

THE LEAGUE OF WOMAN VOTERS

ROSELLE BLOOMINGDALE

**WOULD A 708 MENTAL HEALTH BOARD IMPROVE MENTAL HEALTH
SERVICES IN BLOOMINGDALE TOWNSHIP?**

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The League of Woman Voters, a nonpartisan political organization, encourages informed and active participation in government, works to increase understanding of major public policy issues, and influences public policy through education and advocacy. Membership in the League is open to men and woman of all ages.

This project is sponsored by the League of Women Voters of Roselle Bloomingdale.

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WOULD A 708 MENTAL HEALTH BOARD IMPROVE MENTAL HEALTH SERVICES IN BLOOMINGDALE TOWNSHIP?

ABSTRACT

The League of Woman Voters Roselle Bloomingdale undertook a study to determine if establishing a mental health board by referendum could aid in the prevention of and care for the developmentally disabled, mentally ill, and those with addiction problems in our community.

Data was gathered by conducting a community survey, interviewing professionals in mental health, gathering demographic and financial information from government agencies and other leading professional organizations, books, and pertinent newspaper and web articles.

From our research we learned mental illness, developmental disabilities and substance abuse affect a significant number of people in our community. Mental illness issues alone conservatively costs \$550 per capita or \$62,000,000 per year in Bloomingdale Township.

The goal of a community mental health board is to develop a comprehensive local mental health plan in collaboration with local providers to insure that preventive and therapeutic programs are accessible for all residents in the community.

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WHAT IS THE ORIGIN OF MENTAL HEALTH BOARDS?

In 1963 Congress passed the Community Mental Health Act (Community Mental Health Act n.d.). One of the goals of this act was to allow those receiving treatment for mental illness to be treated in their homes and communities rather than in large institutions. While Congress initiated this change, complete funding to accomplish the establishment of local mental health programs was not included in the act.

In response to this funding problem, Illinois legislators enacted Illinois House Rule 708 (ILHR708) which allows communities to seek funding by for local mental health programs via referendum in their communities. If the referendum is passed authorizing the levy, then per ILHR 708 each community must establish a mental health board comprised of community members to administer the funds received.

The laws governing the administration and scope of ILHR 708 mental health boards are outlined in the Illinois Compiled Statutes (405 ILCS 20/) Community Mental Health Act (ILLINOIS COMPILED STATUTES n.d.). These statues cover all aspect of setting up, funding and organizing a local 708 board. We will be reviewing this act and the potential effect it could have on Bloomingdale Township.

WHY ARE WE DOING THIS STUDY?

The Roselle/Bloomingdale League of Woman Voters decided to study 708 boards and review existing mental health programs needed in Bloomingdale Township based on the conclusions of the Mental Health Committees Presentation of the neighboring Glen Ellyn League of Woman Voters. (a full copy of their report is included **APPENDIX 1**) and a presentation by Phyllis Russell, director of The Association of Community Mental Health Authorities of Illinois (ACHMAI), and Jerry J. Murphy, executive director, of INC of Kane company .

The INC Board is a Community Mental Health Funding Alliance of seven township community mental health 708 boards.

“The Association of Community Mental Health Authorities of Illinois, established in 1972, is a partnership of organizations committed to the concept of community behavioral health and many of its members are 708 boards.

The Glen Ellyn League of Woman Voters did a study of various mental health programs in DuPage County with the objective to examine if the current best practice standards and the needs of the community were being met. In doing their study they looked at various standards used by Mental Health America (MHA), American Psychiatric Association, and the Nation Alliance on Mental Illness (NAMI).

The various best practices of these organizations are published by the Substance Abuse and Mental Health Services Administration (SAMHSA) an agency of the United States Department of Health and Human Services. Congress created SAMHSA in 1992 with the goal of reducing “the impact of substance abuse and mental health on America’s communities”.

Among the conclusions of the Glen Ellyn League’s study was that “most providers (in DuPage County) were concerned about budget cuts and losses of revenues to run their programs”. In particular, the “theme of no money” was “especially” a concern for substance abuse programs. The study further states, “Especially disheartening is the realization that our consumer and family member interviewees were individuals who were being supported by their families who had reached a certain level of understanding and care. Many more mentally ill are in even more difficult circumstances without understanding and support”.

In addition to the Glen Ellyn League study and the presentation to our group by the ACHMAI and INC directors, The League of Woman Voters of Illinois has also taken positions on mental health and states:

“A system of local boards to levy taxes, administer all funds, and to plan and coordinate services should be required throughout the state. The State should require local governments to provide in their zoning ordinances for residential programs for mentally ill persons.” (Issues: Mental Health n.d.)

The goal of this study is to examine how a 708 board functions and if developing/initiating a 708 board could improve the delivery of mental health services in Bloomingdale Township. If the conclusion is affirmative, we can recommend a referendum be placed on the April 4, 2017 ballot to give voters the opportunity to approve or deny the formation of a 708 Board in Bloomingdale Township.

HOW DID WE GET OUR INFORMATION?

To obtain information for this study, we conducted a community wide survey (**APPENDIX 2**) consisting of 9 questions and comment sections. We promoted the survey at community events, put a survey box for submittals at the Roselle Public Library, and put the survey on the Roselle/Bloomingdale Leagues’ web and Facebook site. We also utilized Facebook advertising to help make people aware of the survey in Bloomingdale Township. We spent approximately three months gathering data. Our efforts netted 63 tabulated survey responses.

Besides the surveys to the general citizens, eight essay type questionnaires were completed by area mental health professionals and community members. These questionnaires required written responses to seven questions about mental health in Bloomingdale Township.

Responses to these surveys and other comments are included in **APPENDIX 2** under the heading of “ADDITIONAL COMMENTS”.

In addition, our committee personally interviewed local mental health providers and administrators, and a number of citizens whose lives have been affected by mental illness and/or developmental disabilities. From these interviews, we garnered information about mental health options and practices in Bloomingdale Township. Selected quotes from these interviews are included with the survey responses.

We are especially grateful for the interviewees for sharing their perspective as long term mental health professionals or as a person dealing with mental health or developmental disability issues in their families. We have not specifically quoted any of the key interviewees as they spoke with us on the basis of anonymity, but each of them had the opportunity to review this paper to insure its accuracy. A list of our key interviewees is included at the end of the study.

Combined with research materials from the websites of various government agencies, organizations, books, and the local newspapers, our goal was to obtain a comprehensive view of mental health care in the area to ascertain the potential benefit of a Community Mental Health Board in Bloomingdale Township.

WHAT COMPRISES THE TOWNSHIP?

Bloomingdale Township is one of nine Townships in DuPage County. The township encompasses Addison (West Quarter), Bloomingdale, Carol Stream (partial), Glendale Heights (vast majority), Hanover Park (partial), Itasca (partial), Lombard (north edge), Roselle (Partial), Schaumburg (partial) , and the unincorporated towns of Cloverdale, Keeneyville, Medinah and Swift. It has a total area of 35.2 square miles.

WHAT ARE THE TOWNSHIP DEMOGRAPHICS?

Bloomingdale Township was settled as early as 1833 (*Combination Atlas Map of DuPage County*, 1974). In 1870 Bloomingdale Township had a population of 1,141 people.

Presently, Bloomingdale Township has an estimated population of 112,618 people (Comparative Demographic Estimate 2013). From its rural agrarian roots, it has become increasingly diverse both ethnically and economically. **It is estimated that in 2013 there were 31,499 people living in the Township who were born outside of the United States (Comparative Demographic Estimate 2012).**

Besides being ethnically diverse, Bloomingdale Township is economically diverse. In 2013, there were an estimated total of 28,153 families living in Bloomingdale Township and 7.8% (2,195 families) had incomes below the poverty level set by the United States government. Especially hard hit were families categorized as “families with female household no husband present” where 27.3% had incomes below the poverty level. Families are defined as “consisting of a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption.”

While significant poverty is present in our community, overall our township is prosperous. The median estimated income for families in Bloomingdale Township is \$77,338 dollars. This compares with a state median income estimated at \$69,557 in 2013. The apparent prosperity hides the needs of many in our community because mental health, developmental disabilities and substance abuse issues affect all ages, nationalities, races and economic levels.

