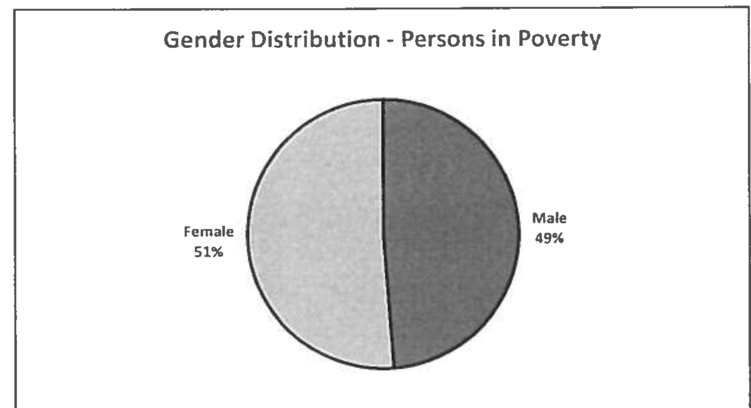
Champaign County Population Data: Persons in Poverty











Mental Illness

Mental illnesses are common in the United States. Nearly one in five U.S. adults lives with a mental illness (44.7 million in 2016). Mental illnesses include many different conditions that vary in degree of severity, ranging from mild to moderate to severe. Two broad categories can be used to describe these conditions: Any Mental Illness (AMI) and Serious Mental Illness (SMI). AMI encompasses all recognized mental illnesses. SMI is a smaller and more severe subset of AMI. Additional information on mental illnesses can be found on the NIMH Health Topics Pages (www.nimh.nih.gov//health/topics/index.shtml).

Definitions

The data presented here are from the 2016 National Survey on Drug Use and Health (NSDUH) by the Substance Abuse and Mental Health Services Administration (SAMHSA). For inclusion in NSDUH prevalence estimates, mental illnesses include those that are diagnosable currently or within the past year; of sufficient duration to meet diagnostic criteria specified within the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV); and, exclude developmental and substance use disorders.

Any Mental Illness

Any mental illness (AMI) is defined as a mental, behavioral, or emotional disorder. AMI can vary in impact, ranging from no impairment to mild, moderate, and even severe impairment (e.g., individuals with serious mental illness as defined below).

Serious Mental Illness

Serious mental illness (SMI) is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI.

Prevalence of Any Mental Illness (AMI)

Figure 1 shows the past year prevalence of AMI among U.S. adults.

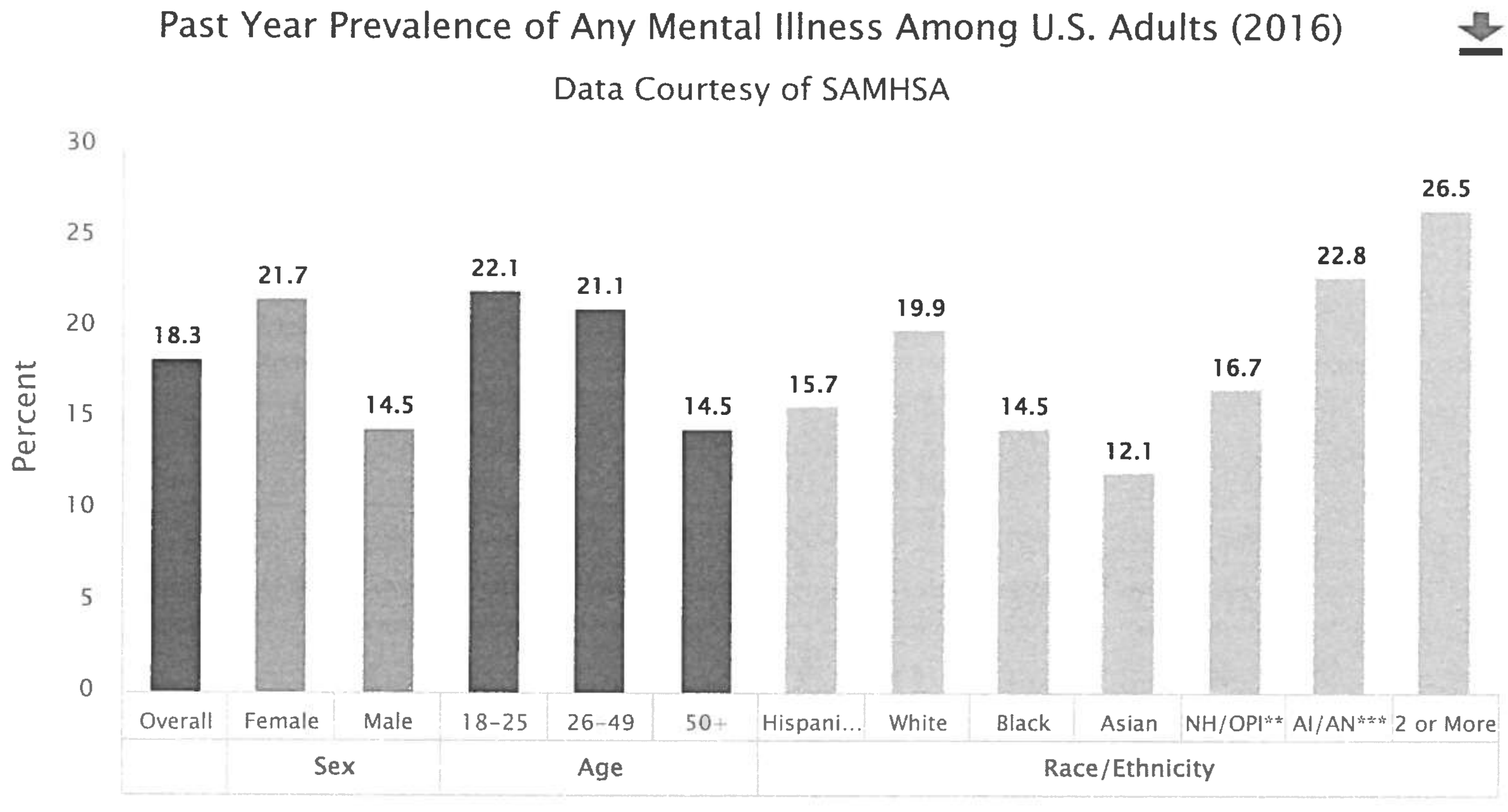
In 2016, there were an estimated 44.7 million adults aged 18 or older in the United States with AMI. This number represented 18.3% of all U.S. adults.

The prevalence of AMI was higher among women (21.7%) than men (14.5%).

Young adults aged 18-25 years had the highest prevalence of AMI (22.1%) compared to adults aged 26-49 years (21.1%) and aged 50 and older (14.5%).

The prevalence of AMI was highest among the adults reporting two or more races (26.5%), followed by the American Indian/Alaska Native group (22.8%). The prevalence of AMI was lowest among the Asian group (12.1%).

Figure 1



Mental Health Treatment — AMI

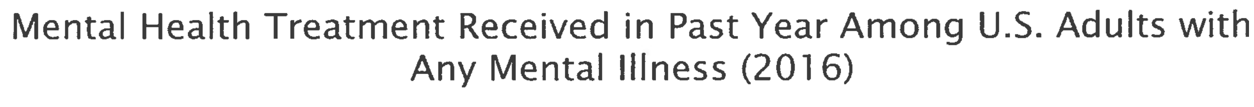
Figure 2 presents data on mental health treatment received within the past year by U.S. adults aged 18 or older with any mental illness (AMI). NSDUH defines mental health treatment as having received inpatient treatment/counseling or outpatient treatment/counseling, or having used prescription medication for problems with emotions, nerves, or mental health.

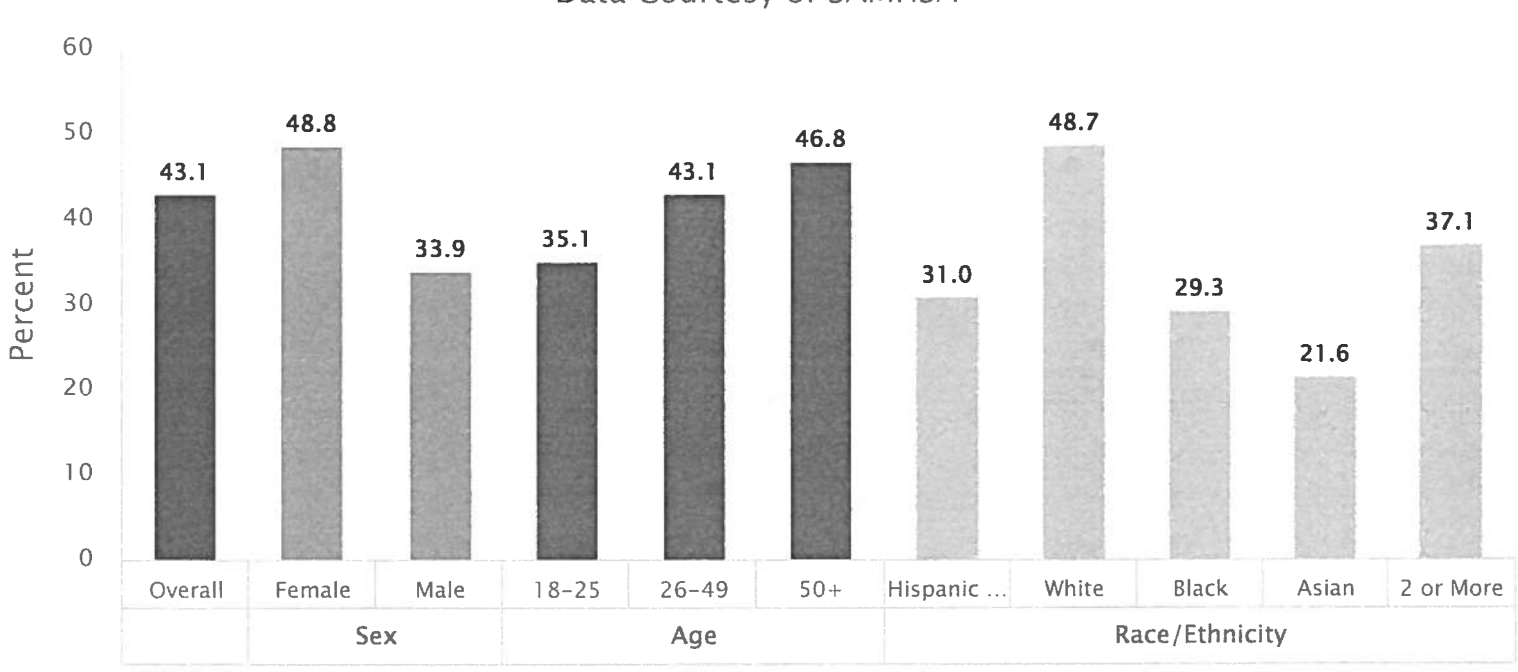
In 2016, among the 44.7 million adults with AMI, 19.2 million (43.1%) received mental health treatment in the past year.

More women with AMI (48.8%) received mental health treatment than men with AMI (33.9%).

The percentage of young adults aged 18-25 years with AMI who received mental health treatment (35.1%) was lower than adults with AMI aged 26-49 years (43.1%) and aged 50 and older (46.8%).

Figure 2





Prevalence of Serious Mental Illness (SMI)

Figure 3 shows the past year prevalence of SMI among U.S. adults.

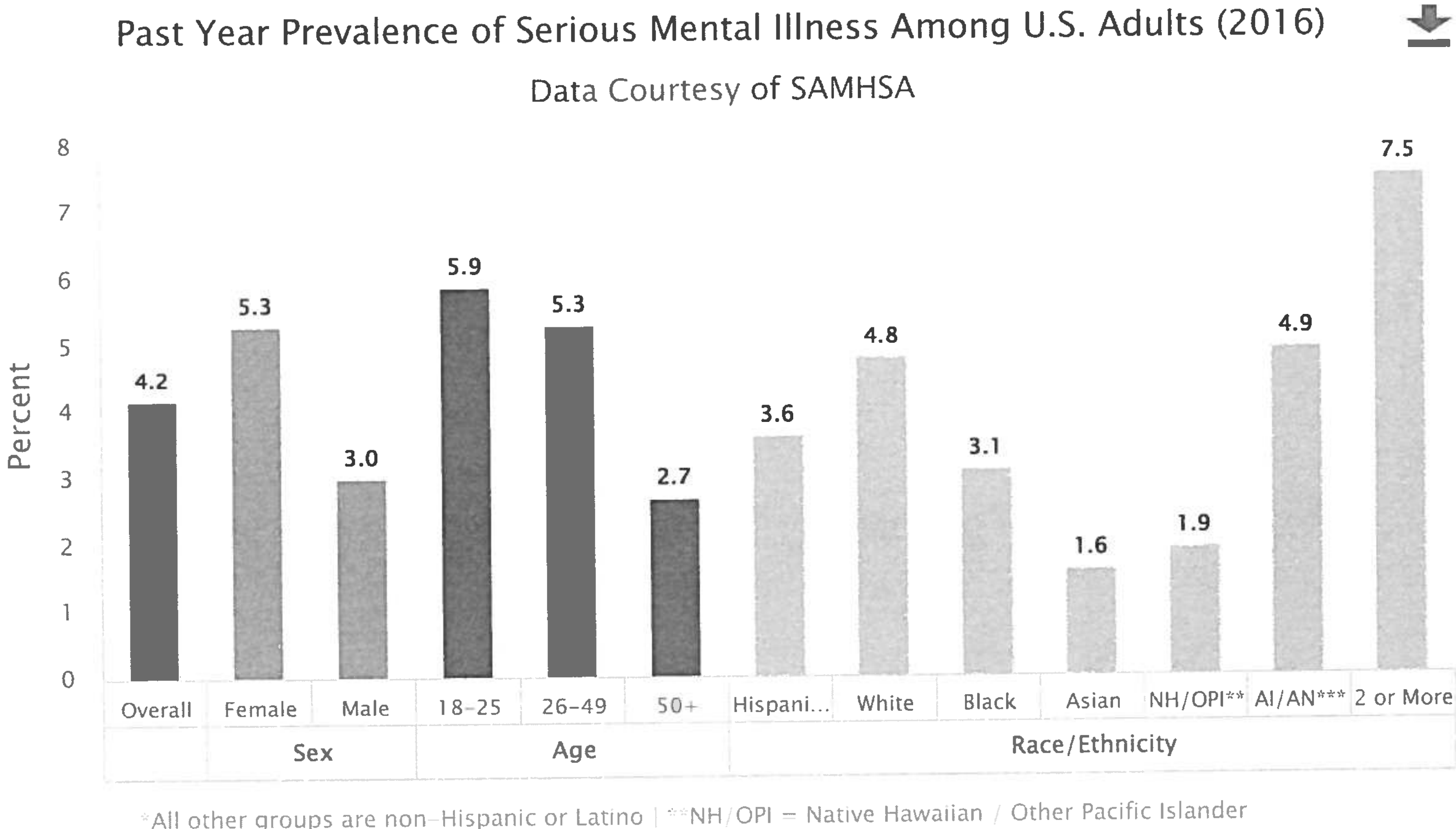
In 2016, there were an estimated 10.4 million adults aged 18 or older in the United States with SMI. This number represented 4.2% of all U.S. adults.

The prevalence of SMI was higher among women (5.3%) than men (3.0%).

Young adults aged 18-25 years had the highest prevalence of SMI (5.9%) compared to adults aged 26-49 years (5.3%) and aged 50 and older (2.7%).

The prevalence of SMI was highest among the adults reporting two or more races (7.5%), followed by the American Indian/Alaska Native group (4.9%). The prevalence of SMI was lowest among the Asian group (1.6%).

Figure 3



Mental Health Treatment — SMI

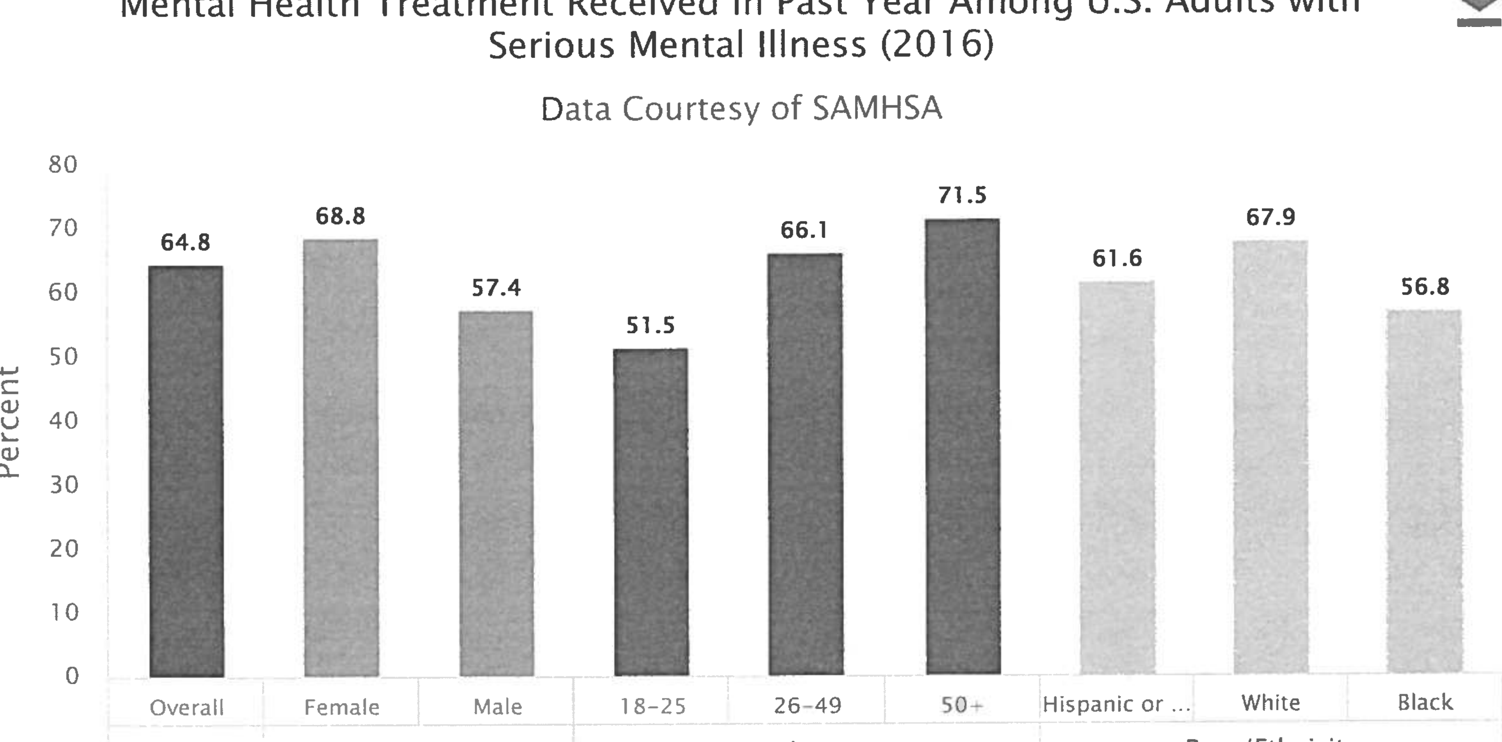
Figure 4 presents data on mental health treatment received within the past year by U.S. adults 18 or older with serious mental illness (SMI). The NSDUH defines mental health treatment as having received inpatient treatment/counseling or outpatient treatment/counseling or having used prescription medication for problems with emotions, nerves, or mental health.

In 2016, among the 10.4 million adults with SMI, 6.7 million (64.8%) received mental health treatment in the past year.

More women with SMI (68.8%) received mental health treatment than men with AMI (57.4%).

The percentage of young adults aged 18-25 years with AMI who received mental health treatment (51.5%) was lower than adults with AMI aged 26-49 years (66.1%) and aged 50 and older (71.5%).

Figure 4



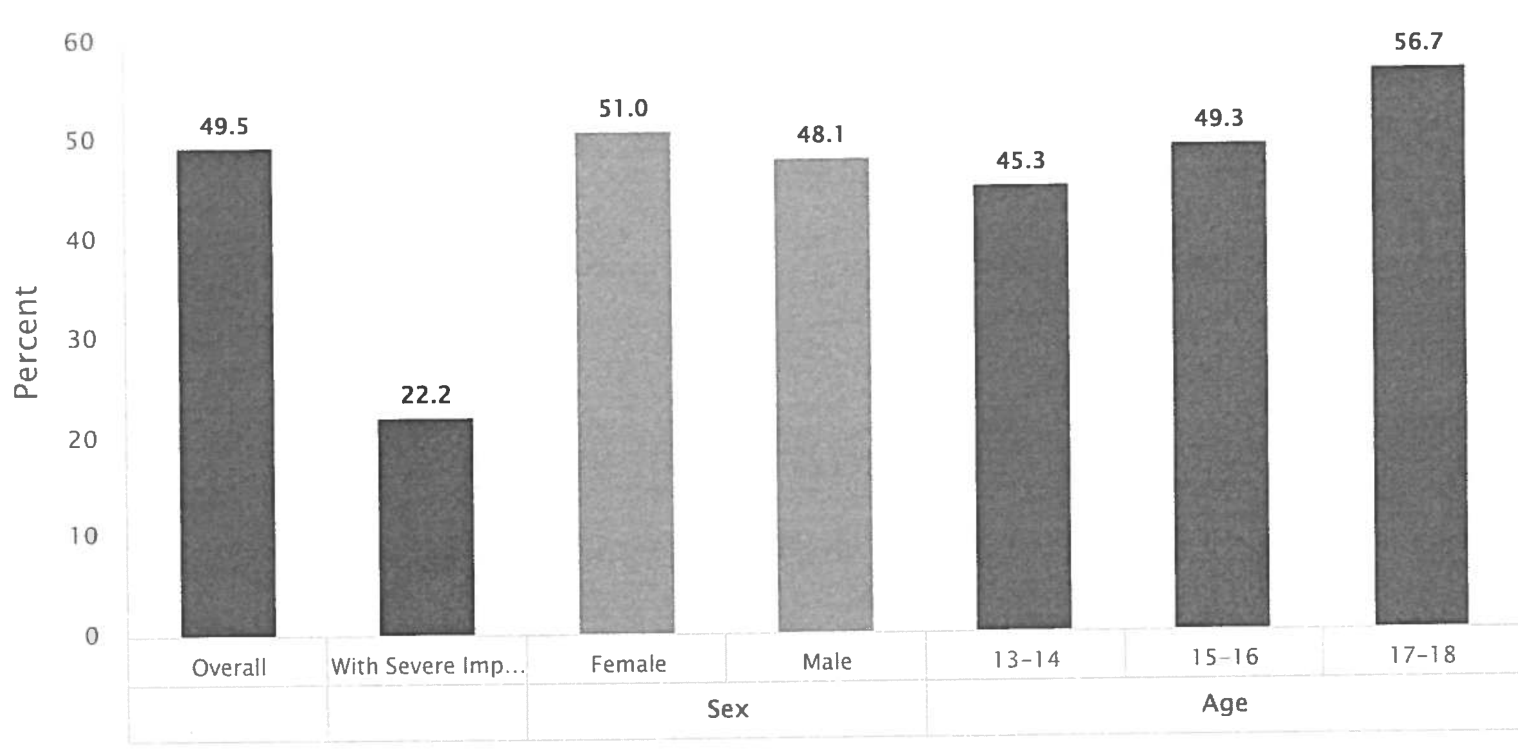
Prevalence of Any Mental Disorder Among Adolescents

Based on diagnostic interview data from National Comorbidity Survey Adolescent Supplement (NCS-A), Figure 5 shows lifetime prevalence of any mental disorder among U.S. adolescents aged 13-18.[1]

An estimated 49.5% of adolescents had any mental disorder.

