

Annual Report
Winnebago County Mental Health Advisory Committee
Winnebago County, Illinois

Prepared for
Scott H. Christiansen, Winnebago County Board Chairman

On Behalf of the
Winnebago County Mental Health Advisory Committee

July 8, 2016

Winnebago County Mental Health Advisory Board

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Chairman Scott Christiansen:

In 2011, as Chairman of the Winnebago County Board, you appointed the Winnebago County Mental Health Advisory Committee (MHAC). Our charge was established by the Illinois Counties Code and Community Mental Health Acts to do three things: identify and assess current mental health services in Winnebago County, monitor any expansion or contraction of such services, and, if deemed necessary, provide a report to the county board with recommendations.

On behalf of the Winnebago County Mental Health Advisory Committee, I submit this Annual Report reflecting our comprehensive assessment and recommendations concerning mental health services in Winnebago County.

I would like to thank all of the advisory committee members and sub-group participants for their efforts and extreme dedication to this project. Most of all, the advisory committee members express their gratitude to the more than 2,500 persons and organizations that provided input through surveys, interviews, and participation in meetings including the August 2014 MHAC summit on the opioid crisis.

In 2003, improving mental health in Winnebago County was identified as an urgent priority. In 2016, the urgency is now a crisis. The advisory committee members request that the Winnebago County Board take the necessary actions to ensure that all persons with diagnoses or at risk of mental illness having access to a mental health system that is based on identified needs, with fully funded and coordinated care, and are able to live, work, and participate in communities of their choosing.

Sincerely,



Angie Goral, Chair
Winnebago County Mental Health Advisory Committee
Member, Winnebago County Board

Winnebago County Mental Health Advisory Committee

Appointed Members in 2011

- Philip Eaton, MS, President/CEO of Rosecrance Health Network
- Marilyn Griffin, MD, University of Illinois Chicago at Rockford
- Angie Goral, Elected Official of the Winnebago County Board
- Carol Klint, RN,MS, Community Advocate
- Richard Kunnert, MSED, Former Director of Singer Mental Health and Developmental Center
- Donny Parham, Deputy Sheriff, Winnebago County Sheriff Community Services
- Matthew Toohey, MPA, Executive Director, Access Services of Northern Illinois

Members in 2016

- Philip Eaton, MS, President/CEO of Rosecrance Health Network
- Angie Goral, Elected Official of the Winnebago County Board (Chair of MHAC)
- Carol Klint, RNMS, Community Advocate
- Richard Kunnert, MSED, Former Director of Singer Mental Health and Developmental Center (Secretary of MHAC)
- Charles Smith, MD, Group HOPE
- Matthew Toohey, MPA, Executive Director, Access Services of Northern Illinois
- Open Position

The MHAC was facilitated by the Winnebago County Health Department's Public Health Administrator, J. Maichle Bacon, MPH and upon his retirement by Sandra Martell, RN, DNP. Both served as ex officio members.

Technical Assistance Provided to the MHAC

- J. Maichle Bacon, MPH, retired, volunteer
- John Barlow, Executive Assistant to Dr. Sandra Martell, Winnebago County Health Department
- Penny Billman, PhD, retired, University of Illinois College of Medicine, Rockford

Annual Report

In December 2011, Chairman Scott H. Christiansen appointed seven persons to the Winnebago County Mental Health Advisory Committee (MHAC) to comply with Illinois State Statute (55 ILCS 5/5 – 25027). The charge of the MHAC was to 1) assess the current mental health services in the county, 2) monitor changes in the available mental health services, and 3) make recommendations for additional mental health services if deemed necessary.

The term “mental health” has different meanings and criteria. The Winnebago County MHAC defined mental health broadly to include 1) mental, emotional, and personality disorders as detailed in the DSM 5 – Diagnostic and Statistical Manual of Mental Disorders, 5th Edition; 2) substance use disorders as defined in the DSM 5; and 3) intellectual/developmental disabilities.

From December 2011 through May 2016, the MHAC reviewed over 50 research studies, articles, and websites; held a summit on the growing opioid epidemic; conducted four (4) surveys which elicited responses from 2,197 individuals; interviewed 20 expert key informants; reviewed the impact of the failure to pass an Illinois budget on mental health services; synthesized all the information and held two strategic discussions to review and prioritize the findings.