HOW DO MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES IMPACT OUR COMMUNITY?

Mental health issues affect approximately one in four adults in a given year. Of those with some form of mental illness, one in seventeen will live with a serious mental disorder such as schizophrenia, major depression or bipolar disorder (Mental Illness: Mental Health Facts and Numbers n.d.).

NAMI (National Alliance on Mental Illness) describes mental illness as a “medical conditions that disrupt a person’s thinking, feeling, mood, ability to relate to others and daily functioning” (Mental Illness: What Is Mental Illness? n.d.) Mental illnesses are, according to NAMI, “medical conditions that often result in a diminished capacity for coping with the ordinary demands of life.”

Based on the population in Bloomingdale Township, this means approximately 28,000 people in a given year may be affected in some way by mental health issues and approximately 6,000 people may have a more serious mental disorder. Most families in Bloomingdale Township know someone or have someone in their family with a mental disorder or developmental disability. **The NAMI statistics are borne out by our local survey where 59% (42 people) knew someone who had obtained mental health services.**

In addition, each year the state of Illinois conducts a detailed and comprehensive survey of Illinois youth covering a wide range of issues from drug use to mental health issues. This survey is a vital tool for monitoring our students. Schools who take the time to administer this survey do a great service to their communities by providing the data necessary to formulate appropriate policies.

The most recent State of Illinois survey included responses from 14,464 students in DuPage in the 6th, 8th, 10th and 12th grade. This number represented approximately 29% of the total student enrollment in DuPage County for these grades. (Illinois Youth Survey DuPage County 2012)

Concerning drug use, the survey indicated 15% of 6th graders, 26% of 8th graders, 54% of 10th graders, and 66% of 12th graders reported using alcohol, cigarettes, inhalants or marijuana in the past year (Illinois Youth Survey DuPage County 2012 Pg. 9). “Young people who persistently abuse substances often experience an array of problems including mental health and other health related problems, academic difficulties, poor peer relationships, and involvement with the juvenile justice system. Additionally, there are consequences for family members, the community, and the entire society.” (Consequences of Youth Substance Abuse, n.d.)

When students were asked if they felt so “sad or hopeless almost every day for two weeks in a row that you stopped doing some usual activities. 24% of eighth graders, 28% of 10th graders and 23% of 12th graders taking the survey reported in the affirmative (Illinois Youth Survey DuPage County page 48).

Mental health boards also target developmental disability which is defined as a “disability that is manifested before the person reaches twenty-two years of age, which constitutes a substantial disability to the affected individual, and is attributable to mental retardation or related conditions which include cerebral palsy, epilepsy, autism or other neurological conditions when such conditions result in impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation.” (What is a Developmental Disability? (n.d.))

Autism is an example of a developmental disability and is an area of growing concern among young people in our community. The Daily Herald’s reporter Sherry Manschot reports the CDC’s latest number on autism as “1 in 42 boys and 1 in 189 girls having an autism spectrum disorder, also known as ASD.” Quoting the Autism Speaks website Manschot writes, “Autism spectrum disorder and autism are both general terms for a group of complex disorders of brain development” Families that have children with autism or other developmental disabilities are eligible for special programs for their children through age 21. (Manschot S., April 16, 2014)

The American Community Survey (DISABILITYCHARACTERISTICS 2013.) estimates the number of people in a community with disabilities by hearing, vision, cognitive, ambulatory and self-care difficulty. Cognitive difficulties are generally addressed by a mental health board and are classified in some cases as developmental disabilities. The American Community Survey estimates 7.5% in Bloomingdale or approximately 8,446 residents have a cognitive disability. Developmental Disabilities pose a challenge to many in our community as well.

In Bloomingdale Township, vital programs are administered by North DuPage Special Education Cooperative (NDSEC). “NDSEC works in collaboration with its member school districts to administer programs for students with autism, multiple disabilities, emotional disabilities, developmental delays, hearing impairments, visual impairments, other health impairments, learning disabilities and intellectual disabilities.” (Welcome To North DuPage Special Education Cooperative. (n.d.).)

After age 21, persons with autism and other developmentally disabled requiring additional services are eligible for state programs. Unfortunately, there is a significant wait for these programs. The waiting list is called the Prioritization of Urgency of Need for Services (PUNS) list. In an article called “Aging Disabled Face Dwindling Prospects” the Chicago Tribune states there is a waiting list of 22,049 (Gutowski, C. (2014, May 4). The article further states that 26,000 people are receiving state assistance for residential care. According to the article there are an estimated 205,000 people with developmental disabilities so the vast majority receives no state assistance. These facts highlight the inadequacy of our state in confronting this problem.

Fifty nine per cent of our survey respondents acknowledged the importance of mental health support know someone affected by the problem. Many communities address mental health issues on the Township level to build a social cohesiveness that serves not only the needs of those getting support but also the caregivers and the at large community. We will explore later on what services other townships are providing.

WHAT IS THE COST OF MENTAL HEALTH CARE TO OUR COMMUNITY?

Mental health costs can be measured in a multitude of ways. Undoubtedly the greatest costs are not monetary. However, money is the most concrete. Total cost for mental illness in the United States varies based on how the costs are calculated. NAMI reports the earnings US employers lose is \$193.2 billion dollars per year (Mental Illness, FACTS AND NUMBERS n.d.).

The Substance Abuse and Mental Health Services Administration (National Expenditures for Mental Health Services & Substance Abuse Treatment n.d.) spending estimate for 2009 including all public and private expenditures was \$172 billion. However, this figure does not include cost for physical conditions that result from mental illness.

In 2002, the CDC, Centers for Disease Control and Prevention (Mental Health Surveillance among U.S. Adults, n.d.) reported the economic cost of mental illness at \$300 billion.

In 2014, USA Today in an article devoted to studying the cost of mental health estimated mental health care costs the United States at \$444 billion a year (Szabo, L., 2014, May 12).

The USA Today figure is from Thomas Insel who is the director of the National Institute of Mental Health. Insel is further quoted in the article,

“The bulk of the cost to society stems from disability payments and lost productivity. That total doesn't include caregivers' lost earnings or the tax dollars spent to build prisons. These losses are especially tragic because of growing evidence that early intervention can prevent mentally ill people from deteriorating; halting what once seemed like an inevitable decline. The way we pay for mental health today is the most expensive way possible. We don't provide support early, so we end up paying for lifelong support.”

Even if we take the most conservative estimate, (SAMSHA FIGURE), the economic impact of mental health in Bloomingdale Township is approximately \$62 million dollars per year or \$550 per capita.

In budget year 2012, the state of Illinois included \$403,700,000 for mental health services (State Mental Health Cuts: The Continuing Crisis. n.d.). This was significantly less than what was included in the 2011 budget which was \$465,900,000. The NAMI report states “these cuts translate into loss of vital services such as housing, Assertive Community Treatment, access to psychiatric medications and crisis services”.

The small amount Illinois spends on mental health services is especially alarming when comparing our expenditures with other states. The USA States in Profile (Real Gross Domestic Product by State over Time, n.d.) reports Illinois had the fifth largest GDP (gross domestic product) producing \$671 billion dollars in 2013. **Despite having the fifth largest state economy, per capita spending for Illinois in 2010 for mental health services (State Mental Health Agency (SMHA) Per Capita Mental Health Services Expenditures, 2010) was \$80.43 per capita. This was well below the state U.S. average of \$120.56 and ranked us 35th among all states.**

The state budget cuts had a significant impact on the DuPage County Health Department. Losses to the DuPage County Health Department were expected to be 2.8 million dollars (DuPage County 2011 Annual Financial Report, (2011) page 14 or pg. 41 on PDF)

Among the services receiving less funding per the report include

1. MHS (Mental Health Services) provided primarily to un-benefitted clients (\$508,000)
2. State Elimination of the Teen Parenting Program (235,000)
3. MHS (Mental Health Services) individual care grants (\$64,000)
4. Healthy Child Care (\$75,000)
5. Family Case Management (\$60,000)

The DuPage budget report states that these cuts come at a time of significantly greater need. According to the report, “In 2010 Du Page resident below 200% of the federal poverty, traditionally used as a measure of whether families have income sufficient to meet basic needs, had grown to nearly 161,000. While the budget declined, the demand for services increased.

