

Recognizing Mental Health:

**DeWitt County Resources and Needs
to Address Mental Illness, Substance
Abuse, and Developmental
Disabilities**

December 2005

**Produced by the DeWitt County Community Mental Health Board
and the Applied Social Research Unit, Illinois State University**

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1. Executive Summary

The DeWitt County Community Mental Health Board's (DCCMHB) mission is to *provide comprehensive, community-based services in an efficient and effective manner to all residents of DeWitt County with mental illness, substance abuse, and developmental disabilities*. The DCCMHB wants to ensure that county residents can access the services they need close to home without unnecessary barriers. To help fulfill its role, the Board, with assistance of the Applied Social Research Unit, Illinois State University, undertook a mental health resources and needs assessment in 2005. More than 60 individuals and 42 organizations participated in this assessment through a Health and Human Service Providers' Survey, a Public Forum on Mental Health, and public data collection and review. Assessment information will help the DCCMHB plan and prioritize its efforts for several years. Other organizations also may use this information for their own planning, program development, grant writing, and referral to appropriate health and human service providers.

Availability, accessibility, and acceptability of services are three indicators by which to judge the effectiveness of DeWitt County's mental health system. Are needed services and providers available in the County? Do County residents use the resources that are available or are there barriers that prevent them from doing so? Do service providers take into account the geographic and cultural context in which they are providing services? What are DeWitt County's strengths in serving the needs of residents and families with mental illness, substance abuse problems, or developmental disabilities?

DeWitt County has many resources for supporting these residents and their families. The current recipients of DCCMHB funding, the DeWitt County Human Resource Center, Dove, Inc., Growing Strong Sexual Assault, and the YMCA, provide a range of mental health-related services to address individuals' needs. Other county-based organizations such as churches, townships, the Salt Creek Resource Center, the DeWitt County Friendship Center, and RSVP also provide human services or assistance that may benefit people with mental health issues. When needed services are not available in the County, residents may be able to acquire services in adjacent McLean, Champaign, or Macon Counties.

Although County residents are fortunate to have many organizations, programs, and services, assessment participants pointed out areas where efforts could be enhanced. Examples of service needs include: residential treatment, employment, and housing for people with mental illness or substance abuse problems; treatment for people with co-occurring mental illness and substance abuse; early intervention services; and additional case management and counseling services. The U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), has designated DeWitt County as a Health Professional Shortage Area for mental health. In addition to service and workforce needs, barriers to accessing services, such as lack of transportation, money or insurance, and child care, prevent individuals and families from getting help. The stigma associated with mental illness also deters the public from seeking (and providing) help.

Mental disorders and mental health problems affect individuals and families of all backgrounds. Because we all have a stake in mental health, County residents, health and human service providers, schools, criminal justice organizations, governmental units and agencies, and other organizations can better

1. Executive Summary

recognize, understand, and address mental health issues. The input from assessment participants suggests a number of directions the DeWitt County Community Mental Health Board (and other organizations) could take to further address mental health issues including the following:

- ***Interagency networking, referrals, and collaboration can be encouraged and supported.***
- ***Education about mental health and service availability can be increased.***
- ***Organizational staff and residents, including individuals and families experiencing mental health issues, must continue to advocate for mental health in DeWitt County.***
- ***Staff and residents can become better acquainted with issues outlined in this report, other related issues, and services and reports of professional and consumer organizations and government agencies.***
- ***Organizations may be able to increase resources for mental health services, including funding, through grant writing, collaboration, and resource sharing.***
- ***The State of Illinois' move to "fee for service" must be monitored for its affects on service availability and delivery in DeWitt County.***
- ***County organizations can consider staff recruitment, retention, training, and support needs and potentially find new ways to pool or acquire resources.***
- ***Advocacy efforts focused on government, professional organizations, and educational institutions can address mental health workforce issues.***
- ***Barriers to service usage such as cost, lack of transportation, and child care must be removed.***
- ***Mental health providers and advocates can consider developing and/or attracting additional funding for services and programs that aren't readily available or insufficient to meet a demand.***
- ***Finally, the DeWitt County Community Mental Health Board must now consider how it will use this report and determine its priorities.***

2. Acknowledgements

In all, more than 60 individuals and 42 organizations participated in this needs and resources assessment; many more were invited to participate. The DeWitt County Community Mental Health Board and the Applied Social Research Unit (ASRU) wishes to thank and recognize the following individuals and organizations whose representatives took part in one or more of the research activities informing this report.

Individuals and Families Experiencing Mental Illness, Developmental Disabilities, or Substance Abuse Who Participated in This Project

Participating Organizations

- ◆ Central Illinois Economic Development Corporation ◆ Child and Family Connections, Decatur
- ◆ City of Clinton Police Department ◆ Clinton Area Chamber of Commerce ◆ Clinton Community Unit School District 15 ◆ Clinton High School ◆ Clinton United Methodist Church ◆ DeWitt County Friendship Center ◆ DeWitt County Housing Authority ◆ DeWitt County Human Resource Center (HRC) ◆ DeWitt County Probation & Court Services ◆ DeWitt County Sheriff's Department
- ◆ DeWitt Township ◆ DeWitt-Piatt Bi-County Public Health Department ◆ DOVE, Inc.
- ◆ Dr. John Warner Hospital ◆ East Central Illinois Area Agency on Aging ◆ Easter Seal Society of Central Illinois ◆ First Christian Church ◆ First Church of the Nazarene ◆ Harp Township
- ◆ Hawthorne Inn of Clinton, Liberty Village ◆ Illinois Department of Human Services
- ◆ Jackson Heights Nursing Home ◆ McLean County Health Department ◆ Nixon Township
- ◆ Parents as Teachers, Douglas School ◆ RSVP (Retired and Senior Volunteer Program) of DeWitt County ◆ Salt Creek United Methodist Parish (Farmer City and Weldon United Methodist Churches) & Salt Creek Resource Center ◆ Santa Anna Township ◆ St. John the Baptist Catholic Church
- ◆ St. Patrick's Catholic Church ◆ Texas Township ◆ The Baby Fold ◆ United Cerebral Palsy Land of Lincoln ◆ Vespasian Warner Public Library ◆ Village of Wapella ◆ Wapella Christian Church
- ◆ Wapella Says YES ◆ Waynesville Township

DeWitt County Community Mental Health Board

- ◆ Harold Allen ◆ Mike Bennett ◆ Terry Ferguson ◆ Julie Floyd ◆ Edith Lunny, President ◆ Mark Sterr

Applied Social Research Unit, Illinois State University

- ◆ Sharon Mills, Director, and DeWitt County Community Mental Health Board Administrator
- ◆ Susan Savage

2. Acknowledgements

3. Introduction

Mental disorders and mental health problems affect individuals and families of all walks of life, social classes, ages, and races. About one in five Americans, including children, experiences a mental disorder in a given year. While some of these individuals use mental health services through the health sector, social service agencies, schools, churches, or self-help groups, gaps remain between those who need and those who receive services.¹

Selected Definitions

Mental health is “the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity; from early childhood until late life, mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience, and self-esteem.”²

Mental illness is “the term that refers collectively to all mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.”³

There is a distinction made between **mental illness** and less severe **mental health problems** that are marked by “signs and symptoms of insufficient intensity or duration to meet the criteria for any mental disorder.” Most people have experienced mental health problems “in which the distress one feels matches some of the signs and symptoms of mental disorders.”⁴

Recovery “refers to the process in which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual’s recovery.”⁵

Resilience “means the personal and community qualities that enable us to rebound from adversity, trauma, tragedy, threats, or other stresses—and to go on with life with a sense of mastery, competence, and hope. We now understand from research that resilience is fostered by a positive childhood and includes positive individual traits, such as optimism, good problem-solving skills, and treatments. Closely-knit communities and neighborhoods are also resilient, providing supports for their members.”⁶

¹ U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General*, (Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999), p. xii.

² *Mental Health: A Report of the Surgeon General*, p. vii.

³ *Mental Health: A Report of the Surgeon General*, p. vii.

⁴ *Mental Health: A Report of the Surgeon General*, p. 5.

⁵ The President’s New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America, Executive Summary*, (Rockville, MD: U.S. Department of Health and Human Services, Pub. No. SMA-03-3831, 2003), p. 7.

⁶ *Achieving the Promise: Transforming Mental Health Care in America, Executive Summary*, p. 7.

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The mental health field and perspectives on mental health and illness have changed over the past 50 years. From the mid-1950s to 1970, deinstitutionalization and social integration in communities characterized the community mental health movement. Federal legislation, grants, and inclusion of limited benefits in Medicaid and Medicare during this period “stimulated transfer of many long-term inpatients from public mental hospitals to nursing homes, encouraged the opening of psychiatric units in general hospitals, and ultimately paid for many rehabilitation services for individuals with severe and persistent mental disorders.” The movement also saw “declines in length of hospital stay and the discharge of many patients from custodial care in hospitals” and expanded outpatient services through community mental health centers. However, this meant many people were returned to the community without a support system in place for them.

Housing, support services, community treatment approaches, vocational opportunities, and income supports for those unable to work were not universally available in the community. Neither was there a truly welcoming spirit of community support for ‘returning’ mental patients. Many discharged mental patients found themselves in welfare and criminal justice institutions . . . or [they] became homeless⁷

These predicaments led to the “community support” reform movement (1975 to the present) which was characterized by “acute treatment and prevention” and “community support systems” to meet the social welfare needs of individuals with mental illness including access to housing and jobs. This period also saw the growth of involvement of individuals and consumer and family organizations in advocacy, policy development, research, self-help, and services and support. With their involvement, families and consumers introduced a vision of recovery (see the selected definitions).⁸ Other significant trends of the past 25 years include advances in “scientific research on the brain and behavior; the introduction of a range of effective treatments for most mental disorders; [and] . . . transformation of . . . approaches to the organization and financing of mental health care.”⁹

DeWitt County is no stranger to these trends as one assessment participant implied when responding to a question about the County’s strengths in mental health-related service provision: “I have been a DeWitt County [resident] for 45 of my 51 years. What an improvement from the 60s and 70s!” Undoubtedly, perspectives on mental health and provision of mental health services will and should continue to change and improve.

