Mission
To provide leadership to ensure the prevention and treatment of mental illness, developmental disabilities and chemical abuse by planning, coordinating, developing, and contracting for quality services for all citizens of McHenry County, Illinois.

Vision
All McHenry County residents experience optimal mental wellness through access to an integrated system of behavioral healthcare services of excellent quality representing a recovery and resiliency focused, consumer driven, and culturally inclusive community-based continuum of care.

Values
♦ We lead the way in transforming lives and systems through partnership and planning.
♦ We empower individuals and families toward mental wellness and resiliency.
♦ We are accountable for quality, cost-effective services.
♦ We value diversity in services, staff, and community.
♦ We provide education in order to aid recovery and prevention.

Messages from the Community

We would have spent most of the year on long waiting lists to get her psychological report. Thanks to Wraparound and your support, we have a diagnosis of Autism and are able to know what type of help she needs. I feel so supported by your team process. Thank you so much for all of your hard work. - Parent

Given the present circumstances, you and those who work shoulder to shoulder with you are doing a tremendous job. Thank you for what you are doing for the people of our county. - John Pletz

(My daughter) .... was able to continue her high schooling and get her diploma with your help. She would have never been able to set goals and believe she could reach them without Wraparound. I am so very happy my daughter is getting her high school diploma thanks to you. You helped her see she could believe in herself again. - Parent

With the realization that treating the root cause of a person’s problem prevents future arrests, mental health courts are spreading across the nation.

- Scott Block, Director of the Office of Special Projects, 2nd Judicial Circuit Mental Health Court

Thank you for finding the space to hold our National Guard training. Your facility is wonderful, as are your staff, who were so friendly and willing to assist.

- M.J. Hodgins, LMVFS; Program Coordinator

Thank you for conducting the recent training in Mental Health First Aid. Shortly after the training, I used the action plan to help a friend suffering from depression and grief. I was with her when she broke down in uncontrollable tears, discouraged at not getting better and feeling guilty, sad, and lonely. She had had several major changes in her life and needed someone to listen to her and give her reassurance. I encouraged professional help and asked her if she wanted to talk with our parish priest. ... I shared information about the McHenry (County) Crisis Program we learned about in training, and I told my friend she could talk with a Crisis Line worker and be referred to available resources and services. ... I am thankful for having knowledge from the Mental Health First Aid class to help a friend in need.

- Kathy Komaromy

Thank you for allowing me to present an exciting alternative for costly ER visits for those of us who are challenged by the effects of mental illness. (In reference to the Recovery Outreach Center) ... Many of us from Community Partners desire to see an outreach center become reality in our county.

- Mary Messamore

Thanks to the MHB, we are gardeners, writers, and volunteers. We are Community Partners.

- Julie Gale

The Mental Health First Aid class was informative and more practical for everyday people. Good information on disorders & specific mental health issues.

- AmeriCorps member
2012 Board Members
Terms & Committees

Lee Ellis: President
Appointed: 7/18/2006
Term Expires: 1/01/2013
Committees: Executive/Personnel-Chair; By Laws; Search; Building & Grounds

Brett Wisnauki: Vice President
Appointed: 12/16/2008
Term Expires: 1/01/2014
Committees: Ethics/Compliance-Chair; Executive/Personnel

Connie Meschini: Secretary
Appointed: 1/18/2005
Term Expires: 1/01/2014
Committees: Executive/Personnel; Building/Grounds; Ethics/Compliance; By Laws

Sam Tenuto: Treasurer
Appointed: 8/19/2008
Resigned: 3/05/2013
Committees: Finance-Chair; Executive/Personnel; Building/Grounds; Ethics

Mary Donner: County Liaison
Appointed: 1/06/2009
Term Expires: 1/01/2013
Committees: Nominating-Chair (Not reelected to County Board)

Kathy Hinz
Appointed: 3/01/2011
Term Expires: 1/01/2015
Committees: Finance; Search

