

A PROFILE OF COMMUNITY SERVICES

**FOR ADULTS WITH SERIOUS MENTAL ILLNESS
AND/OR DEVELOPMENTAL DISABILITIES**

IN KANE COUNTY, ILLINOIS

2007

By

Leagues of Women Voters of Kane County

**Thanks to Mental Health and Mental Retardation Services, Inc,
for its assistance in the printing of this report.**

INTRODUCTION

In October, 2005, the League of Women Voters of Geneva-St. Charles received funding from its LWVIL Education Fund to conduct a study in Kane County with the assistance of other Kane County Leagues. Additional advocacy and service organizations sharing the same goal were invited to participate. The goal of the study was to investigate the community services for adults with mental illness and/or developmental disabilities in Kane County.

The study group collected information through a variety of means. It conducted interviews, sent out surveys, held public forums, and visited surrounding area community service programs. It also examined a variety of existing research and documents (see references).

Thanks to the following organizations who participated in this study. LWV of Geneva/St. Charles, LWV Batavia, LWV Elgin Area, LWV Carpentersville/Dundee, NAMI Kane County, Mental Health and Retardation Services Inc, Shelters for Healthy Environments, Advocate Network of Kane and Kendall County, Suicide Prevention, and Mercy Training Inc.

The following categories were studied and are outlined in this document.

- Kane County Mental Health Council
- Services
- Funding
- Housing/Homeless/Nursing Homes/Housing Advocacy
- Transportation
- Criminal Justice/Mental Health Court
- Hospitalization/Emergency Crisis
- Resources
- Consumers' Voice

KANE COUNTY MENTAL HEALTH COUNCIL

The Kane County Mental Health Council represents the first comprehensive county-wide collaborative effort to improve mental health services for children, adults and families in Kane County. It was started in August, 2006 and formed as an outgrowth of the Illinois Project for Local Assessment of Needs (IPLAN), which is a requirement of every public health department in Illinois

The Council is comprised of providers in Kane County which use public monies as part of their operation, as well as advocacy groups which have mental illness as a focus or advocacy position. Inaugural members of this council are: Association for Individual Development (AID); Aunt Martha's Youth Services; Ecker Center for Mental Health; Family Counseling Service of Aurora; Family Service Association of Greater Elgin Area, Gateway Foundation/Aurora, Kane County Health Department, Larkin Center, League of Women Voters, Mental Health and Mental Retardation Services, Inc., National Alliance of Mental Illness, Kane-South, DeKalb-Kendall Counties, Inc.; Provena Mercy Medical Center; Provena St. Joseph Hospital; Suicide Prevention Services; and TriCity Family Services. The New Members of the MH Council are Delnor Community Hospital, Visiting Nurse Assoc. of the Fox Valley, Greater Elgin Family Care Center and Senior Services Associates. These agencies share the following objectives: to improve access to mental health services; to leverage resources for the mental health community; to increase public awareness to eliminate the stigma that prevents individuals from seeking help and to promote the reality that mental illness is treatable and recovery is possible. The council collectively will hold more weight when advocating with local and state elected officials in the future to have more funds invested in needed services.

The Council has formed two subcommittees.

- *The Mental Health Awareness Committee* was formed to promote the ideas that mental illness is treatable; to provide general education about mental illness; that early intervention saves money; to deal with the stigma and fear surrounding mental illness; and to tell people where help may be obtained. Using a self-determined contribution from each member agency, this committee utilized the services of a public relations firm to develop brochures and posters which announced the formation and collaboration intent of the Mental Health Council. It organized a well-received press conference on May 1, 2007, the beginning of Mental Health Month, to announce the Mental Health Council as well as the partnering with the Ad Council and SAMSHA, presently in the midst of a year-long anti-stigma campaign nation-wide. Another committee goal is to bring the message to county doctors and begin to develop an institute day program for public school educators in early 2008.
- *The Data Committee's* goal is to develop a database from member agencies on types of services provided and available funding sources using the same language across all agencies. The long-term goal is to determine how many persons in Kane County are being served in the categories, where the gaps in services and funding lie, and how those gaps can be bridged in order to bring services to the targeted population.

FUNDING

Funding Mental Health and DD services has been historically short-sighted, mostly because of the State's failure to fund appropriate services adequately. The Illinois Department of Human Services (DHS) division of Mental Health and DHS division of Developmental Disabilities required that the community

mental health centers transition from a system dependent on grants and state aid to a fee-for-service system, dependent on reimbursement from the federal Medicaid program in order to obtain more matching federal dollars. The study group inquired if community mental health providers were ready for this transition. Annual/financial reports were collected and examined. The group also explored the different types of funding available.

In the past, Kane County government has not been politically willing to invest dollars to enhance a system of coordinated care for these disability groups. Additionally, we have a growing county population. The Urban Institute projects an addition of 100,716 new households in Kane by 2030. The need to immediately begin exploring funding options is critical.

RELATED ACTIVITY:

June 19, 2006. Jerry Murphy, executive director of Mental Health and Mental Retardation Services, Inc., Aurora, discussed *Funding Services for Persons with Mental Illness and Developmental Disabilities* at a public forum sponsored by the Leagues at the Gail Borden Library in Elgin. Various available funding sources available were covered including 708 boards, Medicare/Medicaid, insurance, state/federal grants, and charitable contributions. He also discussed the need for a 708 board* in Elgin, although a referendum held to form an Elgin 708 Board has been voted down in past years.

The Geneva 708 Board budgeted funds to build a DD group home in Geneva—a project ten years in the making. In July 2007 it requested proposals.

St. Charles' 708 Board recently approved \$566,000 in funds: TriCity Family Services received \$176,000; AID \$55,000; Ecker Center \$55,000.

Mental Health Retardation Services, Inc. has information on organizations it funds at its website www.incboard.org.

Definitions:

- **“708 board”** or community mental health board is established by a county, municipality, or township for the purposes of planning and funding mental health, developmental disability and substance abuse services. Funded by property tax levied by the governmental unit.
- **“377 board”** of Board for the Care and Treatment of Persons with Developmental Disabilities is established on a county-wide basis to provide services to the DD and their families.
- **“553 Board”** of Public Health Department, in some areas, manage mental health care.