This year, the Illinois Rural Health Association (IRHA) conducted five roundtables throughout the State to explore barriers to mental health service provision in rural Illinois, identify examples of access problems, and gather suggestions for improvements to the mental health system. A report on all IRHA roundtables is expected early next year. Participants at a roundtable for the central part of the State provided much information that was similar to DeWitt County assessment participants’ input including the following:

- There is a lack of mental health providers, particularly counselors and psychiatrists, and particularly for children and adolescents.
- Lack of transportation or distance to services is an issue.
- There is little follow up care available in the community post hospitalization.
- General medical providers may have limited understanding of mental health issues even though they may be chosen to provide mental health services.

⁷ *Mental Health: A Report of the Surgeon General*, p. 79.

⁸ *Mental Health: A Report of the Surgeon General*, p. 80.

⁹ *Mental Health: A Report of the Surgeon General*, p. 13.

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- Clients need help acquiring the services they need.
- Mental health screening, prevention, and services should be provided in schools, yet mental health services are often cut when school funding is cut.
- Medicaid rates do not cover the provider's actual time with the client, travel time, and expenses.
- A "fee for service" structure being implemented in the State, while potentially increasing accountability, will decrease reimbursable expenses further.
- There is a question as to adequacy of early intervention screening and service provision.
- The State should increase funding for mental health services, e.g., including funding for in-patient facilities, to schools, and to health departments for childhood screening.
- Methamphetamine use is a growing problem in rural Illinois.¹⁰

The 1999 Surgeon General's report on mental health, the first Surgeon General's report on this topic, and the follow-up report of The President's New Freedom Commission on Mental Health in 2003 are bringing national attention (and policy) to bear on mental health and illness. Likewise, the Children's Mental Health Act of 2003 and the 2005 strategic plan of the Illinois Children's Mental Health Partnership should further development of the mental health system. These documents have common goals to:

- Increase public, family, and other audiences' (e.g., policymakers, educators, health providers, juvenile justice system officials, faith-based organizations, local health department officials) awareness and education about mental illness, effective treatments, where and how to get care, and the need to expand mental health resources;
- Reduce stigma associated with mental illness;
- Develop and strengthen prevention, early intervention, and treatment for children;
- Eliminate disparities in mental illness and mental health care by developing culturally (and linguistically) competent services and providers and by improving access in rural and remote areas;
- Increase services, the supply of mental health providers, and training opportunities for providers;
- Coordinate mental health-related agencies, programs, and services at the Federal, state, and local levels;
- Promote consumer and family involvement and choice;
- Invest in mental health and remove financial barriers to accessing treatment; and
- Invest in research and evidenced-based treatments to increase the quality of services and the knowledge base.¹¹

The preface to the Surgeon General's 1999 report concludes by saying:

Promoting mental health for all Americans will require scientific know-how but, even more importantly, a societal resolve that we will make the needed investment. The investment does not call for massive budgets; rather, it calls for the willingness of each of us to educate ourselves and others about mental health and mental illness, and thus to confront the attitudes, fear, and misunderstanding that remain as barriers before us.¹²

With consumers, families, policymakers, health and human service providers, and others working locally, Statewide, and nationally, we have both the opportunity and obligation to transform the mental health field and the systems that come in contact with the field.

¹⁰ Illinois Rural Health Association, *Community Mental Health Forums*, "Minutes for Onarga, Illinois Forum," (August 2005). The Onarga Forum identified additional issues and improvement suggestions that are not listed here.

¹¹ 1. *Mental Health: A Report of the Surgeon General*. 2. *Achieving the Promise: Transforming Mental Health Care in America, Executive Summary*. 3. *Illinois Children's Mental Health Act, Public Act 93-0494*. 4. Illinois Children's Mental Health Partnership, *Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois*, (June 30, 2005).

¹² *Mental Health: A Report of the Surgeon General*, "Preface."

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Purpose of this resources and needs assessment

The DeWitt County Community Mental Health Board's (DCCMHB) mission is to *provide comprehensive, community-based services in an efficient and effective manner to all residents of DeWitt County with mental illness, substance abuse, and developmental disabilities.*¹³ The role of the DeWitt County Community Mental Health Board is to see that residents of the County have access to the mental health services they need. It is the Board's goal that these services are provided close to home without unnecessary barriers. The current source of funding for the DCCMHB is a tax levy collected by the DeWitt County Board. The Mental Health Board meets with the County Board during the annual budget review process when a levy is approved for mental health purposes.

To help fulfill its role, the DCCMHB undertook a resources and needs assessment in 2005. Goals of the assessment include the following:

- Give DeWitt County residents information about the DCCMHB and create awareness about DeWitt County mental health issues.
- Give County residents and organizational representatives an opportunity to share their knowledge and experiences about: key issues facing residents with mental illness, substance abuse problems, and/or developmental disabilities; advice on improving services; and County strengths in serving residents and their families.
- Provide the DCCMHB with information about services available, and gaps and duplications in services, to support its planning and program development.

Research methods

This assessment project combined quantitative and qualitative approaches to best inform the DCCMHB about needs and organizations' services and programs in the County. The Applied Social Research Unit of Illinois State University (ASRU), the organization contracted to provide administrative services to the DCCMHB, collected public data, convened a public meeting, and surveyed health and human service organizations providing services in DeWitt County. In all, more than 60 individuals and 42 organizations directly participated in this research through the following activities.

- **Public data collection.** Although not a focal point of research activities, the ASRU collected existing data reflecting DeWitt County demographics and incidence of mental illness, substance abuse, and developmental disabilities. The ASRU made direct requests to local and state organizations and reviewed Internet sources. Sections 4 and 5 of this report reflect the public data sources ASRU consulted.
- **Survey of Health and Human Service Providers.** This survey, along with the public forum, formed the research base for this project. The DCCMHB compiled a mailing list of 86 organizations providing (or potentially providing) relevant services in DeWitt County including health and human service organizations, state agencies, townships, schools, churches, and law enforcement. The DCCMHB chose to focus primarily on organizations located within DeWitt County as it wants to ensure services are provided close to home. Some organizations that received a

¹³ The DCCMHB meets on the first Thursday of each month at 6:30 p.m. in the DeWitt County Building. All meetings are open to the public.

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survey, though, are located in adjacent counties and serve DeWitt County residents locally or in those counties. The survey was sent in June 2005 with post card and telephone follow-up to encourage non-responders in June and July 2005. Thirty-five organizations responded to the survey for a 41 percent response rate. Survey data is included in section 5 of this report. See Appendices A1 and A2 for the survey instrument and responses and a table of programs and services provided by responding organizations.

- **Public Forum on Mental Health.** On August 11, 2005, 29 DeWitt County residents attended the Public Form on Mental Health held at the Vespasian Warner Public Library in Clinton. Participants represented health and human service organizations, local government, the DeWitt County Community Mental Health Board, and people with mental illness, substance abuse problems, and developmental disabilities, or their families. With a facilitator and notetaker at each of four tables, participants discussed these questions:
 1. Which key issues would you target first to better meet the needs of DeWitt County residents with mental illness, substance abuse problems, or developmental disabilities? Why?
 2. What advice would you give about how to improve services for these residents and their families?
 3. What are DeWitt County's greatest strengths in serving the needs of these residents and their families? Why?See Appendix A3 for notes taken at each table. Several individuals, who were interested in, but could not attend the public forum, provided their input outside of the meeting to the DCCMHB.

Report structure and limitations

This report comprises narrative and figures related to DeWitt County residents' and organizations' experience with mental illness, substance abuse, and developmental disabilities. Sections 1 and 2 provide a brief Executive Summary and acknowledge contributions to the project. Section 3 (this section) provides an introduction to mental health trends, topics, and the project's purpose, methods, and limitations. Section 4 provides basic demographic information for DeWitt County's population including its size, age, educational attainment, income, employment, poverty status, and incidence of mental illness, developmental disability, and substance abuse. Section 5 identifies DeWitt County resources and needs related to mental health, developmental disabilities, substance abuse, domestic violence, and sexual assault. Section 6 suggests potential directions for the DCCMHB and other organizations interested in these issues. Finally, the Appendices include instruments for research activities and resulting data.

Implementing this assessment research was a first for the DCCMHB. In line with its mission, the Board chose to focus the project on mental health topics. A broader study of health and human services may have illuminated more fully contributing factors to County mental health issues. Also, this research was undertaken with limited financial resources that narrowed the scope of research activities. Fortunately, volunteer Board members contributed to assessment planning and implementation. Finally, the majority of participants were organizational representatives and some organizations were invited to participate but chose not to. Greater participation by DeWitt County organizations and residents, especially those with direct experience of mental illness, developmental disabilities, or substance abuse, may have informed this report more fully.

Understanding these limitations helps to place this report in context and identify potential enhancements to future assessment efforts, namely, broader citizen and organization representation at all stages of the

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assessment process. The project and resulting report, though, accomplish the goals the DCCMHB set forth to provide information about the Board, organizations (and their programs), and people experiencing mental illness, substance abuse, or developmental disabilities in DeWitt County.

4. DeWitt County

Demographics

Located in Central Illinois, DeWitt County is 25 miles from Bloomington-Normal and Decatur, 50 miles from Springfield and Champaign-Urbana, and 150 miles from Chicago and St. Louis. The City of Clinton (and the County) have access to Interstates 39, 55, 57, and 72 in a short travel time, and access to U.S. Routes 51 and 150, and State Routes 10, 48, and 54.¹⁴ DeWitt County provides recreation opportunities at Clinton Lake and Mascoutin State Recreation Area, Weldon Springs State Recreational Area, campgrounds, and various festivals, events, and attractions.¹⁵ DeWitt County, the City of Clinton, and the Clinton Area Chamber of Commerce collaborate to attract business and industry to the County. AmerGen's Power Station is the largest employer in the County. If they wish to remain close to home while pursuing higher education and vocational training, DeWitt County residents can choose among many colleges and universities located within 50 miles in Decatur, Lincoln, Bloomington-Normal, Springfield, and Champaign-Urbana. Richland Community College also offers GED and advanced courses through its Clinton center. DeWitt County is fortunate to have a number of health and human service organizations addressing mental health issues. These will be discussed in the next section.