Don Larson
Appointed: 1/01/1999
Term Expires: 1/01/2015
Committees: Building/Grounds-Chair; By Laws; Search; Finance

Kari Stinespring
Appointed: 1/18/2001
Term Expires: 1/01/2013
Committees: Child Mental Health Initiative-Chair; Building & Grounds; Ethics/Compliance; Nominating

Jim Swarthout
Appointed: 1/01/2010
Resigned: 10/15/2012
Committees: Child Mental Health Initiative; Ethics/Compliance/ Nominating

Access MHB meeting agendas & minutes at:
www.co.mchenry.il.us/Pages/CountyMeeting.aspx

Message from the Board President

Over the past year, this community and the Mental Health Board experienced a tremendous amount of transition and change. In response to the closure of Family Service & Community Mental Health Center in June, several of our funded organizations expanded services and new providers joined us in meeting the mental health and substance abuse service needs in our community.

These collaborative efforts resulted in a community support team providing access to integrated psychiatric, substance abuse, and physical health services. Additionally, consumer groups collaborated with providers to increase self-help initiatives and expanded group activities and awareness of services. These groups are also using the Community Resource Center of MHB’s facility as their office and meeting space.

The Mental Health Board recognizes staff who left our organization due to retirement, career changes, and other transitions. Their contributions over the past decades have significantly shaped McHenry County’s strong network of services and resources.

The MHB welcomes several new Board members, appointed by the County Board, for FY 2013. Change is inevitable and encourages a fresh perspective and renewed energy.

Lee Ellis

Message from the Executive Director

In compliance with the Illinois Statute governing the Community Mental Health Act (Illinois Compiled Statutes, Chapter 405, Act 20), the Mental Health Board provides this annual report to the community to outline the major activities and accomplishments, the sources of revenues, and expenditures for the year ending November 30, 2012, and a summary of the services funded through McHenry County property tax revenue, state and federal grants and contracts.

In 2012, the Board completed its multi-year facility expansion project funded through the American Recovery and Reinvestment Act of 2009. Approximately one-third of the expanded space is designed for consumer-run organizations, additional provider space, group meeting rooms available to the community for behavioral health purposes, and training space.

Through a funded partnership with the Illinois Department of Human Services, the MHB provided support to the Division of Mental Health’s initiative to strengthen system of care principles for children’s mental health statewide. Our involvement with the Lake-McHenry County Veterans and Families transformation grant also continued, with the MHB providing support for a Drop In Center and community volunteer effort. Both projects were funded by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

This year, the Board also released its three year plan, incorporating results from the 2010 McHenry County Healthy Community Study, community input, and national and state trends affecting mental health services.

During this time of dwindling state and federal support for human services, the MHB maximized its support for services while enabling the development of newly funded services, expansion of consumer support initiatives, and reducing administrative costs for the future years.

Alexandria “Sandy” Lewis, Ed.D., MPA

Message from the Interim Executive Director

Thank you for taking a few moments of your time to learn about the work of your McHenry County Mental Health Board. The purpose of this annual report is to familiarize you, a community member and local tax payer, with the Community Mental Health Act, the role of your local Mental Health Board, major areas of focus, and how funds were allocated. Thank you for your on-going commitment to supporting those in our community experiencing mental health, substance use, or developmental disability challenges.

Todd P. Schroll, MSW, LCSW (As of November 2012)
In the 1960s, behavioral health policy shifted from institutionalization to community-based services with a goal of recovery. Since that time, great strides have been made in the field of mental health care. Individuals are now supported in making decisions about their care, and evidence-based practices that promote recovery are encouraged.

The recent economic downturn has financially strained community service providers, which makes it difficult for many individuals to access appropriate care. Rising unemployment and the resulting social insecurity caused more people to seek mental health services. While trends in national suicide rates and prevalence of psychiatric illness and substance abuse have increased, state budget cuts have resulted in reduced mental health services.