Of adolescents with any mental disorder, an estimated 22.2% had severe impairment. DSM-IV criteria were used to determine impairment.

Figure 5



163

Data Sources

Merikangas KR, He JP, Burstein M, Swanson SA, Avenevoli S, Cui L, Benjet C, Georgiades K, Swendsen J. Lifetime prevalence of mental disorders in U.S. adolescents: results from the National Comorbidity Survey Replication--Adolescent Supplement (NCS-A). *J Am Acad Child Adolesc Psychiatry.* 2010 Oct;49(10):980-9. PMID: 20855043

Statistical Methods and Measurement Caveats

National Survey on Drug Use and Health (NSDUH)

Diagnostic Assessment:

The NSDUH AMI and SMI estimates were generated from a prediction model created from clinical interview data collected on a subset of adult NSDUH respondents who completed a past 12-month version of the Structured Clinical Interview for DSM-IV-TR Axis I Disorders (Research Version, Non-patient Edition (SCID-I/NP)).

The assessment included diagnostic modules assessing: mood, anxiety, eating, impulse control, substance use, adjustment disorders, and a psychotic symptoms screen.

The assessment did not contain diagnostic modules assessing: adult attention deficit hyperactivity disorder (ADHD), autism spectrum disorders, schizophrenia or other psychotic disorders (although the assessment included a psychotic symptom screen).

People who only have disorders that are not included in these diagnostic modules may not be adequately detected. However, there are known patterns of high comorbidities among mental disorders; these patterns increase the likelihood that people who meet AMI and/or SMI criteria were detected by the study, as they may also have one or more of the disorders assessed in the SCID-I/NP.

Population:

The entirety of NSDUH respondents for the AMI and SMI estimates were the civilian, non-institutionalized population aged 18 years old or older residing within the United States.

The survey covered residents of households (persons living in houses/townhouses, apartments, condominiums; civilians living in housing on military bases, etc.) and persons in non-institutional group quarters (e.g., shelters, rooming/boarding houses, college dormitories, migratory workers' camps, and halfway houses).

The survey did not cover persons who, for the entire year, had no fixed address (e.g., homeless and/or transient persons not in shelters); were on active military duty; or who resided in institutional group quarters (e.g., correctional facilities, nursing homes, mental institutions, long-term hospitals).

Some people in these excluded categories had AMI and/or SMI, but were not accounted for in the NSDUH AMI and/or SMI estimates.

Survey Non-response:

In 2016, 31.6% of the selected NSDUH sample did not complete the interview.

Reasons for non-response to interviewing include: refusal to participate (22.2%); respondent unavailable or never at home (4.5%); and other reasons such as physical/mental incompetence or language barriers (4.6%).

People with mental illness may disproportionately fall into these non-response categories. While NSDUH weighting includes non-response adjustments to reduce bias, these adjustments may not fully account for differential non-response by mental illness status.

Please see the 2016 National Survey on Drug Use and Health Methodological Summary and Definitions report for further information on how these data were collected and calculated.

National Comorbidity Survey Adolescent Supplement (NCS-A)

Diagnostic Assessment and Population:

The NCS-A was carried out under a cooperative agreement sponsored by NIMH to meet a request from Congress to provide national data on the prevalence and correlates of mental disorders among U.S. youth. The NCS-A was a nationally representative, face-to-face survey of 10,123

adolescents aged 13 to 18 years in the continental United States. The survey was based on a dual-frame design that included 904 adolescent residents of the households that participated in the adult U.S. National Comorbidity Survey Replication and 9,244 adolescent students selected from a nationally representative sample of 320 schools. The survey was fielded between February 2001 and January 2004. DSM-IV mental disorders were assessed using a modified version of the fully structured World Health Organization Composite International Diagnostic Interview.

Survey Non-response:

The overall adolescent non-response rate was 24.4%. This is made up of non-response rates of 14.1% in the household sample, 18.2% in the un-blinded school sample, and 77.7% in the blinded school sample. Non-response was largely due to refusal (21.3%), which in the household and un-blinded school samples came largely from parents rather than adolescents (72.3% and 81.0%, respectively). The refusals in the blinded school sample, in comparison, came almost entirely (98.1%) from parents failing to return the signed consent postcard.
For more information, see PMID: 19507169 and the NIMH NCS-A study page (www.nimh.nih.gov//archive/news/2010/national-survey-confirms-that-youth-are-disproportionately-affected-by-mental-disorders.shtml).

Last Updated: November 2017

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NCHS Data Brief ■ No. 303 ■ February 2018

Prevalence of Depression Among Adults Aged 20 and Over: United States, 2013–2016

Debra J. Brody, M.P.H., Laura A. Pratt, Ph.D., and Jeffery P. Hughes, M.P.H.

Key findings

Data from the National Health and Nutrition Examination Survey

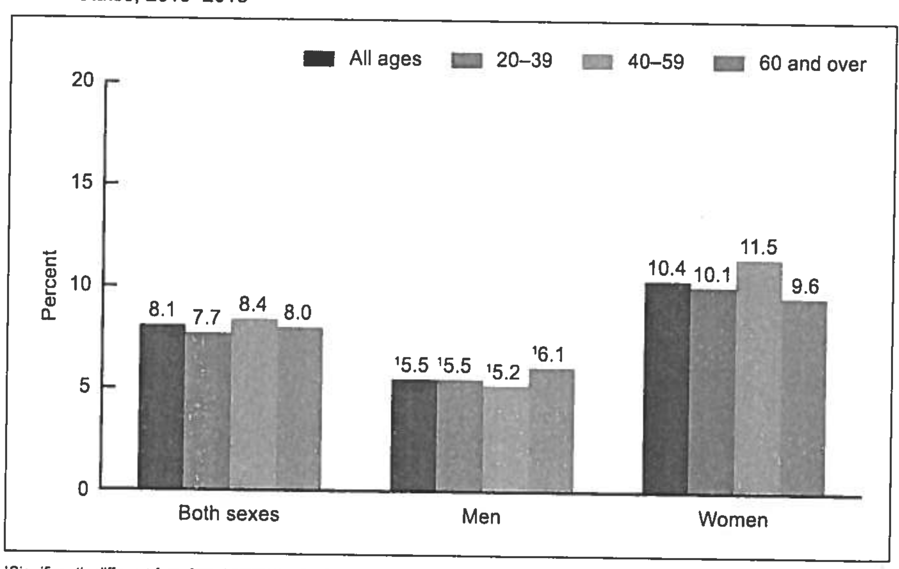
- During 2013–2016, 8.1% of American adults aged 20 and over had depression in a given 2-week period.
- Women (10.4%) were almost twice as likely as were men (5.5%) to have had depression.
- Depression was lower among non-Hispanic Asian adults, compared with Hispanic, non-Hispanic black, or non-Hispanic white adults.
- The prevalence of depression decreased as family income levels increased.
- About 80% of adults with depression reported at least some difficulty with work, home, and social activities because of their depression.
- From 2007–2008 to 2015–2016, the percentage of American adults with depression did not change significantly over time.

Major depression is a common and treatable mental disorder characterized by changes in mood, and cognitive and physical symptoms over a 2-week period (1). It is associated with high societal costs (2) and greater functional impairment than many other chronic diseases, including diabetes and arthritis (3). Depression rates differ by age, sex, income, and health behaviors (4). This report provides the most recent national estimates of depression among adults. Prevalence of depression is based on scores from the Patient Health Questionnaire (PHQ-9), a symptom-screening questionnaire that allows for criteria-based diagnoses of depressive disorders (5). Estimates for non-Hispanic Asian persons are presented for the first time.

Keywords: mental health • NHANES

During 2013–2016, 8.1% of Americans aged 20 and over had depression in a given 2-week period.

Figure 1. Percentage of persons aged 20 and over with depression, by age and sex: United States, 2013–2016



[1]Significantly different from females in same age group.
NOTES: Depression was defined as a score greater than or equal to 10 on the Patient Health Questionnaire. Access data table for Figure 1 at: https://www.cdc.gov/nchs/data/databriefs/db303_table.pdf#1.
SOURCE: NCHS, National Health and Nutrition Examination Survey, 2013–2016.

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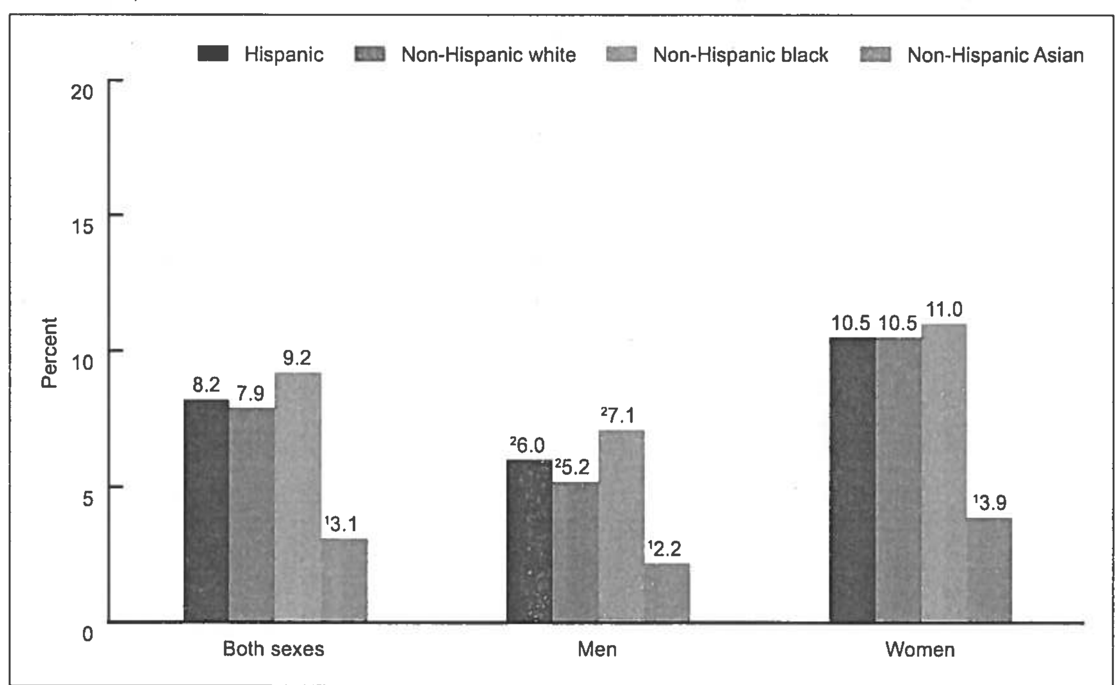
- Overall, women (10.4%) were almost twice as likely to have depression as men (5.5%). This pattern also was observed among each age group (Figure 1).
- Among both men and women, the percentage with depression did not differ statistically across age groups.

The prevalence of depression was lower among non-Hispanic Asian adults than among any other race and Hispanic-origin group.

- Overall, non-Hispanic Asian adults had the lowest prevalence of depression (3.1%) compared with Hispanic (8.2%), non-Hispanic white (7.9%), and non-Hispanic black (9.2%) adults. This pattern was observed among both men and women (Figure 2).
- The prevalence of depression was not statistically different for Hispanic, non-Hispanic white, and non-Hispanic black adults, overall and among both men and women.
- Among all race and Hispanic-origin groups, except non-Hispanic Asian, men had a significantly lower prevalence of depression compared with women.

Figure 2. Percentage of persons aged 20 and over with depression, by race and Hispanic origin and sex: United States, 2013–2016



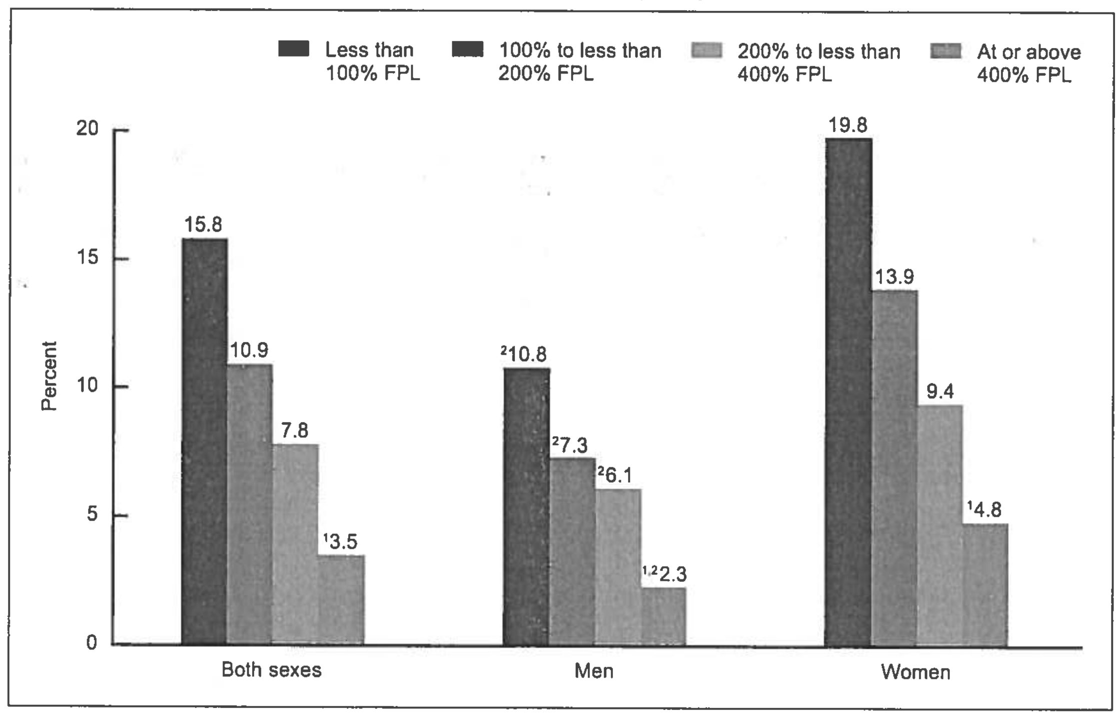
[1]Significantly lower than Hispanic, non-Hispanic white, and non-Hispanic black.
[2]Significantly lower than women of the same race and Hispanic-origin group.
NOTES: Depression was defined as a score greater than or equal to 10 on the Patient Health Questionnaire. Access data table for Figure 2 at: https://www.cdc.gov/nchs/data/databriefs/db303_table.pdf#2.
SOURCE: NCHS, National Health and Nutrition Examination Survey, 2013–2016.

167

The prevalence of depression among adults decreased as family income levels increased.

- Overall, 15.8% of adults from families living below the federal poverty level (FPL) had depression. The prevalence of depression decreased to 3.5% among adults at or above 400% of the FPL (Figure 3).
- Among both men and women, the prevalence of depression decreased with increasing levels of family income.
- Men with family incomes at or above 400% of the FPL had the lowest prevalence of depression (2.3%), while women with family incomes below the FPL had the highest prevalence (19.8%).

Figure 3. Percentage of persons aged 20 and over with depression, by family income level: United States, 2013–2016



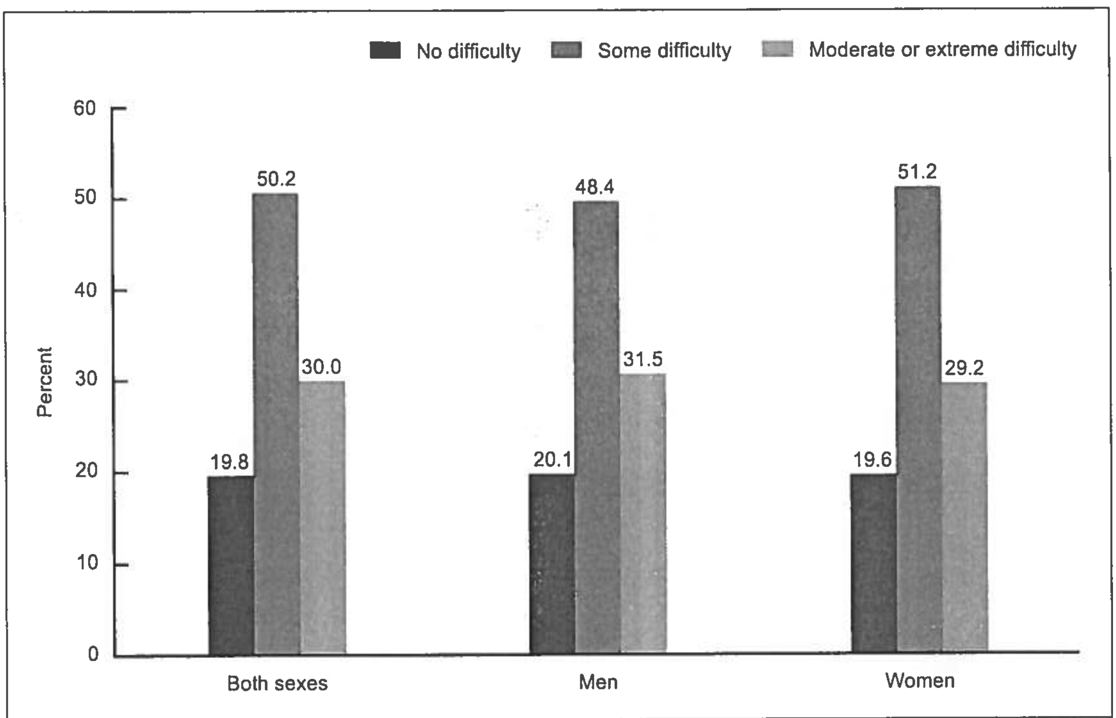
[1]Significant decreasing linear trend.
[2]Significantly lower than women in same family income level.
NOTES: Family income levels are defined by the federal poverty level (FPL). Depression was defined as a score greater than or equal to 10 on the Patient Health Questionnaire. Access data table for Figure 3 at: https://www.cdc.gov/nchs/data/databriefs/db303_table.pdf#3.
SOURCE: NCHS, National Health and Nutrition Examination Survey, 2013–2016.

168

About 80% of adults with depression reported at least some difficulty with work, home, or social activities because of their depression symptoms.

- 50.2% of adults with depression reported some difficulty with work, home, or social activities because of their depression symptoms (Figure 4).
- 30.0% of adults with depression reported moderate or extreme difficulty with work, home, or social activities because of their depression symptoms.
- The percentage of adults with depression reporting difficulty with work, home, or social activities due to depression symptoms was similar in men and women.

Figure 4. Percentage of persons aged 20 and over with depression who reported difficulty with work, home, or social activities due to depression symptoms: United States, 2013–2016



NOTES: Depression was defined as a score greater than or equal to 10 on the Patient Health Questionnaire. Access data table for Figure 4 at: https://www.cdc.gov/nchs/data/databriefs/db303_table.pdf#4.
SOURCE: NCHS, National Health and Nutrition Examination Survey, 2013–2016.

169

Over a 10-year period, from 2007–2008 to 2015–2016, the percentage of adults with depression did not change significantly.

- Among men, the prevalence of depression was 5.7 % in 2007–2008 and 5.4% in 2015–2016 (Figure 5).
- Among women, the prevalence of depression was 10.4% in 2007–2008 and 9.3% in 2015–2016.

Figure 5. Prevalence of depression among persons aged 20 and over: United States, 2007–2008 to 2015–2016

Percent
20
15
10
5
0
Women[1]
Both sexes
Men
2007–2008
2009–2010
2011–2012
2013–2014
2015–2016
Survey cycle

[1]Women had a higher prevalence of depression than men at every time point.
NOTES: Depression was defined as a score greater than or equal to 10 on the Patient Health Questionnaire. Access data table for Figure 5 at: https://www.cdc.gov/nchs/data/databriefs/db303_table.pdf#5.
SOURCE: NCHS, National Health and Nutrition Examination Survey, 2007–2016.

Summary

During 2013–2016, 8.1% of American adults had depression in a given 2-week period. As observed in other studies (4,6), depression was almost twice as common among women as among men. Depression prevalence did not differ by age. Non-Hispanic Asian adults had the lowest prevalence of depression, a finding noted in other studies (7). Depression prevalence did not vary significantly among the other race and Hispanic-origin groups studied. The proportion of adults with depression increased with decreasing family income level. About 80% of adults with depression reported at least some difficulty with work, home, or social activities due to their depression symptoms. From 2007–2008 to 2015–2016, the prevalence of depression among both men and women showed no significant changes, similar to the results of another major federal survey that tracks depression estimates in the United States (8).