Population

DeWitt County's 2004 population was estimated at 16,597 people, a 1 percent decrease from the 2000 population of 16,798, and nearly equal to the population in 1990. Eighty-eight percent of the County's population is in Clinton, Farmer City, and rural areas outside of villages and towns. See Figure 1.

Gender, age, and race

In 2000, the County's population was split between males (48.9% or 8,212 residents) and females (51.1% or 8,586 residents), closely mirroring the U.S. gender breakdown of 49.1 percent and 50.9 percent respectively.¹⁶ Nearly one-quarter of the County's residents are under age 18 (24.6%), three-fifths are aged 18-64 (59.6%), and nearly 16 percent are 65 and older. See Figure 2.

¹⁴ The City of Clinton, Illinois, *Community Profile*, (requested from the City of Clinton, October 2005; updated on an ongoing basis), and DeWitt County Illinois, [Internet], <http://dewittcountyill.com>, (accessed September 2005).

¹⁵ DeWitt County, Illinois, [Internet], <http://dewittcountyill.com>, (accessed September 2005).

¹⁶ U.S. Census Bureau, *Census 2000 Summary File 1*, [Internet], <http://factfinder.census.gov/>, Data Sets, Table QT-P1 for De Witt County, Illinois, and for the United States, (accessed September 2005).

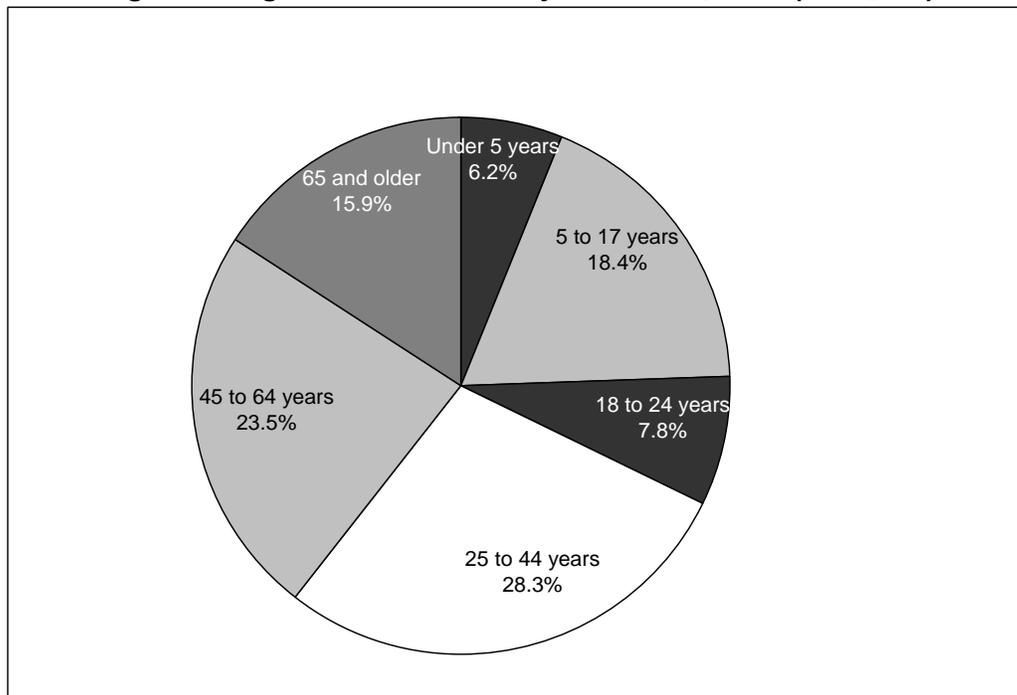
4. DeWitt County Demographics

Figure 1: DeWitt County Communities' 1990 and 2000 Populations and 2004 Estimated Population with Percent Change from 2000 to 2004

| DeWitt County & its communities | 1990 population | 2000 population | 2004 estimated population | Percent Change |
|---------------------------------|-----------------|-----------------|---------------------------|----------------|
| DeWitt County | 16,516 | 16,798 | 16,597 | -1.2% |
| Clinton | 7,437 | 7,485 | 7,288 | -2.6% |
| DeWitt | 122 | 188 | 184 | -2.1% |
| Farmer City | 2,114 | 2,055 | 2,011 | -2.1% |
| Kenney | 390 | 374 | 366 | -2.1% |
| Wapella | 608 | 651 | 642 | -1.4% |
| Waynesville | 440 | 452 | 442 | -2.2% |
| Weldon | 361 | 440 | 430 | -2.3% |
| Other areas | 5,044 | 5,153 | 5,234 | 1.57% |

Source: U.S. Census Bureau, *2004 Population Estimates, Census 2000, 1990 Census*, [Internet], <http://factfinder.census.gov/>, for De Witt County, Illinois, Population Finder, (accessed September 2005).
 Note: The U.S. Census Bureau spells "De Witt County" with a space between "De" and "Witt." It must be spelled that way on their Internet sites to do a successful search. With the exception of Census Bureau citations, this report spells DeWitt without the space.

Figure 2: Ages of DeWitt County Residents, 2000 (n=16,798)



Source: U.S. Census Bureau, *Census 2000 Summary File 1*, [Internet], <http://factfinder.census.gov/>, Data Sets, Table QT-P1 for De Witt County, Illinois, (accessed September 2005).

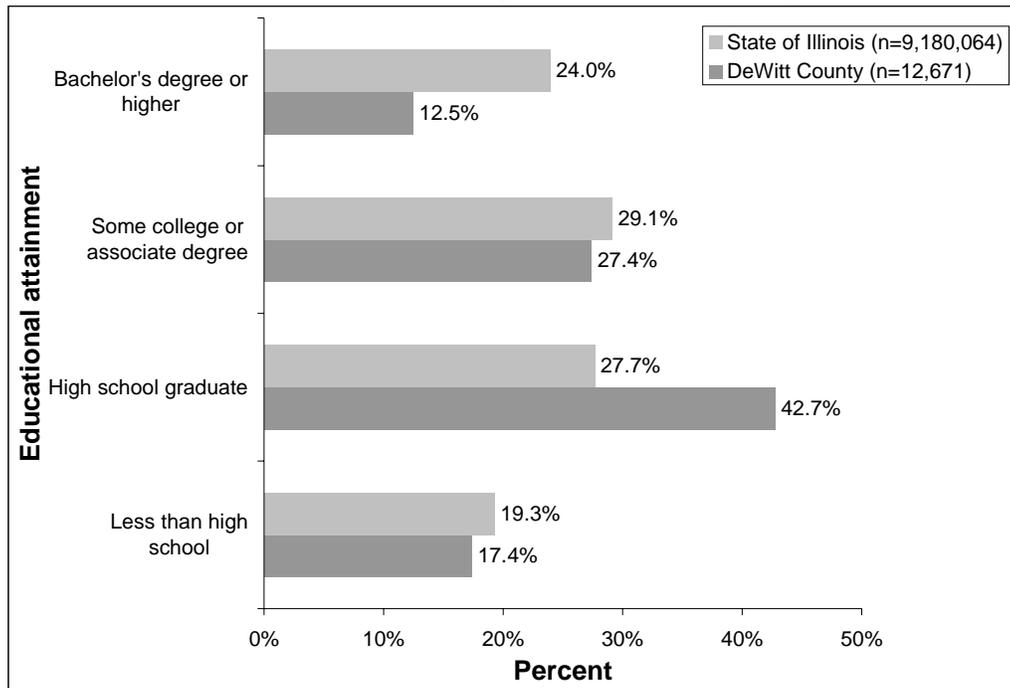
4. DeWitt County Demographics

DeWitt County's population is predominantly white (97.8%) with 1 percent or less indicating each of these other races: black or African American, American Indian and Alaska Native, Asian, some other race, or two or more races. Hispanics or Latinos (of any race) make up 1.3 percent (213 residents) of the County's population, an increase from 0.5 percent (80 residents) in 1990.¹⁷

Educational attainment

Most DeWitt County residents (82.6%) aged 18 and older have at least a high school diploma; nearly 40 percent also have some post-secondary education—less than the State's population of about 53 percent with education beyond high school. See Figure 3.

Figure 3: Educational Attainment for Persons 18 Years Old and Older in DeWitt County and State of Illinois, 2000



Source: U.S. Census Bureau, *Census 2000 Summary File 3*, [Internet], <http://factfinder.census.gov/>, Data Sets, Table QT-P20 for De Witt County, Illinois and the State of Illinois, (accessed September 2005).

¹⁷ U.S. Census Bureau, *Summary File 1 and Summary File 3*, [Internet], <http://factfinder.census.gov/>, Fact Sheet for De Witt County, Illinois, 2000, (accessed September 2005) and U.S. Bureau of the Census, *1990 Census of Population and Housing, Summary Tape 1*, [Internet], <http://factfinder.census.gov/>, Data Sets, Table DP-1 for De Witt County, Illinois, (accessed September 2005).

4. DeWitt County Demographics

Household structure

In 2000, 4,683 family households and 2,087 non-family households were living in DeWitt County. Married couples account for most families (3,843 or 82.1%); married couples with children under 18 years of age account for 1,630 families (34.8%). Female householders with children under 18 years and no husbands present account for 396 or 8.5 percent of families. The average DeWitt County family size was 2.95 persons; the average household size was slightly smaller (2.44 persons).¹⁸

Employment, income, and poverty

About 50 percent (8,216 residents) of the County's population was in the labor force—either working or looking for work—in August 2005. Unemployment was at 5.4 percent in the same month.¹⁹ Starting in 2002, annual unemployment increased and then remained fairly steady at over 6.4 percent through 2004. See Figure 4. Jobs lost due to closures (or layoffs) of several County businesses over the last five years (e.g., Clinton Imperial China, Thrall Car, Thorp Seed, and the Power Plant) have been offset to a small extent by business openings or expansion (e.g., Altofer Caterpillar, Midwest Green House, new shops around Clinton's square, and CornBelt FS). The restoration of the Taylor Magill Hotel has potential to create about 91 jobs in the County.