In our LWV-RB Survey, over 59% of respondents believed cuts had an effect on services. In addition, our key interviewees all confirmed they had to do more with less. According to many key informants, payment rates to mental health provider are significantly less than for other medical conditions. One key informant stated, “It has been 7 years since there was an increase in Medicaid payments”. Elaborating on this the informant stated some reimbursement amounts were below the actual cost of the service.

Every key interviewee believed the declining funds affected government providers, private nonprofits and families in need of the services. Despite the declining funds, service providers at every level were asked to do more as more people were in need. They met the challenges, but with great difficulty and not in the optimal manner they would have liked. .

While economic costs are measurable and staggering and have focused on reactive treatment model, costs can be reduced significantly, if we had the funds and structure in place to reduce the number of people needing mental health support. This can be accomplished by education and an involved and responsive community. This was an idea continually repeated by the key interviewees of our LWV-RB study and survey.

WHAT IS A COMMUNITY 708 MENTAL HEALTH BOARD AUTHORIZED TO DO?

Illinois statute, 405 ILLINOIS COMPILED STATUES for Mental Health Authorities May, 2006, (405 ILCS) sets forth the rules for addressing mental health support in Illinois including the establishment of community mental health boards. Under the statute, community mental health boards are not service providers. Their key role is strategy and planning, allocation of funds and coordinators and evaluators who provide information referrals and bring together agencies and social workers to work on projects for the whole community.

A person must have a developmental disability, defined by section 20-1 of 405 ILCS as any person or persons so diagnosed with a developmental disability and meets the definition under the Mental Health Code, in order to receive mental health services. Community mental health boards operating under this statute may in their jurisdiction, by a majority vote, add to the definition of a “person with a developmental disability”.

In order to meet the needs of those eligible to receive mental health services, the 708 board has broad authority to act. Some of those powers are as follows:

“.....in consultation with and being advised by the Department of Human Services, shall have the power to contract repair, operate, maintain and regulate community mental health facilities to **provide mental health services as defined by the local mental health board**, including services for persons with a developmental disability or substance use disorder, for residents thereof and/or to contract therefore **with any private or public entity which provides such services**”. (405ILCS20-2)

In addition, once the mental health board is formed it must prepare a three year plan. The statute requires the board should “hold meeting at least quarterly, review and evaluation of community mental health, services and facilities and a yearly written plan for a program of community mental health services, publishing, the annual budget and report within 120 days of the fiscal year end” (405/ILC20/3e). **In short, the board is to be both responsive to the community and involve the community to take action by providing information.** The Statutes allow Community Mental Health boards to use the funds in the ways deemed most effective by Board Members with review by the State and local governing authority.

This flexibility allows Community Mental health boards to offset in a variety of ways the declining revenues from Federal and State sources. Besides partially supplementing some of the cuts in revenue, involvement by local community members can focus efforts on the areas of greatest local concern and stabilize nonprofit providers with predictable support. Since the members of the board live in the community, they understand firsthand local needs and the organizations working to ameliorate those needs.

OVERVIEW OF TWO LOCAL MENTAL HEALTH BOARDS

Both Hanover Park Township and Oak Park Township have mental health boards. **A common denominator** for both programs is that **all townships residence have access to all funded programs. Grants from both Hanover and Oak Park Township covered expenses not covered by other sources (i.e. insurance, state grants, federal grants, Medicare, Medicaid).**

Oak Park Township is contiguous with the community of Oak Park and has an estimated population of 52,056 with a median income estimated at \$78,802. Founded by referendum in 1973, the Oak Park Mental Health Board (Oak Park Township, Mental Behavioral Health n.d.) has a broad array of programs and currently provides grants to 23 different agencies (**See Appendix 3 for a list of funded agencies**). In 2014, the board was able to support mental health needs to 2,083 unduplicated Oak Park residents 14,902.25 hours of staff and direct services and 162 educational classes for residents in need of mental health education and services. The mental health board in 2014 had a Final Budget of \$1,576,340. Of the total budget, \$1,245,944 was given to area nonprofits to provide services to local residence.

The board describes its mission as follows:

- Enhance the mental health and developmental potential of Oak Park residents
- Establish an appropriate continuum of community support service
- Manage local resources in a fiscally responsible manner.”

To fulfil its mission, the board works “to develop a comprehensive array of community based services, which are cost-effective, systematically evaluated, and responsive to evolving community needs. This requires a flexible network of easily accessible services for the treatment and prevention of mental illness, developmental disabilities, and Substance Use Disorder.” In keeping with its mission, the board published a survey of needs in July 2010; the survey was conducted by the University Of Illinois College Of Medicine and prepared by Health Systems Research. The executive summary of the survey is 63 pages and it examines the mental and developmental health needs of the community (HEALTH SYSTEMS RESEARCH. 2010, July 10). It also details the ways in which the board can accomplish those goals. Many of the conclusions drawn from the research echoed our LWV-RB survey and the observations of our key interviewees in DuPage County.

Among the conclusions of the survey were the community needed to

- Achieve an Effective Information and Referral System
- Educate the Community on Mental Health Conditions and Stigmas
- Establish and Coordinate a Network of Support Groups
- Reduce Youth Alcohol and Substance Use and Abuse
- Expand Services for Persons with Developmental Disabilities over the Age of 22
- Enhance Effective Services for Minority Populations

One of the results of the survey resulted in Oak Park initiating specific programs for the Developmentally Disabled on the PUNS waiting list. Now **those on the PUNS waiting list in Oak Park Township have a place to go to continue their education and receive the needed services for their well- being and the well- being of their families.** The Oak Park Mental Health Board demonstrates a relatively small amount of money strategically placed can have disproportionate consequences in improving community life. With a small dedicated paid staff and dedicated volunteers, the Community Mental Health Board successfully tackles the problems in their community.

Neighboring Hanover Township with a population of about 100,000 has had a mental health board since 1977 (Hanover Township, Mental Health Board Background Information, n.d.).

“The Mental Health Board provides partial funding for 35 local agencies (**See Appendix 4 for a list of funded agencies**) who collectively serve over 4,000 Township residents each year.” In addition to providing funding, it insures residence have ready access to care by providing satellite office space for several funded agencies. The funded agencies offer programs in mental health, developmental disabilities and substance abuse.

To aid their providers the Hanover Township board offers a variety of grant opportunities including:

- Challenge grant (new program grant),
- Capital Grant,
- Staff Development Grant, and
- Emergency Funding.

“These grants are available throughout the fiscal year in coordination with the Mental Health Boards monthly meeting dates and are subject to the availability of funds” as well as meeting the Board criteria. During the recession, the emergency funding insured the solvency of several agencies and allowed them to continue their service to the community. The boards budget in 2014 was \$1,005,347 dollars.

The Hanover mental health board does not work in isolation from other township services. It is part of a comprehensive plan committed “to improving the welfare of residents experiencing hardship” by “providing resources and support to empower residents to achieve self-sustainability”. As part of this plan the Mental Health Board confers with other providers in what our referred to as “wraparound meetings”. These meetings insure there is a connection between services provided to the families and the needs of the family.

Both Oak Park and Hanover Township, in keeping with the statutes, developed specific plans to improve mental health and developmental disability care in their communities. In April 2010, the Hanover Township Mental Health Board held a meeting with “70 attendees representing various community stakeholders.” (Hanover Township Mental Health Board, 2010 Developing Collaborative Solutions, 2010, April 30). “The focus areas of the meeting were Mental Health, Substance Abuse and Developmental Disabilities. Each of the attendees was asked to assess the needs and prioritize them by age groups. Among the conclusions of the meeting was that “mental health and substance abuse intervention and prevention responses continue to be vital and of high need to the 13-18 year old population”. Using the data collected from the meeting, the Hanover Township board “will have an increased ability to match community priority needs with its priority of allocation of funds.”

Each attendee was also asked to comment on the conclusions and these are published in the report. One attendee commented, “The overall effect left me feeling an elevated sense of pride knowing that I’m a resident in a community that cares. Please note that there was a period in our lives (me and my wife’s) where we felt very lonely as if we were the only ones with a “misfit child.”