Mental health is a community issue which continues to be stigmatized.

- Over 80% of Winnebago County residents believe a stigma is associated with mental illness in our community [1]
- Half (50%) of Winnebago County residents can expect to meet the criteria for a diagnosable mental health condition sometime in their life [2]
- One in five (20%) Winnebago County residents can expect to have a diagnosable mental health condition in any given year [2]
- One-half of all chronic mental illness begins by the age of 14; three-quarters by the age of 24 [3]
- Approximately one-fourth of homeless adults staying in shelters live with a serious mental illness [3]
- More than 80% of children and adolescents with diagnosable mental health problems do not receive the treatment they need [3]
- Suicide is the leading cause of death in youth ages 10-14, and 90% of those who died by suicide had an underlying mental illness [3]
- Approximately 6,000 Winnebago County residents have an intellectual/developmental disability.

Mental illness can be prevented and/or managed with the appropriate supports. Over three-fourths of Winnebago County residents believe that mental health treatments and services work [1]. Without these supports, there is progressive destabilization of the community.

- Decreased quality of life for the person and family
- Decreased life span
- Increased homelessness
- Increased addictive behaviors including substance abuse
- Increased use of emergency services including healthcare and first responders
- Increased involvement in law enforcement, judicial, and jail systems

The quality of life and the services available affect all areas of a community including economic vitality. To attract and retain a creative, innovative, diverse, engaged, and productive population where all can reach their potential, the community needs to have systems in place to meet the needs of its residents.

Mental health has been identified as a consistent community concern in community studies and assessments since 2003. While Winnebago County has had effective agencies and organizations that have worked collectively to provide cost-effective services; there has been a critical long-term shortage of treatment and community support systems.

In 2016, the status of mental health is at crisis level.

With the changing landscape of state, local, and federal policies and funding, and persistent shortage of treatments and supports, mental health disorders have moved from a critical situation to an emergency situation in Winnebago County.

Community Support Systems Framework guided assessments.

The MHAC adopted the Community Support Systems (CSS) Framework to guide their assessment of mental health services in Winnebago County. The CSS framework is an organized system of care that includes the entire array of services, supports, and opportunities needed by persons impacted by mental health disorders to live, work, and participate in the community.



Three component parts of the assessment were designed to address the perspectives of the client, provider, and coordinating agency (referent).

1. Community Survey – *Client, Community Perspective*
2. Community Support Systems – *Provider Perspective*
3. Referents Survey – *Referral Source Perspective*

The assessment tools were developed using standardized tools from the Association of Community Mental Health Authorities of Illinois (ACHMAI). The Community Survey was developed with input from neighborhood groups, individuals impacted by mental health issues, and subject matter experts.

The findings of the assessment of current services from the CSS Model

Client Identification and Outreach

- Lack of outreach services. Many mentally ill persons are incapable of finding and accessing appropriate care because of the nature of the illness or other barriers including financial and insurance coverage. Winnebago County lacks a coordinated entry approach and a proactive outreach program.
- Difficulty being assessed/diagnosed in a timely manner. Families reported difficulties in knowing where to have a person assessed and long wait times when they were able to get an appointment. They reported that it was nearly impossible to have a comprehensive assessment for persons with multiple disorders (mental illness, substance use, and/or intellectual/developmental disabilities).

Mental Health Treatment

- Lack of services for children. Winnebago County has limited early childhood mental health services. There are no local hospital beds for mentally ill children under the age 12. Waiting lists for pediatric/adolescent services are exceptionally long.
- Lack of psychiatric care. Winnebago County has a long-term, critical need for additional psychiatrists who specialize in working with individuals in addition to medication management.
- Need for integrated care for persons with multiple mental health disorders. Winnebago County has severely limited capacity to treat a person with more than one disorder (mental illness, substance use disorder, and intellectual/developmental disabilities) using an evidence-based, integrated approach.

Crisis Response Services

- Lack of crisis care and stabilization. Winnebago County lacks crisis care for individuals who have been described as dangerous to themselves or others. Furthermore, the state budget impasse and reductions has negatively impacted the outpatient Triage Center operated by Rosecrance Health Network.