Over the last four years, states drastically cut funding services for youth and adults living with serious mental illness. According to a NAMI report, “State Mental Health Crisis: The Continuing Crisis” released in November 2011, Illinois lost an estimated $553 million in mental health services funding due to Medicaid cuts. Additionally, the Illinois mental health budget decreased by 31.7 percent from 2009 to 2012. The budget cuts reduced access to psychiatric care, medications, and other services. Rather than saving money, the costs of care have increased as people seek mental health treatment in high cost emergency rooms or are committed to correctional facilities and homeless shelters (Kaiser Health News, “States Cut Mental Health Budgets As Demand Increases,” http://capsules.kaiserhealthnews.org).

More recently, the Patient Protection and Affordable Care Act proposes new models of integrated care, expansion of Medicaid, and parity for behavioral healthcare. Reforms focus on patient-centered care that calls for a team approach to mental and physical care, substance use concerns, and pain management.

The mental health system continues to be challenged by a national shortage of mental health professionals, including psychiatrists. A shortage of bicultural/bilingual mental health professionals creates additional gaps in services for individuals with limited English proficiency.

Locally, the MHB is focused on helping our community members and providers prepare for a new health care system. The MHB must work with providers to address immediate needs while proactively planning for the future. Despite decreases in financial resources, the MHB intends to continue to efficiently manage its budget to provide needed services and supports.

Mental Health Board Overview

In 1967, voters of McHenry County passed a referendum for an annual tax levy to establish a Mental Health Board to plan for and fund mental health, developmental disability, and substance abuse services.

This special purpose unit of the county government is regulated through the Community Mental Health Act—House Bill 708. The 708 Bill mandates the MHB to administer the mental health fund through the direction of a nine-member board of community representatives appointed by the county government.

In accordance with the Community Mental Health Act, each year the MHB distributes levied funds through an application process for the treatment and education of county residents affected by mental illness, substance abuse, and other populations in need of mental health care.

Staff and Board members engage in continuous assessment of behavioral health needs, evaluation of available services and resources, and pursue policy development regarding access, quality, and costs related to community behavioral health needs. Staff and Board members consult with local, state, and national agencies to promote, enhance, and create needed mental health services and develop innovative strategies for funding them.

Community Mental Health Act

The Illinois Community Mental Health Act that governs 708 Boards mandates that each community mental health board in the state:

- Review and evaluate community mental health services and facilities
- Plan for programs of community mental health services and facilities
- Consult with others regarding efficient delivery of services
- Appropriate funds to maintain mental health services and facilities

Behavioral Health Stakeholders

- Consumers / Families / Advocates
- Court Services of McHenry County
- Faith Communities
- Illinois Division of Alcohol & Substance Abuse
- Illinois Department of Child & Family Services
- Illinois Division of Mental Health
- Insurance / EAP Plans
- Law Enforcement
- McHenry County Health Department
- Schools
- Service Providers
- United Way of McHenry County
In accordance with its mission, a major function of the MHB is planning and development of mental health services for residents of McHenry County. The MHB utilizes resources to expand and grow programs and services for the treatment and prevention of mental illness, developmental disabilities, and chemical abuse. It strives to encourage and sustain effective and cost efficient programming to meet the behavioral health needs of our county residents.

**Planning & Community Development**

**Action Research Model**

Planning and community development is guided by an Action Research Model in which a group of people identify a problem, choose a course of action to resolve the problem, assess the success of efforts, and learn from this process.

**McHenry County Healthy Community Study and MHB Three-Year Plan**

The Community Mental Health Act requires the MHB to develop a three-year plan to guide delivery of behavioral health services to residents of McHenry County. Every four years, the MHB partners with diverse organizations led by the County Health Department to learn about local needs through a Healthy Community Study. Analysis of information gathered from individuals and families affected by behavioral health issues is ongoing. The MHB additionally collects information through liaisons with community groups focused on special needs and from sources such as the National Institute of Mental Health and the U.S. Department of Health and Human Services Healthy People Study.