In its most recent *Environmental Scan*, the Central Illinois Economic Development Corporation (CIEDC) and Community Action Agency noted that DeWitt County has no locally available job training programs and no job placement services or follow-up to unemployed or under-employed people. Richland Community College provides GED and some advanced courses in Clinton. The State provides financial support to help pay for job training for adults. At the CIEDC April 2005 Dialogue on Poverty, DeWitt County participants rated jobs as the number one priority in the County. The rest of the prioritized list included housing and shelter (2), health (3), transportation (4), income and budgeting (5), and services to families and children (6).²⁰

DeWitt County's median household income (\$41,256) and per capita income (\$20,488) for 1999 are lower than the State of Illinois' median household (\$46,590) and per capita (\$23,104) incomes.²¹ The percentage of DeWitt households within most income ranges is nearly equal to or slightly greater than the percentage of Illinois households in the same ranges. Fewer DeWitt households than State households, though, are in the lowest and highest income ranges. Nearly 50 percent of DeWitt households have incomes between \$20,000 and \$60,000. See Figure 5.

¹⁸ U.S. Census Bureau, *Census 2000 Summary File 1*, [Internet], <http://factfinder.census.gov/>, Data Sets, Table QT-P10 for De Witt County, Illinois, (accessed September 2005).

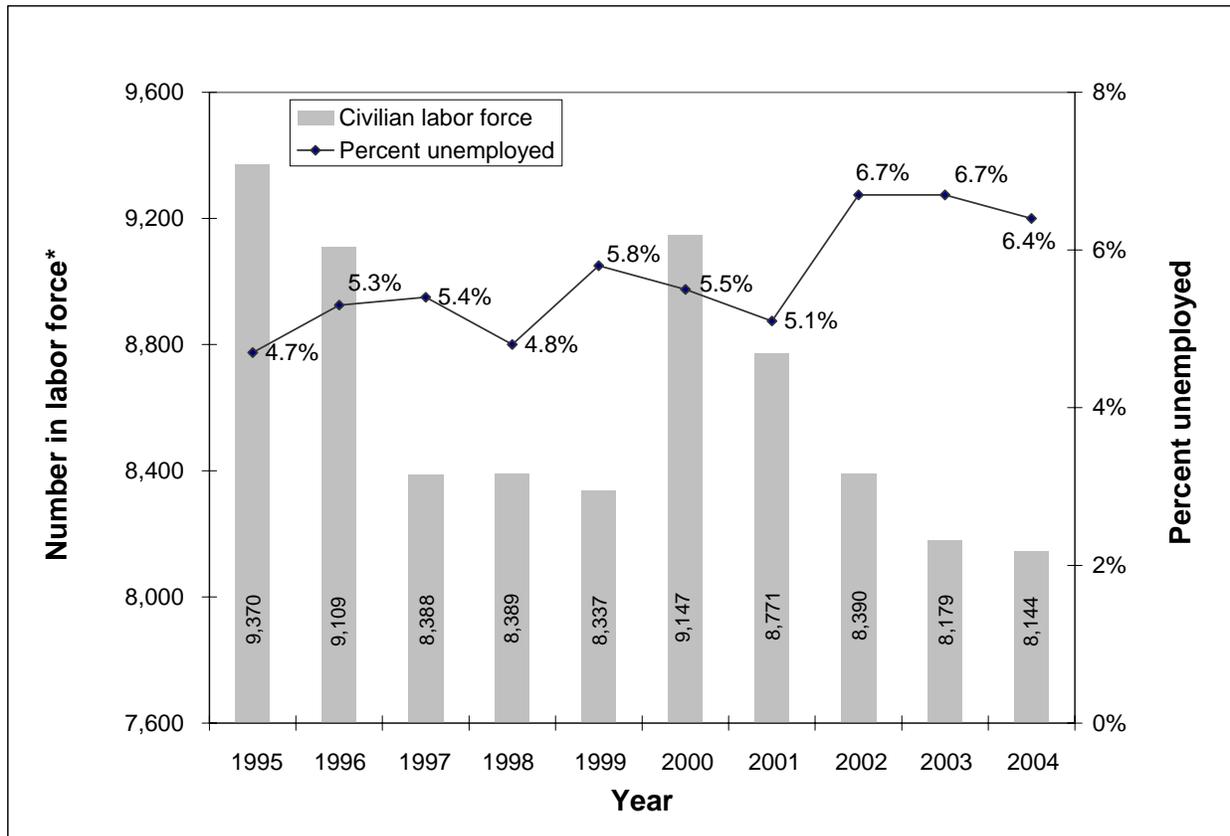
¹⁹ Illinois Department of Employment Security, Workforce Information Center, *Employment and Unemployment Data in DeWitt County*, [Internet], <http://wic.ilworkinfo.com/>, Labor Force Data, for DeWitt County, (accessed November 2005).

²⁰ Central Illinois Economic Development Corporation and Community Action Agency, *Environmental Scan*, p. 7, (2005), and *Dialogue on Poverty Report*, p. 1, (2005).

²¹ U.S. Census Bureau, *Summary File 1 and Summary File 3*, [Internet], <http://factfinder.census.gov/>, Fact Sheet for De Witt County, Illinois, 2000, and for the State of Illinois, 2000, (accessed September 2005). Per capita income is figured for the population that is aged 16 and over and in the labor force.

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Figure 4: DeWitt County Annual Labor Force and Unemployment, 1995 to 2004



Source: Illinois Department of Employment Security, [Internet], <http://wic.ilworkinfo.com/>, (accessed September 2005).

*Labor force includes civilians who are working or looking for work. This data is not seasonally adjusted.

Note: 2000 U.S. Census Bureau data shows less people in the labor force (8,852) and lower unemployment (5.3 percent) than the Illinois Department of Employment Security 2000 data shows above.

Fewer DeWitt County families (5.8% or 269 families) and individuals (8.2% or 1,346 individuals) were living below the poverty level than State of Illinois families (7.8%) and individuals (10.7%) living below the poverty level in 2000.²² See Figure 6 for poverty guidelines. In 2005, DeWitt County was one of 44 Illinois counties placed on the poverty Watch List to be monitored; 14 counties were placed on the Warning List. To compile these lists, Illinois' 102 counties are evaluated using a point system on each of four "well-being indicators" including high school graduation, unemployment, teen birth, and poverty rates:

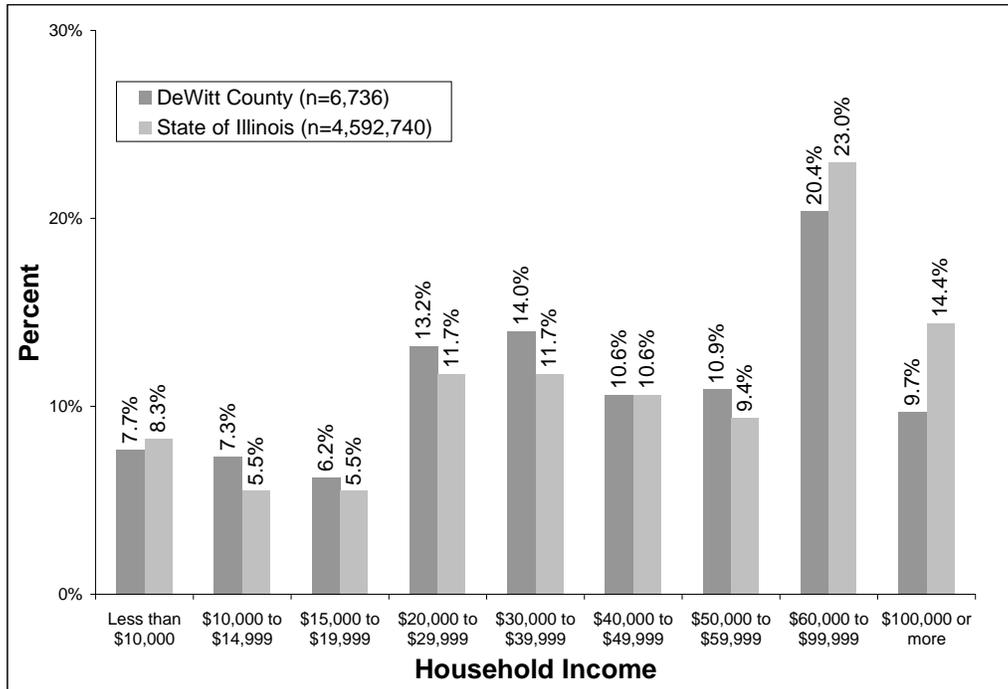
A point is given to a county if its rate is higher than the state average and/or if they have worsened since the previous year; for each indicator a total of two points is possible and overall a total of eight points is possible. Counties that score 4 or 5 points are on the Watch List; and counties that score 6, 7, or 8 points are on the Warning List.²³

²² Ibid. This poverty data is based on 4,669 DeWitt County families and is derived from Summary File 3 (SF3). SF3 information is extrapolated from sample data as opposed to Summary File 1 data which is based on 100 percent data. These two different methods account for the slight difference in family numbers between this poverty data and the family household numbers previously discussed in "Household structure."

²³ Illinois Poverty Summit, *2005 Report on Illinois Poverty*, (Chicago, Illinois, 2005), pgs. 30-33.

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Figure 5: Household Income in DeWitt County and State of Illinois, 2000



Source: U.S. Census Bureau, *Census 2000 Summary File 3*, [Internet], <http://factfinder.census.gov/>, Data Sets, Table QT-P32 for De Witt County, Illinois and the State of Illinois, (accessed September 2005).

Health status and insurance

The *2005 Report on Illinois Poverty* states “There are six basic elements necessary to help keep people out of poverty: adequate health, education, income, employment, food and nutrition, and housing.”²⁴ The majority of DeWitt County adults who responded to the 2005 Behavioral Risk Factor Survey (BRFS) reported experiencing very good or excellent health and reported no days where physical or mental health were not good. Over 14 percent of DeWitt County adults do not have a health insurance plan and 8.6 percent avoided a doctor due to the cost of care in 2005. A much higher percentage of adult residents (48.8%) do not have dental insurance.²⁵ See Figure 7.