Taken from *Association of Community Mental Health Authorities of Illinois (ACHMAI)*

May 23, 2007. Comparison: Interview with Dave Christansen. DuPage has been working for the last year on the conversion for fee-for-service and feels that his department is prepared to make this transition. Please see Christansen's views/advice on how Kane County should change its care system under Services: January 2007 forum, at Batavia Library.

June 25, 2007 Comparison: Interview with Chris Power, Assistant Director, Illinois Department of Mental Health. Power said that many service providers are prepared for the change. However, many who have not traditionally billed Medicaid will fail in this new funding environment. He expects more mergers among Community Mental Health Providers and believes that this competition which is caused by the change is healthy for the system. Also, the monitoring of services and billing records makes providers more accountable to consumers and taxpayers. While some state-wide providers are complaining of cut-

backs in staff and services, Power says that he knows of one agency whose new director eliminated an extensive waiting list and cut 12 employees.

July 6, 2007 Comparison: Interview with Rick Vanderforest, Asst. Director, Ecker Center For Mental Health, Elgin, IL: Ecker is prepared for fee-for-service because it has positioned itself technologically to meet the new billing demands. According to Vanderforest they are two strong providers in Kane County that offer MH services; Ecker and Association for Individual Development in Aurora. There has been a strain on MH workers because of no cost of living raise, so problems with turnover in staff at times reduces capacity. He says Ecker is at the top of providers in Medicaid billing with a percentage rate between 103 and 106 percent.

SERVICES

The study group focused on concerns which have been determined by the 2005 Kane County Health Department IPLAN, “Inadequacies in the System Found.” See below.

Mental Health

- Inadequate outpatient and inpatient services for several specific populations
- Inadequate funding for comprehensive, coordinated services
- Inadequate geographic distribution of services/service fragmentation—No point of entry which is centralized and based on levels of diagnosis or severity, but rather on “where you live.”
- Inadequate affordable assessment services
- Inadequate access to affordable psychotropic medications
- Lack of dual diagnosis treatment capacity
- Inadequate screening for MH services
- Severe shortage of child/adolescent psychiatrists (including geriatric psychiatrists); licensed providers to diagnose MH conditions in children; and MH licensed social workers for treatment
- Inadequate bi-lingual workers
- Inadequate linkage (adults) between hospital and community mental health, substance abuse services, medication needs and linkage for Medicaid, Medicare enrollment. Uninsured lack timely referral, evaluation and treatment resources.
- Lack of system operations data. Present system does not effectively document community and hospital linkage effectiveness or lack of access to services and medications.
- Inadequate supervised and supportive housing for adults who are seriously ill or who have substance abuse problems.

In addition:

- Inadequate public awareness and education
- Inadequate awareness by non-mental health providers
- Stigma and myths about Mental Health
- Income barriers

The major mental health issues facing Kane County revolve around reducing the prevalence of untreated mental illness by increasing capacity for mental health service delivery primarily through reducing fragmentation and increasing system level coordination and collaboration along with increasing awareness of the mental health service availability among potential system users and non-mental health providers, especially in primary care settings. These **potential strategies** will expand treatment options for a variety of at-risk population groups including children, adults, those in the justice system, and the dually diagnosed, which are consistent with objectives in *Healthy People 2010*.

Developmental Disabilities (Also includes additional needs beyond services) Of the 309 Kane County residents surveyed using the Developmental Disabled Persons with Unmet Needs Survey (State of Illinois Puns Report) 287 were identified as in emergency or critical need for services.

- Housing: 175 individuals in need of 24 hour residential services; 47 individuals in need of intermittent residential supports.
- Transportation: 223 individuals in need of transportation.
- Employment: 98 in need of work in community and 103 in need of sheltered/work activities
- Community Support Services: 263 in need of individual supports. (Includes personal and behavior supports, various therapies, nursing, respite, in-home supports, etc.)

RELATED ACTIVITY:

September 21, 2006 Governmental Forum: Local and elected officials were invited to listen to consumers, service providers and advocates discuss the needs for persons with disabilities and then allowed time to respond. Approximately 100 attended.

January 22, 2007 Profile of Care Forum at Batavia Library sponsored by Leagues of Women Voters in Kane County. Speakers were Michelle McMullin--Association for Individual Development; Jay Forman--Thresholds Psychiatric Rehab, Chicago; Dave Christiansen, DuPage County Health Department; Theresa Heaton, Paul Kuehnert--Kane County Public Health Dept.

DuPage County's mental health services are a department under the Public Health Department centrally located with satellite providers. Those associated with DuPage's MH services made a commitment in the 1970s to serve the most needy and vulnerable population (severe mental illness). The crisis center line receives 30,000 calls and a majority of those calls are not able to be addressed. According to Kane County population numbers, he estimated there are approximately 3500 persons with severe mental illness. DuPage tax dollars are used to operate its services—more is needed. DuPage has a mental health court and 100 have participated. Finding appropriate housing seems to be a big obstacle. Medicine costs \$700,000 in 2006.

Christiansen suggested the following for Kane County mental health planners:

- Become accredited in order to access dollars.
- Have a plan to encourage Elgin to start *kicking in* funds. (Advocate for Elgin 708 board)
- Investigate private/public partnerships--Casey in Seattle and Robert Woods Foundation.
- Apply for multiple service program opportunities. For example Dupage concentrates on transition areas such as discharge from hospitals and children transitioning from schools. This is an attempt to discourage repeat hospitalization and keep costs down.
- Look closely at transportation, housing, and job training as part of the needs.
- Suggests that Kane examine how they are paying for medication.

Thresholds serves only those with serious mental illnesses. The agency has services in Cook, Will, Lake, and DuPage counties as well as serving Chicago. Thresholds has 800+ units of housing. 70% of its calls are for housing and they have a 2 year wait—3 year waits for supportive housing. It has an array of services which includes jail and prison programs; homeless outreach; mobile crisis services; educational, residential and supported employment programs and assertive community treatment (ACT).

Comments by audience participants:

- In order to solve the recognized service fragmentation, Elgin United Way is working on compiling a database for persons to access MH services. An audience participant reminded the group that other ways should also be provided as everyone is not "technologically savvy."