Prevalence estimates reported here do not include populations considered at higher risk for depression (i.e., those in nursing homes or other institutions). Persons currently treated for depression (i.e., medication or therapy) may not have screened positively for depression using the PHQ-9. Finally, some persons with depression may not have been able or willing to participate in the National Health and Nutrition Examination Survey (NHANES). Therefore, these findings may represent conservative estimates of depression among adults in the United States.

Definitions

Depression: Measured using the score from the Patient Health Questionnaire (PHQ-9), a nine-item depression-screening instrument that asks about the frequency of symptoms of depression in the past 2 weeks (5). Response categories of "not at all," "several days," "more than half the days," and "nearly every day" are given a score of 0 to 3. Summary scores ranged from 0 to 27. Depression was defined using a score of 10 or higher, a well-validated cut point used in primary care settings (5).

Difficulties related to depression: Persons with a score of 1 or more on the PHQ-9 symptoms are asked: "How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?" Responses are 0 (not at all difficult), 1 (somewhat difficult), 2 (moderately difficult), or 3 (extremely difficult). In Figure 4, 1 was defined as "some difficulty," 2 and 3 were defined as "moderate or extreme difficulty."

Percent of federal poverty level: Based on the income-to-poverty ratio, a measure of the annual total family income divided by the poverty guidelines, adjusted for family size.

Data sources and methods

Data from the NHANES 2007–2016 were used for these analyses. Data from two combined cycles (2013–2016) were used to test differences between subgroups. Trends in depression prevalence reflect a 10-year period of five 2-year NHANES survey cycles, 2007–2016.

NHANES is a cross-sectional survey designed to monitor the health and nutritional status of the noninstitutionalized civilian U.S. population (9). The survey consists of home interviews and standardized physical examinations in mobile examination centers (MEC). The PHQ-9 was administered by trained interviewers during a private interview in the MEC. Approximately 89% of MEC-examined adults completed the PHQ-9.

The NHANES sample is selected through a complex, multistage probability design. During 2007–2016, non-Hispanic black, non-Hispanic Asian, and Hispanic persons, among other groups, were oversampled to obtain reliable estimates for these population subgroups. Race and Hispanic origin-specific estimates reflect individuals reporting only one race. Persons reporting another race or multiple races are included in the total but are not reported separately.

Examination sample weights, which account for the differential probabilities of selection, nonresponse, and noncoverage, were incorporated into the estimation process. The standard errors of the percentages were estimated using Taylor series linearization (10), a method that incorporates the sample weights and sample design.

171

A t statistic was used to test for difference between groups. Tests for trends by family income and survey cycle were evaluated using orthogonal polynomials to determine linear or quadratic trends. The significance level for statistical testing was set at $p < 0.05$. All differences reported are statistically significant unless otherwise indicated. All estimates presented are statistically reliable based on a relative standard error of the estimate being at or below 30%. Statistical analyses were conducted using SAS System for Windows (release 9.4; SAS Institute Inc., Cary, N.C.) and SUDAAN (release 11.1; RTI International, Research Triangle Park, N.C.).

About the authors

Debra J. Brody and Jeffery P. Hughes are with the National Center for Health Statistics, Division of Health and Nutrition Examination Surveys; Laura A. Pratt is with the National Center for Health Statistics, Office of Analysis and Epidemiology.

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172

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173

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NCHS Data Brief ■ No. 291 ■ November 2017

Estimated Prevalence of Children With Diagnosed Developmental Disabilities in the United States, 2014–2016

Benjamin Zablotsky, Ph.D., Lindsey I. Black, M.P.H., and Stephen J. Blumberg, Ph.D.

Key findings

Data from the National Health Interview Survey

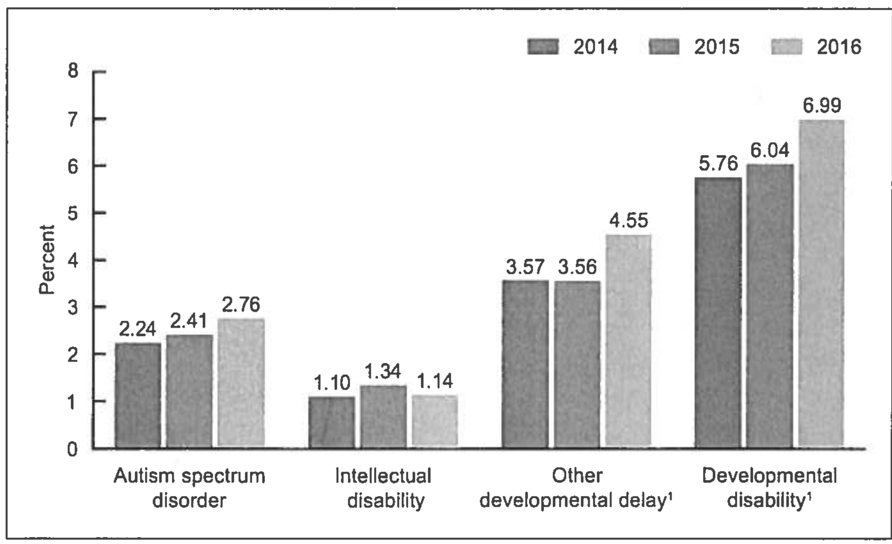
- During 2014–2016, the prevalence of children aged 3–17 years who had ever been diagnosed with a developmental disability increased from 5.76% to 6.99%.
- During this same time, the prevalence of diagnosed autism spectrum disorder and intellectual disability did not change significantly.
- The prevalence of autism spectrum disorder, intellectual disability, other developmental delay, and any developmental disability was higher among boys compared with girls.
- The prevalence of any developmental disability was lower among Hispanic children compared with children in all other race and ethnicity groups.

Developmental disabilities are a set of heterogeneous disorders characterized by difficulties in one or more domains, including but not limited to, learning, behavior, and self-care. This report provides the latest prevalence estimates for diagnosed autism spectrum disorder, intellectual disability, and other developmental delay among children aged 3–17 years from the 2014–2016 National Health Interview Survey (NHIS). Estimates are also presented for any developmental disability, defined as having had one or more of these three diagnoses. Prevalence estimates are based on parent or guardian report of ever receiving a diagnosis of each developmental disability from a doctor or other health care professional.

Keywords: autism spectrum disorder • National Health Interview Survey

The prevalence of children diagnosed with any developmental disability increased from 2014 to 2016.

Figure 1. Prevalence of children aged 3–17 years ever diagnosed with selected developmental disabilites, by year: United States, 2014–2016



[1]Linear increase from 2014 to 2016 is statistically significant ($p < 0.05$).
NOTES: Developmental disability includes autism spectrum disorder, intellectual disability, and any other developmental delay.
Access data table for Figure 1 at: https://www.cdc.gov/nchs/data/databriefs/db291_table.pdf#1.
SOURCE: NCHS, National Health Interview Survey, 2014–2016.

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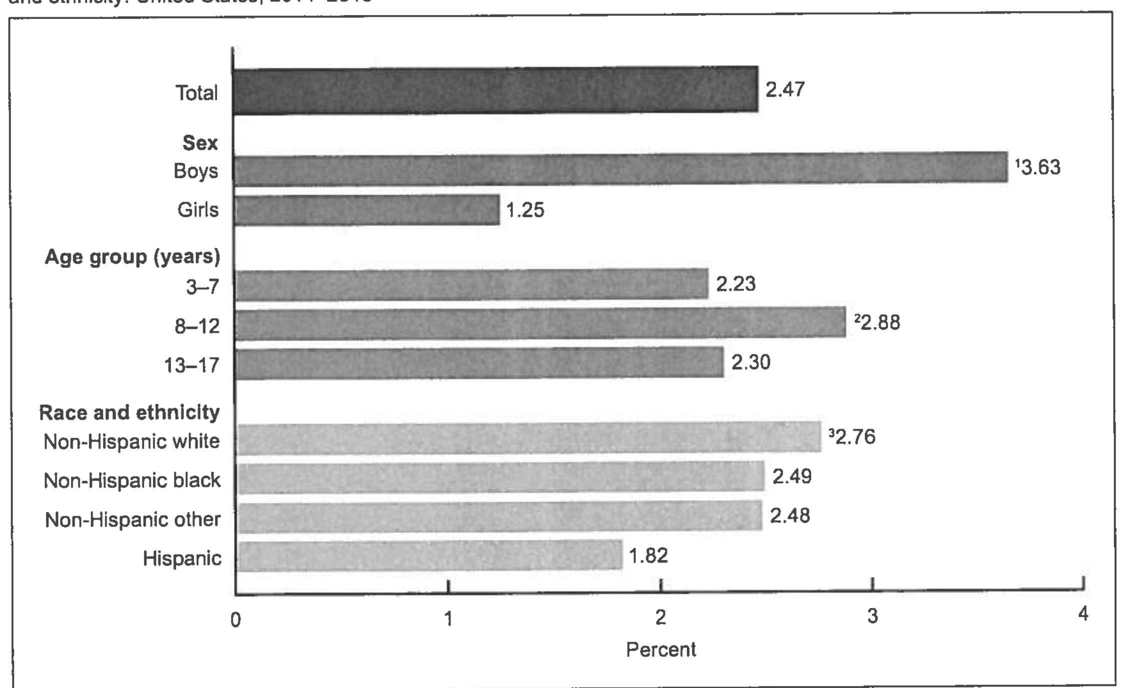
- During 2014–2016, the prevalence of children ever diagnosed with any developmental disability significantly increased, from 5.76% in 2014 to 6.99% in 2016 (Figure 1).
- The prevalence of children ever diagnosed with a developmental delay other than autism spectrum disorder or intellectual disability increased, from 3.57% in 2014 to 4.55% in 2016.
- There was not a statistically significant change in the prevalence of children ever diagnosed with autism spectrum disorder from 2014 to 2016.
- The prevalence of children ever diagnosed with intellectual disability did not significantly change from 2014 to 2016.

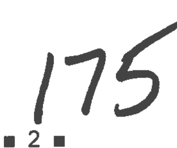
A higher percentage of boys have been diagnosed with autism spectrum disorder compared with girls.

- During 2014–2016, the prevalence of children diagnosed with autism spectrum disorder was higher among boys (3.63%) than girls (1.25%) (Figure 2).
- Non-Hispanic white children (2.76%) were more likely to have been diagnosed with autism spectrum disorder than Hispanic children (1.82%).
- Children aged 8–12 years (2.88%) were more likely to have been diagnosed with autism spectrum disorder than children aged 3–7 years (2.23%).

Figure 2. Prevalence of children aged 3–17 years ever diagnosed with autism spectrum disorder, by sex, age, and race and ethnicity: United States, 2014–2016



[1]Significantly different from girls ($p < 0.05$).
[2]Significantly different from children aged 3–7 years ($p < 0.05$).
[3]Significantly different from Hispanic children ($p < 0.05$).
NOTE: Access data table for Figure 2 at: https://www.cdc.gov/nchs/data/databriefs/db291_table.pdf#2.
SOURCE: NCHS, National Health Interview Survey, 2014–2016.

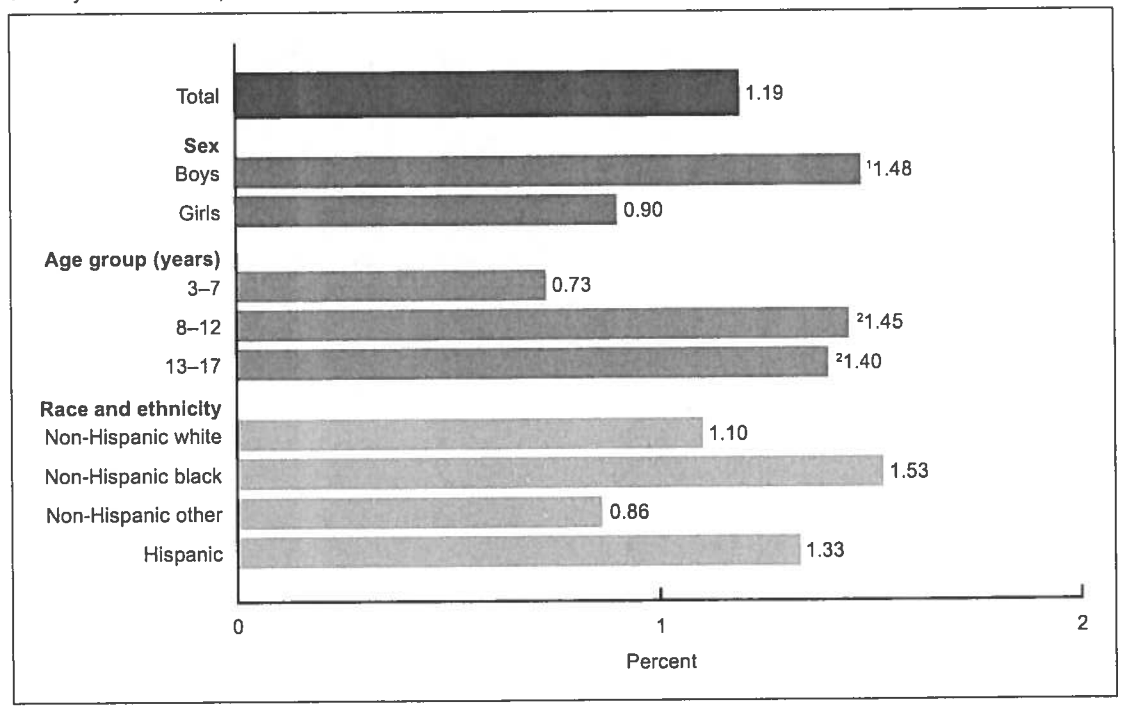


- The difference in the prevalence of children diagnosed with autism spectrum disorder between the ages of 8–12 (2.88%) and 13–17 (2.30%) years was not statistically significant ($p = 0.06$).

The prevalence of diagnosed intellectual disability was higher among boys than girls.

- During 2014–2016, the prevalence of children ever diagnosed with intellectual disability was 1.48% among boys and 0.90% among girls (Figure 3).
- The prevalence of intellectual disability was lower among younger children than older children: 0.73% among children aged 3–7 years, 1.45% among children aged 8–12 years, and 1.40% among children aged 13–17 years.
- The prevalence of children diagnosed with intellectual disability did not differ significantly by race and Hispanic ethnicity.
- The difference in the prevalence of intellectual disability between non-Hispanic black children (1.53%) and non-Hispanic other children (0.86%) was not statistically significant ($p = 0.21$).

Figure 3. Prevalence of children aged 3–17 years ever diagnosed with intellectual disability, by sex, age, and race and ethnicity: United States, 2014–2016



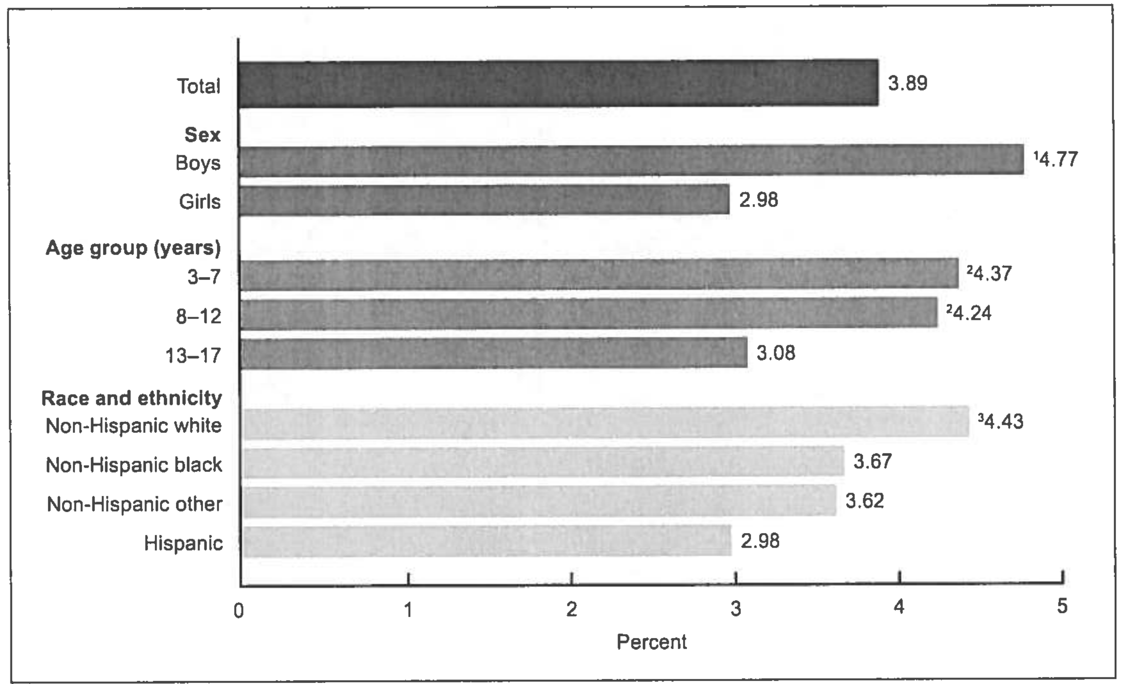
[1]Significantly different from girls ($p < 0.05$).
[2]Significantly different from children aged 3–7 years ($p < 0.05$).
NOTE: Access data table for Figure 3 at: https://www.cdc.gov/nchs/data/databriefs/db291_table.pdf#3.
SOURCE: NCHS, National Health Interview Survey, 2014–2016.

176

The prevalence of children ever diagnosed with developmental delay other than autism spectrum disorder or intellectual disability was lowest among older children.

- The prevalence of other developmental delay was higher among boys (4.77%) than girls (2.98%) (Figure 4).
- During 2014–2016, children aged 3–7 (4.37%) and 8–12 (4.24%) years had a higher prevalence of other developmental delay compared with children aged 13–17 years (3.08%).
- Non-Hispanic white children (4.43%) had a higher prevalence of other developmental delay compared with Hispanic children (2.98%).

Figure 4. Prevalence of children aged 3–17 years ever diagnosed with other developmental delay, by sex, age, and race and ethnicity: United States, 2014–2016



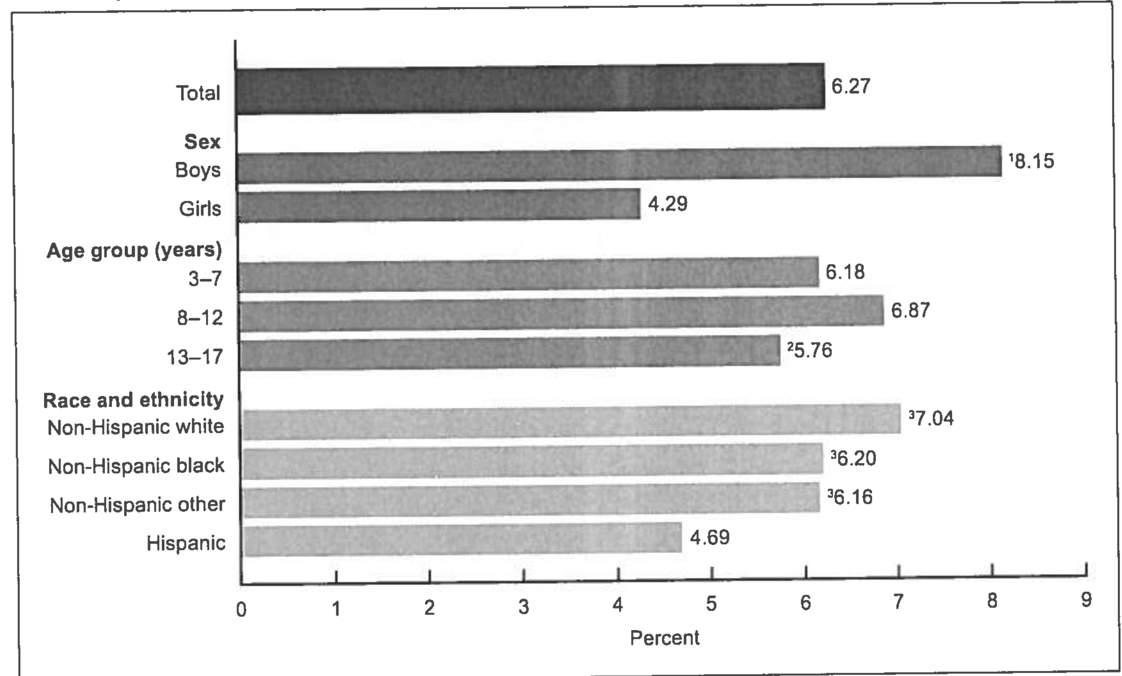
[1]Significantly different from girls ($p < 0.05$).
[2]Significantly different from children aged 13–17 years ($p < 0.05$).
[3]Significantly different from Hispanic children ($p < 0.05$).
NOTE: Access data table for Figure 4 at: https://www.cdc.gov/nchs/data/databriefs/db291_table.pdf#4.
SOURCE: NCHS, National Health Interview Survey, 2014–2016.

177

The prevalence of developmental disabilities was lowest among Hispanic children.

- The prevalence of developmental disabilities was higher among boys (8.15%) than girls (4.29%) (Figure 5).
- Children aged 13–17 years (5.76%) were less likely to have been diagnosed with any developmental disability than children aged 8–12 years (6.87%).
- During 2014–2016, Hispanic children (4.69%) were less likely to have been diagnosed with any developmental disability compared with non-Hispanic white children (7.04%), non-Hispanic black children (6.20%), and non-Hispanic other children (6.16%).

Figure 5. Prevalence of children aged 3–17 years ever diagnosed with any developmental disability, by sex, age, and race and ethnicity: United States, 2014–2016



[1]Significantly different from girls ($p < 0.05$).
[2]Significantly different from children aged 8–12 years ($p < 0.05$).
[3]Significantly different from Hispanic children ($p < 0.05$).
NOTE: Access data table for Figure 5 at: https://www.cdc.gov/nchs/data/databriefs/db291_table.pdf#5.
SOURCE: NCHS, National Health Interview Survey, 2014–2016.