The *2005 Report on Illinois Poverty* indicates that health insurance premiums for Illinois workers are rising faster than average earnings: from 2000 to 2004, the percent increase for amount paid to health insurance premiums was 34.9 percent and for average earnings was only 13 percent. The cost of retail prescriptions also increased in Illinois by 6.3 percent between 2002 and 2003. The *Report* states:

As health care costs rise, people with low incomes are forced to make tradeoffs between their health and other necessities. Lacking health insurance keeps a person from practicing

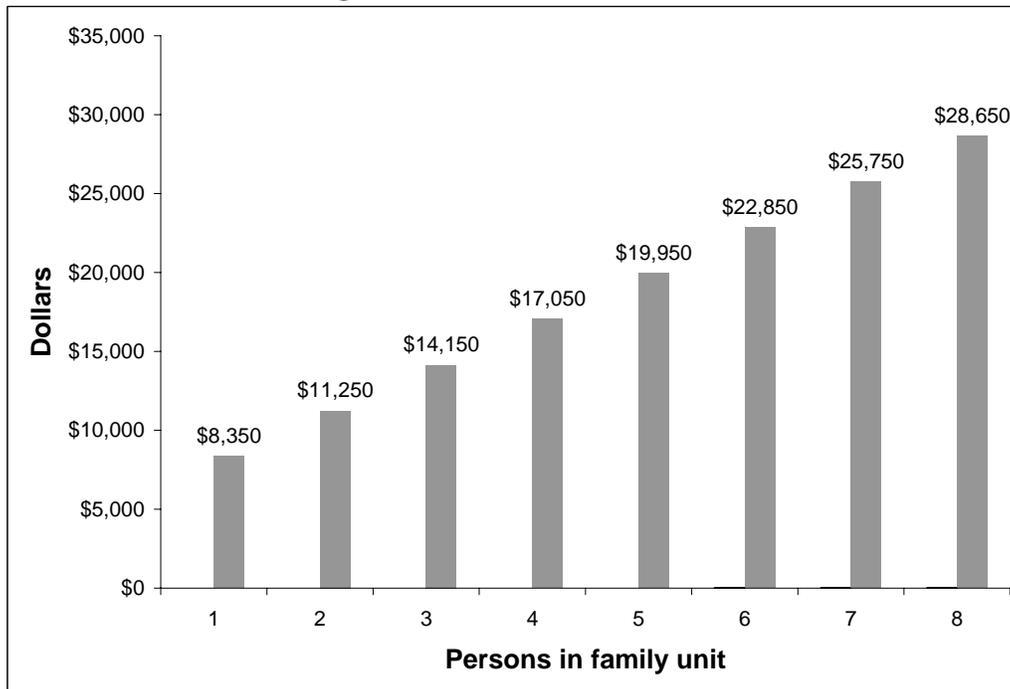
²⁴ Ibid, p. 16.

²⁵ Illinois Department of Public Health, *Illinois Behavioral Risk Factor Survey Results*, (2005), (data shared by DeWitt-Piatt Bi-County Health Department). The 2005 Illinois Behavioral Risk Factor Survey results for DeWitt County should be available later this year at the Illinois Behavioral Risk Factor Surveillance System Website at <http://app.idph.state.il.us/brfss>.

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preventative care. Therefore, the uninsured are likely to let symptoms of more serious illnesses go untreated, resulting in higher medical costs (monetary and otherwise) for the treatment of illnesses that could have been prevented or treated for a lower cost early on.²⁶

Figure 6: 2000 Health and Human Services Poverty Guidelines for the 48 Contiguous States and the District of Columbia



Source: U.S. Department of Health and Human Services, *2000 Health and Human Services Poverty Guidelines*, [Internet], <http://aspe.hhs.gov/poverty/00poverty.htm>, (accessed November 2005).

According to the 2000 Census, 18 percent (or 2,791) of DeWitt County residents 5 years and over have at least one disability that is sensory, physical, or mental in nature, or is related to the ability to provide self-care (dress, bathe, or get around inside the home), go outside the home alone (to shop or visit a doctor's office), or work.²⁷ Slightly more than 4 percent or 681 residents have a mental disability. See Figure 8. Behavioral Risk Factor Survey data indicates that 21.7 percent of DeWitt County residents feel their activities are limited in some way; 14.1 percent of residents need help due to their health. See Figure 7.

²⁶ Illinois Poverty Summit, *2005 Report on Illinois Poverty*, (Chicago, Illinois, 2005), p. 17.

²⁷ U.S. Census Bureau, *Census 2000 Summary File 3*, [Internet], <http://factfinder.census.gov/>, Data Sets, Table QT-P21 for De Witt County, Illinois, (accessed September, 2005). Sensory, physical, mental, and self-care disabilities were calculated for persons 5 years and older. The "going outside the home" disability was calculated for persons aged 16 years and older. Employment disability was calculated for persons aged 16 to 64 years.

4. DeWitt County Demographics

Figure 7: Selected Indicators for DeWitt County Adults from the 2005 Illinois Behavioral Risk Factor Survey

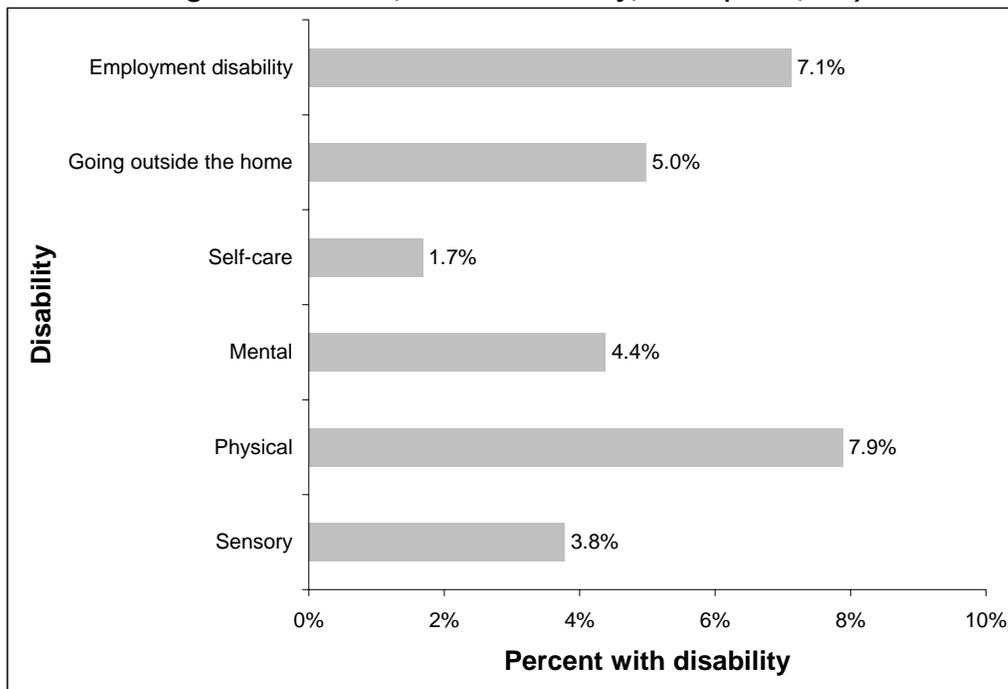
| Health Status | | Percent* | C.I.* | n* | Count* |
|---|---------------------|--------------|---------|------------|---------------|
| General health | Excellent/very good | 50.5% | +/-6.1% | 202 | 6,241 |
| | Good/fair | 44.8% | +/-6.2% | 174 | 5,539 |
| | Poor | <u>4.6%</u> | +/-2.2% | <u>25</u> | <u>571</u> |
| | Total | 100.0% | | 401 | 12,352 |
| Days mental health not good | None | 70.9% | +/-5.9% | 285 | 8,726 |
| | 1-7 days | 15.7% | +/-4.4% | 60 | 1,930 |
| | 8-30 days | <u>13.4%</u> | +/-5.1% | <u>54</u> | <u>1,654</u> |
| | Total | 100.0% | | 399 | 12,310 |
| Days physical health not good | None | 63.8% | +/-5.8% | 248 | 7,896 |
| | 1-7 days | 24.0% | +/-5.2% | 90 | 2,974 |
| | 8-30 days | <u>12.2%</u> | +/-3.6% | <u>62</u> | <u>1,504</u> |
| | Total | 100.0% | | 400 | 12,373 |
| Days health kept from doing usual activities | None | 61.7% | +/-8.9% | 119 | 3,892 |
| | 1-7 days | 25.0% | +/-8.0% | 48 | 1,578 |
| | 8-30 days | <u>13.3%</u> | +/-5.3% | <u>36</u> | <u>837</u> |
| | Total | 100.0% | | 203 | 6,308 |
| Health Care Utilization | | | | | |
| Do you have health care coverage | Yes | 85.9% | +/-5.8% | 362 | 10,631 |
| | No | <u>14.1%</u> | +/-5.8% | <u>39</u> | <u>1,744</u> |
| | Total | 100.0% | | 401 | 12,375 |
| Could not see doctor due to cost past 12 months | Yes | 8.6% | +/-3.8% | 36 | 1,065 |
| | No | <u>91.4%</u> | +/-3.8% | <u>366</u> | <u>11,333</u> |
| | Total | 100.0% | | 402 | 12,398 |
| Oral Health | | | | | |
| Do you have dental insurance | Yes | 51.2% | +/-6.2% | 204 | 6,286 |
| | No | <u>48.8%</u> | +/-6.2% | <u>194</u> | <u>6,001</u> |
| | Total | 100.0% | | 398 | 12,287 |
| Quality of Life | | | | | |
| Activities limited by health problems | Yes | 21.7% | +/-4.8% | 97 | 2,691 |
| | No | <u>78.3%</u> | +/-4.8% | <u>305</u> | <u>9,707</u> |
| | Total | 100.0% | | 402 | 12,398 |
| Need help due to health | Yes | 14.1% | +/-7.3% | 18 | 379 |
| | No | <u>85.9%</u> | +/-7.3% | <u>79</u> | <u>2,312</u> |
| | Total | 100.0% | | 97 | 2,691 |
| Days past month depressed, sad, or blue | None | 60.1% | +/-6.2% | 244 | 7,439 |
| | 1 or 2 days | 15.8% | +/-4.2% | 67 | 1,962 |
| | More than 2 days | <u>24.1%</u> | +/-5.9% | <u>904</u> | <u>2,986</u> |
| | Total | 100.0% | | 401 | 12,387 |

Source: Illinois Department of Public Health, *Illinois Behavioral Risk Factor Survey Results*, (2005), (data shared by DeWitt-Piatt Bi-County Health Department). The 2005 Illinois Behavioral Risk Factor Survey results for DeWitt County should be available later this year at the Illinois Behavioral Risk Factor Surveillance System Website at <http://app.idph.state.il.us/brfss>.