**AmeriCorps**

Engages transitional age facilitators to coach and mentor youth ages 16 - 25 who have mental health conditions. The goal is to help them develop competency in transitioning to adulthood.

**McHenry County Continuum of Care for the Homeless**

Uses a community approach to meeting the diverse needs of homeless individuals and their families.

**Consumer Driven**

The MHB nurtures and incubates consumer run enterprises such as:
- FamiliesETC (Families Empowered to Change)
- Recovery Outreach Center (ROC) where consumers engage in their own recovery and help others in their recovery
- Community Partners Healing Garden & Annual Art Exhibit
- NAMI - McHenry County (National Alliance on Mental Illness)

**Cultural Linguistic Competency**

In response to growing evidence that multicultural competence is an important part of positive outcomes, the MHB developed a plan to increase sensitivity to differences that make us unique. A team of cross-system representatives began to work on Cultural and Linguistic Competence (CLC) curriculum development in the spring of 2012. The target audience for the CLC includes behavioral health agencies, education providers, child welfare providers, juvenile justice providers, and health care providers.

**Family CARE Wellness Network**

A group of consumers, providers, and other community members meet monthly to plan, coordinate, and evaluate effectiveness of the County’s mental health system.

**Community Resource Center**

Provides free office and meeting space for consumers to take an active role in finding and providing services. NAMI-McHenry County, FamiliesETC, AmeriCorps, and McCAP have used the space since the opportunity became available in 2011.

**Other Community Partnerships**

- Family Violence Coordinating Council of the 22nd Judicial Court
- McHenry County Traumatic Brain Injury Task Force
- Substance Abuse Coalition
- Underage Drinking Task Force
The MHB policy, in accordance with the Community Mental Health Act, ILCS, Chapter 405, Act 20, Section 0.1, et.seq., stipulates that funds allocated by the MHB shall be used to contract for mental health, substance abuse, and developmental disability services. Funding is aligned with MHB goals and strategies as outlined in the 2012-13-14 Three Year-Plan. Further prioritization of funding is subject to the urgency of need, impact on system access, and/or applicability of leveraging other funds.

MHB Funding Contract Types

- **Fee for Service**
  Payments for each event of service within the constraints of the contract. When possible, payment is based on rates set by the State of Illinois.

- **Grant**
  Provides funds for access to specific care or for the infrastructure of a program. Payment is predicted on the budget and obligations within the contract. Accountability is tied to defined performance measures.

- **Purchase of Position**
  Payment for a particular staff position that is critical to the delivery of an approved program or service for which Fee for Service funding is not applicable.

- **Warrant of Need**
  Payment for psychiatric/behavioral health services for individuals who have proven financial need. May be on a grant or fee for service basis.

- **Capacity Grant**
  Funds designated for improvement in effectiveness of services. May include professional development, peer learning, networking, leadership development, or collaboration with partner agencies.

- **Projects**
  Terms and conditions are tied to expenditures for capital improvements, equipment purchases, or other expenses critical to the delivery of services for an approved program.

- **Other**
  Funding for services may be paid to independent contractors or through stipends.

Crisis Services
The MHB partners with Centegra Health Systems to make mental health crisis services available to all McHenry County residents through the McHenry County Crisis Program (800-892-8900).

Medication Support
The MHB facilitates a voucher system that provides financial assistance to individuals with no other means to purchase psychiatric medications. Assistance is available one time per year per client.

Transportation Assistance
Transportation grants are available to agencies to assist their clients enrolled in treatment.

Specialty Courts
The MHB collaborates with Court Services to support non-violent individuals with behavioral health and substance abuse challenges.

**Mental Health Court:** Since this court first convened in April of 2007, 117 defendants have been accepted into the program.
- Forty-seven successfully graduated
- The number of arrests for all program participants decreased (while in the program) from 293 to 66, a 77 percent reduction.

**Adult Drug Court:** This court became operational in December 2011; 43 active participants in FY12.
- The number of arrests for these individuals decreased (while in the program) from 363 to six, a 98 percent reduction.