178

Summary

During 2014–2016, there was a significant increase in the prevalence of children who had ever been diagnosed with any developmental disability. This increase was largely the result of an increase in the prevalence of children diagnosed with a developmental delay other than autism spectrum disorder or intellectual disability. There was not a significant change in the prevalence of diagnosed autism spectrum disorder or intellectual disability over the same time period.

The prevalence of developmental disabilities described in this report is lower than findings described in previous reports using NHIS data (1). This report uses a more restrictive definition for a developmental disability that does not include conditions such as attention-deficit/ hyperactivity disorder or learning disabilities, which may account for differences in estimates. A similar definition was used in a 2015 National Health Statistics Report (2).

For each condition examined, the prevalence was significantly higher among boys than girls, a finding common among children diagnosed with a developmental disability (1,3). The prevalence of any developmental disability diagnosis was lowest among Hispanic children compared with all other race and ethnicity groups; racial and ethnic disparities in the prevalence of developmental disabilities are findings commonly reported in the scientific literature (1,4). Prevalence among age groups varied by condition, which may reflect recent improvements in awareness and screening for developmental delay, resulting in younger cohorts having a higher diagnosed prevalence (4). However, for some children with less severe impairment, developmental disabilities, such as autism spectrum disorder and intellectual disability, may not be diagnosed until the child enters school and is observed by trained teachers (5).

Definitions

Diagnosed intellectual disability: Based on a positive response to the survey question, "Has a doctor or health professional ever told you that [sample child] had an intellectual disability, also known as mental retardation?"

Diagnosed autism spectrum disorder: Based on a positive response to the survey question, "Has a doctor or health professional ever told you that [sample child] had Autism, Asperger's disorder, pervasive developmental disorder, or autism spectrum disorder?"

Diagnosed other developmental delay: Based on a positive response to the survey question, "Has a doctor or health professional ever told you that [sample child] had any other developmental delay?"

Diagnosed developmental disability: A composite measure of children with a diagnosis of autism spectrum disorder, intellectual disability, or any other developmental delay.

Race and ethnicity: Based on two separate questions that determine Hispanic or Latino origin and race. Persons of Hispanic or Latino origin may be of any race.

179

Data source and methods

Data from the 2014–2016 NHIS were used for this analysis. NHIS is a nationally representative survey of the civilian noninstitutionalized U.S. population. It is conducted continuously throughout the year by the National Center for Health Statistics (NCHS). NHIS is an in-person interview conducted in the respondent's home. In some instances, follow-up to complete the interview is conducted via telephone. The survey consists of (a) the Family Core component, which collects information on all family members; (b) the Sample Adult component, which collects additional information from one randomly selected adult per family; and (c) the Sample Child component, which collects additional information about one randomly selected child per family. The sample child component is completed by a family respondent, usually the parent (approximately 91% of all cases). Data for this analysis come from the Sample Child and Family Core components of NHIS. For more information about NHIS, visit https://www.cdc.gov/nchs/nhis.htm.

NHIS is designed to yield a nationally representative sample, and these analyses used weights to produce national estimates. The sample design is described in more detail elsewhere (6). Point estimates and the corresponding variances for this analysis were calculated using SUDAAN software (7) to account for the complex sample design of NHIS. Linear and quadratic trends over time and differences between percentages were evaluated using two-sided significance tests at the 0.05 level.

About the authors

Benjamin Zablotsky, Lindsey I. Black, and Stephen J. Blumberg are with the National Center for Health Statistics, Division of Health Interview Statistics.

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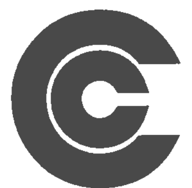

CHAMPAIGN COUNTY MENTAL HEALTH BOARD 6.B.

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

BRIEFING MEMORANDUM

DATE: September 26, 2018
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield and Mark Driscoll
SUBJECT: DRAFT Three Year Plan

Background: The Champaign County Mental Health Board is charged with developing a three-year plan with the coming year being the first year of the new three-year cycle. Throughout the course of any given year the Board participates in a dynamic process highlighting issues of the day. This process can entail presentations by outside entities during Board meetings, topics addressed during study sessions, distribution of research or other professional articles, materials prepared by staff, and input from members of the public. The on-line survey developed in the fall of 2017 attempted to engage the broader community as an extension of this dynamic process. The survey solicited input from four broad constituencies to learn about their experiences navigating the behavioral health and intellectual and developmental disability systems in Champaign County. The compilation of responses to the online surveys are the centerpiece of the 2018 needs assessment. The strategic planning process begins with this community needs assessment, described in a separate memorandum in this board packet.

The needs assessment project sought insight into the experiences people have with the local system. Typical barriers identified were: lack of transportation; financial issues; eligibility; stigma/embarrassment/fear; waiting lists; not knowing how to access services or what is available.

While community-based providers and other supportive organizations continue to respond to threats posed by a rapidly changing state and federal funding and policy context, making the Board's role as complex as ever, people seeking services have some difficulty finding and accessing local resources. As a result, our efforts should also include connecting people, coordinating across providers, and making the best possible information available to the public.

Action to Consider: The attached DRAFT Three Year Plan is presented for the period of 2019 to 2021, with revised goals and proposed objectives for 2019. Suggestions for improvement are welcomed. Service providers and other stakeholders will have an opportunity to provide input, and a revised draft will be presented for approval at a later meeting of the Board.

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CHAMPAIGN COUNTY MENTAL HEALTH BOARD
THREE-YEAR PLAN
FOR

FISCAL YEARS 2019 - 2021
(1/1/19 – 12/31/2021)

WITH
ONE YEAR OBJECTIVES
FOR

FISCAL YEAR 2019
(1/1/19 – 12/31/19)

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

WHEREAS, the Champaign County Mental Health Board has been established under Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. seq.) in order to "construct, repair, operate, maintain and regulate community mental health facilities to provide mental health services as defined by the local community mental health board, including services for the developmentally disabled and for the substance abuser, for residents (of Champaign County) and/or to contract therefore..."

WHEREAS, the Champaign County Mental Health Board is required by the Community Mental Health Act to prepare a one- and three-year plan for a program of community mental health services and facilities;

THEREFORE, the Champaign County Mental Health Board does hereby adopt the following Mission Statement and Statement of Purposes to guide the development of the mental health plan for Champaign County:

MISSION STATEMENT

The mission of the CCMHB is the promotion of a local system of services for the prevention and treatment of mental or emotional, intellectual or developmental, and substance abuse disorders, in accordance with the assessed priorities of the citizens of Champaign County.

STATEMENT OF PURPOSES

1. To plan, coordinate, evaluate and allocate funds for the comprehensive local system of mental health, intellectual disabilities and developmental disabilities, and substance abuse services for Champaign County.

2. To promote family-friendly community support networks for the at-risk, underserved and general populations of Champaign County.

3. To increase support for the local system of services from public and private sources.

4. To further develop the systematic exchange of information about local services and needs between the public/private service systems and the CCMHB.

In order to accomplish these purposes, the Champaign County Mental Health Board must collaborate with the public and private sectors in providing the resources necessary for the effective functioning of the community mental health system.

SYSTEMS OF CARE

Goal #1: Support a continuum of services to improve the quality of life experienced by ~~meet the needs of~~ individuals with mental and/or emotional disorders, ~~addictions,~~ substance use disorders, and/or intellectual or developmental disabilities and their families residing in Champaign County.

> ~~Objective #1: Conduct a needs assessment to inform development of the next three year plan~~.
>
> ~~Objective #2: Under established policies and procedures, solicit proposals from community based providers in response to Board defined priorities and associated criteria using a competitive application process.~~
>
> Objective #1: Expand use of evidence informed, evidence based, best practice, recommended, and promising practice models appropriate to the presenting need in an effort to improve outcomes for individuals across the lifespan and for their families and supporters.
>
> Objective #2: Promote wellness for people with mental illnesses, substance use disorders, intellectual disabilities, or developmental disabilities to prevent and reduce early mortality, through support services including access to services addressing basic needs, enrollment in benefit plans and coordinated access to primary care.
>
> Objective #3: As practicable in light of potential congressional or presidential actions on the Affordable Care Act and Medicaid expansion, support development or expansion of residential and/or employment supports for persons with behavioral health diagnosis not supported through expansion of Medicaid or the Affordable Care Act.
>
> Objective #4: Support broad based community efforts to prevent opiate overdoses and expand treatment options.
>
> Objective #5: ~~As enrollment in health insurance and Medicaid managed care plans reduce the uninsured population, realign CCMHB dollars to fund services and supports outside the realm of Medicaid,~~ Build resiliency and support recovery e.g. Peer Supports, outside of a therapeutic environment.
>
> Objective #6: Build evaluation capacity of contracted providers utilizing expertise of evaluators from the Department of Psychology at the University of Illinois to further positive outcomes of those engaging in funded services.

Goal #2: Sustain commitment to addressing health disparities experienced by ~~the need for~~ underrepresented and diverse populations. ~~access to and engagement in services.~~

> Objective #1: Support culturally responsive and family driven support networks for underrepresented populations, underserved populations, and general populations of Champaign County.
>
> Objective #2: Provide technical assistance in support of continuous improvement of cultural and linguistic competence plans to meet the needs of the population served.

Objective #3: Encourage providers and other community-based organizations to allocate resources to provide training, seek technical assistance, and pursue other professional development activities for staff and governing and/or advisory boards to advance cultural and linguistic competence.

Objective #4: Use the Culturally and Linguistically Appropriate Services Standards (CLAS) as a blueprint to strengthen funded agencies' Cultural and Linguistic Competence.

Goal #3: Improve consumer access to and engagement in services. ~~through increased coordination and collaboration between providers, community stakeholders, and consumers.~~

Objective #1: Encourage development of collaborative agreements between providers to increase or maintain access and coordination of services for consumers throughout Champaign County.

Objective #2: Participate in various coordinating councils whose missions align with the needs of the ~~various~~ populations of interest to the Board with the intent of strengthening coordination between providers in the delivery of services.

Objective #3: Explore at the Board level potential for collaboration on issues of mutual interest with the C-U Public Health District and the Champaign County Board of Health.

Objective #4: Engage with CUPHD, United Way, Carle Foundation Hospital, and OSF in the collaborative planning process for the next Community Health Improvement Plan.

Objective #5: Increase awareness of community services and access to information on when, where, and how to apply for services. ~~In conjunction with the United Way of Champaign County, monitor implementation of the 211 information and referral system.~~

~~Objective #5: Investigate options for development of a web based compilation of local resources and or directories targeted to specific populations.~~

Goal #4: Continue the collaborative working relationship with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB).

Objective #1: Coordinate integration, alignment, and allocation of resources with the CCDDB to ensure the efficacious use of resources within the intellectual disability and developmental disability (ID/DD) service and support continuum.

Objective #2: Assess alternative service strategies that empower people with ID/DD and increase access to integrated settings as exemplified by the collaborative approach to the Employment First Act.

Objective #3: ~~Concurrent~~ With the CCDDB, continue financial commitment to ~~maintain and, if demonstrated, expand the availability of~~ community-based housing ~~Community Integrated Living Arrangement (CILA) housing opportunities~~ for people with ID/DD from Champaign County and as part of that sustained

commitment, review the Community Integrated Living Arrangement (CILA) fund and recommend any changes.

Objective #4: Collaborate with the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability on ~~issues of mutual interest as exemplified by the expansion of CILA housing and joint sponsorship of events promoting acceptance,~~ promoting inclusion and respect for people with ID/DD.

MULTI-AGENCY INVOLVED YOUTH AND FAMILIES

Goal #5: Building on progress achieved through the six Year Cooperative Agreement between the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Illinois Department of Human Services (IDHS), and the Champaign County Mental Health Board (CCMHB) implement a plan to sustain the SAMHSA/IDHS system of care model.

Objective #1: Support the efforts of the Champaign Community Coalition and other system of care initiatives.

Objective #2: ~~Ongoing~~ Sustain support of Champaign County family-run organizations that incorporate family-driven and youth-guided principles~~. In recognition of the importance of~~ In use of peer support specialists, and other peer-to-peer supports to assist multi-system involved families and youth. ~~, maintain direct involvement and input about decisions that are made . Encourage organizations' focus on peer support specialists, peer-to-peer support, advocacy at the local level, and statewide expansion of family-run organizations~~.

CRIMINAL JUSTICE AND MENTAL HEALTH SYSTEM COLLABORATION

Goal #6: ~~Support infrastructure development and investment in services along the five criminal justice intercepts points to~~ Divert from the criminal justice system, as appropriate, persons with behavioral health needs or developmental disabilities.

Objective #1: Continue involvement in the Crisis Intervention Team Steering Committee in support of increased collaboration between law enforcement and crisis ~~team~~ service providers on implementing mobile crisis response in the community.

Objective #2: Sustain efforts to engage persons with behavioral health diagnoses re-entering the community from jail or prison or with recent involvement with the criminal justice system, in treatment and other support services such as the Champaign County Problem Solving Court and reentry services

~~Objective #3: Maintain commitment to the Problem Solving Courts operating in Champaign County including continued participation on the Specialty Court Steering Committee.~~

Objective #4: Support integrated planning and service coordination for adults involved in the criminal justice system through participation in the Champaign County Reentry Council or similar body to address needs identified in the Sequential Intercept Map gaps analysis.

Objective #5: Through the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), in its partnership with the National Association of Counties (NACo,) pursue opportunities for technical assistance and support through the "Decarceration Initiative," "Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails," ~~and~~ the "Data Driven Justice Initiative," ~~Encourage and participate in and~~ other similar collaborative opportunities aimed at improving outcomes for those with behavioral health needs involved with the criminal justice system.

Goal #7: In conjunction with the Champaign County Sheriff's Office and other community stakeholders pursue a continuum of services as an alternative to incarceration and/or overutilization of local Emergency Departments for persons with behavioral health needs or developmental disabilities.

~~Objective #1: Serve on the Crisis Response Planning Committee, or its successor body, to continue to advance work initiated under the Justice and Mental Health Collaboration planning grant.~~

Objective #1: Support initiatives providing housing and employment supports for persons with a mental illness, substance use disorder, and/or intellectual and developmental disabilities through the Champaign County Continuum of Care or other local collaboration.

Objective #2: Identify options for developing jail diversion services to provide behavioral health assessments, crisis stabilization and detoxification from alcohol and/or other substances as may be necessary to serve Champaign County.

~~Objective #3: Secure commitment to support and sustain the development of a coordinated system of diversion services, from vested stakeholders in the public and private sectors.~~

~~Objective #4: Use public input gathered through these collaborations to guide advocacy for planning and policy changes at the state and federal levels, local system redesign and enhancement, and in the consideration of future funding priorities for the CCMHB.~~

Goal #8: Support interventions for youth who have juvenile justice system involvement to reduce contact with law enforcement or prevent deeper penetration into the system.

~~Objective #1: Investigate evidence based or recommended juvenile justice models as an alternative to the Parenting with Love and Limits (PLL) program.~~

Objective #1: Support continued implementation of the Parenting with Love and Limits (PLL) program based on positive evaluation and feedback from community partners and stakeholders, or as appropriate, an acceptable alternative.

~~Objective #3: Monitor local utilization of PLL and pursue options as necessary to address potential excess capacity.~~

Objective #2: Through participation on the Youth Assessment Center Advisory Board advocate for community and education-based interventions contributing to positive youth development and decision-making.

Objective #3: Through participation and engagement in the Champaign Community Coalition and other community focused initiatives, promote and encourage multi-system collaborative approaches for prevention and reduction of youth violence.

Objective #4: Promote and support those targeted interventions that specifically address historical trauma experienced by African American and other minority youth disproportionately impacted in multiple systems.

Objective #5: Utilize the principles from "Models for Change" to reduce the disproportionate minority contact with law-enforcement and involvement with the juvenile justice system.

COMMUNITY ENGAGEMENT & ADVOCACY

Goal #9: Address the need for acceptance, inclusion and respect associated with a person's or family members' mental illness, substance use disorder, intellectual disability, and/or developmental disability through broad based community education efforts to increase community acceptance and positive self-image.

Objective #1: Continue support for and involvement in efforts to challenge stigma and discrimination and other community education events including disABILITY Resource Expo: Reaching Out for Answers, and the National Children's Mental Health Awareness Day.

Objective #2: Promote substance use disorder prevention initiatives as a community education tool targeting youth and young adults.

Objective #3: Participate in behavioral health community education initiatives, such as national depression screening day, to encourage individuals to be screened and seek further assistance where indicated.

Objective #4: Encourage and support efforts to more fully integrate people with behavioral health disorders and/or intellectual or developmental disabilities into community life in Champaign County.

Goal #10: ~~Stay abreast of emerging issues affecting the local systems of care and consumer access to services and be proactive through concerted advocacy efforts.~~ Engage with other local, state, and federal stakeholders on emerging issues.

Objective #1: Monitor implementation of ~~state Medicaid Plan amendments, 1115 waiver pilot projects, use of Managed Care Organizations to implement the Affordable Care Act and~~ the expansion of Medicaid by the State of Illinois and advocate ~~for increased service capacity sufficient to meet consumer demand~~ through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHAI) and other statewide associations and advocacy groups. ~~and national associations such as the National Association of Counties (NACo).~~

Objective #2: Track state implementation of class action suit settlements involving persons with intellectual disabilities or developmental disabilities or mental illness, e.g. Ligas vs. Hamos Consent Decree and Williams vs. Quinn Consent Decree, ~~and proposed closure of state facilities,~~ and advocate for the

allocation of state resources sufficient to meet needs of clients returning to home communities or seeking fuller integration in their communities.

Objective #3: Maintain active participation in ~~Through~~ the National Association of County Behavioral Health and Developmental Disability Directors (NACHBBD), National Association of Counties (NACo), and like-minded national organizations, to monitor activities at the federal level. ~~monitor the federal rulemaking process applying parity to Medicaid Managed Care and associated benefit plans and on the Institutions for Mental Disease (IMD) Medicaid Exclusion. Use opportunities for public comment on proposed rules and legislative action to advocate for the needs of our community.~~

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

BRIEFING MEMORANDUM

DATE: September 26, 2018
TO: Members, Champaign County Mental Health Board (CCMHB) and Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Fund Balances, Tax Liabilities, Unanticipated Revenues

Purpose

In this packet, revised 2019 budgets are presented for your consideration. Additional revenues and associated revisions are explained in a Decision Memorandum accompanying the budget documents, under Old Business. The purpose of this Briefing Memorandum is to offer context for possible Board actions in response to tax liabilities, miscellaneous revenues, and fund balances.

Background

Fund Balances: The recommended fund balance goal is to cover six months of operating costs, including contracts for services and supports provided by community-based organizations.

At the end of the Boards' fiscal year, December 31, fund balances appear to be higher than this goal because this is not the point in the year used for planning. For our purposes, the projected balances in May are most critical, as this is when the funds reach their lowest amount, just before the first distribution of property tax revenues each year. The majority of Board funding is spent on agency contracts, which use a term coinciding with the state fiscal year of July 1 through June 30. Accurately predicting property tax revenues in order to allocate in this way is a challenge, but overestimating the available revenue can put the agency programs, and the people they serve, at risk.

Analysis of the Board funds at their lowest point, in May 2018, showed that the CCDDB did not have sufficient funds to cover three months of operating costs and that the CCMHB had more than enough. The Treasurer invests these funds and anticipates increased interest income; although earning more on the funds is better than not, it may be desirable to plan bringing the fund balances closer to goal. The causes of the higher balance are: liabilities; return of excess revenue from agencies; unanticipated changes in revenues and expenditures.

The CILA fund relates to a mortgage and to maintenance of properties, and its revenues are largely interfund expenditures from the Boards.

Tax and Other Liabilities: Application of the fund balance goal is complicated by substantial liabilities in each Board's fund:

- CCMHB tax liability of $430,716, hospital property tax revenues previously distributed.
- CCDDB tax liability of $359,364, hospital property tax revenues previously distributed.
- The Boards share small liabilities associated with staff benefits which would be paid upon resignation, termination, or retirement.

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In the event of an unfavorable decision in the hospital property tax case, repayments from each fund would have the result of leaving the CCDDB with very low reserve, though the CCMHB would still have a small amount of reserve beyond the fund balance goal. Hospital tax revenues anticipated for 2019 would simply not be spent. Although the case is scheduled to be heard in January 2019, a decision might not be made in time for allocation of agency contracts next year.

Unanticipated Revenues: Reserves build through return of excess revenue from agency contracts along with other unplanned revenues and savings. Fortunate examples of unplanned revenue are a $64,000 refund from a vendor in 2017 and refunds for 2018 national conference registrations.

The 2019 budgets were adjusted to receive higher estimated additional revenues - repayments from agencies, increased interest income, increased donations related to anti-stigma and Expo - and to spend them as Contributions & Grants, funding service providers through an established annual, competitive allocation process, with public review and decisions made in late Spring. The CILA budget uses additional revenue for improvements and repairs of the homes and appliances.

It is important to note that the return of excess revenue associated with agency contracts results directly from some persistent problems. It is unfortunate that we now plan for these in our budgeting process.

As early as August, agencies return unused funds from the contract year ending on June 30. This continues as independent audits are performed and reviewed, often into the following calendar year. A short-term problem emerges because we lack a process for reallocation. The longer-term issue is that these repayments relate to underperformance on contracts, whether due to low referrals, insufficient staffing, loss of other funding, or other barriers encountered by community-based providers. These issues are not expected to resolve during 2018 or 2019. The Boards and staff track local, state, and federal changes. To invest less in the local systems of support would not align with mission, but we might consider other ways to support these systems.

Supports Other than through Agency Contracts

These additional program supports exist and could be expanded, with the purpose of strengthening agency supports and services. They are not charged to the Contributions & Grants lines of Board Fund budgets and include:

- training workshops for case managers and others providing service directly to eligible people (may also improve coordination across providers);
- service-level data collection and analysis of programs used by adults with I/DD;
- outcome evaluation support through UIUC researchers; and
- technical assistance for cultural and linguistic competence strategies.