- Comment mentioning the importance of training for Kane County employees in the justice system to learn how to work with those with MI.
- Comment directed to Kane County Health Department representative: Mental illness cannot be prevented (schizophrenia, bipolar) and that this should be recognized when advocating for prevention programs for persons with mental illness.

July 10, 2007 Comparison: Discussion with NAMI DuPage employee states that the Health Department is not sympathetic to needs of family members seeking help for the MI relative. While their program works okay for individuals with Medicaid and Medicare, it refuses to see others that don't fit into that category. Families are unsure where to get help.

Overall comparison with neighboring collar counties:

Kane County does not have a centralized system for persons needing access to care for MH issues unlike our neighboring DeKalb, McHenry, DuPage, Will, Kendall, and Lake Counties.

DuPage County's MH department is included in its public health department allowing one phone number for consumers to find information on service access and also for Screening Assessment Support Services (SASS). Services covered are: crisis center for children & adults, depression, outpatient mental health, psychiatric, rehabilitation, residential and vocational programs.

Will County has a mental health division. Access is to one central intake number. The adult outpatient services program provides community-based mental health outpatient services for those individuals who are or are in danger of becoming seriously/chronically mentally ill. They also provide psychiatric services, homeless services, case management for accessing services, and a program that serves children and adolescents who have substantial behavioral or emotional impairment, as well as a forensics program and an addictions program.

Kendall County has a behavioral health department, which has one access number. It has individual, family and couples therapy as well as psychological testing. It also provides case management, crisis intervention, substance abuse services and suicide assessment and intervention. It does state that many of the services are available on a sliding fee scale or through private insurance.

Lake County has a behavioral/mental health division. It has an assertive treatment program which provides intensive case management to 50 individuals; child and adolescent behavioral health services; community support services for those individuals with severe emotional difficulties which include case management, shared apartment program, and community integrated living arrangements. It has a crisis care program, a mental health group home for up to 14 residents with mental illness, outpatient services and a psychosocial rehabilitation program.

Both DeKalb and McHenry Counties have county-wide 708 Boards. DeKalb County Mental Health Board includes services for persons suffering from mental illnesses, alcohol and substance abuse and development disabilities. Through the Ben Gordon center, it provides crisis intervention, mental health services, alcohol and substance abuse services, jail based services, an assertive community treatment program, and community employment services. McHenry County has a one number crisis line. This intake then refers persons to the appropriate agency within McHenry County. The services are not provided by a McHenry County governmental agency, but the county agencies receive funding through one board.

Although each of these counties runs their programs for mental health services, they all have a central point of entry and organize funding under one umbrella as they all have a behavioral health and/or mental health department within the Dept. of Public Health.

In Kane County services for persons with developmental disabilities are accessed through Day-One Network, Inc. which also serves Kendall County and Hanover Township in Cook County. Kane County has three major agencies which serve persons with MI: Ecker Center for Mental Health, (Northern Kane County) Association for Individual Development (Southern Kane County) and Gateway Foundation (Substance Abuse/MI). People seeking services may contact any provider. There are no geographical restrictions.

HOUSING/HOMELESS/NURSING HOMES/HOUSING ADVOCACY

Several housing options must be available to meet the diverse needs for persons with serious MI and DD: Permanent and transitional; housing with support services; group homes; CILA, etc. Unfortunately, when accessible housing is not available, persons reside in shelters, nursing homes, prisons and jails or with families not equipped to care for them. Housing data for persons with serious mental illness and DD (below) was obtained from area service providers.

Ecker Center for Mental Health, Elgin, IL (Northern Kane County—MI)

- Two apartment buildings: one for the Homeless Mentally Ill Apartment Program: HUD program is a permanent housing program that helps homeless mentally ill clients get into apartments with a one-year lease. Six apartments are available; and one for 14 people with a case manager on premises during the day.
- Two group homes supervised 24 hours a day: one for 16 people supervised 24 hours a day and one CILA Residential: 8-10 apartments which is one of 24-hour group homes, short term psychiatrists and nurses (one step away from hospital).
- Subsidized, scattered apartments, off-site case management, capacity 34.

Larkin Center, Elgin, IL (Northern Kane County--MI)

- Traditional Housing: 14 beds for men and women ages 17-22 with serious MI
- Supportive Residential: 17 beds/apts. for adults
- HUD funding: 12 beds/apts. And 1 duplex w/4 adult males.

Association for Individual Development, Aurora, IL (Southern Kane County-MI) Total 76 beds in Kane County

- Transitional Housing: 30 in 24 hour facility
- Supportive Residential: 16
- Additional: 30 beds (numbers do not include consumers who have own living arrangement but receive only case management services).

Association for Individual Development, Aurora, IL (DD) Total 114 beds in Kane County

- ICF/DD: 16
- CILAs: 98—4 or 5 in each home

HOMELESS

An estimate of the number of homeless with a mental illness diagnosis is one-third of the shelter population. The Aurora, Elgin Kane County Continuum of Care (COC) receives grants from HUD through an annual SuperNOFA grant process. COC for Kane County was created in 1999 and includes Kane County's Community Development Block Grants (CDBG) Program Area and the Cities of Aurora and Elgin. COC consists of organizations and agencies that assist individuals and families that are at-risk of being homeless or are in various stages of homelessness. These social service agencies provide: 1) Outreach, assessment and intake; emergency shelter; permanent housing; permanent supportive house and supportive services. Overlaps and/or gaps in the present network of services are continually being assessed through this inter-agency/governmental partnership. The aim is to coordinate human services, and available funding is targeted to meet current needs. Representatives of the providers meet monthly. HUD requires a strict comprehensive data collection of clients served, etc.

According to the Kane County COC Housing Inventory chart which was sent to HUD in 2007, Ecker receives HUD funding for 20 units for homeless MI; Larkin has 16. COC providers have reported that there are 159 sheltered seriously mentally ill (SMI) and 17 unsheltered for a total of 176 SMI. Ecker and Larkin are applying for additional funding for just over \$600,000 combined in the next funding period for services for homeless SMI.

RELATED ACTIVITY

July 26, 2007: Meeting with CoC: Bakk met with CoC providers to discuss the League's study and elicited comments. The CoC sub committee to address permanent housing has stopped meeting and while CoC says they work with the two county public housing authorities in order to improve coordination with and access to mainstream housing resources, it has little one on one contact with them. CoC meetings are open to the public and meet at the Kane County Government Center usually the fourth Wednesday of the month.