Funding by Contract Type
Funding Total: $8,784,358.68 *

Funding by Disability

Footnote
The Funding by Contract Type Total does not reflect cash advances and loans to funded agencies, AmeriCorps living stipends, agency and consumer scholarships, interpretation services, childcare, flex funding, funded agency physical infrastructure grants, and other miscellaneous support costs.
Consistent with its mission and directives of the Community Mental Health Act, the MHB strives to maintain quality services through planning, coordinating, developing, and contracting for behavioral health programming. MHB policy that frames allocation of Community Mental Health Fund dollars requires funded service providers and partners to adhere to basic system of care values.

All applicants for funding must promote the MHB System of Care values:

- Individual, family and youth driven care
- Cultural competency
- Evidence-based practices
- Community-based
- Outcome driven
- Cross-system collaboration that supports resiliency and recovery of those receiving services.

### Funded Agencies

During Fiscal Year 2012, local Community Mental Health funds provided behavioral health services for children, youth, and adults in McHenry County through contracts with 29 agencies.

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Collaboration with agencies to serve children with serious mental health conditions and their families. Builds on the strengths of the youth, their families, and the community to reduce frequency of psychiatric hospitalizations and residential placements. In FY 2012, the McHenry County Wraparound Initiative served 93 youth and families: 71 percent of youth discharged successfully completed program goals; 95 percent avoided residential placement; 81 percent avoided psychiatric hospitalization.

**Wraparound**

Family Resource Developers strategically utilize personal experiences to provide leadership, advocacy, education, support, and resources to youth and their families and to individuals seeking to improve mental health wellness. They and the Peer Recovery Specialists work collaboratively across the community and participate in local and state wide planning.

**Peer Support Specialists**

Collaborates to meet the needs of children and youth with serious emotional and behavioral challenges, who despite involvement in multiple services, remain at risk for placement outside the community. The goal is to develop a comprehensive, strength-based, family and youth driven plan of supports and interventions to stabilize the youth, build resiliency, and make positive connections with family, peers, and community.

**Clinical Subcommittee**

Twelve partner agencies meet monthly to discuss new and difficult cases with the intent of providing the best possible comprehensive services.

**Traumatic Brain Injury Panel**

Coordination efforts, supported through the Substance Abuse Mental Health Service Administration’s (SAMHSA) Lake-McHenry Veterans and Family Service grant, include participation in veterans’ organizations, support groups, and community education.

**Veterans Outreach & Care**

Served 14 families who adopted 28 special needs children. Funded in part through the Department of Children and Family Services.

**Heartstrings Adoption Respite**

The MHB subcontracts for emergency crisis stabilization and intensive short-term home-based services for youth at risk of hospitalization. Served more than 600 youth and families through the Family Service & Community Mental Health Center and the Youth Service Bureau, Division of Pioneer Center for Human Services. Seventy-five percent of youth screened were deflected from inpatient psychiatric hospitalizations. The state average is 49 percent.

**Screening Assessment & Support Services (SASS)**

Part of the SASS contract, ICGs serve families who have clinically complex children who may require residential placement. Diagnosis includes some form of impairment in reality testing, such as auditory or visual hallucinations. The children generally require medication, have had multiple hospitalizations, and have been through multiple community treatments with limited success.

**Individual Care Grant (ICG)**

The MHB assists families with school age children at risk of suspension or expulsion by providing linkage and referral to services. Funded in part through the Department of Children and Family Services.
The McHenry chapter of the national Think First Foundation educated 1,170 elementary through junior high school students on brain and spinal cord injury prevention.

Presentations included
- A Personal Journey to Recovery - Peter Ashenden
- Advocacy, Education & Support as a Pathway to Recovery - Tom Troe
- Committing to Authentic Peer Support Services - Lisa Goodale
- Psych Meds 101 - Melanie Kinley

Facilitated seven 12-hour classes on symptoms of mental illness and how to recognize a mental health crisis. Participants included police officials, members of faith communities, school personnel, and veterans’ service providers.