Family and Community Support

- Lack of services and supports for intellectual/developmental disabilities. In March 2016, 335 persons with intellectual/developmental disabilities in Winnebago County were on the Illinois Department of Human Services wait list with severe needs for crisis stabilization

services in homes and facilities, psychiatric inpatient services, respite care for families, residential services for adults and seniors, medication management and monitoring, and/or transitional and supported employment.

- Lack of resources. Persons with mental illness, substance disorders, and intellectual/developmental disabilities have difficulty in securing supportive services such as dental care, transportation, and housing/shelter. The nature of the illness and disability requires special considerations and accommodations.

Case Management

- Frequent Users of Publicly-Funded Services. The “super utilizers” committee identified a group of persons who are heavy users of first-responder calls. In terms of the Community Support Systems model, this group needs intensive case management and all of the services in the model. Without that approach in place, we watch these homeless persons go from mental health crisis to mental health crisis with an increasing need for first-responder and other public resources. Housing First was established in Winnebago County to address their needs; however, the project lacks funding.

Next Steps

The MHAC will develop recommendations to address the critical issues identified in the assessment and continue to monitor changes in the mental health services in Winnebago County.

The following written comment extracted from one of the respondents who completed the MHAC Community Survey conveys the impact of gaps in the CSS on individuals and their families.

I thank you from the bottom of my heart for doing this. Just please do something with it. People with mental illness deserve dignity. When my mother was under proper medication and treatment, she was the most wonderful and giving person. So please know that despite her mental illness we never felt unloved or uncared for and she was the best mom ever. But without services and meds, she was unrecognizable to us. With the proper helps/services, mentally ill people can lead fulfilling and meaningful lives. But over the past couple of decades these services have declined or are nonexistent and my mom and others deserve better mental health treatment and services. God bless, and prayers for this cause.

References

[1] 2015 Winnebago County Mental Health Advisory Community Survey.

[2] *B4Stage4 Infographic: Changing the Way We Think About Mental Health, Mental Health America*. <http://www.mentalhealthamerica.net/b4stage4-changing-way-we-think-about-mental-health>

[3] <https://www.nami.org/NAMI/media/NAMI-Media/Infographics/GeneralMHFacts.pdf>

Attachment A. Summary of Behavioral Health Funding Opportunities

Criteria for Consideration of Funding Options

The following criteria were considered and have been applied when reviewing potential sources for mental health services in Winnebago County:

- Existence of relationship between type or source of funding and mental health services
- Source of funding should not have a substantial deleterious economic impact to the community
- Amount of funding from identified source should be sufficient to address needed services and be sustainable to ensure ongoing care and support.

Referendum Supported Mental (Behavioral Health) Services in Illinois

Referendum supported services to address mental health are the most common source both nationally and in Illinois. The principle is that a small to moderate rate across all assessed properties generates sufficient funds specifically dedicated to mental health. While it is the most common and visible source, it is also the least popular among constituents. State authority exists for these types of referendums.

- 708 Board - Supports planning and funding mental health, developmental disabilities and substance abuse services. The maximum is 0.15% of EAV. There are currently 59 counties in Illinois with 708 Boards.

Illinois Counties with County 708 Boards

708 Boards (405 ILCS 20/)... for the purposes of planning and funding mental health, developmental disabilities and substance abuse services. A successful referendum authorized a county tax levy not to exceed 0.15 % of EAV. The current such funded jurisdictions in Illinois are as follows:

1. Bond *	16. Edgar	31. Macon*	46. Richland
2. Brown*	17. Effingham*	32. Macoupin	47. Rock Island*
3. Carroll*	18. Fayette	33. Madison	48. Schuyler
4. Cass*	19. Ford	34. Marion	49. Shelby*
5. Champaign*	20. Franklin*	35. Marshall	50. St. Clair
6. Christian	21. Fulton*	36. Massac*	51. Stephenson
7. Clark	22. Hancock*	37. McDonough*	52. Vermillion
8. Clay*	23. Henry*	38. McHenry	53. Wabash
9. Clinton	24. Iroquois	39. Mercer	54. Warren
10. Coles	25. Jackson*	40. Monroe	55. Washington
11. Crawford*	26. Jefferson*	41. Moultrie	56. Wayne
12. Cumberland	27. Jo Daviess*	42. Ogle	57. White*
13. DeKalb	28. Kendall*	43. Perry	58. Whiteside
14. DeWitt*	29. LaSalle*	44. Pike*	59. Williamson*
15. Douglas*	30. Lawrence*	45. Randolph	

* These 28 counties have both a 708 Board and a Referendum Based local health department. Thus 27% of Illinois Counties have both a mental health tax levy and a public health tax levy.