NURSING HOMES

Statewide Facts: 12,000 persons with MI reside in nursing homes. The statewide percentage of persons with a psychiatric diagnosis other than dementia is 23.6%. Because of the lack of supportive housing there are a significant number who are residing in nursing homes because there is no other appropriate placement. The DD population is similarly affected. Recent state legislation to pass a Money Follows the Person initiative is being hampered by the powerful nursing home/long-term care owners whose business would result in a substantial loss of revenue if those able to find housing in the community were allowed to move out of long-term facilities.

HOUSING ADVOCACY

LWVs in Kane County have representatives who attend monthly Kane County Housing Action Coalition (KCHAC) meetings. KCHAC participants made up of elected officials, services providers, Housing Action Illinois, and other housing advocates work collaboratively on:

- * Identifying issues and needs
- * Raising public awareness on the issues
- * Collaborating with regional, statewide, and national advocacy efforts
- * Networking through the exchange of education and information.

Recently a three year project spearheaded by Shelters for Healthy Environments, which would have provided 48 units for persons with disabilities and low-income families, failed to get the required funding to proceed.

Housing Funding Resources:

There are few housing projects being initiated to meet the demand for disability housing. Organizations applying for CDBG funds, which is an excellent place to obtain project leverage, could be tapped for housing projects for the disabled, but there has been little initiative to apply for these dollars because of the reluctance from some current service providers claiming they don't care to be in "the housing business." Funders prefer to work with organizations which have a "proven track record."

In the *Going It Alone: The Struggle to Expand Housing Opportunities for People with Disabilities* report published in 2000, a publication of the Technical Assistance Collaborative, Inc. and Consortium for Citizens with Disabilities Housing Task Force, it states that "there have been several new homeownership and rental housing initiatives targeted to people with disabilities including: 1) New Section 8 voucher programs targeted exclusively to people with disabilities; and 2) the Home of Your Own (HOYO) and Fannie Mae HomeChoice homeownership coalitions. The Section 8 Housing Choice voucher program is targeted by law to help extremely low-income people; including people with disabilities afford housing of their choice in the private rental market. Voucher holders pay a limited amount of their monthly income (usually 30) percent for rent. The voucher pays a rent subsidy directly to the landlord that is based on the cost of "modestly" priced rental housing in the locality.

Kane County Community Development Block Grant (CDBG) funds are a US Dept. of Housing and Urban Development (HUD) program. The purpose is ... "to develop viable communities by providing decent housing and a suitable living environment and by expanding economic opportunities, principally for persons of low- and moderate-income." More info at www.HUD.gov. Aurora and Elgin have separate CDBG's. Each CDBG is required to produce a Housing and Community Development Consolidated Plan. During the five-year period of 2003 to 2007, only one project to create new housing units for the disabled was awarded totaling \$50,000 to AID. The bulk of funding was awarded to Community Contacts/Housing Continuum, predominately for rehab/emergency repair programs.

The Elgin CDBG awarded \$862,946 in 2007 to projects. \$529,946 was earmarked for the Residential Rehab Grant Program. In 2006, \$570,470 was targeted for the same program for. One disability housing grant was awarded in that two year period to AID for \$18,774.

Since 1974, the City of Aurora has received over \$26 million from CDBG to meet the city's redevelopment goals. Currently the city receives approximately \$1.3 million per year. Out of that amount, 1 project went to the disability agency: AID for \$15,984 for "Violet Street Bathroom project." The total allocation can be found at www.aurora-il.org/communitydevelopment.

There are two Public Housing Authorities which serve Kane County: Elgin which also covers the St. Charles and Geneva areas and has a total of 744 units, and Aurora which covers adjoining counties, with 1,589 units. David Kramer from the Aurora PHA reported that the elderly designated housing is now open to people with disabilities in order to keep units rented. APHA maintains 800 vouchers and 651 subsidized housing units. He states there were 116 handicapped/disabled residents at Maple Terrace in February 2007 and 77 of the same population at Centennial House. The agency recently opened the waiting list for vouchers and had over 3,000 apply in early 2007. They have no intentions of applying for more regular vouchers or mainstream vouchers—dedicated to disabilities only.

RELATED ACTIVITY

August 22, 2007: Bakk meets with Public Housing Authority of Elgin's (PHAE) executive director, Eunice Lawshea to discuss disability housing needs.

Lawshea was selected as executive director in 2007, although she was previously deputy director under Sandra Freeman. PHAE has 255 public housing units comprised of a 150 high rise for 50+ years (Central Park Towers) and 7 family developments with 105 total units. Presently there are no plans to demolish or dispose of any of the properties. It currently has 913 Section 8 voucher holders. In January the authority allowed people to apply for section 8 vouchers to be placed on a waiting list, and after 4 days, 3,000 signed up. They are still processing those applications and do not plan on applying for additional rental vouchers.

Preferences for voucher holders are for local residents, those working, those with special needs, and 50 and older. Currently they have senior designated housing for Central Park Towers. When HUD some years ago allowed PHA's to use its designated housing for elderly only (the disabled were included with elderly at that time) there was a concern by advocates that the disabled units would not be replaced. However, PHAE has grand-fathered those with disabilities in so did not displace any of the existing disabled renters.

PHAE is interested in applying for additional programs, but does not feel that the staff they currently have could take on the extra burden. Presently it does participate in the Family Self Sufficiency program which promotes self-sufficiency and asset development and has a cooperative agreement for services with Ecker clients who are voucher holders. It tries to get people interested in the homeownership voucher program but there has not been much interest. One person did apply, but died shortly after being accepted to the program.

PHAE is interested in meeting with the community, hearing about their needs and partnering with other organizations to leverage dollars to create more affordable housing in the future. They receive a very small percentage of Community Development Block Grant funds from Elgin. The latest funding was for a construction grant of \$50,000.00 in 2006.

Proposed Housing for Disabilities Initiatives: Mental Health and Mental Retardation Services, Inc. has included in its Three Year Plan (2007-09) the development of additional residential services for persons with DD and/or MI in a service area covering seven townships in south Kane County. It hopes to use the equity in the buildings already owned to secure favorable financing which will allow it to lease the building(s) to a service provider/agency at a rate which will allow them to house additional clients. The limiting factor is not so much acquiring the real estate as the lack of state funding to provide the support services the clients will need.