The Wellness Recovery Action Plan (WRAP) is an evidence-based educational tool for self-help and long-term stability. MHB Recovery Specialists presented four classes that were attended by 52 participants; all rated the course as excellent.

MHB presented “Auditing and Monitoring for Mental Health Authorities in an Everchanging Compliance Environment” Healthcare Compliance Association Institute Conference in April of 2012. Provided training for community partners on new laws and regulations, and assistance with accreditation with the Commission on Accreditation of Rehabilitation Facilities (CARF).

Exposed hundreds to education about mental health concerns

Community Partners — Mental Health Awareness for all
- 4th annual art exhibit featuring work of persons affected by behavioral health concerns
- Publication of annual newspaper insert featuring stories of recovery
- Publication of newspaper insert featuring the voices of veterans in our community

The Behavioral Health Foundation
- 5th Annual Visions of Hope Awards honoring a person in recovery who is helping others achieve recovery, and a member of the community who makes a difference in the lives of those with a mental illness
- Community education theater featuring stories of persons with mental health concerns
Universal Outcomes

Outcome measurement provides important information about effectiveness of services.

For several years the MHB has worked with funded agencies to develop and include universal outcome measures in annual work plan contracts that would accurately convey the needs of consumers and reveal the responsiveness and effectiveness of programs and treatments. Two shared-interest groups within the MHB partner agencies, the Network Council and the Quality Management Team, collaborated to develop guidelines for data collection that could be compared across programs. Their collaborative efforts produced five initial standardized outcome measures.

To facilitate the smooth implementation of the reporting on these outcome measures, MHB-funded agencies began reporting on the selected indicators in stages. Agencies funded by the Illinois Department of Mental Health began to collect and submit data on the five indicators in July 2012 and other funded agencies began data collection and submission in January 2013.

Funded MHB partners agreed to track and report the following five universal outcome measures quarterly.

1) **Average wait time**: The average time from the first call for service to delivery of the first service. This indicator will enable the Mental Health Board to monitor the areas in which there might be delays in service delivery.

2) **Average length of service**: The average time that all discharged consumers received services. This time is determined by the difference between the service enrollment and discharge date. By monitoring this indicator, the Mental Health Board will be able to assess the movement of consumers in and out of services.

3) **Hospitalizations**: The rate at which consumers are admitted to a psychiatric unit for treatment. By monitoring the hospitalization rate the Mental Health Board is able to assess the demand for emergency psychiatric care and hospital beds as well as the demand for staffing of psychiatric services.

4) **Clinical functioning**: The percentage of consumers who remain stable or improve their functioning during the period assessed. This indicator highlights the impact of treatment and the effectiveness of the various evidence-based treatments used in providing care for consumers.

5) **Completion status**: This indicator measures the percentage of consumers who complete their treatment goals, drop out of programs, are terminated from services, or who leave programs for other reasons.

Outcomes for Children and Families

The services provided by MHB-funded programs helped to improve the lives of children with serious mental health conditions and their families. Of a total of 243 children who received services and were discharged from these programs during the period January 1, 2012 through December 31, 2012, many showed improvement in several areas of functioning. Caregivers also showed improvement in their needs and strengths.

Assessment of change in functioning showed that 14 percent of children and youth experienced a reduction in exposure to traumatic events, 11 percent improved traumatic stress symptoms, 29 percent improved risk behaviors, 16 percent improved their strengths, and 21 percent showed improvement in behavioral and emotional needs.

Fourteen percent of caregivers showed improvement in needs and strengths while participating in services. Services received by children and families included crisis stabilization (77%), community support services (51%), case management (40%), linkage and referral to community services (35%), psychiatric/medication management (28%), counseling (21%), family resource development (15%), mentoring (12%), recreation (8%), respite (2%), and other services (10%).

Continuous Quality Improvement

The goals of continuous quality assurance and improvement are to provide the best level of care in the most cost efficient manner in compliance with federal and state laws.