HOW IS A MENTAL HEALTH BOARD SELECTED?

Board members are appointed by the chairperson who is the head of the governing body. To be a member of the board, you must be a resident of the area covered. Board members are to be representative of “interested groups of the community such as local health planning agencies, hospital boards, lay associations concerned with mental health, developmental disabilities and substance abuse, as well as the general public.” However, “no member” can be an “employee or any other individual receiving compensation from any facility or service operating under contract to the board”. In addition to the 7 members, both the Hanover Park Mental Health Board and the Oak Park mental Health board have a trustee from the township on their boards.

As outlined in the statutes, 708 board members have significant responsibilities and latitude. By statute (405 ILCS 20/3a) boards consist of 7 members with the option of appointing 2 additional members. “If a successful referendum is held..., all members shall be appointed within 60 days of the referendum”.

HOW IS IT DETERMINED WHAT TO FUND? (405 ILCS 20/3a)

After an annual plan is completed, it is expected the board will “consult with appropriate private and public agencies in the development of local plans for the most efficient delivery of mental health, developmental disabilities and substance use disorder services”. Using the annual plan, consultations, review of the governing body and public meetings, the board has the authority to review and comment on all comments and applications for funds and, ultimately, determines what is to be funded.

The Berwyn Township 708 Community Mental Health Board website (Berwyn Township Mental Health Board Funding Criteria n.d.) succinctly lists the requirements for funding in their district. Following is a list of the criteria from their website:

“Threshold criteria to Qualify for Funding by the Berwyn Township Community Mental Health Board

1. Your agency must be a direct service provider
2. Your agency shall serve Berwyn and Berwyn Township residents without limitation. Funding by the Berwyn Township 708 Community Mental Health Board shall be used to support services provided for Berwyn Residents
3. All Berwyn residents must have equal access to your services including services associated with emergency situations.
4. The board shall not duplicate funding provided by other taxing bodies for services. Co-funding of services is permitted to supplement programs which are not fully funded by funding from other taxing bodies or other revenue sources.
5. Your staff must include trained and credentialed professionals possessing the skill and the tools to be able to assess and determine the needs of individual.
6. You must be a bona fide 501 (c) 3 organization or other not for profit organization defined and qualified under the United States Tax Code and provide copies of related Internal Revenue Service documentation establishing such status.”

In addition, the board’s decisions are reviewed by the governing body who appoints them as well as other state agencies. Since the mental health plan, budget and meetings are public the community can comment and participate in all decisions.

Both the Oak Park and the Hanover Mental Health Boards have similar criteria and require grantees to provide information as to how the money is used as well as verification the funds are used for services for Township residence.

HOW IS A COMMUNITY MENTAL HEALTH BOARD FUNDED?

Once a referendum has been approved by the voters of the governing body, a levy for the community mental health board is included in the property tax assessment. The maximum amount of money the board can levy per the statute is .15%. Typically, this levy is the primary funding mechanism. However, in addition to the levy, several other options are available for funding. They include gifts and grants from private sources and other federal, state and local funds consistent with the board’s mission. In addition the board may organize a “not for profit corporation for the purpose of raising money to be distributed by the board” (405 ILCS20/3e) for providing services.

WHAT WOULD BE THE COST TO TAXPAYERS?

Real Estate taxes in Bloomingdale Township are based on 1/3 the amount of the fair market value (Welcome to the Bloomingdale Township Assessor’s Office, n.d.). The fair market value is determined by what comparable homes have sold for in your neighborhood for the prior three

years. You can look up the value of your home on the Bloomingdale Township Assessors website. The website is easy to use and easy to understand.

Besides the assessed evaluation, your property tax may also be reduced by a variety of additional exemptions. The most common exemption is the “Homestead Exemption”. The Homestead Exemptions and all available exemptions are listed and explained on the website.

The median value of homes sold in 2012 in Bloomingdale Township was \$148,000. The total assessed value of all property in Bloomingdale Township is approximately 3.5 billion dollars, but with exemptions for churches and other nonprofits the taxable base is around 3 billion dollars. The highest possible levy a mental health board can assess is .15%. In 2012, the Oak Park Mental Health board levy was .101% and the Hanover Park Mental Health Board levy was .05%. Using the lower Hanover Park rate of .05%, the cost to a typical homeowner in Bloomingdale Township would be:

Sample Cost for Typical Homeowner at the Hanover Park rate of .05%

HOME VALUE	\$148,000	\$300,000
ASSESSED VALUE	\$49,333.33	\$100,000.00
ADDITIONAL TAX	\$24.67	\$50.00

Estimated Total Revenue

ESTIMATED TOTAL ASSESSED VALUE	ADDITIONAL TAX
\$3,000,000,000.00	\$1,500,000.00

This amount, \$1.5 million, would be comparable to the budgets of the Hanover Park Mental Health Board (\$1,148,489 in 2014) and the Oak Park Mental Health Board (\$1,580,120. in 2014). The actual budget/levy would be determined by the board with approval from the elected Township representatives. The amount used for our example represents the .05 levy used in Hanover Park.

CAN WE AFFORD A COMMUNITY MENTAL HEALTH BOARD?

As cited earlier, Illinois has the fifth largest GDP (Gross Domestic Product) among states in the United States at approximately \$671,407 billion dollars. If Illinois were a country, we would have the 21st largest GDP globally and would rank just above Argentina at \$609 billion dollars (World Bank Gross Domestic Product 2013, December 16, 2014). By any measureable standards, we are a prosperous state and economically successful.

The median household income in the United States in 2013 was \$52,250 (SELECTED ECONOMIC CHARACTERISTICS, n.d.). Median household income in Illinois in 2013 was 8% above the national average at \$56,210.00 and Bloomingdale Township was 19% above the national average with a median income of \$62,309. While a significant number of residences live below the poverty line in our township, we are overall a prosperous community.

As cited previously Illinois state government, despite the states prosperity, ranks below the national average in mental health investment at 35th in total expenditures. In addition, Illinois state government ranks equally low in total spending per capita at \$5,068 for all services. We are the 32nd in per capita spending and fall below the national average of \$5,344 (Total State Expenditures Per Capita in 2013, n.d.).

In fact, Illinois state government is hampered by a structural deficit created by a lack of revenue. As the Center for Tax and Budget Accountability notes, “This inability of the voting public to connect the taxes they pay to the services they demand and consume is one key reason why policy makers have failed to implement the long-term, structural reforms needed to get the state’s fiscal house in order. Yet, this failure to construct a sound and fair fiscal system with the sustainable capacity to fund core services demanded by the public is both short-sighted, and has led to some irresponsible fiscal practices—like borrowing against the pensions to pay for current services—that further diminish the state’s fiscal capacity to sustain public services over time.” (The Illinois State Governmental and Budget Primer, Center for Budget Accountability, March 2013, pg. 1)

Statistically Illinois state government taxes below the national average. The nonpartisan Center for Tax and Budget Accountability in a comparison of Illinois Tax Burden, using research by the Federation of Tax Administrators, to other states ranks us 32nd. ***See Table Below***

**Total State and Local Tax Burden as a Percentage of Income in 2010
(With IL tax Increase) 10 Midwest States Percentage**

Iowa	17	10
Michigan	16.9	12
Wisconsin	16.6	16
Indiana	16.6	17
Ohio	16.1	26
Illinois	15.6	32
Missouri	13.5	47

Federation of Tax Administrators. Includes all state and local taxes and fees. (The Illinois State Budget and Tax Primer, the Center for Budget and Tax Accountability March 2013, Pg. 4 in How Illinois Stacks Up)

However, funding for Illinois state government is not shared equally. With a reliance on a flat tax, Illinois is listed as one of ten states with the most regressive tax system. As a share of income, the lowest 20% pay 13.6%, the middle 60% pay 10.2%, and the top 1% pay only 6.1% of their income to fund state government. (Who Pays? A Distributional Analysis of the Tax System in All 50 States, January 2013, pg. 4). Combined with an over reliance on property taxes, residents of Illinois believe they are over taxed (when as outlined the culprit is underfunding of vital services and unequal taxation).

WHAT DO YOU NEED TO DO TO SET UP A COMMUNITY MENTAL HEALTH BOARD?