AID is having talks with Community Contacts/Housing Continuum to create more units. Mercy Housing Inc, a new non-profit developer is attempting to create housing on the Meijer site originally dedicated to SHE, Inc. However, Mercy Housing, Inc.'s July, 2005 study indicates the need for elderly and multi-family low income housing, not for persons with disabilities.

CRIMINAL JUSTICE

MENTAL HEALTH COURT

In early 2006, the Kane County Mental Health Court, aka Treatment Alternative Court (TAC), was initiated. TAC is a program for offenders who suffer from mental illness, co-occurring disorders, or developmental disabilities. The program includes mental health treatment, substance abuse treatment and regular supervision from the court and TAC Team. This program is designed to identify the participant's treatment needs and provide those services in order to reduce criminal justice contact. Participation is voluntary, but once accepted into the program, participant will be expected to make regular TAC appearances and follow through with all TAC and mental health treatment recommendations. (*Kane County Treatment alternative Court Participant Handbook*)

RELATED ACTIVITY:

February 22, 2007, LWV of Elgin Area held a meeting and TAC coordinator and spokesperson Leigh Dirksmeyer explained and answered questions about this program. Ms. Dirksmeyer reported that the court has been in operation for one year. They began with four clients and at the Feb. 22 meeting said they have six and hope to have ten by the end of 2007. Their goal will be to get to 30-40 clients eventually as DuPage and Winnebago TAC's have on their caseload. They have had approximately fifty applications to the court, but have accepted only six as they are being particular regarding the fit of the person for the TAC. Four of these persons have a mental illness; one has a developmental disability; one has a pervasive developmental disorder. The program received a federal grant for start-up funding which will last two years. They are looking for further funding to continue the court. Some money is being raised from user fees collected from persons who go through the court systems. The TAC is held on Wednesdays at 2:30 in Courtroom 311 and is open to the public

October 2007, TAC program coordinator, Leigh Dirksmeyer, reported that from the beginning of the program, 12 are currently enrolled out of approximately 70 applicants for the program.

Two opted out of the program and one was discharged for not meeting program requirements.

January 24, 2006 Comparisons: Two study group members visited the Winnebago Mental Health Court to observe and compare programs.

Jails

According to a recent Department of Justice report dated October 6, 2006, it found that more than half of all prison and jail inmates, including 56 percent of state prisoners, 45 federal prisoners and 64 percent of local jail inmates, were found to have a mental health problem.

The Jail is currently not accredited and it is unknown at this time if it will become accredited in the near future because of cost considerations.

RELATED ACTIVITY:

August, 2007, The committee sought information on criminal justice where mental health issues are a factor. (submitted by Donna Amburgey)

The issue of criminal justice in Kane County is a *broad* issue involving considerations of diverse autonomous police departments operating within a county wide system of prosecution governed by state law, United States constitutional protections and changing standards (i.e., the new law that radically changes involuntary commitment standards in Illinois, effective June 2008). This report cannot hope to cover anything but a select number of issues, but the information offered is believed to merit inclusion. At a minimum this section will direct the members and public to sources that discuss the topics in much greater detail.

Mental health issues present to law enforcement in two ways: (1) when police encounter behavior that indicates that the person is experiencing a mental health crisis but no crime has been committed or is about to be committed, and (2) when a crime has been committed and it appears that the perpetrator has a mental illness or is reported to the police to have a mental illness that played a role in the commission of a crime. The two scenarios lead to distinctly different policies and procedures.

It was determined that the focus of inquiry would be the policies and the practices of several of the local police departments and the Kane County sheriff's office concerning mental health issues. A survey was created and distributed to community police departments in Aurora, Batavia, Geneva, North Aurora, St. Charles, and Elgin. The Kane County Sheriff's Department was also provided with a survey. See below for survey responses. Elgin had not responded as of the date of this printing.

The Sheriff's Department and County Jail professionals of Kane County get involved in mental health issues in a distinctly different way than the city police departments. The offenders encountered by the Kane County sheriff's department include those who reside in the unincorporated areas of Kane County. The County Jail would be the repository for corrections for the unincorporated residents as well as those who reside in all of the municipal areas if the behavior of a perpetrator gives rise to the commission of a misdemeanor or felony. In other words if a resident of Aurora (as an example) steals property (or commits another form of non-violent crime) from a resident of Batavia, the perpetrator might be arrested in Batavia but the case would be prosecuted in the Kane County courts. The sentence for the offense would be served in the Kane County jail, or the case might be diverted to the Treatment Alternative Court (TAC) if the perpetrator is mentally ill and meets the requirements of the alternative program. Thus the policies and procedures of the municipalities are entwined with the prosecution policies and detention options of Kane County. (See previous explanation of TAC)

Three public reports provide the information for the comments in this section relating to Mental Health Issues in Kane County Courts and Jails and can be found at the end under references.

The general approach to mental health issues in the jail is to work with Kane County Diagnostic Center (see the 2005 Annual Report at page 10) for evaluation of the mental health status of an inmate. Inmates are offered a health assessment within 14 days of their arrival that includes a history, physical, mental and dental assessment and testing for communicable diseases (page 9). In 2005 more than 3,587 inmates received psychiatric screening by corrections social workers. 2,081 inmates met the criteria for major mental health issues and were screened by staff from the Diagnostic Center. **These inmates were either given referrals to providers in the community, refused services or were transported to prison or another county facility.**

Kane County officials are required to report any unusual incidents in their annual report. It is worth mentioning that there has been a marked decrease in all "unusual events" including suicide attempts, use of pepper spray or stun guns by law enforcement, injury to officers from 2004 to 2005, but a sharp increase in hospital transports. See pages 13-18 for a list of reported unusual events.

In 2003 a comprehensive study was done by independent consultants Robert Gibson and Rick Martin at the request of Kane County through coordination by the National Institute of Corrections. The web address to view the entire report may be found at <http://kanecountyjail.org/cjpsc/nic.pdf>.