- **Audits**: Periodic internal audits ensure that MHB managed programs are in compliance with contracts and policies. The MHB also monitors contracts with providers of community services to ensure compliance with terms. These audits review work plan decisions mutually agreed upon by the staff of both the MHB and the funded agencies. Additionally, when the MHB receives state or federal funding, it is reviewed or audited by the funder.

- **Consumer Assistance**: The MHB welcomes consumers who request a clinical review of their care. The MHB offers them the opportunity to meet with multiple providers in a safe environment.

- **CARF Accreditation**: The MHB voluntarily conducts a rigorous peer review process to assure consumers, staff, and the community that it is achieving the highest standards in development of policies, procedures, practices, and community supports.

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<th>Industry Affiliations</th>
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<tr>
<td>• CARF - Commission on Accreditation of Rehabilitation Facilities</td>
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<tr>
<td>• National Association of Counties</td>
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<td>• Illinois Children’s Mental Health Partnership</td>
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<td>• Leadership Greater McHenry County</td>
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<tr>
<td>• National Association of County Behavioral Health and Developmental Disabilities Directors</td>
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<td>• National Council for Community Behavioral Healthcare</td>
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Footnotes

(1) McHenry County audits for 2012 will not be finalized until the end of May 2013. As a result, at the time of printing, this financial summary is based on unaudited numbers.

(2) McHenry County recognized a net additional $9,261 of state revenue, a result of an audit timing difference.

(3) Includes $1,403,500 in potentially uncollectable advances and loans to Family Service & Community Mental Health Center.

(4) Includes $50,000 in a potentially uncollectable advance to The Advantage Group.

Note: A proportional share of administrative costs has been allocated to programs based on the Cost Allocation Plan approved by the Board prior to the beginning of MHB’s 2012 fiscal year.
The BHF was created to secure financial and in-kind support for the Mental Health Board, its evidence-based programs, and by extension, its many provider partners. In 2012 virtually every non-profit agency was expected to serve more clients with greater needs than ever before while state funding obligations were not honored and donations were down. Like these other human service agencies, the Behavioral Health Foundation (BHF), a 501(c)3 charitable organization, was asked to do more with less.

Over the last 12 months, this support has been focused in three areas:

- Meeting the safety net needs of individuals when other partners cannot
- Providing technical assistance to partners without the resources to independently seek grant funding
- Finding funds to sustain newly created programs and services established to address the critical needs of our community’s veterans and their families

Through our Corporate Sponsorship Program, agency ambassadors (many of them consumers of mental health services and representatives of the partner agencies seeking BHF’s assistance) donated their time and talent to secure contributions for people in need. Through the generosity of these volunteers, as well as community groups, the Mental Health Board, local businesses, and grant-makers that support behavioral health, the Foundation assisted the following partners, people, projects, and programs in FY12:

- NAMI - McHenry County
- Pioneer Center for Human Resources
- Community Partners
  Mental Health Awareness for All
- Options and Advocacy
- FamiliesETC
- TBI/Think First
- Veterans Empowered, Engaged Resources (VEER) Program
- TLS - Veterans
- Emergency Client Assistance/Project Success Program
- Wraparound Program
- Annual Recovery Conference
- Recovery Outreach Center
- NISRA

We are grateful for the generosity of those who helped us serve others in need.

A list of our donors can be found on our website, www.mcbhf.org.

For more information contact Sharon Smith at 815-308-0866 or Bev Thomas at 815-479-7792.