Additional supports for persons with MI, SUD or I/DD are being explored or in progress, also not not charged to Contributions & Grants:

- March 2019 disABILITY Resource Expo and updated comprehensive resource guide;
- anti-stigma events;
- Mental Health First Aid trainings for interested groups, especially in northern Champaign County and rural areas;
- low cost, web-based or text-based mental health supports available Countywide;

- collaboration with those entities most likely to encounter people in crisis, to improve crisis response; and
- Parkland Foundation scholarship fund, through which people eligible for board-funded services would access to post-secondary educational opportunities.

The CILA budget allows for repairs to the current homes. The Boards might also consider:
- purchasing one or two more homes (with consideration for workforce shortage and appropriate referrals of Champaign County residents);
- selling the current homes to a private investor or non-profit service provider;
- paying off the mortgage ahead of schedule.

Possible Actions
As stated above, the amounts associated with previous hospital tax revenues are quite large, $430,716 in the CCMHB fund and $359,364 in the CCDDB fund, the majority of each board's reserve. If there is a ruling favorable to the County, these amounts will no longer need to be available to pay off the liabilities. The CCDDB could leave this amount in the fund account to build toward the recommended reserve; the CCMHB is in a good position to spend at least this amount.

In addition to these earlier revenues, the CCMHB's 2019 budget has anticipated hospital property tax revenue of $142,532, and the CCDDB $118,919, pending favorable ruling. There is a mechanism in the budgets to spend these amounts during 2019, though not prior to a ruling.

The Boards might consider new strategies to further their missions:
- a student loan debt repayment program for people committing to work in Champaign County for a period of time, in the areas of service most harmed by the current and growing workforce shortage, from psychiatrists to direct support professionals, as there is no question that the shortage of each has deeply damaged our service systems;
- a scholarship fund, for recipients making a similar commitment to Champaign County, also for the purpose of strengthening the workforce;
- capital/infrastructure projects for eligible community-based service providers, through the existing competitive allocation process;
- housing, paid internships, or scholarships for people with I/DD or MI/SUD;
- other capital projects identified as of value to one or both Boards.

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

DECISION MEMORANDUM

DATE: September 26, 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 second drafts of the Champaign County Mental Health Board (CCMHB) Budget and CILA Fund Budget, for County Fiscal Year 2019 (January 1, 2019 through December 31, 2019). Earlier approved versions were revised with advice from County Administration, incorporating increased revenue estimates and refining personnel cost estimates, and submitted for information to the Champaign County Board in August. Final budgets will be presented as part of their appropriations process in November. Further changes in revenue projections, personnel costs, or other planned expenditures, may occur before November, requiring your approval.

The CILA Fund Budget, under joint authority of the CCMHB and Champaign County Developmental Disabilities Board (CCDDB), uses previous and current year actuals. The projected fund balance may protect against larger liabilities or, at the direction and agreement of the Boards, be used to purchase additional homes or pay the bank loan ahead of schedule.

Attached are a revised 2019 CCMHB Budget and a revised 2019 CILA Fund Budget. The draft 2019 CCDDB Budget is included for information only, along with four pages of background details. Changes made to earlier versions are italicized in the attachments and include:

- Higher projected property tax revenues (both boards)
- Property tax revenue associated with the hospital; court hearing scheduled for January; a subsequent finding will determine whether this revenue will be used or repaid. In addition, a finding favorable to the hospital will result in repayment of earlier revenue deposits, reducing the fund balance (both boards)
- Increased investment interest (both boards and CILA)
- Small adjustments of personnel costs (CCMHB budget)
- Increased estimate of costs for non-employee trainings (to host workshops for local service providers) and decreased estimate of bank charges (CCMHB budget)
- Increased contributions and grants line (both boards)
- Increased rent revenue (CILA)
- Increase in equipment expense (CILA)
- Decrease in mortgage interest expense (CILA)

BROOKENS ADMINISTRATIVE CENTER • 1776 E. WASHINGTON STREET • URBANA, ILLINOIS 61802

PHONE (217) 367-5703 • FAX (217) 367-5741

Decision Section:

Motion to approve the attached 2019 CCMHB Budget, with anticipated revenues and expenditures of $5,404,493.

_______ Approved
________ Denied
________ Modified
________ Additional Information Needed

Motion to approve the attached 2019 CILA Fund Budget, with anticipated revenues and expenditures of $123,300. Payment to this fund is consistent with the terms of the Intergovernmental Agreement between the CCDDB and CCMHB.

______ Approved
______ Denied
______ Modified
______ Additional Information Needed

Draft 2019 CCMHB Budget

LINE ITEM	BUDGETED REVENUE	
311.24	Property Taxes, Current*	*$4,994,438*
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	$337,555
361.10	Investment Interest	*$25,000*
363.10	Gifts & Donations	$20,000
369.90	Other Miscellaneous Revenue	$20,000
	**includes hospital property tax revenue of $142,532*	
	TOTAL REVENUE*	***$5,404,493***

LINE ITEM	BUDGETED EXPENDITURES		
511.02	**Appointed Official**		$101,000
511.03	**Regular FTE**		*$312,457*
511.05	**Temporary Salaries & Wages**		$5,040
511.09	**Overtime Wages**		$1,500
513.01	**FICA**		*$32,130*
513.02	**IMRF**		*$24,864*
513.04	**W-Comp**		*$2,730*
513.05	**Unemployment**		*$1,736*
513.06	**Health/Life Insurance**		$60,495
513.20	**Employee Development/Recognition**		$300
		Personnel Total	*$542,252*
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
		Commodities Total	$17,600
533.01	**Audit & Accounting Services**		$10,000
533.07	**Professional Services**		$235,000
533.12	**Travel**		$5,000
533.18	**Non-employee training**		*$3,750*
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***		*$4,347,815*
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**		*$26*
534.70	**Brookens Repair**		$200
	****includes appropriation equal to hospital property tax revenue of $142,532***		
		Services Total*	$4,786,641
571.08	**Payment to CCDDB** (Share of Gifts, Donations, Misc Rev)		$8,000
571.11	**Payment to CILA Fund**		$50,000
		Interfund Expenditures TOTAL	$58,000
	TOTAL EXPENSES*		***$5,404,493***

Draft 2019 CILA Fund Budget

LINE ITEM	BUDGETED REVENUE	
361.10	**Investment Interest**	*$1,300*
371.54	**From CCDDB 108**	$50,000
371.90	**From CCMHB Fund 090**	$50,000
362.15	**Rents**	*$22,000*
	TOTAL REVENUE	***$123,300***

LINE ITEM	BUDGETED EXPENDITURES	
522.44	**Equipment Less than $5,000** *(includes a designated gift of $16,881 to one individual, accessed at family request)*	*$47,956*
533.07	**Professional Services** *(property management services)*	$10,000
581.07	**Mortgage Principal Payments**	$49,751
582.07	**Interest on Mortgage**	*$15,262*
534.37	**Finance Charges** *(bank fees per statement)*	$36
533.93	**Dues & Licenses**	$295
	TOTAL EXPENSES	***$123,300***

Draft 2019 CCDDB Budget

LINE ITEM	BUDGETED REVENUE	
311.19	Property Taxes, Current*	*$4,167,033*
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	*$13,000*
371.90	Interfund Transfer (Gifts, Donations, etc) from MH Fund	$8,000
369.90	Other Miscellaneous Revenue	*$2,000*
	**includes hospital property tax revenue of $118,919*	
	TOTAL REVENUE *	***$4,197,033***

LINE ITEM	BUDGETED EXPENDITURES	
533.07	**Professional Services** *(42.15% of an adjusted set of CCMHB Admin Expenses)*	$337,554
533.92	**Contributions & Grants***	*$3,809,479*
571.11	**Payment to CILA Fund**	$50,000
	includes appropriation equal to hospital property tax revenue of $118,919	
	TOTAL EXPENSES*	***$4,197,033***

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 *(includes hospital property tax amount = $142,532)*	*$4,994,438*	$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	$337,555	$338,515	$287,697	$377,695	$330,637	$337,536
Investment Interest	*$25,000*	*$24,000*	$18,473	$3,493	$1,385	$1,015
Gifts & Donations	$20,000	*$22,000*	$5,225	$18,822	$26,221	$28,192
Other Miscellaneous Revenue	$20,000	*$20,000*	$117,195	$21,340	$67,599	$85,719
TOTAL REVENUE *(WITH HOSP TAX)*	***$5,404,493***	***$5,059,680***	**$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	*$542,252*	$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)	*$438,826*	$442,440	$432,828	$410,157	$382,870	$375,735
Contributions & Grants *(includes amount equal to hospital tax, $142,532)*	*$4,347,815*	$3,954,384	$3,593,418	$3,428,015	$3,335,718	$3,673,966
Interfund Expenditures	$58,000	$58,000	$57,288	$60,673	$0	$0
TOTAL EXPENSES *(WITH HOSP TAX)*	***$5,404,493***	**$5,014,180**	**$4,539,017**	**$4,484,391**	**$4,232,715**	**$4,591,892**

Additional Information about Expenses

Personnel 2019 v 2018

PERSONNEL	2019	2018
Appointed Official	$101,000	$101,000
Regular FTE	*$312,457*	$304,832
Temporary Wage/Sal	$5,040	$0
Overtime Wages	$1,500	$1,500
FICA	*$32,130*	$31,388
IMRF	*$24,864*	$36,599
W-Comp	*$2,730*	$2,257
Unemployment	*$1,736*	$4,200
Health/Life Insurance	$60,495	$56,397
Employee Dev/Rec	$300	$200
	$542,252	**$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
Audit & Accounting	$10,000	$10,000
Professional Services*	$235,000	$263,467
Travel	$5,000	$6,000
Non-employee conferences	*$3,750*	-
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	*$26*	$30
Brookens Repair	$200	$200
	$438,826	**$442,440**

Interfund Expenditures 2019 v 2018

INTERFUND TRANSFERS	2019	2018
CCDDB Share of Donations & Miscellaneous Revenue	$8,000	$8,000
Payment to CILA Fund	$50,000	$50,000
	$58,000	**$58,000**

***Professional Services:**

- 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 CCDDB), and Savannah Family Institute-PLL (not shared with CCDDB)

****Public Relations (Community Awareness) and disAbility Resource Expo:**

- Ebertfest or other (not shared with CCDDB), 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 Services*	$235,000	$129,500 Savannah Family Institute (PLL), not shared with CCDDB. $53,335 UI Evaluation, not shared with CCDDB. $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.)*	$263,467	$130,700 Savannah Family Institute (PLL), not shared with CCDDB. $52,976 UI Evaluation, not shared with CCDDB. 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).
Public Relations**	$30,000	$15,000 Ebertfest film sponsorship, *offset by Alliance member dues and other contributions of $3k-$6k/year.* $2,000 estimated for other community events. $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 ($11,000).	>$50,000	$15,000 Ebertfest 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.)*
disability Resource Expo**	$60,000	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.)*	$23,333	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.
Contributions & Grants	*$4,347,815*	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.	$3,954,384	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.
Dues/Licenses	$23,500	$900 national trade association (NACBHDD) dues. $2000 portion of membership in NACo. $16,000 state trade association (ACMHAI) dues. $250 Rotary membership dues. $25 Human Services Council membership dues. $? for any new membership, e.g., Arc of IL, NCBH, NADD.	*$23,600*	$825 national trade association (NACBHDD) dues ($900 in 2019). $2000 portion of membership in NACo. $16,000 state trade association (ACMHAI) dues. $260 Rotary membership dues. $25 Human Services Council membership dues. $? for any new membership, e.g., Arc of IL, NCBH, NADD.
Conferences/ Training	$17,000	$1000 registration for NACo and NACBHDD Legislative and Policy Conferences (may be offset by ACMHAI). $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 ACMHAI meetings. Costs of one other conference/training for 1-2 staff/board members. MHFA trainer certification.	$17,000	$510 registration for NACo Conference, $335 Annual Meeting. (NACBHDD Legislative and Policy Conference registration paid by ACMHAI). 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 ACMHAI meetings. Costs of one other conference/training for 1-2 staff/board members. $500 Georgetown U program.
Unexpected		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.		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.

201

Calculation of the CCDDB Administrative Share ("Professional Fees")

Adjustments:	2019	2018
CCMHB Contributions & Grants	*$4,347,815*	*$3,954,384*
Savannah Family Institute - PLL	*$129,500*	*$130,700*
UI Evaluation Capacity Project	*53335*	*$52,976*
Ebertfest anti-stigma film and events	*$15,000*	*$15,000*
Payment to CILA fund	*$50,000*	*$50,000*
CCDDB Share of Donations & Misc Rev	*$8,000*	*$8,000*
Adjustments Total:	**$4,603,650**	**$4,211,060**
CCMHB Total Expenditures:	$5,404,493	$5,014,180
Total Expenditures less Adjustments:	$800,843	$803,120

	2019 CCDDB Share	2018 CCDDB Share
Total Expenditures less Adjustments	800,843	$803,120.00
Adjusted Expenditures x 42.15%	**$337,555**	**$338,515**
Monthly Total for CCDDB Admin	*$28,130*	*$28,210*

At he end of each Fiscal Year, actual expenses are updated, some revenues (e.g., Expo) are shared, and adjustments are made to the CCDDB current year share.

Background for 2019 CCDDB Budget, with 2018 Projections and Earlier Actuals

2019 BUDGETED REVENUE		2018 PROJECTED	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Property Taxes, Current *(includes hospital property tax amount = $118,919)*	*$4,167,033*	$3,879,628	$3,684,009	$3,595,174	$3,545,446	$3,501,362
Back Property Taxes	$2,000	$500	$2,278	$2,105	$2,437	$1,398
Mobile Home Tax	$3,000	$1,000	$3,142	$3,305	$3,404	$3,348
Payment in Lieu of Taxes	$2,000	$1,000	$2,671	$2,515	$2,445	$2,479
Investment Interest	*$13,000*	*$12,000*	$10,883	$2,318	$1,488	$812
Gifts & Donations (transfer from MHB)	$8,000	$8,000	$7,288	$10,673	$0	$0
Other Miscellaneous Revenue	$2,000	*$6,408*	$14,432	$0	$0	$11,825
TOTAL REVENUE *(WITH HOSP TAX)*	***$4,197,033***	***$3,908,536***	**$3,724,703**	**$3,616,091**	**$3,555,220**	**$3,521,224**

2019 BUDGETED EXPENDITURES		2018 PROJECTED	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Professional Fees *(42.15% of some CCMHB exoenses, as above)*	$337,554	$338,515	$287,697	$379,405	$330,637	$337,536
Contributions & Grants *(includes amount equal to hospital tax, $118,919)*	*$3,809,479*	*$3,520,021*	$3,287,911	$3,206,389	$3,069,122	$3,224,172
Interfund Expenditure - CILA	$50,000	$50,000	$50,000	$50,000	$50,000	$0
TOTAL EXPENSES *(WITH HOSP TAX)*	***$4,197,033***	***$3,908,536***	**$3,625,608**	**$3,635,794**	**$3,449,759**	**$3,561,708**

8.B.

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)

September 12, 2018 – study session

September 26, 2018

October 17, 2018

October 24, 2018 – study session

November 14, 2018

November 28, 2018 – joint study session with the CCDDB

December 19, 2018 – tentative

****This schedule is subject to change due to unforeseen circumstances. Please call the CCMHB-CCDDB office to confirm all meetings.***

CCDDB 2018 Meeting Schedule

Board Meetings
8:00AM except where noted
Brookens Administrative Building, Lyle Shields Room
1776 East Washington Street, Urbana, IL

September 26, 2018 – Dimit Conference Room (8AM)

October 24, 2018 – Dimit Conference Room (7:30AM)

November 14, 2018 – Lyle Shields Room (8AM)

November 28, 2018 – tentative study session, Lyle Shields Room (5:30PM)

December 19, 2018 – Dimit Conference Room (7:30AM)

This schedule is subject to change due to unforeseen circumstances.
Please call the CCMHB/CCDDB office to confirm all meetings.

DRAFT

July 2017 to June 2018 Meeting Schedule with Subject and Allocation Timeline*

The schedule provides the upcoming dates and subject matter of board meetings through June 2018 for the Champaign County Mental Health Board. 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 throughout the year with potential dates listed. Study session topics will be based on issues raised at board meetings, brought to the CCMHB by staff, or in conjunction with the Champaign County Developmental Disabilities Board.

Included with the meeting dates is a tentative schedule for the CCMHB allocation process for Contract Year 2019 (July 1, 2018 – June 30, 2019).

Timeline	Tasks
7/19/17	Regular Board Meeting Approve Draft Budget Approve 2016 Annual Report
9/20/17	Regular Board Meeting Release Draft Three Year Plan 2016-2018 with FY18 Objectives U of I Program Evaluation Presentation
9/27/17	Study Session
10/18/17	Regular Board Meeting Release Draft Contract Year 2019 (CY19) Allocation Criteria Community Coalition Summer Initiatives Report
10/25/17	Study Session
11/15/17	Regular Board Meeting Approve Three Year Plan with One Year Objectives Allocation Decision Support – CY19 Allocation Criteria
11/29/17	Study Session
12/13/17	*Public Notice to be published on or before this date, giving at least 21-day notice of application period.*
12/13/17	Regular Board Meeting (tentative)

01/05/18	*Open CCMHB/CCDDB Online System access to CCMHB CY19 Agency Program and Financial Plan Application forms.*
1/17/18	Regular Board Meeting Election of Officers
1/24/18	Study Session
2/2/18	*Online System Application deadline – System suspends applications at 4:30PM (CCMHB close of business).*
2/9/18	*List of Requests for CY19 Funding*
2/21/18	Regular Board Meeting List of Requests for CY19 Funding
2/28/18	Study Session
3/21/18	Regular Board Meeting 2017 Annual Report
3/28/18	Study Session
4/11/18	*Program summaries released to Board, copies posted online with CCMHB April 18, 2018 meeting agenda*
4/18/18	Regular Board Meeting Program Summaries Review and Discussion
4/25/18	Study Session Program Summaries Review and Discussion
5/9/18	*Allocation recommendations released to Board, copies posted online with CCMHB May 16, 2018 meeting agenda*
5/16/18	Study Session Allocation Decisions
5/23/18	Regular Board Meeting Allocation Decisions Authorize Contracts for CY19
6/27/18	Regular Board Meeting Approve FY19 Draft Budget
6/28/18	*CY19 Contracts completed/First Payment Authorized*

CHAMPAIGN COUNTY MENTAL HEALTH BOARD BOARD MEETING

Minutes—June 27, 2018

Brookens Administrative Center
Lyle Shields 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

MEMBERS EXCUSED: Margaret White

STAFF PRESENT: Lynn Canfield, Mark Driscoll, Stephanie Howard-Gallo

OTHERS PRESENT: Gail Raney, Chris Gleason, Rosecrance; Nancy Greenwalt, Promise Healthcare; Alex Campbell, EMK Consulting

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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.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

APPROVAL OF AGENDA:

Dr. Fowler requested Agenda Items 6.B. and 6.C. be moved in front of 6.A. The Board agreed and the agenda was approved.

PRESIDENT'S COMMENTS:

None.

NEW BUSINESS:

Promise Healthcare Child Psychiatry Request:
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 was included in the Board packet.

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. Staff recommended the Champaign County Mental Health Board approve the request.

Board discussion followed. Dr. Rappaport stated for the record he was deeply disappointed and found it shameful this service was not getting support from state or local providers for this service to the community. Dr. Robin and Dr. Moore concurred for the record.

> **MOTION: Dr. Robin moved 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. Dr. Moore seconded the motion. A roll call vote was taken with all members voting aye. The motion passed unanimously.**

University of Illinois "Build Program Evaluation Capacity: Year 4 Proposal"
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. In September, the evaluators are scheduled to present a report on activities and progress achieved under year three.

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.

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. A copy of the proposal was included in the Board packet.

MOTION: Dr. Robin moved 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. Dr. Rappaport seconded the motion. A roll call vote was taken and all CCMHB members voted aye. The motion passed.

Needs Assessment Survey Results:
Alex Campbell from EMK Consultants presented the results of the online Needs Assessment Survey initiated in the fall of 2017. The results were included in the Board packet. A written summary of the data will be forthcoming.

Anti-Stigma Community Event:
A Decision Memorandum was included in the Board packet. Allocation of up to $15,000 to sponsor a film and support and amplify concurrent activities is requested. 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. The Alliance itself has expanded over the years to include large and small provider organizations, support groups, UIUC School of Social Work, Parkland, the Champaign Community Coalition, and Swann Special

Care Center. The anti-stigma/pro-inclusion effort supports Mental Health, Developmental Disabilities, and Substance Use Disorder community awareness and education.

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. Activities are ongoing in response to opportunities, including beyond the festival.

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.

> **MOTION: Dr. Moore moved to approve up to $15,000 for sponsorship of an anti-stigma film at the 2019 Roger Ebert's Film Festival. Mr. Patterson seconded the motion. A roll call vote was taken and all members voted aye. The motion passed unanimously.**

CCMHB FY2018 Budget:
A copy of the proposed FY2018 CCMHB Budget and the CILA Budget was included in the Board packet for review. Ms. Canfield reviewed the documents with Board members.

> **MOTION: Dr Robin moved to approve the proposed 2019 CCMHB Budget with anticipated revenues and expenditures of $5,231,018. Ms. O'Connor seconded the motion. A roll call vote was taken and the motion passed unanimously.**

> **MOTION: Ms. O'Connor moved to approve the proposed 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. Dr. Rappaport seconded the motion. A roll call vote was taken and the motion passed unanimously.**

Agency Information:
Mr. Chris Gleason from Rosecrance, Central Illinois (RCI) announced there is currently no wait list for assessments for mental health services. Walk-in assessments for adults are currently available 2 days a week.

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.