The final pages of this section of the League of Women Voters report shows the response of the four cities: St. Charles, Geneva, North Aurora and Aurora to the questions posed. The abbreviations are: StCh=Saint Charles, Gen=Geneva, NA= North Aurora, and A=Aurora. The League thanks all responders for their cooperation.

Questions

1. Is there at least one officer who has completed a specialized course in handling mental health calls for police assistance? If more than one state how many officers are specially trained?

(St Ch): The St. Charles Police Department has three officers trained in working with the mentally ill.

(Gen): not yet, two officers were scheduled but we had to cancel; (NA): two for mental health issues, two for elderly issues, and five for crisis intervention. (A): We have 9 officers who have been certified through the state of Illinois as Crisis Intervention Officers commonly referred to as CIT officers.

2. What kind of training was received by the officer (such as “Crisis Intervention Training- 40 hours”)?

(StCh): They attended CIT, Crisis Intervention Training, which is a certified course through the State of Illinois Training and Standards Board.

(Gen): not applicable. (NA): Mental Health Awareness, Crisis Intervention, Elder Justice, Adv. Elder Justice, Elderly Service Officer and Triad Advocate. (A): The CIT training was sponsored by the State of Illinois and was presented in a 40 hr. course.

3. Has the specialized training proven helpful in a peaceful resolution of a mental health call for assistance?

(St.Ch): The training was beneficial to the officers attending, although I am not sure that we can say it directly attributed to any peaceful resolution. (Gen): not applicable.

(NA): Yes.

(A): Although we are still in the process of formulating a working CIT procedure, the few cases in which we have applied the training have shown potential success.

4. Does the department have a clear set of procedures for responding to a situation involving a suspected or reported mentally ill person?

(StCh.): Yes, we are an accredited department; (Gen) and (NA): yes.

(A): We have a preliminary policy awaiting final approval.

5. Are officers able to drop off the suspected mentally ill person at a facility in Kane County for further evaluation and transfer?

(StCh): Officers can have a person transported to a hospital, where the hospital determines the manner of intake. It is my understanding there are different protocols for EMS response depending on the Fire Department transporting, and the hospital protocol.

(Gen) and (NA) Yes.

(A): In Aurora we have an excellent working relationship with both Mercy and Copley Hospitals. As such we are able, within the boundaries of law, to transport those in a mental health crisis to their facility for evaluation and treatment.

6. Is there a negotiated “no-decline” agreement between the police department and the treatment or referral facility?

(StCh): This question is unclear; the police department has no authority over how a hospital takes care of a patient.

(Gen): No, our procedure puts the relationship between the paramedics and the hospital.

(NA): No; (A): Not at this time.

7. Are mentally ill persons permitted to possess and take prescribed medications while in police custody?

(StCh): Only if it is prescribed and provided in the appropriate packaging.

(Gen): If in our custody and need their medication they will be allowed to take it.

(NA): We dispense it.

(A): Although we prefer not to detain a person suffering from a mental illness the occasion does occasionally arise. If the person is on medication our policy is our booking personnel maintain possession of the medication. Booking personnel confer with a medical professional to make sure that the medicine is actually prescribed. When needed the booking personnel will not dispense the medication but will provide the person with his medication. They will monitor and record his intake and when finished regain possession of the medication.

8. Does the department desire more citizen assistance (advocacy) for handling mental health issues in the public behavior of mentally ill persons?

(StCh): It would be great to have a social worker on staff, but due to budgetary constraints that has not occurred. (Gen): somewhat; (NA): No.

(A): At this point in our program, because it is in its infancy, we are not sure if additional citizen advocacy is needed or necessary.

9. What kind of advocacy might be useful?

(StCh): The department deals with issues of domestic violence and abuse, as well as children with needs.

(Gen): It would be nice to have a contact person to deal with social and mental issues.

(NA) and (A): not applicable.

10. Is the department accredited by CALEA (Commission on Accreditation of Law Enforcement Agencies)?

St. Charles was the only one answering yes to this question.

11. Would accreditation affect the training of officers on procedures for handling mental health assistance calls? If yes, in what way would procedures be affected?

(StCh): We are required to train our officers on Mental Health issues. That has been done department wide. (Gen): not applicable; (NA): No.

(A): Acquiring CALEA accreditation would not change the way in which we currently deal with those in a mental health crisis.

TRANSPORTATION

The Kane County Paratransit Coordinating Council was officially formed on October 14, 2003. Representing more than thirty members in the areas of human service, advocacy, township and municipalities, the focus was to address the unmet transportation needs in Kane County for persons with disabilities, low income as well as seniors to access medical care, grocery shopping and other community resources. Because of the increased demand for public transit needs, current services do not meet those needs. Due to difficulties with the Illinois budget, it is not assured that transportation will stay available at the current level, much less increase.

During 2004, potential service enhancements and options were explored, in particular the Ride DuPage program. In 2005, HB 4745 amended the township code to allow committees on the disabled to enter into service agreements to provide transportation services, and that road districts may use money to pay for the costs of transportation programs and mass transit programs for senior citizens and disabled persons.

In August 2005, the Safe, Accountable, Flexible, Efficient Transportation Act was enacted which provides guaranteed funding for Federal surface transportation programs. Also, the Para transit council identified two projects that would contribute to enhanced transportation options for Kane County. 1) Ride in Kane dispatch center providing integrated and automated public transit; and 2) human service transportation information, scheduling functions, and a Pace Route 529 service expansion along Randall Road to Algonquin. House Bill 1663 passed in 2005, which improved Para transit service coordination.

In 2006 the council submitted applications for the Job Access Reverse Commute and the New Freedom Initiative administered by the Regional Transportation Authority. Following the Ride in Kane proposal submitted by the Council in conjunction with pace Suburban Bus, with financial commitment from various municipalities, townships and social service agencies, the county received \$2.4 million dollars for a Para transit call center. Kane County received \$1, 600,000 of New Freedom Initiative monies and \$772,000 for Job Access Reverse Commute monies. This money is to provide integrated and automated regional public transit and human service transportation information, scheduling and dispatch functions, establishing as Kane call center.

Paratransit in Kane County will need long-term solutions. Long term funding continues to be a challenge in Kane County as well as the rest of the state.