To set up a community mental health board, you need the approval of the community. This approval is given by registered voters. The process begins by getting signatures representing “at least 10% of the total votes cast for the office which received the greatest total number of votes at the last preceding general governmental unit election requesting the establishment and maintenance of such community mental health facilities and services (405ILCS 20/6 (from Ch. 01 ½, par. 306)”.

In Bloomingdale Township, the April election of 2013 would be used as the base line for how many signatures to obtain. Twelve thousand one hundred thirty (12,130) ballots were counted in the 2013 election for Bloomingdale Township so a minimum of one thousand two hundred and thirteen (1,213) signatures would be needed to put a referendum on the ballot.

“When the petition provided for in Section 6 is presented to the clerk of the governmental unit requesting the establishment and maintenance of such mental health facilities” a referendum is put on the ballots and the voters decide. The proposition shall be in substantially the following form.

Shall (governmental unit establish and maintain community mental health facilities and services including facilities and services for the person with a development disability or a substance use disorder and levy therefore an annual tax of not to exceed .15%

Yes No. (405/ILCS 20/7 (from Ch. 9 ½, par. 307) “ If the measure receives a majority of votes in that election, a community mental health board is established.

WHY SHOULD A COMMUNITY MENTAL HEALTH BOARD BE A TOWNSHIP RESPONSIBILITY?

The Illinois Constitution outlines what services a Township Government can provide. It states a Community Mental Health Board is an option “If a township is not included in a mental health district organized under the Community Mental Health Act, the electors may authorize the

board of trustees to provide mental health services, including services for the alcoholic, the drug addicted, and the intellectually disabled, for residents of the township (Illinois General Assembly TOWNSHIPS (60 ILCS 1/ Sec. 30-145 n.d.).

Neighboring Schaumburg Township states their overall mission as follows, “As authorized by the State of Illinois, the mission of the Township of Schaumburg is to provide social and other services to meet the needs of the community in a fiscally responsible manner.” (Our Mission, n.d.). Oak Park Township delineates the difference between Township and Municipal Government by stating, “Oak Park Township focuses on human and social services, while the Village of Oak Park provides municipal services such as police, fire, community development, parking and streets.” (Township and Village, n.d.). Our Township, Bloomingdale Township, outlines the role of township government on their website as follows, “The three offices, which are unique to and mandatory for all Townships, are General Assistance, Assessors Office and Highway Department. An elected Township Official directly oversees each one. The Supervisor is responsible for General Assistance along with the Assessor and Highway Commissioner respectively.” (A Look at Township Government, n.d.).

Clearly legal authority is granted to Townships to set up a mental health board and other programs to enrich community life. Among the findings of those studying our communities is, “Resilient communities have robust social networks and health systems that support recovery after adversity. They are prepared to take deliberate, collective action in the face of an incident and have developed material, physical, social, and psychological resources that function as buffers to the negative effects of these incidents and help protect people’s health. Social connectedness is integral to a resilient community’s ability to marshal resources, communicate with residents, and plan for infrastructure and human recovery.” (Community Resilience, n.d.). Community mental health programs seek to build that resiliency in the communities they serve.

WHAT DIFFERENCE WOULD A COMMUNITY MENTAL HEALTH BOARD MAKE?

As the Oak Park and Hanover Mental Health boards demonstrate, the best outcomes are outgrowths of citizens working together seeking solutions to common problems. A mental health board cannot work without dedicated mental health professionals, effective nonprofit organizations or county, state and federal programs, but it can focus and coordinate those professionals and programs for the best outcomes for the community. As stated by many of the experts we interviewed, community based treatment is the most ethical and cost effective because it increases productivity and helps people get jobs...

With limited funding, the Oak Park and Hanover Township mental health boards profoundly affect the lives of numerous citizens by encouraging and making available treatment to all in the community and sponsoring preventive care to ward off future problems. Fortunately,

DuPage County and Bloomingdale Township has access to those professionals and organizations.

Beyond making treatment available, a community based approach can have unexpected positive consequences. Social activist Ben Lowe observes, “As we build relationships with folks, we’ll probably be surprised by how much we can relate to or affirm in each other”. (Lowe B, 2014). In this interaction, the community grows stronger.

Of course, the drawback of a community mental health board is it asks people to “pay more” on a tax (property tax) all-ready deemed too high by most in the community. It is easy in prosperous communities to overlook those in need and put personal goals and obligations above community. “Healthy communities are able to strike a complementary balance between freedom and responsibility. It’s about more than the right to exercise our freedom as long as it doesn’t impinge on the rights of others. It’s also about the responsibility to value the common good.”(Lowe, B 2014)) Finally as Lowe observes, “Social action is not just for a select few with some sort of formal training, it’s for all of us”. As one of our key informants stated, “We know what the problems are. It is time to take action and work on the remedies. Let’s stop talking about the problems and do something about them.”

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KEY INTERVIEWEES FOR LWVRB STUDY ON 708 MENTAL HEALTH BOARD

Rick Germann
Executive Director
Alexian Brothers Center for Mental Health

Joe Palmer
Executive Director
Military Outreach USA

Steve Herron
Chief of Police
Roselle Police Department

Roman Tarchata
Deputy Chief of Police
Roselle Police Department

Filiz Gunay
Director Behavioral Health Services
DuPage County Health Department

Angela Adkins
Executive Director
NAMI (National Alliance of Mental Health) DuPage County

Lisa DeNunzio-Devivo
Executive Director
Community Mental Health Board of Oak Park Township

Vanessa Matheny
Project Manager
Community Mental Health Board of Oak Park Township

Kristin Vana
Manager
Hanover Township Mental Health Board

**Joseph Salerno
Salerno's Sons Funeral Home
Bloomington Township Trustee**

**Dawn A. Arimura
Clinical Supervisor/Family Therapist
Bloomington Township Youth Service Bureau**

**John T. Dabrowski,
Township Assessor
Bloomington Township**

**Mike Baker
Illinois State Advocacy Chair
Autism Speaks**

**Phyllis Russell
Executive Director
ACMHAI (The Association of Community Mental Health Boards of Illinois)**

**Darlene Bakk
League of Woman Voters of Illinois
Past Mental Health Issues Specialist
LWV Elgin Mental Health Committee**

**Jerry Murphy
Executive Director
INC Board, NFP-A Community Mental Health Funding Alliance (708-seven township mental health boards in South Kane County)**

**Pastor Charles Mueller
Senior Pastor
Trinity Lutheran Roselle**

APPENDIX 1 LWGE MENTAL HEALTH COMMITTEE PRESENTATION 2/21/2013

Introduction by Mary Lou Lowry, slide 1-17

Thank you so much to our wonderful committee!

Sonja Faulkner, Lynda Hornbeek, Al Lowry, Diana Nichol, Julie Nolan, Carol Scinto, Lois Walter

Many different names are used interchangeably for a person with a mental illness:

consumer, client, patient, survivor, person with a mental illness.

During our presentation, you may hear any of these terms.

We began our work by thinking about what we needed to do and how to do it. We composed a mission statement.

The local delivery of mental health services has never been studied by Glen Ellyn League of Women Voters. Yet as all mental health services are delivered locally loosely under the umbrella of the state it is time to look at local practices to ensure that the most vulnerable citizens of DuPage are receiving the best services possible.

We referred to the LWVIL state position. If Illinois had a mental health system that matched the League position, we would have a great mental health system. WE DON'T. It is only since the 2012 Legislative session that The Division of Mental Health has been mandated to have a strategic plan.

Our study was started after we hosted a presentation in spring 2010 by Tony Zipple of Thresholds community mental health center. Tony's thesis was that evidence-based practices work, and we should be demanding that type of care from our local community provider. In fact, the title of his presentation was "Evidence Based Practices You Should Ask for Them by Name and Accept Nothing Less".

Evidence based practices reflect the accumulated clinical experience of what works and doesn't work in the field of mental health services. Mental Health America (MHA) is dedicated to accelerating the application of scientific and practical knowledge to help in the recovery of people with mental health and substance use conditions. American Psychiatric Association and the American Psychological Association support evidence-based practices. NAMI, the National Alliance on Mental illness has been promoting evidence based practices stating "The mental health system has been moving toward adoption and implementation of evidence-based practices (EBPs), not only to reduce variability in treatment and

improve quality of care, but also to meet increased accountability requirements and deal with tightened federal and state budgets. “

The various best practices are published by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Here are some examples of evidence based practice.