> **MOTION: Ms. O'Connor moved to cancel the July 2018 meeting. Mr. Omo-Osagie seconded the motion. A voice vote was taken and the motion passed unanimously.**

CCDDB INFO:

The CCDDB met earlier in the day.

APPROVAL OF MINUTES:

Minutes from 5/16/18 and 5/23/18 meetings were included in the Board packet for review.

> **MOTION: Dr. Moore made a motion to approve the minutes from the May 16th and May 23rd meetings. Ms. Palencia seconded the motion. A voice vote was taken and the motion passed.**

EXECUTIVE DIRECTOR'S COMMENTS:

None.

STAFF REPORTS:

Staff reports from Mark Driscoll, Kim Bowdry, Shandra Summerville, and Stephanie Howard-Gallo were included in the packet for review. Dr. Fowler asked for a PUNS update. 900 names were chosen and 12 were from Champaign County.

BOARD TO BOARD:

Ms. Palencia had an orientation with RACES and Adelaide Aime, Executive Director.

FINANCIAL INFORMATION:

The Expenditure Approval Report from the Champaign County Auditor's Office was included in the packet for review.

> **MOTION: Dr. Robin moved to approve the Expenditure Approval 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.

212

Mark Driscoll
Associate Director for Mental Health & Substance Abuse Services

Staff Report – September 26, 2018 Board Meeting

Summary of Activity

PY19 Contracts Update: At the June meeting, the Board approved an amendment to the Promise Healthcare Mental Health Services contract and renewal of the U of I program evaluation contract. The Promise Healthcare amendment has been executed. It increases the contract maximum to support access to pediatric psychiatry for children and youth being served by the agency. Payments were adjusted as of September 1st. The U of I contract has been executed. The Program Evaluation Team is in the process of selecting the three programs for intensive support. A decision will be made on the targeted programs prior to the September Mental Health Development Disabilities Council meeting.

An amendment has also been issued to the new Cunningham Children's Home contract. Shortly after the start of the contract year the program requested the name be changed from Independent Living Opportunities to ECHO Housing and Employment Support. The reason for the change was to eliminate confusion between DCFS funded services and those supported with CCMHB funds. The agency has communicated with staff on separate occasions about staffing pattern, other funds that target employment support to young adults, and plans to pursue other funding specific to assisting homeless youth. The agency also requested a follow-up meeting to the June contract meeting to reaffirm expectations on staffing and use of other funds.

The Rosecrance Recovery Home contract has not been issued. The Recovery Home is expected to open in late 2018. The contract is on hold until Rosecrance notifies CCMHB it is ready to move forward with hiring program staff. The contract amount will be pro-rated to account for the shortened contract term.

Parenting with Love and Limits: The Rosecrance Parenting with Love and Limits (PLL) program was moved from grant to fee for service for the PY19 contract. In late June and July, the program has experienced an exodus of staff. Three of the four therapists have resigned as has the case manager. The remaining therapist is attempting to engage referred families and has started a PLL group. No services were billed in July. With a group started some billable activity will have occurred during intake and continue through completion of group and family coaching sessions.

Rosecrance has met with CCMHB staff to discuss the status of the program. Effort is being made to recruit new staff but so far has not resulted in many qualified candidates applying. A secondary issue is with engagement of referred families. In many instances staff has been unable to contact the families. Neither of these issues is unique to PLL.

Subsequent to the CCMHB meeting, Rosecrance held a meeting with stakeholders. Based on the discussion with stakeholders, there was interest in getting input from youth and families on PLL, having PLL attempt to engage families at court that has proven successful in the past, consider program alternatives although stakeholders are supportive of PLL and consider it successful for those families that complete the program. It was acknowledged that issues with recruiting and retaining staff and engagement with families remain regardless of whatever program is offered. Rosecrance is to draft a proposal outlining options for moving forward.

CCMHB Needs Assessment and Draft Three Year Plan: A fair amount of time and energy has been spent compiling the documents included in the Needs Assessment and drafting the cover memo. The online survey of various constituencies completed last fall is the central piece of the Needs Assessment. Supplementing this information are other assessments and reports. The Briefing Memo references content of the assessment and provides links to the source documents as appropriate. An initial working draft of the Three-Year Plan appears as a separate document. Revisions to the draft will be made based on Board discussion and community input.

CCMHB Site Visits: Site visits on two agencies were completed in July. Agencies monitored were Community Service Center of Northern Champaign County and the Children's Advocacy. Center. No significant issues were noted and both programs met expectations for documentation of reported activity. More site visits will be scheduled in the coming months.

Criminal Justice – Mental Health: The Reentry Council continues to meet on a regular basis. The Housing Authority of Champaign County has chosen to join the Council. Effort is being made to broaden community representation to include health care providers, peer supports groups (GROW), and expand participation from municipal government as well as reconnect with members having light attendance. The Council is establishing bylaws. An executive committee has been formed and I have agreed to serve on that body. The County Board has approved continued funding for the Reentry Program administered by Rosecrance. Services provided under this contract are coordinated with the CCMHB funded Criminal Justice program.

A primary focus of the most recent meeting of the Crisis Intervention Team Steering Committee was the county wide CIT report. This particular report reviewed twelve months' worth of data on disposition of CIT calls. That report is included as part of the CCMHB 2018 Needs Assessment.

In other crisis related news, Carle Foundation Hospital is contracting with The Pavilion to provide crisis services to individuals presenting at the Carle Emergency Department. While Rosecrance is now providing 24-hour coverage on-site at the OSF Emergency Department. And the state is expanding its crisis service array to include mobile crisis response for those enrolled in Medicaid. As part of this shift, providers of youth crisis services (SASS Providers) can now serve adults. Other providers wanting to serve the Medicaid population will need to meet Illinois Department of Health and Family Services certification requirements. A CCMHB study session on changes to crisis services is scheduled for October 24, 2018.

Champaign County Continuum of Care: The Continuum reviewed and ranked proposals from local providers as part of the Department of Housing and Urban Development annual application. Cunningham Township has been meeting with local funders and other stakeholders on developing an emergency shelter and transitional housing for women and women with children. And CU at Home has agreed to lease the TIMES Center. It will house the Phoenix Drop-in Center and this winter the CU Men's Emergency Shelter.

ACMHAI Fall Meeting: Attended the educational forum at the ACMHAI meeting held in Normal, Illinois. Presenters included the Executive Director of the Community Behavioral Health Association, the Director of the DHS-Division of Mental Health, and President of Meridian Health Plan. All spoke from different perspectives of the changes occurring in state supported behavioral healthcare services.

Kim Bowdry, Associate Director for Intellectual & Developmental Disabilities
Staff Report – September 2018

NACBHDD: I traveled to the NACBHDD Summer Board Meeting in Nashville, TN. I attended the NACBHDD ID/DD Summit and the Board Meeting. For more information on this please refer to the NACBHDD Summer Meeting and I/DD Summit and NACo Annual Conference Briefing Memo from Lynn. Lynn sent this as an email attachment on Wednesday, September 12, 2018. The biggest take away from this was how terrible it will be for Illinois to move the I/DD population into Medicaid Managed Care.

I also participated in monthly NACBHDD I/DD committee calls.

Site Visits: I accompanied Mark Driscoll, Associate Director for MH/SUD on site visits at the Community Service Center of Northern Champaign County and the Children's Advocacy Center. I completed a site visit with the CCRPC Decision Support Person Program in August.

Trauma Informed Care: I attended a "Trauma and Crisis Response Workshop" at the University Of Illinois School Of Social Work in July. In August, I attended a "Trauma in the Community" workshop, presented by Karen Simms with the CU Trauma and Resilience Initiative.

Provider Trainings: In early August, I began coordinating the "Trauma Informed Care for Persons with Intellectual/Developmental Disabilities Training." I have attached the flier for this training. It will be held at the Champaign Public Library on October 4, 2018 and Raul Almazar, RN, MS is the presenter. The University Of Illinois School Of Social Work is cosponsoring this training, so in addition to QIDP CEUs, LSW, LCSW, and LCPC CEUs will also be available.

Other scheduled trainings include "211" on November 1, 2018 and "Law Enforcement Rules and Regulations in Response to Crisis Situations" on December 6, 2018. Each of these scheduled trainings will be held at the Champaign Public Library.

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.

ACMHAI: I participated in the I/DD committee call in May. I attended the quarterly meeting in Bloomington in September. The focus of the presentations was on Managed Care.

MHDDAC: I participated in monthly meetings of the Mental Health & Developmental Disabilities Agencies Council Meeting.

Webinars & Chats: I participated in a "Working Memory" chat. 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 listened to two "Sex Talk for Self-Advocates" webinars. I participated in an "ISBE: Parent Guide" webinar. I participated in a Managed Care webinar. I participated in two Employment First State Leadership Mentoring Program webinars. I participated in a chat on "Executive Functioning." I participated in a webinar titled, "Direct Support Professionals and Quality of Life of People with IDD," which focused on the relationship between DSPs and people with IDD's quality of life. I participated in a webinar titled, "DRS - What is it? How Can it Help?"

School of Social Work – Community Learning Lab: Lynn and I attended a Case Management class at the University Of Illinois School Of Social Work. This semester those students are working on mapping out local resources. This class is also gathering data on barriers people/families face when trying to access services in Champaign County through an online survey.

Racial Taboo Planning Committee: I attended a meeting of the Racial Taboo Planning Committee. The group decided to pursue three main lines of action from now through June 2019. The lines of action include:

1. Naming resources (films or short audio/video clips to discuss; books; etc.) to be used throughout the year.
2. Plan a conference.
3. Use Parkland's Race Talks model of planned conversations with youth in community settings.

Alliance for Inclusion & Respect: I participated in three planning meetings for the Alliance for Inclusion and Respect. The AIR artists will be selling their books and artwork at the Market Place Shopping Center Family Fun Fest on October 6, 2018 from 10am – 2 pm. The event organizers have asked that AIR provide a children's art activity, we will have a foam pumpkin craft available to attendees.

DisABILITY Resource Expo: I participated in planning meeting for the DisABILITY Resource Expo Steering Committee. The 12th Annual DisABILITY Resource Expo is scheduled for March 30, 2019 at the Vineyard Church.

Transition Planning Committee: The TPC held its first meeting of the school year on Friday, September 21, 2018. Jermaine Raymer and Kharis Gordon of PACE presented a new PACE program, "Fast Track." The TPC is planning events throughout the school year.

Illinois Department of Human Services-Division of Developmental Disabilities Updates: On Tuesday, September 11, 2018 the DDD released the Notice of Funding Opportunity for the Independent Service Coordination Program. The state currently has 17 ISCs, with each ISC serving a different region. Effective July 1, 2019 there will be 12 regions. Of these 12 regions, seven of the current regions were unchanged. Existing ISC agencies and new providers can apply to cover one or more of the 12 regions. Applications are due by November 12, 2018.
For more information: http://www.dhs.state.il.us/page.aspx?item=112848

The DDD updated the Self-Direction Assistance guidelines for the Home-Based Services program, which were previously significantly changed in May 2018.
For more information: http://www.dhs.state.il.us/page.aspx?item=93863

As of August 1, 2018 the PUNS categories will no longer include the "Emergency" and "Critical" categories. People will instead be categorized as "seeking services" and those who are not in need of services at this time will be categorized as "planning for services."
For more information: http://www.dhs.state.il.us/page.aspx?item=109266

PUNS Selection & Reports: DHS-DDD selected fifteen Champaign County people from the PUNS database in June 2018. New PUNS Selection 2018. Three of those 15 people have already received award letters - two for Home Based Services (HBS) and one for CILA. The remaining ten people are working with a CCRPC ISC to complete the pre-admission screening (PAS) process (one person is no longer interested in Medicaid waiver services and one person is currently incarcerated). Of the 10 individuals actively pursuing services, two are interested in CILA and the remaining eight are interested in HBS.

I have attached updated (September 11, 2018) PUNS Summary by County and Selection Detail for Champaign County.

Division of Developmental Disabilities

Prioritization of Urgency of Needs for Services (PUNS)

Summary By County and Selection Detail

September 10, 2018

County: Champaign

Reason for PUNS or PUNS Update

New	85
Annual Update	247
Change of category (Emergency, Planning, or Critical)	50
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	44
Person is fully served or is not requesting any supports within the next five (5) years	185
Moved to another state, close PUNS	19
Person withdraws, close PUNS	22
Deceased	15
Individual Stayed in ICF/DD	1
Individual Moved to ICF/DD	2
Individual Determined Clinically Ineligible	5
Unable to locate	37
Submitted in error	1
Other, close PUNS	162

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.	6

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).	22
2. Death of the care giver with no other supports available.	3
3. Person has been commited 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 plaec to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	8
6. Other crisis, Specify:	74

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.	142
2. Person has a care giver (age 60+) and will need supports within the next year.	87
3. Person has an ill care giver who will be unable to continue providing care within the next year.	26
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	83
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	31
6. There has been a death or other family crisis, requiring additional supports.	8
7. Person has a care giver who would be unable to work if services are not provided.	60
8. Person or care giver needs an alternative living arrangement.	26
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	191
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).	8
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	10
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 Disabilites, nursing home or state hospital).	1
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	8
15. Person is losing eligibility for Intermediate Care Facility for People with Developmental Disabilities supports in the next year.	1

Division of Developmental Disabilities

Prioritization of Urgency of Needs for Services (PUNS)

Summary By County and Selection Detail

September 10, 2018

17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	6
18. Person is losing eligibility for Individual Care Grants supports through the mental health system in the next year.	1
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:	26

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.	155
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 disatisfied 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
8. Person or care giver needs increased supports.	42
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	1
14. Other, Explain:	6

EXISTING SUPPORTS AND SERVICES

Respite Supports (24 Hour)	13
Respite Supports (<24 hour)	12
Behavioral Supports (includes behavioral intervention, therapy and counseling)	145
Physical Therapy	39
Occupational Therapy	99
Speech Therapy	126
Education	183
Assistive Technology	47
Homemaker/Chore Services	1
Adaptions to Home or Vehicle	8
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilites, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	62
Medical Equipment/Supplies	32
Nursing Services in the Home, Provided Intermittently	6
Other Individual Supports	137

TRANPORTATION

Transportation (include trip/mileage reimbursement)	139
Other Transportation Service	308
Senior Adult Day Services	1
Developmental Training	89
"Regular Work"/Sheltered Employment	81
Supported Employment	94
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	67
Other Day Supports (e.g. volunteering, community experience)	27

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
Supported Living Arrangement	8

Division of Developmental Disabilities

Prioritization of Urgency of Needs for Services (PUNS)

Summary By County and Selection Detail

September 10, 2018

Shelter Care/Board Home	1
Nusing Home	1
Children's Residential Services	6
Child Care Institutions (Including Residential Schools)	9
Children's Foster Care	2
Other Residential Support (including homeless shelters)	11
SUPPORTS NEEDED	
Personal Support (includes habilitation, personal care and intermittent respite services)	351
Respite Supports (24 hours or greater)	22
Behavioral Supports (includes behavioral intervention, therapy and counseling)	136
Physical Therapy	47
Occupational Therapy	81
Speech Therapy	102
Assistive Technology	60
Adaptations to Home or Vehicle	18
Nursing Services in the Home, Provided Intermittently	7
Other Individual Supports	87
TRANSPORTATION NEEDED	
Transportation (include trip/mileage reimbursement)	352
Other Transportation Service	354
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	272
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	93
Out-of-home residential services with 24-hour supports	86

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/PUNSbyZipallandactivects05102016.pdf

Zip Code		Active PUNS	Total PUNS	
60949	Ludlow	2	4	
61801	Urbana	49	88	
61802	Urbana	56	106	
61815	Bondville (PO Box)	1	1	
61816	Broadlands	3	3	
61820	Champaign	43	80	
61821	Champaign	86	176	
61822	Champaign	51	98	
61840	Dewey	0	2	
61843	Fisher	10	12	
61845	Foosland	1	1	
61847	Gifford	1	1	
61849	Homer	0	5	
61851	Ivesdale	1	1	
61852	Longview	1	1	
61853	Mahomet	34	61	
61859	Ogden	5	11	
61862	Penfield	1	2	
61863	Pesotum	1	2	
61864	Philo	5	10	
61866	Rantoul	26	76	
61871	Royal (PO Box)	--	--	no data on website
61872	Sadorus	2	2	
61873	St. Joseph	14	25	
61874	Savoy	5	10	
61875	Seymour	2	3	
61877	Sidney	4	9	
61878	Thomasboro	0	3	
61880	Tolono	9	29	
Total		413	822	

http://www.dhs.state.il.us/page.aspx?item=56039

Updated 09/10/18

ISC Agency	Individual Count	% of Total PUNS	Estimated Total Census for Agency	Estimated % of IL Census
CCRPC Total*	1002**	1.86%	244,880	1.90%
ISC Agency	**Individual Count**	**% of Total PUNS**	**Estimated Total Census for Agency**	**Estimated % of IL Census**
CCRPC Active*	451**	2.33%	244,880	1.90%

***Totals include Ford & Iroquois Counties**

****Increase**

DHS Definition of Closed PUNS Records	Death	Fully Served	Withdrawn	Moved out of state	Other Closed

TRAUMA INFORMED CARE FOR PERSONS WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES
Raul Almazar, RN, MA

What is Trauma: Understanding the Impact of Trauma in Our Lives

Traumatic experiences can be dehumanizing, shocking and terrifying. Often a traumatic experience includes the betrayal of a trusted person or institution and a loss of safety. Trauma can result from experiences of violence, abuse, neglect or disasters that induce powerlessness, fear and recurring hopelessness. Trauma impacts one's spirituality and relationships often resulting in ongoing feelings of shame, guilt, rage and isolation. Despite all of this, healing is possible. This session will address the very high prevalence of trauma in the population we serve and will use the ACE study to help explain the symptoms and behaviors we see every day. With a better collective understanding of trauma, more people will find their path to healing and wellness. And with a greater public commitment to trauma- informed programs and systems for survivors, we lessen and prevent a wide range of health, behavioral health and social problems for generations to come.

October 4, 2018

9am – 12:30 pm

3.0 CEUs

Champaign Public Library
200 W. Green Street
Champaign, IL 61820
Robeson Pavilion C

Learning objectives:

1. The attendee will understand the prevalence of trauma and the effect of trauma in our lives and the lives of those we serve.

2. Attendees will learn of the importance and implications of the ACE study, not only in terms of symptom development but also as a way to integrate physical and behavioral health.

3. Attendees will learn to view symptoms as adaptations and shift practice from stabilization and symptom reduction to providing new tools for self-regulation.

https://www.eventbrite.com/e/trauma-informed-care-for-persons-with-intellectualdevelopmental-disabilities-tickets-50178118102

Cosponsor
University of Illinois
School of Social Work

September 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

Organizations have submitted 4th Quarter Reports. I will provide information about the progress and required benchmarks by the Boards. There are a few organizations that received an extension until September 28, 2018

CLC Coordinator Direct Service Activities:

The CLC Site visit protocol was updated to ensure that monitoring and evaluation are documented about the agencies progress.

Mental Health First Aid- The instructor certification for Mental Health First Aid is up for renewal. I began the recertification process for renewal 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 disability and 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.

Georgetown Leadership Academy: Increasing Cultural Diversity and Cultural and Linguistic Competence in Networks Supporting Individuals with Intellectual and Developmental Disabilities:

The individual coaching calls with Professor Tawara Goode, Director of National Center for Cultural Competence will be in October.

ACHMHAI- I participated in the Children's Behavioral Health Committee Call on August 23. I also attended the meeting on September 7th & 8th in Bloomington, IL. This was in partnership with the Illinois Public Health Association.

Anti-Stigma Activites/Community Collaborations and Partnerships

University of Illinois African-American Community Healing Storytelling Project-

The Voices of Community Healing Storytelling event was held on September 8th. There were four stories that were featured from people that live in the community. They defined community healing and how to heal from trauma that impacted their community.

Background and Framework about the project:

As members of **C-HeART (Community Healing and Resistance Through Storytelling)** , we are interested in creating healing spaces. Each member came to our collaboration with knowledge about individual healing. We believe it is important to go beyond personal healing strategies to include a community in the healing process. We also wanted to create a framework that focused on cultural strengths, specifically storytelling and resistance. Over the course of several meetings we shared our ideas about storytelling and healing then we reviewed the research literature to identify how others talked about storytelling as a form of healing. At varying times, for example 4 months after an initial draft, we invited colleagues to review the framework. We received their feedback and made further changes to the framework. We also shared the framework informally with community members in order to get feedback. We engaged in this process for over a year. Ultimately, we created the Community Healing and Resistance Through Storytelling.

The 3 major components to the C-HeARTS framework are: (a) justice, (b) storytelling and resistance, and (c) three psychological dimensions: connectedness, collective memory, and critical consciousness.

Justice is a moral ideal and a guiding principle that communities aim for to realize optimal well-being within three spheres of life: personal, interpersonal and organizational. In the personal sphere, wellbeing involves (e.g., feeling safe and accepted and includes increased social bonding and commitment to each other and more smiling and less crying), in the interpersonal sphere wellbeing is enhanced when individuals build trust and resist interpersonal distrust and resist denigrating dominant cultural narratives and disprove stereotypes, and in the organizational sphere, systems are in place to promote fairness, develop new community narratives and where you have control over resources and are able to meet demands.

Storytelling and resistance are cultural behaviors that enable psychological dimensions. Storytelling is a rich oral tradition among African-descended people that is an effective healing intervention. Resistance reflects the fact that even in the face of oppression, African-descended people defy systems of injustice and pursue acts of self-determination.