HOSPITALIZATION/EMERGENCY

Currently there are two hospitals in Kane County which serve persons with serious MI: St. Joseph's in Elgin and Provena Mercy in Aurora. If persons with a suspected diagnosis of MI go to Delnor Community Hospital in Geneva, they are transported to one of the above hospitals. The average stay for psychiatric treatment in the hospital is five days.

In April, 2004, a survey conducted by the nation's leading mental health organizations and the American College of Emergency Physicians published a report about the recent upsurge in people with mental illness seeking treatment in emergency departments taking a significant toll on patient care and hospital resources nationwide. Six in 10 emergency physicians surveyed reported that the increase in psychiatric patients was negatively affecting access to emergency medical care for all patients, causing longer wait times, fueling patient frustration, limiting the availability of hospital staff and decreasing the number of available emergency department beds.

Two-thirds (67 percent) of emergency physicians attributed the recent escalation of psychiatric patients to state health care budget cutbacks and the decreasing number of psychiatric beds. One in ten reported there is nowhere else in the community where people with mental illness can receive treatment. Mental health leaders claimed that without ongoing, community-based services, people may see their illnesses worsen and be forced to seek care in Emergency Departments.

Additionally, seventy percent of emergency physicians reported an increase in people with mental illness "boarding," which is when patients are admitted to the hospital and forced to wait in the emergency department until inpatient beds are available in the hospital. More than 80 percent report that this practice of "boarding" negatively affects the care of emergency department patients. This agreement was almost universal (97 percent) among those who reported a rise in the "boarding" of psychiatric patients over the prior 6-12 months.

RESOURCES

Fragmentation and how and where to find services and housing for persons with disabilities in Kane County has been a problem because there is no one point of entry. Added to this are MH providers that offer some services, but not all, so referrals need to be made to additional agencies for assistance. Those seeking crisis help are always urged to call 911. Non-emergency requests can be found by looking on the internet (googling), calling the public health department. NAMI Kane County publishes *The Family Resource Guide* (latest edition: 2007) This is an educational booklet which gives information from recognizing warning signs and symptoms of major mental illnesses to how to cope in crisis. Association for Individual Development (AID) also has an on-line resource/reference guide.

The Yellow Pages has some of the major providers for mental health services, but a mental health provider in the Tri-cities, TriCity Family Services, is not listed in the *Yellow Book of Fox Valley*. TriCity Family Services advertise that it will accept clients with depression, anxiety and phobias, and thoughts of suicide, but schizophrenia diagnoses, for example, are outsourced.

A new Kane County-wide internet resource mechanism was initiated in late 2006. It is located at www.kanecountyguide.org. It was to accomplish, in part, the answer to addressing an inadequacy mentioned in the IPLAN list (see services) "inadequate geographic distribution of services/service fragmentation—No point of entry which is centralized and based on levels of diagnosis or severity, but rather on 'where you live.'" It was funded by Kane County area United Ways and 708 Boards. The study group representatives found this site to be totally unusable. It was frustrating to navigate and not complete. For example, if a service provider listed Aurora as their location, the agency may not show up as an option for someone living outside of Aurora. A person identifying himself as living in Montgomery may find no services listed and may not know he can go to a provider in Aurora. More disturbing is the subject pull-down menu for the Spanish version. In the English version this menu is in alphabetical order. In the Spanish version it is in Spanish, but alphabetized by English. The designers of this site said it is ongoing. This has been brought to the attention of the Mental Health Council to address also.

CONSUMERS' VOICE

August 29, 2007: Kim Haag met with a group of approximately 40 consumers at AID in Aurora. The members in this group voluntarily participated in a focus group format to discuss matters of concern regarding their needs in normalizing their lives. The following areas are those of main concern:

- *Transportation:* This is a concern not only in regards to access to jobs, but also getting medical care as well as being able to see family members. With the proposed cuts in regional transportation and increased costs, this area is an even greater concern now.
- *Affordable housing:* This was a great area of concern. There is a lack of affordable housing. Many desired accessing housing in which they are able to have some privacy.
- *Information access:* Many found it difficult to locate information: where and from whom to obtain the information, and how to go about it. This includes how to access Medicare Part D, Medicaid, SSI and public aid. There are times when a person is denied SSI, Medicare Part D, Medicaid and/or public aid. The person has no idea what to do to remedy the situation. Finding doctors or dentists who accept disability payments and positive medical personnel who can work with persons with disabilities is difficult.
- *Jobs:* Of those who wanted jobs, difficulties included being able to find transportation to get jobs; stigma impeding employers willing to hire persons with disabilities; and keeping jobs long-term. An increase of pay can result in a corresponding decrease in benefits.
- *Health care:* Accessing needed medication was a concern. Many medications can only be refilled once per month. In months of 31 days--sometimes 30 days--medication is not always available for the last one or two days of the month. Therefore, at times the pharmacy does not have it in stock creating delays in taking required doses. In addition, medication costs continue to rise, without a commensurate increase in benefits.
- *Nursing homes:* Group members reported that many nursing homes are little more than holding areas for persons with a mental illness who are trying to get into recovery and extended stays are sometimes required because of limited community affordable housing options. Services are slim if available at all.
- *Stigma:* Stigma is a problem in education, jobs, housing and by the general public. Consumers felt that discrimination kept employers from evaluating their ability. Some reported trying to hide things about themselves in order to avoid stigma. Just getting a job interview is difficult.

MILESTONES/BACKGROUND

KANE COUNTY

April, 2001

NAMI Kane County South convened a group of service providers and advocates to address a Kane County Comprehensive Care System Committee. Included were representatives from Ecker Center for Mental Health (Karen Beyer); Association for Individual Development (Lynn O'Shea); and Community Counseling --now operating under the name Gateway Foundation--(Evelyn Hull).

The following service recommendations were identified as the most critical needs to support individuals with serious mental illness.

1. Housing—includes temporary housing services for crisis; Housing alternatives with 24 hour professional supervision, i.e. Small groups homes/and or supportive apartment programs.

2. Care Management—includes a) Active outreach, linkage to food, clothing, shelter, medical and dental services, legal services, treatment services, social and recreational activities, self-help and advocacy groups. Also, assistance with job training, crisis intervention, intensive case management, peer support, and family support are needed.

Another item mentioned was the need to create a safety net to assure persons were deflected from inappropriate hospitalization and incarceration.