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*“Percent” is calculated using the “Count” numbers. Due to rounding, the percents may not add to 100.0 percent. “C.I.” is the Confidence Interval. The Census Bureau defines confidence interval as “a range of values that describes the uncertainty surrounding an estimate” (<http://www.census.gov/hhes/www/saipe/techdoc/stcty/ci.html>). “n” is the unweighted count, i.e. the number of persons responding to the survey. “Count” is the weighted count. The IBRFS’s FAQ page defines weighting as “a process that improves precision of prevalence estimates by performing three functions; it equalizes probability of being selected for the survey; it corrects for variation of age/race/sex groups between the sample and the population; and it permits generalization of the survey data to the entire population.”

Figure 8: Percent of DeWitt County Residents, Ages 5 and Over, with a Disability, 2000 (n=15,538)



Source: U.S. Census Bureau, *Census 2000 Summary File 3*, [Internet], <http://factfinder.census.gov/>, Data Sets, Table QT-P21 for De Witt County, Illinois, (accessed September, 2005).

Note: The number of persons in DeWitt County with at least one disability is 2,791, or 18 percent of the population. However, some people have more than one disability; therefore the sum of the percents in this graph is more than 18 percent. Employment disability was calculated for persons 16 to 64 years old. The “going outside the home” disability was calculated for persons 16 years and older. Self-care, mental, physical, and sensory disabilities are calculated for persons 5 years and older.

U.S. Census Bureau data links disabilities with poverty and earnings—in 2000, a substantially higher proportion of the U.S. population with disabilities was poor (17.6%) than those in poverty without disabilities (10.6%); 1997 median earnings for people without disabilities were greater than earnings for those with slight or severe disabilities.²⁸ In Illinois, “21.6 percent of adults with a work-inhibiting disability are poor. . . . [and] 55 percent of people with disabilities who are poor . . . are women.”²⁹

²⁸ U.S. Census Bureau, *Census 2000 Summary File 3*, [Internet], <http://factfinder.census.gov/>, Data Sets, Table QT-P21 for the United States, (accessed September 2005). U.S. Census Bureau, [Internet], <http://factfinder.census.gov/>, PEOPLE, “Read about Disability,” revised August 2005, (accessed September 2005).

²⁹ U.S. Census Bureau, Current Population Survey 2004 Annual Social and Economic Supplement, Microdata, special calculation conducted by the Mid-America Institute on Poverty of Heartland Alliance, as seen in Illinois Poverty Summit, *2005 Report on Illinois Poverty*, (Chicago, Illinois, 2005), p. 26.

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5. Resources and Needs for Mental Health Services

DeWitt County strengths: profile of mental health service provision

DeWitt County is fortunate to have a network of organizations providing for residents' basic and mental health needs including health and human service organizations, law enforcement agencies, schools, townships, and churches. Figure 9 shows the number of organizational representatives that were invited to complete and that responded to the Health and Human Service Providers' Survey.

Figure 9: Type and Number of Organizational Representatives Participating in the Health and Human Service Providers' Survey

| Type of organization represented | Surveys mailed | Surveys returned |
|----------------------------------|----------------|------------------|
| Church | 27 | 7 |
| Health & human services | 33 | 17 |
| Law enforcement/legal | 3 | 3 |
| School | 10 | 2 |
| Township | 13 | 6 |
| Totals | 86 | 35 (41%) |

Source: *Recognizing Mental Health*, "Appendix A1: Health and Human Service Providers' Survey: Data Summary," (Normal, IL: Applied Social Research Unit, Illinois State University, 2005).

Sixty percent of responding organizations serve all of DeWitt County; the remaining organizations serve parts of the County. All but three organizations offer services from at least one DeWitt County site. Organizations receive their funding from a variety of sources as shown in Figure 10, utilizing Federal and state grants and individual donations most often.

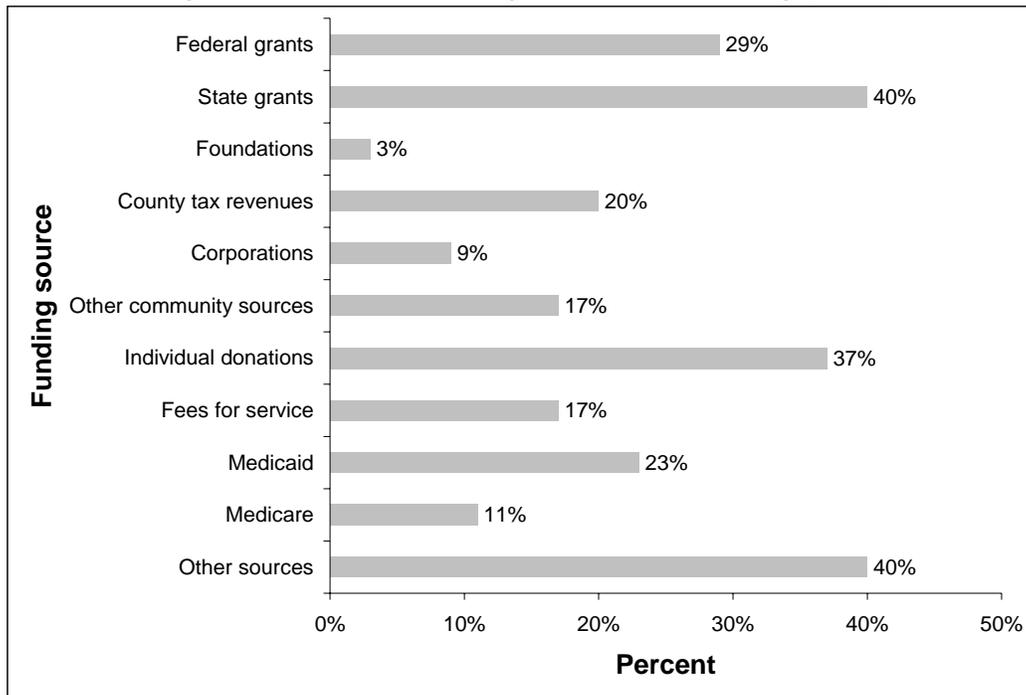
One Public Forum on Mental Health participant noted that organizations' utilization of limited resources to provide a variety of services in DeWitt County is very good. Survey respondents and public forum participants named many local organizations, and their staff and volunteers, as DeWitt County strengths in serving the needs of residents and their families. See Appendices 1 and 2 for a complete data summary and for programs and services of organizations that responded to the Health and Human Service Providers' Survey.

In the 2004-2005 fiscal year, the DeWitt County Community Mental Health Board provided financial support through a County tax levy to four organizations providing programs and services to specifically address mental illness, substance abuse, developmental disabilities, domestic violence, and sexual assault: the YMCA (for scheduled access to its facility and membership assistance), the DeWitt County Human

5. Resources and Needs for Mental Health Services

Resource Center (for many of its programs/services), DOVE, Inc. (for its Domestic Violence Program), and Growing Strong Sexual Assault Center (for direct client services and non-client services).³⁰

Figure 10: Sources of Organizations' Funding (n=35)



Source: *Recognizing Mental Health*, "Appendix A1: Health and Human Service Providers' Survey: Data Summary," (Normal, IL: Applied Social Research Unit, Illinois State University, 2005).

Note: Respondents could check more than one source; therefore, the percents total more than 100 percent.

DeWitt County Human Resource Center

The DeWitt County Human Resource Center (HRC) provides over 20 programs and services to DeWitt County residents experiencing mental health issues, substance abuse, and developmental disabilities. DeWitt County Community Mental Health Board funding supports many HRC programs such as Out-patient Mental Health (assessment, counseling, and therapy), Crisis Intervention, Case Management, DUI, Enforcing Underage Drinking Laws, TeenREACH, and training and employment programs for people with developmental disabilities (e.g., Garden Showcase Specialists and Recycling). See Appendix A2 for information about HRC's programs and services.

The DeWitt County Human Resource Center provided services to 1,136 clients in its 2004-2005 fiscal year, including 789 in the Outpatient Mental Health program (a 44 percent increase from the previous year), 286 in Addictions Recovery, and 31 clients in the Developmental Training and Supported Employment programs. See Figure 11. The Crisis Intervention program saw 232 unduplicated clients in 270 crisis events. Nearly 20 percent of crisis calls were from persons aged 13 to 17 years old and 65 percent were residents aged 23 to 64 years.

³⁰ *Recognizing Mental Health*, "Appendix A1: Health and Human Service Providers' Survey: Data Summary," (Normal, IL: Applied Social Research Unit, Illinois State University, 2005). Information was provided by each organization through its annual report to the DeWitt County Community Mental Health Board and/or its response to the Health and Human Service Providers' Survey.

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Figure 11: Number of Persons* Participating in Various DeWitt County Human Resource Center Programs, Fiscal Years 2003 to 2005

| Programs | Number of clients* | | |
|--|--------------------|---------------------------|--------------------|
| | FY 2003 | FY 2004 | FY 2005 |
| Outpatient mental health | 536 | 440 | 789 |
| Case management | 151 | Data not available | Data not available |
| Addictions recovery | 176 | 127 | 286 |
| Developmental training (DT), supported employment (SE), and employment services (ES) | 30 (DT and SE) | 26 (DT and SE) 13 (ES) | 31 (DT and SE)** |
| Crisis intervention | 151 | 201 | 232 |

Source: DeWitt County Community Mental Health Board, *Annual Budget Reports*, for fiscal years 2003, 2004, and 2005, and a verbal report from the DeWitt County HRC Administrator, (October 2005).