- Storytelling and resistance through public testifying opportunities or facilitated group processes can be used to understand, validate, and nurture relationships to promote **Connectedness**
- Storytelling and resistance through co-creating and sharing products and critical bvcommunity reflection can be used to increase trust, remember traumas and triumphs, and decolonize minds to promote **Collective Memory**

(Source: Dr. Carla Hunter/Dr. Sharde Smith)

<u>Alliance for Inclusion and Respect-</u>

There have been 3 meetings with the Artists that have been productive and helpful as we provide additional opportunities to promote artists and authors that are living with different abilities and mental health challenges. (August 1, August 29, September 17) We have created an opportunity hear feedback from the artists about ways they their artwork and books can promoted. There is an interest to have more opportunities to sell their products. There will be additional opportunites for the AIR artists to be at the following activities:

1. Winter Famer's Market at Lincoln Square (Dates will be based on the artists' availability and actual booth space.
2. October 6 Family Day at Market Place Mall-10:00- 2:00pm
3. Ebert Festival Art Show April 20, 2019- 9:00am-2:00pm

Ebert Festival 2019

The planning for Ebert Festival has begun with an initial contact with Andrew Hall, Ebertfest Coordinator. There is an interest to have more student engagment this year from high school students. I met the new principal from Urbana High School about the student screening during the Ebert Festival. Ebertfest will be April 10-14, 2019.

Stephanie Howard-Gallo

Operations and Compliance Coordinator Staff Report –

September 2018 Board Meeting

SUMMARY OF ACTIVITY:

Contracts:
A few 2019 contracts for our funded programs were returned after the June 29th deadline, which resulted in delayed payments.

Certificates of Liability Insurance:
Certificates of Liability Insurance were requested on July 6th with a due date of August 1st. A reminder was sent the last week of July. Three agencies did not meet the deadline, which resulted letters of non-compliance being sent to them and their payment being held. I have received the three agency's proof of liability insurance and payments have been released.

Fourth Quarter Reporting:
4th Quarter financial and program reports for all funded programs were due August 31st at the close of business. Performance Outcome Measures are due at the 4th Quarter of each funding year, as well. Quite a few of the agencies requested an extension of time to complete the reporting. As of this writing, no letters of non-compliance have been sent and no payments have been withheld.

Anti-Stigma Efforts:
I attended Alliance for Inclusion and Respect (AIR) planning meetings on August 1st, August 29th, and September 17th. Our artists have been invited to participate in the October 6, 2018 "Family Fun Fest" at Market Place Mall from 10 am - 2 pm. They will have an area to sell their artwork, books, and other goods called "Artist Avenue".

A possible booth at the Urbana Farmer's Market is being explored as well. We discussed having two artists share the space each Saturday or as many Saturdays that we have an interest from the artists.

2019 DisABILITY Expo:
I attended an Expo planning meeting on September 11th. The Expo will take place on March 30, 2019 at the Vineyard. We discussed last year's event and ways to improve the Expo this year.

Other:
- Preparing meeting materials for CCMHB/CCDDB regular meetings and study sessions/presentations.
- Composing minutes from the meetings.
- I attended the County Department Heads meeting in Lynn Canfield's place on September 12th.

disABILITY Resource Expo: Reaching Out For Answers
Board Report
September, 2018

The 12th annual Expo will be held on Saturday, March 30th at The Vineyard Church in Urbana.

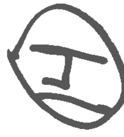
The first Steering Committee of the new planning year was held on September 11 with 18 members present. We were pleased to welcome 3 new members to our group, Michelle Clayton-disability advocate, Dianne Husby-Gordon-CU Able, and Shawn Johnson-U. of I. Police Dept. The group reviewed responsibilities of the Expo Subcommittees, and spent some time discussing evaluation summaries from the 2018 Expo. Ideas for a theme for the 12th annual Expo were given to the Exhibitor Committee to discuss further. Subcommittees will begin to meet soon. Our next Steering Committee will be Oct. 23 at 1:00 pm at the IL Worknet Center in Champaign.

There are multiple opportunities in Sept. and Oct. to distribute Expo Save-The-Date magnets and posters promoting the 2018 Expo. We will have an Expo booth at two events, Family Day by Dr. G's Brainworks and Carle's Wellness, Fun & Medicare 101 on Oct. 6. We hope to have the above-noted materials distributed at all of the following events:

*PACE Open House for new Access Alley	Sept. 20 (3:00-7:00 pm)
*Penguin Project Play – "High School Musical, Jr." Urbana High School	Sept. 21 & 22 (7:00 pm) Sept. 23 (2:00 pm)
*Out of the Darkness Walk/American Foundation Crystal Lake Park	Sept. 22 (11:00am-1:00 pm)
*Low Vision Fair, Danville Library	Sept. 24 (Time?)
*Family Day presented by Dr. G's Brainworks AIR Artist's exhibit and sale, Market Place Mall	Oct. 6 (10:00am-2:00 pm)
*Wellness, Fun & Medicare 101 Carle at the Fields	Oct. 6 (9am-Noon)
*Octoberfest (Benefits DSC) Downtown Champaign	Oct. 6 (3:00 pm-Midnight)
*Down Syndrome Network Buddy Walk Champaign County Fairgrounds	Oct. 6 (9:00 am-2:00 pm)
*disABILITY Awareness Month, Champaign City Bldg. display	Month of October

Respectfully submitted,

Barb Bressner & Jim Mayer



CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

7/06/18

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
*** DEPT NO. 053 MENTAL HEALTH BOARD												
41	CHAMPAIGN COUNTY TREASURER							HEALTH INSUR FND 620				
		6/27/18	03	VR	620- 93		577902	6/29/18	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	APR-JUN FSA FEE	35.10
		6/27/18	04	VR	620- 95		577902	6/29/18	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	JUN HI, LI, & ADMIN	3,850.30
											VENDOR TOTAL	3,885.40 *
88	CHAMPAIGN COUNTY TREASURER							I.M.R.F. FUND 088				
		6/08/18	02	VR	88- 24		577335	6/14/18	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 4/27 P/R	1,223.65
		6/12/18	06	VR	88- 26		577336	6/14/18	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 5/11 P/R	1,223.93
		6/12/18	08	VR	88- 29		577336	6/14/18	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 5/25 P/R	1,223.03
											VENDOR TOTAL	3,670.61 *
104	CHAMPAIGN COUNTY TREASURER							HEAD START FUND 104				
		7/03/18	03	VR	53- 233		578221	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL EARLY CHILD MH	7,510.00
		7/03/18	03	VR	53- 233		578221	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL SOC/EMOT DEV	6,133.00
											VENDOR TOTAL	13,643.00 *
161	CHAMPAIGN COUNTY TREASURER							REG PLAN COMM FND075				
		7/03/18	03	VR	53- 234		578223	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL JUSTICE SYS DIV	5,422.00
		7/03/18	03	VR	53- 234		578223	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL YOUTH ASSMT CTR	6,362.00
											VENDOR TOTAL	11,784.00 *
176	CHAMPAIGN COUNTY TREASURER							SELF-FUND INS FND476				
		6/12/18	06	VR	119- 27		577341	6/14/18	090-053-513.04-00	WORKERS' COMPENSATION INS	WORK COMP 4/13,27 P	171.20
		6/12/18	08	VR	119- 33		577342	6/14/18	090-053-513.04-00	WORKERS' COMPENSATION INS	WORK COMP 5/11,25 P	171.20
											VENDOR TOTAL	342.40 *
179	CHAMPAIGN COUNTY TREASURER							CHLD ADVC CTR FND679				
		7/03/18	03	VR	53- 232		578224	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL CAC	3,979.00
											VENDOR TOTAL	3,979.00 *

228

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
188	CHAMPAIGN COUNTY TREASURER							SOCIAL SECUR FUND188				
		6/08/18	02	VR	188- 41		577344	6/14/18	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 4/27 P/R	1,136.04
		6/12/18	06	VR	188- 45		577345	6/14/18	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 5/11 PR	1,136.28
		6/12/18	08	VR	188- 49		577345	6/14/18	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 5/25 PR	1,135.46
											VENDOR TOTAL	3,407.78 *
15495	CHAMPAIGN URBANA AREA PROJECT							SUITE #702				
		7/03/18	03	VR	53- 235		578236	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL CU NGHBRHD CHAM	4,166.00
		7/03/18	03	VR	53- 235		578236	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL TRUCE	4,166.00
											VENDOR TOTAL	8,332.00 *
18230	COMMUNITY SERVICE CENTER OF NORTHERN							CHAMPAIGN COUNTY				
		7/03/18	03	VR	53- 236		578245	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL RESOURCE CONNEC	5,550.00
											VENDOR TOTAL	5,550.00 *
19260	COURAGE CONNECTION											
		7/03/18	03	VR	53- 237		578247	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL COURAGE CONNECT	10,583.00
											VENDOR TOTAL	10,583.00 *
19346	CRISIS NURSERY											
		7/03/18	03	VR	53- 238		578248	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL BEYOND BLUE	6,250.00
											VENDOR TOTAL	6,250.00 *
20271	CUNNINGHAM CHILDREN'S HOME											
		7/03/18	03	VR	53- 239		578249	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL INDEPEND LIV OP	7,500.00
											VENDOR TOTAL	7,500.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF							CHAMPAIGN COUNTY INC				
		7/03/18	03	VR	53- 240		578253	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL FAM DEV CENTER	46,856.00
											VENDOR TOTAL	46,856.00 *
22730	DON MOYER BOYS & GIRLS CLUB											
		7/03/18	03	VR	53- 241		578254	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	COALTN SUMMER INIT	64,200.00

229

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

7/06/18

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090	MENTAL HEALTH											
		7/03/18	03	VR	53- 241		578254	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL CU CHANGE	8,333.00
		7/03/18	03	VR	53- 241		578254	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL YOUTH/FAMIL SVC	13,333.00
											VENDOR TOTAL	85,866.00 *
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR											
		7/03/18	03	VR	53- 243		578256	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL FAM SUP/STRENGT	4,019.00
											VENDOR TOTAL	4,019.00 *
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY							GRANTS				
		7/03/18	03	VR	53- 244		578257	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL COUNSELING	2,083.00
		7/03/18	03	VR	53- 244		578257	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL SELF HELP CENTE	2,410.00
		7/03/18	03	VR	53- 244		578257	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL SENIOR CNSL/ADV	11,861.00
											VENDOR TOTAL	16,354.00 *
30550	GROW IN ILLINOIS											
		7/03/18	03	VR	53- 246		578264	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL PEER SUPPORT	1,667.00
											VENDOR TOTAL	1,667.00 *
44570	MAHOMET AREA YOUTH CLUB							601 EAST FRANKLIN				
		7/03/18	03	VR	53- 247		578274	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL BLAST	1,250.00
		7/03/18	03	VR	53- 247		578274	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL MEMBERS MATTER	1,500.00
											VENDOR TOTAL	2,750.00 *
54650	PEPSI COLA CHAMPAIGN-URBANA BOTTLING											
		7/02/18	01	VR	53- 226		578281	7/06/18	090-053-522.02-00	OFFICE SUPPLIES	INV 81105957 5/29	18.60
		7/02/18	01	VR	53- 226		578281	7/06/18	090-053-522.02-00	OFFICE SUPPLIES	INV 81106124 6/11	12.40
		7/02/18	01	VR	53- 226		578281	7/06/18	090-053-522.02-00	OFFICE SUPPLIES	INV 81106292 6/25	18.60
											VENDOR TOTAL	49.60 *
59434	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS											
		7/03/18	03	VR	53- 249		578284	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL SEX VIOL PREV/E	1,550.00
											VENDOR TOTAL	1,550.00 *

230

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
59472	RATTLE THE STARS											
		7/03/18	03	VR	53- 250		578285	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL YTH SUIC PREV/E	4,541.00
											VENDOR TOTAL	4,541.00 *
61780	ROSECRANCE, INC.											
		7/03/18	03	VR	53- 251		578289	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL CRIMNL JUSTC PS	28,220.00
		7/03/18	03	VR	53- 251		578289	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL CRIS/ACCSS/BENF	21,286.00
		7/03/18	03	VR	53- 251		578289	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL FRESH START	6,609.00
		7/03/18	03	VR	53- 251		578289	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL PARENT LOVE/LIM	32,749.00
		7/03/18	03	VR	53- 251		578289	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL PREVENTION SVCS	5,000.00
		7/03/18	03	VR	53- 251		578289	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL SPECIALTY COURT	16,916.00
											VENDOR TOTAL	110,780.00 *
62674	SAVANNAH FAMILY INSTITUTE, INC.											
		7/03/18	03	VR	53- 259		578290	7/06/18	090-053-533.07-00	PROFESSIONAL SERVICES	1ST QTR CONSULT FEE	32,375.00
											VENDOR TOTAL	32,375.00 *
76107	UNITED CEREBRAL PALSY LAND OF LINCOLN											
		7/03/18	03	VR	53- 252		578298	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL VOCATIONAL SVCS	3,603.00
											VENDOR TOTAL	3,603.00 *
77280	UP CENTER OF CHAMPAIGN COUNTY											
		7/03/18	03	VR	53- 254		578299	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL CHLD/YTH/FAM PR	1,535.00
											VENDOR TOTAL	1,535.00 *
78120	URBANA NEIGHBORHOOD CONNECTION CENTER											
		7/03/18	03	VR	53- 253		578301	7/06/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL COMM STUDY CNTR	1,625.00
											VENDOR TOTAL	1,625.00 *
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH AC#4798510049573930											
		6/19/18	01	VR	53- 225		577827	6/22/18	090-053-533.95-00	CONFERENCES & TRAINING	3930 NACO 5/11	335.00
		6/19/18	01	VR	53- 225		577827	6/22/18	090-053-533.29-00	COMPUTER/INF TCH SERVICES	3930 COMCAST 5/11	116.42

231

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
		6/19/18	01	VR	53- 225		577827	6/22/18	090-053-522.06-00	POSTAGE, UPS, FED EXPRESS	3930 USPS 6/5	7.25
		6/19/18	01	VR	53- 225		577827	6/22/18	090-053-533.29-00	COMPUTER/INF TCH SERVICES	3930 COMCAST 6/11	116.42
											VENDOR TOTAL	575.09 *
										MENTAL HEALTH BOARD	DEPARTMENT TOTAL	393,072.88 *
										MENTAL HEALTH	FUND TOTAL	393,072.88 *

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

8/09/18

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
*** DEPT NO. 053 MENTAL HEALTH BOARD												
12	CHAMPAIGN COUNTY TREASURER								POSTAGE REIMBURSEMNT			
		7/09/18	02	VR	53- 263		578351	7/12/18	090-053-522.06-00	POSTAGE, UPS, FED EXPRESS	JUN POSTAGE	101.50
											VENDOR TOTAL	101.50 *
25	CHAMPAIGN COUNTY TREASURER								RENT-GENERAL CORP			
		7/09/18	02	VR	53- 261		578352	7/12/18	090-053-533.50-00	FACILITY/OFFICE RENTALS	JUL OFFICE RENT	1,775.97
		8/06/18	01	VR	53- 299		579321	8/09/18	090-053-533.50-00	FACILITY/OFFICE RENTALS	AUG OFFICE RENT	1,775.97
											VENDOR TOTAL	3,551.94 *
41	CHAMPAIGN COUNTY TREASURER								HEALTH INSUR FND 620			
		7/26/18	01	VR	620- 109		578987	7/31/18	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	JUL HI, LI & ADMIN	3,850.30
											VENDOR TOTAL	3,850.30 *
88	CHAMPAIGN COUNTY TREASURER								I.M.R.F. FUND 088			
		7/12/18	01	VR	88- 31		578652	7/20/18	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 6/8 P/R	1,223.43
		7/24/18	03	VR	88- 34		578992	7/31/18	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 6/22 P/R	1,224.24
		8/02/18	05	VR	88- 36		579326	8/09/18	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 7/6 P/R	1,223.74
		8/03/18	02	VR	88- 39		579327	8/09/18	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 7/20 P/R	1,219.51
											VENDOR TOTAL	4,890.92 *
104	CHAMPAIGN COUNTY TREASURER								HEAD START FUND 104			
		8/06/18	01	VR	53- 274		579329	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG EARLY CHILD MH	7,510.00
		8/06/18	01	VR	53- 274		579329	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG SOC/EMOT DEV	6,133.00
											VENDOR TOTAL	13,643.00 *
161	CHAMPAIGN COUNTY TREASURER								REG PLAN COMM FND075			
		8/06/18	01	VR	53- 275		579332	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG JUSTICE SYS DIV	5,422.00
		8/06/18	01	VR	53- 275		579332	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG YOUTH ASSMT CTR	6,362.00
											VENDOR TOTAL	11,784.00 *

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
176	CHAMPAIGN COUNTY TREASURER								SELF-FUND INS FND476			
		8/03/18	02	VR	119- 40		579333	8/09/18	090-053-513.04-00	WORKERS' COMPENSATION INS	WORK COMP 6/8 22 PR	202.34
		8/07/18	02	VR	119- 45		579334	8/09/18	090-053-513.04-00	WORKERS' COMPENSATION INS	WORK COMP 7/6,20 P/	186.77
											VENDOR TOTAL	389.11 *
179	CHAMPAIGN COUNTY TREASURER								CHLD ADVC CTR FND679			
		8/06/18	01	VR	53- 273		579336	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG CAC	3,979.00
											VENDOR TOTAL	3,979.00 *
188	CHAMPAIGN COUNTY TREASURER								SOCIAL SECUR FUND188			
		7/12/18	01	VR	188- 53		578659	7/20/18	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 6/8 P/R	1,135.82
		7/24/18	03	VR	188- 60		578997	7/31/18	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 6/22 P/R	1,136.60
		8/02/18	03	VR	188- 62		579337	8/09/18	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 7/6 P/R	1,136.12
		8/03/18	02	VR	188- 66		579338	8/09/18	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 7/20 P/R	1,132.16
											VENDOR TOTAL	4,540.70 *
5780	BP COMPUTER SERVICES											
		7/09/18	02	VR	53- 255		578372	7/12/18	090-053-533.07-00	PROFESSIONAL SERVICES	3RD QTR COMPUTER SV	750.00
											VENDOR TOTAL	750.00 *
15495	CHAMPAIGN URBANA AREA PROJECT								SUITE #702			
		8/06/18	01	VR	53- 276		579379	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG CU NGHBRHD CHAM	4,166.00
		8/06/18	01	VR	53- 276		579379	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG TRUCE	4,166.00
											VENDOR TOTAL	8,332.00 *
16930	CHRISP MEDIA, LLC											
		7/09/18	02	VR	53- 257		578384	7/12/18	090-053-533.07-00	PROFESSIONAL SERVICES	3RD QTR PROF FEE	234.00
											VENDOR TOTAL	234.00 *
18230	COMMUNITY SERVICE CENTER OF NORTHERN								CHAMPAIGN COUNTY			
		8/06/18	01	VR	53- 277		579391	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG RESOURCE CONNEC	5,550.00
											VENDOR TOTAL	5,550.00 *

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
19260	COURAGE CONNECTION											
		8/06/18	01	VR	53- 278		579400	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG COURAGE CONNECT	10,583.00
											VENDOR TOTAL	10,583.00 *
19346	CRISIS NURSERY											
		8/06/18	01	VR	53- 279		579403	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG BEYOND BLUE	6,250.00
											VENDOR TOTAL	6,250.00 *
20271	CUNNINGHAM CHILDREN'S HOME											
		8/06/18	01	VR	53- 280		579404	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG INDEPEND LIV OP	7,500.00
											VENDOR TOTAL	7,500.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC											
		8/06/18	01	VR	53- 281		579411	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG FAM DEV CENTER	46,856.00
											VENDOR TOTAL	46,856.00 *
22730	DON MOYER BOYS & GIRLS CLUB											
		8/06/18	01	VR	53- 282		579413	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG CU CHANGE	8,333.00
		8/06/18	01	VR	53- 282		579413	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG YOUTH/FAMILY SV	13,333.00
											VENDOR TOTAL	21,666.00 *
22870	DREAAM HOUSE											
		7/17/18	01	VR	53- 242		578699	7/20/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL DREAAM	6,666.00
		8/07/18	03	VR	53- 283		579415	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG DREAAM	6,666.00
											VENDOR TOTAL	13,332.00 *
24095	EMK CONSULTING LLC											
		7/09/18	02	VR	53- 231		578402	7/12/18	090-053-533.07-00	PROFESSIONAL SERVICES	INV 262 6/27	2,144.00
		7/09/18	02	VR	53- 231		578402	7/12/18	090-053-533.07-00	PROFESSIONAL SERVICES	INV 262 6/28	1,803.42
											VENDOR TOTAL	3,947.42 *
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR											
		8/06/18	01	VR	53- 284		579417	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG FAM SUP/STRENGT	4,019.00
											VENDOR TOTAL	4,019.00 *

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY							GRANTS				
		8/06/18	01	VR	53- 285		579426	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG COUNSELING	2,083.00
		8/06/18	01	VR	53- 285		579426	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG SELF HELP CENTE	2,410.00
		8/06/18	01	VR	53- 285		579426	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG SENIOR CNSL/ADV	11,861.00
											VENDOR TOTAL	16,354.00 *
26760	FIRST FOLLOWERS											
		7/17/18	01	VR	53- 245		578708	7/20/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL PEER MNTR REENT	5,833.00
		8/06/18	01	VR	53- 286		579431	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG PEER MNTR REENT	5,833.00
											VENDOR TOTAL	11,666.00 *
30550	GROW IN ILLINOIS											
		8/06/18	01	VR	53- 287		579444	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG PEER SUPPORT	1,667.00
											VENDOR TOTAL	1,667.00 *
44570	MAHOMET AREA YOUTH CLUB							601 EAST FRANKLIN				
		8/06/18	01	VR	53- 288		579477	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG BLAST	1,250.00
		8/06/18	01	VR	53- 288		579477	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG MEMBERS MATTER	1,500.00
											VENDOR TOTAL	2,750.00 *
54650	PEPSI COLA CHAMPAIGN-URBANA BOTTLING											
		7/25/18	02	VR	53- 267		579103	7/31/18	090-053-522.02-00	OFFICE SUPPLIES	INV 81106441 7/9	12.40
		7/25/18	02	VR	53- 267		579103	7/31/18	090-053-522.02-00	OFFICE SUPPLIES	INV 81106605 7/23	12.40
											VENDOR TOTAL	24.80 *
57196	PROMISE HEALTHCARE											
		7/09/18	02	VR	53- 248		578460	7/12/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL MENTAL HLTH SVC	18,500.00
		7/09/18	02	VR	53- 248		578460	7/12/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL WELLNESS	4,833.00
		8/06/18	01	VR	53- 289		579504	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG MENTAL HLTH SVC	18,500.00
		8/06/18	01	VR	53- 289		579504	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG WELLNESS	4,833.00
											VENDOR TOTAL	46,666.00 *