2003: LWV Elgin Area Study on impact of mentally ill being discharged from the state hospital into the community. Elgin Area League members conducted a study addressing the effects of the downsizing of the Elgin Mental Health Center. Questions and concerns revolved around reduction of patient population, admissions, discharge planning, costs, impact of community mental health agencies and required funding resources. The local community MH provider CEO was interviewed, staff at local hospitals and state hospital, NAMI, and the Elgin Police Department. The League had a public forum open to the public announcing its findings.

February, 2005: LWV Batavia and Geneva/St. Charles held public forum. Panelists were Karen Beyer, Ecker Community Mental Health Center; Mark Heyrman, Mental Health Summit Facilitator, Jim McNish, Pres. NAMI-Illinois; Darlene Bakk, LWV Geneva/St. Charles; Stepheine Weber, Suicide Prevention.

STATE

In 1989, The League of Women Voters of Illinois published *A Profile of Community Services for the Mentally Ill*. The following is an excerpt from that publication.

More than 25 years have passed since Illinois joined the national movement to “deinstitutionalize” the mentally ill patients in state hospitals and return them to local communities to live and be treated in a less restrictive environment. Today, as the 1980s draw to a close, it is generally recognized that Illinois’ system to service the serious mentally ill has failed. Two parts of the system that were meant to work together, state institutions and community mental health services were never properly connected.

The League of Women Voters of Illinois began studying institutional and community programs for the seriously mentally ill in 1985. In 1986, after 18 months of research on Illinois’ public policy on mental illness and how that policy was being implemented, the Mental Health Task Force of the LWVIL published its report, *Public Policy on Mental Illness in Illinois (PPMI)*. The major conclusion of the Task Force was:

The mental health system (of Illinois) is not a system at all. It is a patchwork of state facilities and local programs varying in quality. People with serious mental illnesses have great difficulty in getting needed services because of the nature of their illness, the lack of resources and poor coordination of services.

NATIONAL

2006 Grading the States: A report on America's Health Care System for Serious Mental Illness. To see complete report, please go to (www.nami.org).

Illinois: Grade F

Infrastructure	D-
Information Access	F
Services	F
Recovery Supports	D

Recent Innovations: Real estate transaction fees to fund rental assistance programs

Urgent Needs- based on NAMI Report Card for Illinois

- Balanced hospital and community service capacity
- Broad implementation of evidence-based practices
- Stronger collaboration to promote employment opportunities
- Jail diversion strategies, including re-entry programs

REFERENCES

- A study previously done in 2003 by the LWV Elgin Area on the impact and effects of the downsizing of Elgin Mental Health Center.
- A NAMI Kane County South examination of services and a document outlining needs entitled: *Kane County Comprehensive Care System* in 2001 (see below for links)
- A previous League of Women Voters of Illinois study completed in 1989.
- A 2006 Grading of the States: A report on America's Health Care System for Serious Mental Illness done by NAMI.
- State Funding of Community Services Provided to Illinois Residents with Mental Illness and/or Developmental Disabilities, Final Report to the Illinois General Assembly, March 2007, by University of Illinois.
- July 2006 final report to IL General Ass. Pursuant to public act 93-842: *State Funding of Community Agencies for Services Provided to Illinois Residents with Mental Illnesses and/or Developmental Disabilities*. <http://rateanalysis.igpa.uiuc.edu>.
- Kane County Mental Health Protocol (2000), *see especially* the Law Enforcement Component, (<http://namidkk.org/pdfs/handbook.pdf>)
- The 2005 Annual Report of the Kane County Adult Corrections, at www.kanecountyjail.org/annual.pdf
- The National Institute of Corrections Jails Local System Assessment (2003) <http://kanecountyjail.org/cjpsc.nic.pdf>. It appears from the reports that serious efforts are being made to deal with the problems in the courts and jails related to the mental health issues and needs of the community.
- History/background of Mental Illness was prepared by Kim Haag and is located at www.lwvgenstc.org/files/MHHistory.pdf.

STUDY GROUP PARTICIPANTS

Donna Amburgey, Darlene Bakk, Laurel Bault, Anita Buchholz, Myra Becker, Diane Campbell, Margaret Elmer, Mary Ann Gilkerson, Kimberley Haag, Buzz Hayes, Suzanne Larson-Kolomyjec, Katie Petray, Janet Poyner, Rosemary Schroeder, Pat Sullivan, Gina Richter.

Study spearheaded by **League of Women Voters**.

LWV Geneva/St. Charles: On-going interest in housing and services for persons with mental illness reaching back to 1995. Held public forums to address this issue. www.lwvgenstc.org. Darlene Bakk, Kimberley Haag, Gina Richter, Suzanne Larson-Kolomyjec, Rosemary Schroeder.

LWV Elgin Area: On-going interest and on-going study of the mentally ill being discharged from the Elgin Mental Health Center (aka state hospital) and the impact on the City of Elgin. It is currently studying the new mental health court's progress and will present a program in Feb. of 2007. [Http://www.elgin.il.lwvnet.org/](http://www.elgin.il.lwvnet.org/) Janet Poyner, Myra Becker, Laurel Bault.

LWV Batavia: On-going interest with public forums on this topic. Close to 100 people attended the forum at the Batavia Library in January 2004. Another is planned for January 2007. www.lwvbatavia.org, Anita Buchholz, Buzz Hayes, Mary Ann Gilkerson,.

LWV Carpentersville/Dundee Area Representative attending ongoing meetings, Pat Sullivan.

NAMI: Advocacy groups located in north and south Kane County dedicated to improving the lives of persons with serious mental illness through education and support. www.nami.org, Katie Petray, Margaret Elmer, Buzz Hayes

Shelters for Healthy Environments: Non profit organization whose goal is to build more safe, quality affordable housing for low-income individuals targeting persons with disabilities. It acquires properties, builds, renovates, manages and holds the properties for long-term periods to ensure the housing remains affordable. www.sheinc.org, Suzanne Larson-Kolomyjec.

Advocates Network of Kane and Kendall Counties: Goal is to advocate for adequate residential, transportation, respite, recreation and employment services in Kane and Kendall counties. We are a group of Families Helping Families. www.advocatesnetwork.net. Gina Richter.