- 553 Board –Referendum adds to local Board of Health levy to provide or contract for mental health, developmental disabilities, and substance abuse services. The maximum is 0.05% of EAV. There are currently 9 counties in Illinois with 553 Boards.

Illinois Counties with 553 Funded Local Boards of Health

553 Boards (55 ILCS 5/5-25)... for local health departments to provide or contract for mental health, developmental disabilities and substance abuse services. A successful referendum authorizes a county tax levy not to exceed 0.05% of EAV for this purpose. The current such funded jurisdictions in Illinois are as follows:

- | | | | |
|-----------|-----------|---------------|-----------|
| 1. Bond | 4. Logan | 6. Montgomery | 8. DuPage |
| 2. Hardin | 5. McLean | 7. Will | 9. Lake |
| 3. Jasper | | | |

- 377 Board – Referendum to fund the care and treatment of persons with developmental disabilities and their families. The maximum is 0.1% of EAV. There are currently 7 counties in Illinois with 377 Boards.

Illinois Counties with 377 Boards

377 Boards (55 ILCS 105/)... for the care and treatment of persons with developmental disabilities and their families. A successful referendum authorizes a county tax levy not to exceed 0.1% of EAV. The current such funded jurisdictions in Illinois are as follows:

- | | | | |
|-------------|-------------|---------------|--------------|
| 1. Hamilton | 3. Tazewell | 5. Livingston | 7. Champaign |
| 2. Peoria | 4. McLean | | |

Grants

Competitive and needs based grants to communities or organizations from either state, federal, or private/philanthropic organizations are another source considered to fund mental health services. Many of the grants require matching from local sources. Sustainability of funding through grants continues to be an issue when addressing long-term needs.

Health Coverage Reimbursement

The Affordable Care Act has expanded coverage throughout Winnebago County. The ACA requires that all qualified health plans provide some benefits for mental health including mental illness and substance abuse. Rates do not typically cover the customary cost and there are significant limitations.

Sales Tax

Additional sales tax can be levied for products such as alcohol, tobacco, sugar-sweetened beverages, etc. These are often referred to as “sin” taxes. Taxes can also be charged for utilities, entertainment, hotel/motel, sporting events, etc. Concerns exist regarding competition with surrounding counties.

Gambling Machines, Casino Earmark

Illinois statute governs distribution of gambling machine revenue with 5% allocated to local government jurisdiction. Since current revenue is already allocated, future casino venture revenue funds could be allocated to support mental health services.

Encounter Surcharge

A surcharge is authorized through state law to collect revenue from all clinical services through a transaction tax. This funding source would be most closely in alignment with improving mental health and the overall health of the community.

Summary of Behavioral Health Services Funding Opportunities

Funding/Reimbursement Options	Brief Description	Estimated Annual Revenue	Limitations/Advantages	Models
<p>Property Tax Levy</p> <ul style="list-style-type: none"> • 708 Board • 553 Board • 377 Board 	<p>708: Referendum for planning and funding Mental Illness (MI), Developmental Disability (DD), and Substance Abuse (SA) Max: 0.15% EAV</p> <p>553: Referendum adds to Public Health levy to provide or contract for MI, DD, SA Max: 0.05% of EAV</p> <p>377: Referendum to fund DD Services Max: 0.1% of EAV</p>	<p>708: \$5.4 million (represents \$50/year/\$100,000 home)</p> <p>533: \$1.8 million (represents \$16.50/year/\$100,000 home)</p> <p>377: \$3.6 mil. (at max) (represents about \$33/yr. on a \$100k home)</p>	<p>Most common source nationally and in Illinois for local government funding</p> <p>A small to moderate rate across all assessed properties generates sufficient funds</p> <p>Frequency and burden of behavioral health issues correlate with population</p> <p>Most visible, least popular, already relatively high when totaled across all special funds</p> <p>State authority already exists</p>	<p>708 – McHenry County (Illinois)</p> <p>553 – DuPage and Lake Counties</p> <p>377 – Champaign County (Illinois)</p>
<p>Sales Tax (i.e. Alcohol, Tobacco, etc.)</p> <p>Note: 55 ILCS 5/5-1006.5 establishes a special retailers occupation tax for public safety, public facilities or transportation.</p>	<p>Current 1% tax (for public safety) funds criminal justice, drug, mental health courts, and alternative programs. Tax is on all sales except vehicles, food and medicines.</p> <p>Other types of sales taxes could include utility tax, hotel/motel, motor fuel, and tobacco and liquor tax.</p>	<p>County-wide is \$28 mil./yr. with about \$500k for drug and mental health court and alternative programming.</p> <p>E.G. motor fuel tax (\$0.04) on 24 stations is \$1.7m/yr.; liquor tax (6%) in community of 74k pop. is \$2.35m/yr.</p>	<p>Existing statutory authority may need to be broadened</p> <p>Mechanism for collecting funds needs clarification</p> <p>Capability of providing sufficient funds at modest rate (i.e. 0.2 to 0.25%)</p> <p>Competition with rate(s) in surrounding jurisdictions</p> <p>Tobacco, alcohol and other addictions correlate with frequency of usage</p>	<p>Winnebago County and numerous municipalities</p> <p>Des Plaines, Evanston and other municipalities</p>