*Clients are counted only once for each program per fiscal year.

**No one participated in the Employment Services Program in FY 2005 due to an extended staff leave of absence.

Recycling equipment has been installed at HRC East through funding by the County Board, townships, and local organizations. Projected increases in productivity and deliveries of recyclable material from Area Disposal are expected to provide a stable job situation and improve the financial status of the program.

DOVE, Inc.

Mental Health Board funding also supports DOVE, Inc., which offers the following programs: the Domestic Violence Program providing group and individual counseling, legal advocacy, education, and substance abuse referrals; DeWitt Assistance Exchange (DAX) providing one-time emergency financial assistance for individuals and families; and the Food Pantry providing staple food items, diapers, and hygiene and paper products for DeWitt County residents.

The Domestic Violence Program provided services to 184 DeWitt County clients totaling 2,307 counseling and advocacy hours this last fiscal year ending June 30, 2005. DOVE assisted with 52 orders of protection in DeWitt County for both male and female victims and maintained its safe house shelter for victims of abuse. Support groups for women and children operate at the Clinton center. The number of clients it served in fiscal year 2005 is up from the numbers served in previous years—144 in fiscal year 2004, 127 in fiscal year 2003, and 181 in fiscal year 2002. DeWitt County ranks second after Macon County for number of clients served and service hours provided by DOVE in the region including DeWitt, Macon, Moultrie, Piatt, and Shelby Counties.³¹

BABES (Beginning Alcohol and Addictions Basic Education Studies), a prevention program out of DOVE's Decatur office, uses puppets and storytelling to help children make responsible decisions and help them with self-esteem, smoking, coping, divorce, bullying, and abusive situations. The BABES program was presented to 152 Clinton first graders and 68 Farmer City third graders during the 2004-

³¹ DeWitt County Community Mental Health Board, *Annual Budget Reports*, for fiscal years 2003, 2004, and 2005, and a verbal report from DeWitt County Dove Coordinator, (October 2005). There is no longer a DOVE advocate serving Piatt County.

5. Resources and Needs for Mental Health Services

2005 school year. BABES has sought funding through the Mental Health Board to continue and expand its programming in all Clinton and Farmer City first and third grades in 2005-2006.³²

Growing Strong Sexual Assault

The Growing Strong Sexual Assault Center also received financial support from the DeWitt County Community Mental Health Board this last fiscal year ending June 30, 2005. The Center's direct client services include advocacy, counseling, and consultation for criminal justice, medical, and other issues. The Center also provides non-client crisis intervention and community, institutional, and group services (e.g., counseling, information and referral, advocacy, professional and volunteer training, and public education).

The Center rents office space from DOVE in Clinton. Counselors travel from the Growing Strong office in Decatur. In fiscal year 2005, counselors from the Center saw 29 DeWitt County residents who were victims of sexual abuse. Six additional residents received information and/or counseling but did not become Center clients (i.e., have a client file opened). See Figure 12 for additional years' service data. The Center provided 650 hours of educational programming to DeWitt County children of all ages including 64 hours to pre-school (up to age 5), 259 hours to elementary (aged 5-10), 129 hours to junior high (aged 11-13), and 198 hours to secondary school (aged 14-18) children. Co-sponsored by Growing Strong Sexual Assault and DOVE, high school students participated in educational programming on dating violence.

Figure 12: Number of DeWitt County Residents Served and Hours* of Service Provided by Growing Strong Sexual Assault Center, Fiscal Years 2003 to 2005

| Client type | FY 2002 | | FY 2003 | | FY 2004 | | FY 2005 | |
|--------------------------------|-----------|-------|-----------|-------|-----------|-------|-----------|-------|
| | Residents | Hours | Residents | Hours | Residents | Hours | Residents | Hours |
| Direct client services | 76** | 223 | 15 | 82 | 38 | 269 | 29 | 197 |
| Non-client crisis intervention | | NA*** | 12 | NA | 26 | NA | 6 | NA |
| Totals | 76 | 223 | 27 | 82 | 64 | 269 | 35 | 197 |

Source: Growing Strong Sexual Assault Center, *Service Report for DeWitt County*, fiscal years 2002, 2003, 2004, and 2005, (provided by Peg Kovach, Growing Strong administrator, October 2005).

*Service hours are rounded to the nearest whole number.

**In fiscal year 2002, data were not captured separately for the number of clients and non-clients served.

***Hours of service to non-client crisis intervention recipients are not provided in Growing Strong's service report.

YMCA

The Clinton YMCA extends its services to people with disabilities, individuals and families in mental health counseling programs, and children in the TeenREACH program. People with developmental disabilities visit the YMCA for psycho-social rehabilitation. A total of 69 clients—23 with developmental disabilities and 46 with mental illness—were awarded family and individual memberships in the last fiscal year. Adolescents in the summer and after-school TeenREACH programs use the facility for a variety of activities on a regular basis.

³² Nancy White, DOVE'S Director of Agency Programming, provided BABES program and service information to the DeWitt County Community Mental Health Board, July 2005.

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Other organizations and County strengths

Helping to address related needs, other County-based organizations also provide a wide range of services; for instance:

- Many **DeWitt County churches** provide assistance to meet basic needs including food, clothing, and utility expenses; counseling related to spiritual, mental health, financial, and other individual and family needs; and worship, religious study, and social opportunities.
- **Salt Creek Resource Center**, Farmer City, provides food and clothing for persons suffering catastrophic losses or with low income, a disability, illness, or short-term unemployment, and makes referrals for mental illness, developmental disabilities, and substance abuse.
- **DeWitt County townships**, in addition to maintaining the County's roads, bridges, and cemeteries, help to address basic needs of their constituents on an individual basis.
- The **DeWitt County Friendship Center** provides transportation during the day to medical and counseling appointments.
- **The RSVP (Retired Senior Volunteer Program)** provides a respite service for its clients, homemaker assistance, and transportation to HRC, Growing Strong Sexual Assault Center, and other local organizations.
- **The Central Illinois Economic Development Corporation's Community Action Program** provides financial and other assistance to DeWitt County residents living in poverty.
- **Parents as Teachers, Douglas School**, provides child development and parenting information, assessment, referrals, and educational materials in the home to parents of children aged birth to three.
- **DeWitt County Probation and Court Services** provides referrals to appropriate DeWitt County and out-of-county organizations to address mental health, substance abuse, domestic violence, other issues requiring family counseling, and youth who are at-risk of entering the criminal justice system.
- **MADD (Mothers Against Drunk Driving)** provides communitywide education on alcohol use and support services for victims of alcohol abuse and their families.

Many organizations outside of DeWitt County, although not the primary focus of this DeWitt County Community Mental Health Board assessment project, also serve DeWitt County residents in their homes or at sites outside of the County. Examples include:

- **Chestnut Health Systems, Inc.**, Bloomington, Illinois, provides behavioral health and human services including help to address chemical dependency, emotional problems, mental illness, and personal debt.
- **P.A.T.H. (Providing Access to Help)**, Bloomington, Illinois, provides a 24/7 crisis, information, and referral hotline that enables people to find the help they need. P.A.T.H. also links people and services in the following ways: people aged 60 and older with services to help keep them independent; caregivers with support services; and people who are homeless with shelter, benefits, and permanent housing.
- **The Baby Fold**, Normal, Illinois, provides child welfare services including therapy for DCFS (Department of Children and Family Services) wards who are in foster care; adoption coordination and preservation; basic family support services; Hammit School, a day treatment elementary school and high school; and a residential center for children aged 3 to 13 with extreme behavioral and emotional problems.
- **Easter Seals of Central Illinois** provides respite, social, and recreational opportunities and basic skills training to persons with developmental disabilities in Macon County. DeWitt County residents are welcome.

6. Conclusions and Directions for Recognizing Mental Health

Most, if not all, of us have experienced mental illness or problems, substance abuse, or a disability directly or through a relative, friend, or acquaintance. Therefore, we all have a stake in the availability, accessibility, and acceptability of mental health services in DeWitt County.⁶⁰ We all are called to act:

Issues such as [mental health], drug and alcohol abuse, crime, and the education of young people simply cannot be dealt with through institutional means alone . . . such political issues can be dealt with only through widespread, ongoing, mutually reinforcing action. The actors need to include individuals, families, ad hoc associations (some that may only temporarily form around a particular sort of action on an issue), civic and professional associations, and government agencies.⁶¹

DeWitt County is fortunate to have many individuals, families, and organizations working to support mental health. Yet, gaps remain in service accessibility, availability, and acceptability. The County's small population size makes the prospect of recognizing and addressing mental health issues more manageable although nearly one-third of residents live outside of the County's cities and towns which poses its own challenges. The input from assessment participants suggests a number of directions the DeWitt County Community Mental Health Board (and other organizations) could take to further address mental health issues.

Interagency networking, referrals, and collaboration, noted positively by participants, can be encouraged and supported. County schools, the criminal justice system, the DeWitt-Piatt Bi-County Health Department, the DeWitt County Human Resource Center, the DeWitt County Community Mental Health Board, and other organizations can work more closely together to understand and support each other's involvement with and response to mental health issues.

Education about mental health and service availability, a strong theme coming from the Public Forum on Mental Health, can be increased. People need to know what services are available locally and where they can go to get them if they are not available in the County. The public and government officials need to know about the prevalence of mental illness, substance abuse, and developmental disabilities, and about barriers to treatment, so they can invest sufficient resources to addressing needs. Organizations need to share information about their services and those of other

⁶⁰ New Freedom Commission on Mental Health, *Subcommittee on Rural Issues: Background Paper*, (Rockville, MD: U.S. Department of Health and Human Services, Pub. No. SMA-04-3890, June 2004). The *Paper* used the terms accessibility, availability, and acceptability to summarize issues and barriers confronting the mental health field and rural residents in need of mental health services.

⁶¹ Kettering Foundation, *Connections*, Nielson, R., "Communities of Actors: Dealing with the Problems Communities Face," (Winter 2005).

6. Conclusions and Directions

organizations to increase service usage and the number and accuracy of referrals. Local print, radio, and televised media outlets can highlight mental health and related topics, put a human face on such issues, and advertise sources of help. Families experiencing mental illness, developmental disabilities, or substance abuse can be a source of education and support for one another.