- Evidence Based Supported Employment
 - Illness Management and Recovery
 - Integrated Dual Diagnosis Treatment
 - Family Psychoeducation
 - Assertive Community Treatment
 - Medication Management Approaches in Psychiatry

DuPage County Health Department, our local provider, uses assertive community treatment and integrated dual diagnosis treatment.

An important feature of evidence based practices is the fidelity review. A review is usually done every year or two years. If the reviews are not done, the provider may say they have an EBP but in reality there is no way to know if it is the evidence based practice. We found out through our study that DuPage County Health Department does not do fidelity reviews.

In 2006, NAMI evaluated the mental health services in each of the states. IL got an F. Listed by NAMI as one of the urgent needs, is broad implementation of evidence based practices.

In 2009 NAMI again graded the states. IL got a D, but in the urgent needs, IL needed to invest in services that meet evidence based fidelity standards. That says to me that providers are using the evidence based names but they are not reviewing them for fidelity.

We began our work in fall 2010 winter 2011. We had an In Our Own Voice presentation which is a presentation by two individuals with a mental illness in which they talk about their dark days, acceptance, recovery, coping mechanisms, and hopes and dreams for the future,

In spring 2011, we hosted a presentation by DuPage County Health Department which described what they were doing to increase access to MH services as well as broaden their base of clients.

We spent quite a bit of time formulating a questionnaire for service providers. We issued that questionnaire with a cover letter and then followed up with phone calls and personal interviews. In addition to DuPage providers, we invited responses from Trinity Services of Will County, Thresholds from Chicago and Rosecrantz from Rockford.

Both Thresholds and Rosecrantz answered our questions no one else did. Most providers were willing to talk to us.

HOSPITAL PROVIDERS OF MENTAL HEALTH CARE by Lois Walter, slide 18-21

The six hospitals in DuPage County: Central DuPage, Elmhurst Memorial, Adventist Glen Oaks,

Advocate Good Samaritan Adventist Hinsdale , and Linden Oaks, which is affiliated with Edwards Hospital, each agreed to face to face interviews with members of the League of Women Voters-Glen Ellyn Mental Health Study,

At the time of the interviews all of the hospitals had In Patient Psychiatric Units. As of February 28, 2012, the Inpatient Unit at Elmhurst Memorial Hospital closed. This results in the loss of 18 psychiatric beds in the county.

Most of the hospitals also provided various kinds of Partial Hospital Programs for Behavioral Health and Substance Abuse. Also most hospitals provide Out Patient Care. Glen Oaks generally refers their patients to the Adventist Hinsdale programs. Elmhurst Hospital continues to provide Partial Hospital programs and Out Patient care.

Evidence based practices of cognitive behavioral therapy and integrated dual diagnosis treatment are utilized in various ways by all of these hospitals. None of them do outcome studies, although they do provide patients with the opportunity to do patient satisfaction reviews of their treatment. This information is used to improve treatment programming.

Good Samaritan Hospital has a unique program called Recovery Connections. A consumer advocate and a consumer family advocate each provide 20 hours a week of support, advocacy and referrals after discharge, primarily to first time patients and their families. They utilize their time on the inpatient, outpatient and general hospital units as needed. Both advocates facilitate weekly support groups consisting of patients and former patients in one group and the families of patients and former patients in the other group. They work in conjunction with the professional staff attending staff meetings about the patients and offering their insights. Their salary is paid by a grant.

Linden Oaks Hospital is actively engaged in outreach A program called. Mental Health First Aid is aimed toward community members who are in position to interact with persons needing help. It is a 12 hour course for custodians, faith based groups, teachers, and anyone who would like to help awareness and support. The goal is to reach 5000 certified Mental Health First Aid First Responders in 3 years. Programs about this service are available.

Most of those interviewed indicated that due to stigma regarding being a psychiatric client, many are afraid to get help because of the stigma but also help is limited by the stigma. For example the side effects of the medication would never be tolerated in the general population but because of stigma, work is not being done to reduce the terrible side effects of many of the medications.

Efforts are made to reduce stigma within each of these medical hospitals through outreach i.e., Central DuPage Hospital has a 24 person psychiatric crisis team that evaluates people throughout the hospital and in the emergency room. Good Samaritan is constantly talking to other departments to help reduce

stigma. Hinsdale Hospital has found that the hardest population to reach successfully is young adults. This is probably due to stigma and also difficulty finding the right treatment.

According to those Hospitals surveyed, among the challenges facing clients include the lack of patient beds, community silence, late state funding, work place violence, domestic violence, lack of autism treatment, and inadequate delivery of medication in after care. The need for Hispanic outreach and their reluctance to seek help are another crucial concern. Another challenge is that insured In patient treatment is often dictated by managed care rather than by providers

Those interviewed indicated that there is a need for more immediate access, particularly same day service, more education of police department personnel, need to develop more adolescent and children's services for parents who can't cope, more DUI services which need to be free or low cost. Especially important is the need for a more effective case management of consumers throughout the system.

HOUSING by Carol Scinto, slide 22-25

Access to decent, safe, and affordable housing remains a tremendous challenge for adults with severe mental illnesses. Unfortunately, in virtually every part of the United States people with severe mental illnesses struggle to find good-quality housing they can afford. Many people with the most severe and disabling mental illnesses also need access to appropriate services and supports so they can live *in community-based housing, which promotes their independence and dignity.

Lack of safe and affordable housing is one of the most significant barriers to recovery for people living with mental illness; a safe place to live is essential to recovery. Without options to meet this basic need, too many rotate in and out of homelessness, jails, shelters and emergency departments - or remain institutionalized. Nearly one million adults with mental illness have been homeless.

DuPage County Health Department offers about 217 beds in an array of housing from Community Integrated Living Arrangements, Supervised Group Homes, Clustered Apartment Programs, Temporary Apartment Programs, Mental Illness Substance Abuse Program, Supported Assisted Independent Living (individuals who are chronically homeless), and Permanent Supported Housing. Other housing in the community is provided by nursing facilities which have 378 beds. Research shows that people with mental illness do better in their own home with supports. Also, it is far the least expensive model.

Studies show that once in housing, with supports, the majority of individuals and families - regardless of their disabilities and other needs - stay housed, are less likely to become homeless, and are less likely to be hospitalized or spend time in jail or prison.

There is a belief that the widely recognized failure of "deinstitutionalization" in recent decades is due in large part to the failure of states and communities to invest in housing and supports for people with severe mental illnesses.

APPENDIX 2 LWV ROSELLE BLOOMINGDALE COMMUNITY SURVEY AND COMMENTS

WOULD A 708 BOARD IMPROVE MENTAL HEALTH SERVICES IN BLOOMINGDALE TOWNSHIP?

1. Are you aware of any local community organizations that provide mental health programs and services?

Answered: 63

Skipped: 0

Yes 53.97% 34

No 46.03% 29

Total 63

Comments(2)

1. DuPage County as well as various hospitals (Alexian Brothers Behavioral Health Center)
- 2, Kenneth Young Center

2. Are you aware of any regional or state organizations that provide mental health programs and services?

Answered: 62

Skipped: 1

Yes 51.61% 32

No 48.39% 30

Total 62

Comments(0)

3. Do you personally know anyone in your community who has obtained mental health services?

Answered: 63

Skipped: 0

Yes 57.14% 36

No 42.86% 27

Total 63

Comments(1)

1. family member

4. Please select service provider(s), if known:

Answered: 32

Skipped: 31

Answer Choices –	Responses –
Alexian Brothers Behavioral Health Hospital	90.63% 29
Bloomington Counseling Services	9.38% 3
Central DuPage Hospital Behavioral Health Services	43.75% 14
DuPage County Crisis Intervention Unit	25.00% 8
DuPage County Adult Services	15.63% 5
DuPage County Child and Adolescent Services	18.75% 6
DuPage County Psychosocial Rehabilitation	3.13% 1
Glen Oaks Psychological Services	28.13% 9
North DuPage Special Education Cooperative (NDSEC)	21.88% 7
Northeast DuPage Special Recreation Association (NEDSRA)	28.13% 9
Streamwood Behavioral Healthcare System	43.75% 14
Western DuPage Special Recreation Association (WDSRA)	21.88% 7
Total Respondents: 32	