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090	MENTAL HEALTH											
58118	QUILL CORPORATION											
		7/17/18	01	VR	53- 265		578764	7/20/18	090-053-522.02-00	OFFICE SUPPLIES	INV 8127061 6/26	135.60
		7/17/18	01	VR	53- 265		578764	7/20/18	090-053-522.02-00	OFFICE SUPPLIES	INV 8147239 6/27	19.63
		7/17/18	01	VR	53- 265		578764	7/20/18	090-053-522.02-00	OFFICE SUPPLIES	INV 8181756 6/28	18.68
		7/17/18	01	VR	53- 265		578764	7/20/18	090-053-522.44-00	EQUIPMENT LESS THAN $5000	INV 8215056 6/29	376.05
		8/06/18	01	VR	53- 271		579506	8/09/18	090-053-522.02-00	OFFICE SUPPLIES	INV 8733778 7/23	19.01
		8/06/18	01	VR	53- 271		579506	8/09/18	090-053-522.02-00	OFFICE SUPPLIES	INV 8744346 7/23	66.80
		8/06/18	01	VR	53- 271		579506	8/09/18	090-053-522.04-00	COPIER SUPPLIES	INV 8744346 7/23	89.46
		8/06/18	01	VR	53- 271		579506	8/09/18	090-053-522.02-00	OFFICE SUPPLIES	INV 8764207 7/24	12.46
											VENDOR TOTAL	737.69 *
59434	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS											
		8/06/18	01	VR	53- 290		579508	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG SEX VIOL PREV/E	1,550.00
											VENDOR TOTAL	1,550.00 *
59472	RATTLE THE STARS											
		8/06/18	01	VR	53- 291		579509	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG YTH SUIC PREV/E	4,541.00
											VENDOR TOTAL	4,541.00 *
61780	ROSECRANCE, INC.											
		8/06/18	01	VR	53- 292		579516	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG CRIMNL JUSTC PS	28,220.00
		8/06/18	01	VR	53- 292		579516	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG CRIS/ACCSS/BENF	21,286.00
		8/06/18	01	VR	53- 292		579516	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG FRESH START	6,609.00
		8/06/18	01	VR	53- 292		579516	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG PARENT LOVE/LIM	32,749.00
		8/06/18	01	VR	53- 292		579516	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG PREVENTION SVCS	5,000.00
		8/06/18	01	VR	53- 292		579516	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG SPECIALTY COURT	16,916.00
											VENDOR TOTAL	110,780.00 *
74550	TROPHYTIME, INC.											
		7/25/18	02	VR	53- 270		579132	7/31/18	090-053-522.02-00	OFFICE SUPPLIES	INV 126570 7/10	19.30
											VENDOR TOTAL	19.30 *

237

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090	MENTAL HEALTH											
76107	UNITED CEREBRAL PALSY LAND OF LINCOLN											
		8/06/18	01	VR	53- 293		579545	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG VOCATIONAL SVCS	3,603.00
											VENDOR TOTAL	3,603.00 *
76867	UNIV OF IL SPONSORED PROG & RESEARCH ADM											
		8/06/18	01	VR	53- 260		579548	8/09/18	090-053-533.07-00	PROFESSIONAL SERVICES	JUL MHB19-039 CONSL	4,444.00
		8/06/18	01	VR	53- 298		579548	8/09/18	090-053-533.07-00	PROFESSIONAL SERVICES	AUG MHB19-039 CONSL	4,444.00
											VENDOR TOTAL	8,888.00 *
77280	UP CENTER OF CHAMPAIGN COUNTY											
		8/06/18	01	VR	53- 294		579553	8/09/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG CHLD/YTH/FAM PR	1,535.00
											VENDOR TOTAL	1,535.00 *
78868	VINEYARD CHURCH											
		7/17/18	01	VR	53- 264		578808	7/20/18	090-053-533.98-00	DISABILITY EXPO	DEP '19 DIS RES EXP	1,068.75
											VENDOR TOTAL	1,068.75 *
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH AC#4798510049573930											
		7/19/18	03	VR	53- 266		578810	7/20/18	090-053-533.95-00	CONFERENCES & TRAINING	3930 GAYLRD OPRY 7/	212.06
		7/19/18	03	VR	53- 266		578810	7/20/18	090-053-533.29-00	COMPUTER/INF TCH SERVICES	3930 COMCAST 7/11	116.42
											VENDOR TOTAL	328.48 *
81610	XEROX CORPORATION											
		8/06/18	01	VR	53- 272		579582	8/09/18	090-053-533.85-00	PHOTOCOPY SERVICES	INV 154933076 6/9	246.29
		8/06/18	01	VR	53- 272		579582	8/09/18	090-053-533.85-00	PHOTOCOPY SERVICES	INV 154933077 6/9	39.60
		8/06/18	01	VR	53- 272		579582	8/09/18	090-053-533.85-00	PHOTOCOPY SERVICES	INV 155366178 7/5	246.29
		8/06/18	01	VR	53- 272		579582	8/09/18	090-053-533.85-00	PHOTOCOPY SERVICES	INV 155366179 7/5	39.60
											VENDOR TOTAL	571.78 *
602572	BOWDRY, KIM MENTAL HEALTH BOARD											
		7/11/18	04	VR	53- 227		578517	7/12/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	67.4 MILE 5/11-6/27	36.73
		7/11/18	04	VR	53- 227		578517	7/12/18	090-053-533.95-00	CONFERENCES & TRAINING	151 MILE 6/7	82.30

238

*** FUND NO. 090 MENTAL HEALTH

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
		8/06/18	01	VR	53- 300		579595	8/09/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	66.5 MILE 7/2-26	36.24
		8/06/18	01	VR	53- 300		579595	8/09/18	090-053-533.95-00	CONFERENCES & TRAINING	REIM REG FEE 7/13	10.00
		8/06/18	01	VR	53- 300		579595	8/09/18	090-053-533.95-00	CONFERENCES & TRAINING	748.7 MILE 7/13-17	408.04
		8/06/18	01	VR	53- 300		579595	8/09/18	090-053-533.95-00	CONFERENCES & TRAINING	MEAL 7/14-17 NSHVLL	124.00
		8/06/18	01	VR	53- 300		579595	8/09/18	090-053-533.95-00	CONFERENCES & TRAINING	LODGING 7/14-17	40.00
		8/06/18	01	VR	53- 300		579595	8/09/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARKING 7/23-26	4.75
											VENDOR TOTAL	742.06 *
602880	BRESSNER, BARBARA J.											
		7/09/18	02	VR	53- 256		578518	7/12/18	090-053-533.07-00	PROFESSIONAL SERVICES	JUL PROFESSIONAL FE	2,260.00
		7/26/18	02	VR	53- 269		579168	7/31/18	090-053-533.07-00	PROFESSIONAL SERVICES	328 MILE 6/29-30	178.76
		7/26/18	02	VR	53- 269		579168	7/31/18	090-053-533.07-00	PROFESSIONAL SERVICES	TOLLS 6/29-30	15.20
		7/26/18	02	VR	53- 269		579168	7/31/18	090-053-533.07-00	PROFESSIONAL SERVICES	LODGING 6/29-30	164.10
		7/26/18	02	VR	53- 269		579168	7/31/18	090-053-533.07-00	PROFESSIONAL SERVICES	MEAL 6/29-30 SCHMBR	64.00
		8/06/18	01	VR	53- 296		579596	8/09/18	090-053-533.07-00	PROFESSIONAL SERVICES	AUG PROFESSIONAL FE	2,260.00
											VENDOR TOTAL	4,942.06 *
604568	CANFIELD, LYNN							MENTAL HEALTH BOARD				
		7/09/18	02	VR	53- 228		578520	7/12/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	65 MILE 5/2-6/28	35.43
		7/09/18	02	VR	53- 228		578520	7/12/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARKING 5/2-6/28	4.25
											VENDOR TOTAL	39.68 *
611802	DRISCOLL, MARK							MENTAL HEALTH				
		7/09/18	02	VR	53- 229		578532	7/12/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	86 MILE 5/1-6/29	46.87
		7/09/18	02	VR	53- 229		578532	7/12/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARKING 5/1-6/29	.60
											VENDOR TOTAL	47.47 *
619548	HOWARD-GALLO, STEPHANIE							MENTAL HEALTH BD				
		7/09/18	02	VR	53- 230		578548	7/12/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	61 MILE 5/9-6/19	33.25
											VENDOR TOTAL	33.25 *
630360	MAYER, JAMES											
		7/09/18	02	VR	53- 258		578560	7/12/18	090-053-533.07-00	PROFESSIONAL SERVICES	JUL PROFESSIONAL FE	906.00

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

8/09/18

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090	MENTAL HEALTH											
		8/06/18	01	VR	53- 297		579628	8/09/18	090-053-533.07-00	PROFESSIONAL SERVICES	AUG PROFESSIONAL FE	906.00
											VENDOR TOTAL	1,812.00 *
641590	STRANBERG, RENEE											
		7/25/18	02	VR	53- 268		579205	7/31/18	090-053-533.89-00	PUBLIC RELATIONS	5.5 HR INTERPRET 4/	412.50
		7/25/18	02	VR	53- 268		579205	7/31/18	090-053-533.89-00	PUBLIC RELATIONS	40 MILE 4/7	21.80
											VENDOR TOTAL	434.30 *
									MENTAL HEALTH BOARD		DEPARTMENT TOTAL	396,551.51 *
									MENTAL HEALTH		FUND TOTAL	396,551.51 *

240

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

9/07/18

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
*** DEPT NO. 053 MENTAL HEALTH BOARD												
12	CHAMPAIGN COUNTY TREASURER								POSTAGE REIMBURSEMNT			
		8/16/18	02	VR	53- 302		580188	8/24/18	090-053-522.06-00	POSTAGE, UPS, FED EXPRESS	JUL POSTAGE	1.64
											VENDOR TOTAL	1.64 *
25	CHAMPAIGN COUNTY TREASURER								RENT-GENERAL CORP			
		9/06/18	05	VR	53- 337		580794	9/07/18	090-053-533.50-00	FACILITY/OFFICE RENTALS	SEP OFFICE RENT	1,775.97
											VENDOR TOTAL	1,775.97 *
41	CHAMPAIGN COUNTY TREASURER								HEALTH INSUR FND 620			
		8/27/18	01	VR	620- 127		580473	8/31/18	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	AUG HI LI & ADMIN	3,850.30
											VENDOR TOTAL	3,850.30 *
88	CHAMPAIGN COUNTY TREASURER								I.M.R.F. FUND 088			
		8/10/18	02	VR	88- 41		579889	8/16/18	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 8/3 P/R	1,220.92
		8/27/18	01	VR	88- 43		580477	8/31/18	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 8/17 P/R	1,219.51
											VENDOR TOTAL	2,440.43 *
104	CHAMPAIGN COUNTY TREASURER								HEAD START FUND 104			
		9/06/18	05	VR	53- 311		580798	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP EARLY CHILD MH	7,510.00
		9/06/18	05	VR	53- 311		580798	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP SOC/EMOT DEV	6,133.00
											VENDOR TOTAL	13,643.00 *
161	CHAMPAIGN COUNTY TREASURER								REG PLAN COMM FND075			
		9/06/18	05	VR	53- 312		580799	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP JUSTICE SYS DIV	5,422.00
		9/06/18	05	VR	53- 312		580799	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP YOUTH ASSMT CTR	6,362.00
											VENDOR TOTAL	11,784.00 *
179	CHAMPAIGN COUNTY TREASURER								CHLD ADVC CTR FND679			
		9/06/18	05	VR	53- 310		580800	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CAC	3,979.00
											VENDOR TOTAL	3,979.00 *

241

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
188	CHAMPAIGN COUNTY TREASURER							SOCIAL SECUR FUND188				
		8/10/18	02	VR	188- 70		579893	8/16/18	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 8/3 P/R	1,133.50
		8/27/18	01	VR	188- 74		580481	8/31/18	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 8/17 P/R	1,132.18
											VENDOR TOTAL	2,265.68 *
4990	ASSN OF COMMUNITY MENTAL HLTH AUTH OF IL % BRIAN EAGAN											
		8/27/18	04	VR	53- 308		580492	8/31/18	090-053-533.93-00	DUES AND LICENSES	INV 1003 2/28	8,000.00
											VENDOR TOTAL	8,000.00 *
15495	CHAMPAIGN URBANA AREA PROJECT							SUITE #702				
		9/06/18	05	VR	53- 313		580817	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CU NGHBRHD CHAM	4,166.00
		9/06/18	05	VR	53- 313		580817	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP TRUCE	4,166.00
											VENDOR TOTAL	8,332.00 *
18230	COMMUNITY SERVICE CENTER OF NORTHERN							CHAMPAIGN COUNTY				
		9/06/18	05	VR	53- 314		580826	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP RESOURCE CONNEC	5,550.00
											VENDOR TOTAL	5,550.00 *
18430	CONSOLIDATED COMMUNICATIONS											
		8/22/18	03	VR	28- 73		580223	8/24/18	090-053-533.33-00	TELEPHONE SERVICE	2173843776/0 8/1	30.11
											VENDOR TOTAL	30.11 *
19260	COURAGE CONNECTION											
		9/06/18	05	VR	53- 315		580832	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP COURAGE CONNECT	10,583.00
											VENDOR TOTAL	10,583.00 *
19346	CRISIS NURSERY											
		9/06/18	05	VR	53- 316		580834	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP BEYOND BLUE	6,250.00
											VENDOR TOTAL	6,250.00 *
20271	CUNNINGHAM CHILDREN'S HOME											
		9/06/18	05	VR	53- 317		580835	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP INDEPEND LIV OP	7,500.00
											VENDOR TOTAL	7,500.00 *

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC											
		9/06/18	05	VR	53- 318		580838	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP FAM DEV CENTER	46,856.00
											VENDOR TOTAL	46,856.00 *
22730	DON MOYER BOYS & GIRLS CLUB											
		9/06/18	05	VR	53- 319		580839	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CU CHANGE	8,333.00
		9/06/18	05	VR	53- 319		580839	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP YOUTH/FAMILY SV	13,333.00
											VENDOR TOTAL	21,666.00 *
22850	DR G'S BRAINWORKS ATTN: FAMILY FUNFEST											
		8/16/18	02	VR	53- 301		580233	8/24/18	090-053-533.89-00	PUBLIC RELATIONS	FAMILY FUN FEST 10/	275.00
											VENDOR TOTAL	275.00 *
22870	DREAAM HOUSE											
		9/06/18	05	VR	53- 320		580841	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP DREAAM	6,666.00
											VENDOR TOTAL	6,666.00 *
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR											
		9/06/18	05	VR	53- 321		580842	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP FAM SUP/STRENGT	4,019.00
											VENDOR TOTAL	4,019.00 *
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY GRANTS											
		9/06/18	05	VR	53- 322		580844	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP COUNSELING	2,083.00
		9/06/18	05	VR	53- 322		580844	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP SELF HELP CENTE	2,410.00
		9/06/18	05	VR	53- 322		580844	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP SENIOR CNSL/ADV	11,861.00
											VENDOR TOTAL	16,354.00 *
26760	FIRST FOLLOWERS											
		9/06/18	05	VR	53- 323		580848	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP PEER MNTR REENT	5,833.00
											VENDOR TOTAL	5,833.00 *
30550	GROW IN ILLINOIS											
		9/06/18	05	VR	53- 324		580852	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP PEER SUPPORT	1,667.00
											VENDOR TOTAL	1,667.00 *

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
44570	MAHOMET AREA YOUTH CLUB							601 EAST FRANKLIN				
		9/06/18	05	VR	53- 325		580873	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP BLAST	1,250.00
		9/06/18	05	VR	53- 325		580873	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP MEMBERS MATTER	1,500.00
											VENDOR TOTAL	2,750.00 *
54650	PEPSI COLA CHAMPAIGN-URBANA BOTTLING											
		8/27/18	04	VR	53- 306		580589	8/31/18	090-053-522.02-00	OFFICE SUPPLIES	INV 81106765 8/6	18.40
		8/27/18	04	VR	53- 306		580589	8/31/18	090-053-522.02-00	OFFICE SUPPLIES	INV 81106918 8/20	18.60
											VENDOR TOTAL	37.00 *
57196	PROMISE HEALTHCARE											
		9/06/18	05	VR	53- 326		580888	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP MENTAL HLTH SVC	20,525.00
		9/06/18	05	VR	53- 326		580888	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP WELLNESS	4,833.00
											VENDOR TOTAL	25,358.00 *
58118	QUILL CORPORATION											
		8/27/18	04	VR	53- 305		580593	8/31/18	090-053-522.02-00	OFFICE SUPPLIES	INV 9378782 8/15	203.93
											VENDOR TOTAL	203.93 *
59434	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS											
		9/06/18	05	VR	53- 327		580890	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP SEX VIOL PREV/E	1,550.00
											VENDOR TOTAL	1,550.00 *
59472	RATTLE THE STARS											
		9/06/18	05	VR	53- 328		580891	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP YTH SUIC PREV/E	4,541.00
											VENDOR TOTAL	4,541.00 *
61780	ROSECRANCE, INC.											
		9/06/18	05	VR	53- 329		580895	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CRIMNL JUSTC PS	28,220.00
		9/06/18	05	VR	53- 329		580895	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CRIS/ACCSS/BENF	21,286.00
		9/06/18	05	VR	53- 329		580895	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP FRESH START	6,609.00
		9/06/18	05	VR	53- 329		580895	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP PARENT LOVE/LIM	32,749.00

244

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090	MENTAL HEALTH											
		9/06/18	05	VR	53- 329		580895	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP PREVENTION SVCS	5,000.00
		9/06/18	05	VR	53- 329		580895	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP SPECIALTY COURT	16,916.00
											VENDOR TOTAL	110,780.00 *
76107	UNITED CEREBRAL PALSY LAND OF LINCOLN											
		9/06/18	05	VR	53- 330		580910	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP VOCATIONAL SVCS	3,603.00
											VENDOR TOTAL	3,603.00 *
76609	UNITED WAY OF CHAMPAIGN COUNTY											
		9/06/18	05	VR	53- 336		580912	9/07/18	090-053-533.07-00	PROFESSIONAL SERVICES	1ST QTR 211 PATH SV	4,516.00
											VENDOR TOTAL	4,516.00 *
76867	UNIV OF IL SPONSORED PROG & RESEARCH ADM											
		9/06/18	05	VR	53- 335		580913	9/07/18	090-053-533.07-00	PROFESSIONAL SERVICES	SEP MHB19-039 CONSL	4,444.00
											VENDOR TOTAL	4,444.00 *
77280	UP CENTER OF CHAMPAIGN COUNTY											
		9/06/18	05	VR	53- 331		580916	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CHLD/YTH/FAM PR	1,535.00
											VENDOR TOTAL	1,535.00 *
78120	URBANA NEIGHBORHOOD CONNECTION CENTER											
		8/22/18	07	VR	53- 295		580295	8/24/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG COM STUDY CTR	1,625.00
		9/06/18	05	VR	53- 332		580918	9/07/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP COMM STUDY CNTR	1,625.00
											VENDOR TOTAL	3,250.00 *
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH AC#4798510049573930											
		8/22/18	07	VR	53- 304		580306	8/24/18	090-053-533.95-00	CONFERENCES & TRAINING	3930 ORPYLAND 7/16	551.41
		8/22/18	07	VR	53- 304		580306	8/24/18	090-053-533.95-00	CONFERENCES & TRAINING	3930 HERMITATE 7/17	816.78
		8/22/18	07	VR	53- 304		580306	8/24/18	090-053-533.95-00	CONFERENCES & TRAINING	3930 HERMITAGE 7/17	1,234.17
											VENDOR TOTAL	2,602.36 *
81610	XEROX CORPORATION											
		8/27/18	04	VR	53- 307		580636	8/31/18	090-053-533.85-00	PHOTOCOPY SERVICES	INV 155811328 8/4	246.29

245

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

9/07/18

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090	MENTAL HEALTH											
		8/27/18	04	VR	53- 307		580636	8/31/18	090-053-533.85-00	PHOTOCOPY SERVICES	INV 155811329 8/4	39.60
											VENDOR TOTAL	285.89 *
602880	BRESSNER, BARBARA J.											
		9/06/18	05	VR	53- 333		580936	9/07/18	090-053-533.07-00	PROFESSIONAL SERVICES	SEP PROFESSIONAL FE	2,260.00
											VENDOR TOTAL	2,260.00 *
604568	CANFIELD, LYNN							MENTAL HEALTH BOARD				
		8/16/18	02	VR	53- 303		580323	8/24/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	28 MILE 7/2-30	15.26
		8/16/18	02	VR	53- 303		580323	8/24/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARK 7/23-30	5.25
		8/16/18	02	VR	53- 303		580323	8/24/18	090-053-533.95-00	CONFERENCES & TRAINING	675 MILE 7/12-17	367.88
		8/16/18	02	VR	53- 303		580323	8/24/18	090-053-533.95-00	CONFERENCES & TRAINING	MEAL 7/12-17 NASHVL	209.00
											VENDOR TOTAL	597.39 *
630360	MAYER, JAMES											
		9/06/18	05	VR	53- 334		580949	9/07/18	090-053-533.07-00	PROFESSIONAL SERVICES	SEP PROFESSIONAL FE	906.00
											VENDOR TOTAL	906.00 *
									MENTAL HEALTH BOARD		DEPARTMENT TOTAL	358,540.70 *
									MENTAL HEALTH		FUND TOTAL	358,540.70 *

246