**Mental Health Board Staff 2012**

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<tr>
<th>Administrative Staff</th>
<th>Service Coordination Staff continued</th>
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<tr>
<td>Alexandra (Sandy) Lewis, Executive Director (through 11/9/12)</td>
<td>Service Coordination Billing &amp; Data</td>
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<tr>
<td>Robert Lesser, Deputy Director (Retired 9/31/12)</td>
<td>Cheryl Darling, Billing &amp; Data Entry Specialist (through 11/30/12)*</td>
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<tr>
<td>Cathy Garrey, Compliance &amp; Quality Assurance Manager</td>
<td>Intake &amp; Referral</td>
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<tr>
<td>Duane Lahti, Data &amp; Information Systems Manager</td>
<td>Jane Montgomery, Family CARE Intake &amp; Referral Coordinator</td>
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<tr>
<td>Jane Wacker, Fiscal Operations Manager</td>
<td>Individual Care Grant</td>
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<tr>
<td>Patricia Peterson, Executive Assistant</td>
<td>Nicole Summers, ICG Coordinator (through 10/4/12)*</td>
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<tr>
<td>Maureen Gates, Administrative Specialist II (through 11/2/12)</td>
<td>Chris Foley, ICG Coordinator</td>
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<td>Vickie Johansen, Administrative Specialist II</td>
<td>Project Success</td>
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<tr>
<td>Deborah Pederson, Administrative Specialist II (hired 11/26/2)</td>
<td>Nicole Allseitz, Project Success Coordinator</td>
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<tr>
<td>Susan Stumpner, Administrative Specialist III</td>
<td>Linda Baumert, Project Success Coordinator (through 11/30/12)*</td>
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<tr>
<td>Accounting Staff</td>
<td>Adrienne Chura-McGann, Project Success Coordinator (through 11/30/12)*</td>
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<tr>
<td>Dodi Vainisi, Accountant I (through 7/27/12)</td>
<td>Debbie Dillon-Peters, Project Success Coordinator (through 11/30/12)*</td>
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<tr>
<td>Melanie Duran, Accountant I (hired 9/17/12)</td>
<td>Pili Rios, Project Success Coordinator (through 8/17/12)*</td>
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<tr>
<td>Pete Gott, Accounting Assistant</td>
<td>Sandol Scholl, Project Success Coordinator (through 9/7/12)*</td>
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<tr>
<td>Pam Mars, Accounting Assistant</td>
<td>Candice Yeargin, Prevention/ICG Clinical Supervisor</td>
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<tr>
<td>Billing &amp; Data Staff</td>
<td>Recovery &amp; Engagement</td>
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<td>Laura Maras, Billing &amp; Data Coordinator</td>
<td>Donna Buss, Recovery &amp; Engagement Specialist</td>
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<td>Kristen Doherty, Billing &amp; Data Specialist</td>
<td>Londa Mattick, Recovery &amp; Engagement Specialist</td>
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<td>Sonya Jimenez, Database Administrator/ Medicaid Coordinator</td>
<td>Traumatic Brain Injury</td>
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<td>Community Relations Staff</td>
<td>Tammy Stroud, TBI Coordinator</td>
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<td>Barbara Iehl, Community Relations Specialist</td>
<td>Screening &amp; Assessment Support Services</td>
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<td>IT Support Staff</td>
<td>Tammy Robinett, SASS Administrative Specialist II</td>
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<td>Ibukun Macaulay, PC &amp; Network Technician (through 2/28/13)*</td>
<td>Amy Easton, SASS Family Resource Developer</td>
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<td>Program Monitor &amp; Training Staff</td>
<td>Carolyn Frasor, SASS Intake Coordinator</td>
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<td>Wendy Neuman, Program Monitor and Training Assistant</td>
<td>Sue Charles, SASS Supervisor</td>
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<td>Service Coordination Staff</td>
<td>Wraparound</td>
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<tr>
<td>Todd Schroll, Family CARE Project Director</td>
<td>Anne-Marie Kane, Wraparound/System of CARE Supervisor</td>
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<tr>
<td>(Interim Executive Director: 10/29/12)</td>
<td>Youth Coordinator</td>
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<tr>
<td>Liz Doyle, Clinical Director (Retired 11/30/12)*</td>
<td>Elizabeth Bean, Youth Coordinator (through 1/27/12)*</td>
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<td>Service Coordination Support Staff</td>
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<tr>
<td>Adrienne Burman, Administrative Specialist II</td>
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