Comments(3)

1. Personal growth associates
2. Unknown, but not local
3. Kenneth young

5. Do you personally know anyone in your community who had difficulty obtaining mental health services?

Answered: 58

Skipped: 5

Yes	44.83%	26	No	55.17%	32	Total	58
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Comments(1)

Showing 1 responses

1. Immigrant family

6. Please select the reason(s) mental health services were difficult to obtain, if known:

Answered: 25

Skipped: 38

Answer Choices –	Responses –
Cost of services	84.00% 21
Distance to service facility	48.00% 12
Transportation to service facility	52.00% 13

Services not covered by insurance	56.00%	14
Services not covered by Medicare	24.00%	6
Unaware of local services	48.00%	12

Comments(4)

- 1.I CAN ASK THIS QUESTION OF THE PARITIES INVOLVED
- 2. Long wait to receive services
- 3. Language/cultural barrier made it difficult
- 4. Not covered by Medicaid

7. Do you believe that government funding of mental health services has:

Answered: 55

Skipped: 8

Answer Choices –

Responses –

increased	5.45%	3
Remained the same	7.27%	4
Decreased	56.36%	31
Unaware of government funding for mental health services	30.91%	17

Comments (0)

8. Do you believe that demand for mental health services in Bloomingdale Township has:

Answered: 56

Skipped: 7

Answer Choices –

Responses –

Increased	62.50%	35
Remained the same	5.36%	3
Decreased	5.36%	3
Unaware of demand for mental health services	26.79%	15

Comments(3)

- 1.Probably increased due to aging baby boomers?
- 2. I don't know any specifics about Bloomingdale Township.
- 3.I work in Kane county, so cannot speak to Bloomingdale area

9. Do you believe that Bloomingdale Township needs to increase mental health services under the direction of a 708 Board?

Answered: 44

Skipped: 19

Yes	No
84.09% 37	15.91% 7

Comments(11)

1. Don't know what "708 Board" is
2. 708 BOARD UNKNOWN
3. To assess this, I'd need to know what we have already, and what the current and predicted future need is. Should what we have just be better organized?
4. Not sure
5. I am not aware of what a 708 Board is, so I cannot fairly answer this question
6. I am unaware
7. If yes, then make more people aware that services are available
8. Not sure what a 708 Board is or what it does
9. Do not have enough info to evaluate this.
10. do not know.
11. Yes especially for those underserved with mental health coverage

10. What additional comments/observations would you like to share on this issue?

Answered: 23

Showing 17 responses

1. Proviso township has an extremely effective/comprehensive/accessible community mental health program that should be the standard for all areas. It has been privatized but still remains the gold standard for community mental health care
2. Bloomingdale Township offers a small amount of any services for people in mental health needs, financial help needs and services. (6 trips to a food pantry a year is ridiculous, and most food is expired and no milk, fresh vegetables or dry goods such as paper towels, dish soap, shampoo etc. is available. Sometimes you get one roll of very generic toilet paper and employees don't even advise you of other places to get help from. Schaumburg township makes Bloomingdale look like a pauper's township. You can get food once a week and a variety of services. We are a well off township and treat the people in need like garbage instead of taking care of our own we want to pretend there are no problems here. Also the employees in the dept. for general assistance are rude. 7 years ago I went for help and brought up I didn't know where you would go for general

assistance when you don't live in cook county and the clerk ***** never even advised me that you would apply at your township which is where I was and found out a few days later after researching on the internet. So yes Bloomingdale Township needs mental health services along with other assistance which would help the client in the whole big picture.

3. I HAVE HAD PERSONAL EXPERIENCE OF BECOMING AWARE THAT MENTAL HEALTH SERVICES ARE SORELY NEEDED RIGHT HERE IN ROSELLE. NO REFERRALS HAVE BEEN MADE ON THE SPOT; REASONS WHY HAVE NOT BEEN CLEAR.
4. Country function--not township function
5. The mental health community, and the availability of government covered services, is not something that the average person knows how to navigate, at least initially. Finding the right therapist is a daunting task.
6. I don't have a lot of facts - would need more facts to really make an educated comment
7. We grew up in Roselle since 1957. My brother (born 1950-...) was diagnosed w/ paranoid schizophrenia at DuPage Mental Health on Lake Street, Bloomingdale in 1972. He was helped there, also hospitalizations at Alexian throughout the years. Mom also received help to deal w/ his illness from NAMI in Wheaton; very helpful. He also was helped at the Crisis Unit in Lombard. Without this help for over 40 yrs. I don't know what would have happened. Now parents are gone, they set up a special needs Trust. With that and Soc. Sec. disability I believe he still drives a taxi and lives ... somewhere in Chicago area. We unfortunately are now estranged, but I thank God that mom & dad wisely set this up for him w/ the help of DuPage services.
8. People should be made aware of services available
9. I think it belongs with hospitals not townships.
10. Even as a mental health provider myself, I know how difficult it is to find services. I can just image how someone without connections to the field would have trouble. Especially in this economy.
11. It would be helpful to provide information in the survey about a 708 Board.
12. Increased and broader awareness of the mental health arena, including programs and providers for low cost options.
13. Important to study more.
14. Wayne and Winfield have a wonderful township based program (WAYS) why not us!

15. Mental health is a big issue affecting the safety of all and the happiness of families and individuals afflicted with mental illness.
16. I feel the services provided by DuPage County are difficult to qualify for, apply for, and not widely publicized. Outreach efforts are lacking.
17. The Village of Hanover Park sees very little presence of the Bloomingdale Township mental health services. Please provide greater outreach and visibility.

ADDITIONAL COMMENTS

1. What is exciting is behavioral health is now a part of the whole health care model...due to the managed coverage and the Affordable Care Act....behavioral health is being recognized as a regular aspect of health care.
2. Early intervention is important.
3. Housing is always an issue. People need some group home supervised housing.
4. Access can always improve but compared to other counties we have better access than most (reference to DuPage County)
5. I think one issue in the community is rent....rents are very expensive. People are ready to be independent....but they wind up in a high risk area...
6. The earlier you intervene when the symptoms start...the better the outcomes
7. There is plenty that is not funded.
8. If you don't have coordinated care things fall through the cracks.
9. State funding has affected all levels of service. It has pushed us to do things more efficiently. We have made tremendous improvements in our capacity. We increased are capacity.
10. We do prevention. You are a mini department of human services. You work with children through seniors. You're always getting together all the time.
11. Right now we're working on children. There are very fragmented services. When you're kids are in crisis you need held.
12. If you don't have care, you wear out your family.
13. By paying this extra levy, they are able to get services closer to home.
14. Township is able to identify the smaller agencies who are getting an influx of township residents and that are where the grants go.
15. People are on the waiting list after 22 years. Based on the availability of funds....if someone passes away they will take someone off the PUNS list. Slots and money availability determine who goes into the system.
16. Federal and state funding status quo is inadequate to cover the needs of the developmentally disabled.
17. Education would get rid of the stigma...or help to get rid of the stigma.