Summary of Behavioral Health Services Funding Opportunities

Funding/Reimbursement Options	Brief Description	Estimated Annual Revenue	Limitations/Advantages	Models
Gambling Machines, Casino Earmark	<p>IL. Statutes govern distribution of gambling machine revenue (i.e. 35% to operator, 35% to hosting business, 25% to State and 5% to local governmental jurisdiction)</p> <p>Any future casino could also generate revenue based on what proportion of local allocation would go to support behavioral health services.</p>	<p>Winnebago approximate annual intake \$220k; City of Rkfd - \$1.27m.</p>	<p>Funds already allocated by statutes for gambling machines</p> <p>Potential for future casino uncertain; dedicated earmark may be possible but unlikely to provide sufficient funds</p>	<p>City of Rockford and Winnebago County</p>
Encounter Surcharge	<p>Authorized through state law to collect revenue (i.e. transaction tax) from all clinical services; provides some coherence in aligning shared goal for better health.</p>	<p>For Winnebago Co. a 0.5% surcharge on clinical encounters could generate approx. \$5 to 6 m./yr. (extrapolated from Minnesota experience)</p>	<p>Broad - based potential source of revenue to support services that could enhance outcomes from clinical and inpatient care</p> <p>Small surcharge capable of generating sufficient funds; not likely to have negative economic or service participation impact</p> <p>Statutory authority and administrative collection infrastructure would need to be developed</p>	<p>States of Minnesota and Vermont</p>

Summary of Behavioral Health Services Funding Opportunities

Funding/Reimbursement Options	Brief Description	Estimated Annual Revenue	Limitations/Advantages	Models
Health Coverage reimbursement	ACA requires all qualified plans offered on the health insurance marketplace to provide same benefits for MI/SA treatment and services as for medical/surgical care.	As ACA coverage expands there is reimbursement now for many/most patients but rates don't always cover cost.	<p>A broad and essential range of services are either not covered or inadequately covered through ACA billing / reimbursement mechanisms (e.g. case management, community living supports, recovery support, vocational rehabilitation, criminal and juvenile justice system interventions, crisis intervention etc.)</p> <p>Coverage varies by service type. Some behavioral health services are carved out of the insurance benefit package and covered through fee-for-service contracts</p> <p>Disparate payment and delivery systems between physical and behavioral health needs challenge the desired integrated care model</p>	
Grants	Competitive and needs-based grants to communities or organizations from either state, federal or private / philanthropic organizations vary in magnitude,	Grant amounts can vary by source and jurisdiction each fiscal year.	Most often grant eligibility requires local resources represent a portion of the total initiative funding. This is frequently a barrier in Winnebago County being	

Summary of Behavioral Health Services Funding Opportunities

Funding/Reimbursement Options	Brief Description	Estimated Annual Revenue	Limitations/Advantages	Models
	availability and flexibility of use.		<p>competitive for some grant opportunities</p> <p>Grant funding has historically been helpful in supporting many services but sometimes are less than comprehensive</p> <p>Unless grants are renewable annually, they are not conducive to developing and supporting a network of services to address specific needs and sometimes challenge service integration</p>	