18. Working kids use fewer benefits. Social security (payments) go down and (also) the cost of other benefits
19. Awareness is the biggest issue of obtaining services. Nor transportation or money.
Transportation services are available. The biggest problem is getting the awareness of what services are available and getting people to take advantage.
20. All the government agencies and programs don't do any good unless people are aware of the programs.
21. I have seen an increase in drug problems. The Dare program talked with people from an early age. I think that was a reason a lot of people...I think if the Dare program was still in force it might make a difference.
22. I don't know if people were aware (of mental health programs). Most of the people were aware of the problem. A lot of their children were in programs. I think peer pressure is a big part of it.
23. In the beginning, I think the providers get the blame for everything, but after a while they realize it is not the providers....it's peer groups, the kids themselves...alcohol is just as bad as drugs.
24. No one escapes mental health issues. Sometimes mental health (issues) is in the family...it is passed right along down the line. A lot of people sweep it under the rug.
25. People don't trust anything anymore. We live in an environment where people don't trust. The sad part of the whole thing is the good ones have to pay for the bad ones. People only trust if they are involved. You don't read in the paper all the good things.
26. We deal with people who don't act rationally. Mental illness is the inability to manage.
27. Everyone has a challenge and that is different from mental illness.
28. I was trained if you work for the government you are guardians of the people.
29. The needs of the people increased, but we were just told to do more with less. We are always challenged.
30. We are seen as the rich cats in DuPage County....but in lots of areas this is not true. So many children get help...Public perception has not caught up with the demographics.
31. Mental illness is still (the) most underfunded and misunderstood disease.
32. A lot of the deinstitutionalized are those who wound up in the street. We are still reeling from deinstitutionalization We had one person who lay on this parents couch for 14 years.
33. The Affordable Care Act has been a godsend because people can now get coverage. To deny anyone medical care because they cannot pay is like a third world county.
34. I believe many people fall in the cracks and don't get the services they need. This is especially true for the middle class that doesn't qualify for public aid but has limited insurance benefits.
35. A local plan to address mental health issues could have an impact especially for those underserved with mental health coverage.

36. The primary barrier to obtaining services is insurance. Insurance dictates how much or how little services are needed rather than the health care provider.
37. I think we need to work more with healthcare working directly with schools...both students and teachers. There needs to be education on substance abuse for kids and training for teachers on identifying signs of depressions or anxiety and the ability to refer a child and his/her family to mental health services. We need to be much more proactive in preventing suicides, especially with the increasing demands and expectation put on kids in high school. There is nothing currently at our high school that I am aware of.
38. There has been an increased demand for mental health programs and services. People are under a lot more stress. There are more demands on time and no time to unwind on a daily basis. Increased job loss and financial burdens also play a big role in depression and hopelessness.
39. I have heard complaints about therapist being moved around too much due to cuts, and they (patients) have had to keep starting with someone new.
40. There is a stigma about it (mental illness). If you go through insurance, it goes on your permanent medical record which is now more accessible to many staff members. People may not be able to afford it with a high deductible insurance. You may also have a record of taking anti-depressants which may be seen on a background check.
41. There is a continuous increase in the need for mental health programs and services. Society is not paying attention to people who really need a helping hand. They are being added to the masses of others who are struggling financially and these people don't just need a bag of groceries or a place to sleep.
42. I believe any plan to address mental issues could have an impact.
43. We don't need a local plan to address mental issues. Individual doctors know best about specific issues.
44. No tax levies....Obamacare, Medicaid and Medicare are adequate.
45. There has been an increase in demand of services. It appears that domestic violence is up, anxiety issues, depression and family issues. The economy has left people unable to pay for additional health.
46. (On the benefit of a local mental health plan) I think doing something towards improving mental health would be a good start.
47. I don't believe mental health issues are adequately addressed by current programs. Particularly not the uninsured, underinsured or chronically mentally ill. Most are in in great need. No access to psychiatrist or therapists and/or involved in the criminal justice system. Many are served in our emergency rooms at a high cost.
48. There has been an increase in demand. Increasing awareness, integration of health and mental health issues, increased violence and increased youth problems....economic stressors.

49. Fund cuts have profoundly impacted all social service and mental health providers....many are closing
50. There needs to be a local plan to address mental health needs. The state and federal government will not identify needs in your local area.

APPENDIX 3 CURRENTLY FUNDED AGENCIES OF OAK PARK MENTAL HEALTH BOARD IN 2014

Aspire

- Children’s Case Management Services

Community Support Services

- Respite services serving the developmentally disabled and their families
- Family Centered case management services

NAMI (National Alliance on Mental Illness)

- Drop-In Center provides a day social service program for adults with mental illnesses
- Support, Advocacy and Outreach directly provides initiatives education classes and support groups

Oak Leyden Developmental Disability Services

- Early Intervention Case Management
- Supported Employment Program provides adults with developmental disabilities the opportunity to secure employment
- Multidisciplinary Clinic offers behavioral and health treatment to identify and treat the healthcare needs of the disabled

Oak Park Township Senior Services

- Geriatric Mental Health Case Management assist older persons with mental health issues in gaining access to needed services

Parenthesis Family Center

- Parenteen, Parenting On Our Own provides prevention, support groups, and education services to high-risk services.

Pillars

- Child & Adolescent Mental Health provides intensive outpatient therapy to seriously emotionally impaired children and adolescents.

Sarah’s Inn

- Prevention Services-Teen Dating Violence Prevention the goal is to teach students about dating violence.

- Support Services delivers a continuum of advocacy, support and emergency services to battered women and their families.

Seguin Services

- Building Bridges to the Future provides residential and habilitative services to developmentally disabled adults.
- Weekend/In Home Respite provides respite for caregivers and social support for people with disabilities on weekends.

Thresholds

- West Suburban Community Support Services assists in the stabilization of clients in the community and reduce or eliminate the need for psychiatric hospitalization
Thrive Counseling Center
- Comprehensive At-Risk Youth program develops enhance and maintain healthy functioning in school, family and other interpersonal and social roles
- Adult and Family Behavioral Health Care Services provides individual, couple, family and group psychotherapy
- Project WIN support services provided to the PADS residents of Oak Park Shelters.

Way Back Inn

- Family Support Program provides rehabilitation and support services that address the special needs of women who are suffering from drug dependence.

APPENDIX 4 HANOVER TOWNSHIP GRANTS

Mental Health Board Annual Mental Health Grant Awards Fiscal Year 2015 (April 1, 2014 to March 31, 2015)

Alexian Brothers Center for Mental Health Outpatient and psychiatry \$21,000
Senior Mental Health Services (C-Hope) \$34,000

Association for Individual Development Employment and Community Integration Services \$40,000

Home Based Support Services \$5,000

Autism Society of Illinois Hanover Network Outreach \$1,000

Bartlett Learning Center Clare Woods Academy Counseling Program \$7,000

Boys and Girls Club of Elgin SMART Moves \$6,000

The Bridge Youth and Family Services Crisis Prevention/Intervention Program \$9,500

Catholic Charities Northwest Senior Services Caregiver Support Programs \$3,000

Centro de Informacion Family Centered Mental Health Services \$32,000

Children's Advocacy Center of North and Northwest Cook County Coordination, Advocacy, and Sensitive Interviewing Program (CASI) \$17,000
 Family Support Services Program (FSS) \$2,000
 Safe from the Start Program \$18,000
Clearbrook Children's Services \$7,000
 Day Services \$3,500
Community Crisis Center Domestic Violence Shelter \$30,000
 Domestic Violence Counseling \$25,700
 Sexual Assault Counseling and Advocacy \$9,000
 Strategies for Safety \$6,000
Countryside Association In-Home Respite Services \$3,000
DayOne Network Community Access \$7,500
Easter Seals of DuPage and the Fox Valley Region Outpatient Medical Rehabilitation \$50,700
Ecker Center for Mental Health Therapy Services \$73,000
 Psychiatric Emergency Program (PEP) \$5,000
Epilepsy Foundation of Greater Chicago West Suburban Outreach Program \$1,000
Family Service Association of Greater Elgin Adult Mental Health Services \$12,400
 Youth Mental Health Services \$21,000
Greater Elgin Family Care Center Adult Psychiatry \$9,400
 Case Management \$8,500
 Post-Partum Depression Intervention \$5,000
Hanover Township Youth and Family Services Clinical Interventionist \$50,000
 Prevention Specialist \$25,000
 Psychiatric Backup \$9,000
Journey from Pads to Hope Hope Center Program \$3,000
Kenneth Young Center Post Screening, Assessment, and Support Services (SASS) \$9,000
Leyden Family Services Detox and Rehabilitation Services \$40,000
Maryville Academy Casa Salama Program \$25,000
Northwest Center for Sexual Assault Sexual Assault Intervention Services \$8,000
Open Door Clinic HIV/AIDS Mental Health Outreach \$5,000
PADS of Elgin Emergency Shelter Program \$20,000
Renz Addiction Counseling Program Outpatient Services \$58,800
Shelter Inc. Healthy Families Program \$12,000
Summit Center Early Learning Center \$12,000
WINGS Program Domestic Violence/Homeless Shelter for Women \$10,000