Organizational staff and residents, including individuals and families experiencing mental health issues, must continue to advocate for mental health in DeWitt County.

Their participation in this assessment and other efforts is key to creating a supportive community we all can enjoy. Education and advocacy efforts, in addition to contact with persons with mental illness, also may help to reduce the stigma associated with mental illness that some DeWitt County residents experience.

. . . [Stigma] is manifested by bias, distrust, stereotyping, fear, embarrassment, anger, and/or avoidance. Stigma leads others to avoid living, socializing or working with, renting to, or employing people with mental disorders, especially severe disorders such as schizophrenia. It reduces patients' access to resources and opportunities (e.g., housing, jobs) and leads to low self-esteem, isolation, and hopelessness. It deters the public from seeking, and wanting to pay for, care. In its most overt and egregious form, stigma results in outright discrimination and abuse. More tragically, it deprives people of their dignity and interferes with their full participation in society.⁶²

Staff and residents can become acquainted with issues outlined in this report, other related issues not addressed by this assessment, and services and reports of professional and consumer organizations and government agencies (e.g., documents cited in this report, resources of the National Alliance for the Mentally Ill). By doing so, they may be able to bring more services and information to the community and advocate for mental health policy and funding at the local, State, and Federal levels. This report, and other local reports and data, can be used to support grant applications made to public agencies and private organizations.

As many assessment participants pointed out, ***funding is seen as a barrier, or the resource needed, for increasing local mental health services and reducing the burden on overworked providers.*** County organizations, already familiar with applying for and utilizing State and Federal grants, may be able to maximize their resources and increase their chances for grant funding by working together to address a specific issue. There is precedent for organizational collaboration in the County; over two-thirds of survey respondents indicated having worked with one or more organizations in the past 12 months to provide services for people with mental illnesses, development disabilities, and/or alcohol or drug abuse issues. Most organizations have collaborated to a small or moderate extent only; therefore, there is room for further collaborative efforts.

Administering funding for mental health will change this year as the State is moving to a “fee for service” reimbursement model replacing a grants-based model. The Community Mental Health Board will be responsible for working with the DeWitt County Human Resource Center to implement this change in funding services. Both organizations must ***monitor how the move to “fee for service” affects service delivery, minimize any reductions in services, and find ways to ensure that services continue to be provided at current levels.***

⁶² *Mental Health: A Report of the Surgeon General*, pgs. 6 and 8.

6. Conclusions and Directions

As noted in this report, availability of services is affected by professional workforce shortages. **County organizations can consider staff recruitment, retention, training, and support needs and potentially find new ways to pool or acquire resources**, e.g., acquiring basic and continuing professional education, contracting service providers on an as-needed basis, and working more closely with Central Illinois university programs in desired professional or specialty areas.

Advocacy efforts focussed on government, professional organizations, and educational institutions can address mental health workforce issues. For instance, professional development should include training to recognize and address the cultural and geographic context of the individual seeking treatment. Provision of culturally competent services will increase the acceptability and effectiveness of those services by the public. Also, training of professionals outside of the mental health field could include developing basic competency to recognize and respond to mental health issues.

When services are available, they must be accessible. **Barriers to service usage such as cost, lack of transportation, and child care needs must be removed.** Transportation and child care needs, in particular, are issues that multiple organizations and individuals could work together to address in DeWitt County for the benefit of those needing mental health services and the public at large. Reaching out to people where they are by providing services in the home, at school, or in conjunction with other services, was also suggested by several assessment participants.

Mental health providers and advocates can consider developing and/or attracting additional funding for services and programs that aren't readily available or insufficient to meet a demand. Assessment participants mentioned several local needs such as residential treatment, employment, and housing for persons with mental illness or substance abuse problems, treatment for persons with co-occurring mental illness and substance abuse, and additional counseling services, especially for children. The loss of early intervention services through HRC also has been a concern. County organizations have the opportunity to work with and through the State system for these services to ensure DeWitt County families have access to funding and services for which they may be eligible.

Finally, the DeWitt County Community Mental Health Board must now consider how it will utilize this report and determine its priorities. It also has the opportunity to assess its own operation, policies, and practices so that it can note (and build on) its strengths and areas for improvement.

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A1. Health and Human Service Providers' Survey: Data Summary

NOTE: All percentages have been rounded to whole numbers, therefore, the sum of percentages may not equal 100%. Sums will not equal 100% if the question asked respondents to “check all that apply.”

Information about Your Organization

1. Name of organization

(See Acknowledgements for names of organizations participating in the project.)

| Type of organization | Surveys mailed | Surveys returned |
|--------------------------|----------------|------------------|
| Church | 27 | 7 |
| Health & social services | 33 | 17 |
| Law enforcement/legal | 3 | 3 |
| School | 10 | 2 |
| Township | 13 | 6 |
| TOTALS | 86 | 35 (41%) |

2. Name and title of person filling out this survey _____

3. Phone number of person filling out this survey _____

4. What is your organization's primary mission or purpose?

The 34 responding organizations' primary missions or purposes include: providing health and social services (for children, families, and the elderly, and for people with mental health issues, addictions, and disabilities); law enforcement; religious outreach (evangelism, Christian education, and community service); schools (education); and overseeing township responsibilities (emergency help for those in need and maintaining roads, bridges, and cemeteries).

5. What geographical area(s) does your organization serve? (Please check all that apply.)

Percent (n=35)

60% All of DeWitt County

40% Parts of DeWitt County such as certain communities, townships, school districts (please specify)

Respondents (n=) listed specific communities, townships, and school districts.

29% All or parts of other counties (please specify counties)

Respondents (n=) listed specific counties.

A1. Health and Human Service Providers' Survey: Data Summary

6. How many sites do you have in DeWitt County where clients can receive services?

Percent (n=33)

9% 0 sites

76% 1 site

9% 2-4 sites

6% 6 sites (**n=2; Clinton Community Unit School District 15 and DeWitt County Housing Authority**)

7. What are the main sources of your organization's funding? (Please check all that apply.)

Percent (n=35)

29% Federal grants

40% State grants

3% Foundations

20% County tax revenues

9% Corporations

17% Other community-based organizations, e.g., United Way, fraternal organizations (please specify

Respondents (n=6) listed Kiwanis, United Way, and Rotary.

37% Individual donations

17% Fees for service

23% Medicaid

11% Medicare

40% Other sources (please specify)

Respondents (n=14) listed church support, contracts with DCFS, school districts township tax levy, state reimbursements, property taxes, and fund raising.

8. Does your organization have Internet access?

Percent (n=35)

83% Yes

17% No

Organization's Services and Programs

9. Is there a current need to enhance or expand your organization's services or programs?

Percent (n=34)

47% No

35% Yes, but there are no current plans to expand or enhance services or programs because . . .

Respondents (n=12) listed funding constraints; two also listed lack of space and limited personnel.

18% Yes, and there are current plans to expand or enhance services or programs. Plans include . . .

Respondents (n=6) listed plans for starting an advisory board, recruiting volunteers, starting a TRIAD, increasing grants for senior services, expanding training, charging fees for service therapy, adding more facilities, establishing computer loans, and building a toy lending library.

A1. Health and Human Service Providers' Survey: Data Summary

10. How many organizations has your organization collaborated or partnered with **in the past 12 months** to provide services for people with mental illnesses, developmental disabilities, and/or alcohol or drug abuse issues?

Percent (n=35)

- 29% none (skip to question 12)
- 14% one
- 14% two
- 43% three or more

11. Considering those organizations as a whole, to what extent did you collaborate or partner with them in the past 12 months?

Percent (n=25)

- 36% a small amount
- 28% a moderate amount
- 36% a great amount

12. Please complete one row for each program or service your organization provides related to mental health/illness, substance abuse, and/or developmental disabilities. **Please copy this page before completing if you provide more than five programs or services.**

Percent (n=21)

- 5% no programs listed
- 43% one program listed
- 10% two programs listed
- 19% three programs listed
- 19% four programs listed
- 5% twenty-one programs listed

Appendix 2b includes a list and description of all programs or services listed by respondents.

Important Issues

Participants at the Public Forum of Mental Health were given the opportunity to answer questions 13 and 14 below. Twelve of the 29 participants responded. Their responses were combined with the responses of organizations answering this survey.

13. Please indicate how problematic you think each of the following issues and the availability of services are in DeWitt County, where "1" indicates "Not a Problem" and "5" indicates a "Very Serious Problem."

| Issues | (n) | Very Serious Problem | | | | | Don't Know |
|--|------|----------------------|-----|-----|-----|-----|------------|
| | | 1 | 2 | 3 | 4 | 5 | |
| Affordable housing availability | (45) | 7% | 7% | 27% | 31% | 27% | 2% |
| Alcohol abuse | (45) | 0% | 4% | 16% | 47% | 33% | 0% |
| Basic needs (ability to pay for food, clothing, and other necessities) | (45) | 0% | 4% | 31% | 47% | 18% | 0% |
| Child abuse and neglect | (45) | 0% | 9% | 36% | 47% | 9% | 0% |
| Discrimination against people with disabilities | (42) | 7% | 21% | 31% | 36% | 5% | 0% |
| Discrimination against people with mental illness | (43) | 5% | 9% | 30% | 40% | 16% | 0% |
| Domestic violence | (45) | 0% | 7% | 29% | 44% | 20% | 0% |
| Drug abuse | (46) | 0% | 0% | 22% | 44% | 35% | 0% |
| Employment for people with disabilities | (44) | 0% | 11% | 21% | 41% | 25% | 2% |
| Employment for people with mental illness | (43) | 0% | 14% | 16% | 42% | 26% | 2% |

A1. Health and Human Service Providers' Survey: Data Summary

13. Issues (continued)

| | (n) | Not a Problem | | | | Very Serious Problem | Don't Know |
|---------------------------------|------|---------------|-----|-----|-----|----------------------|------------|
| | | 1 | 2 | 3 | 4 | 5 | |
| Homelessness | (41) | 5% | 44% | 24% | 20% | 7% | 0% |
| Juvenile delinquency | (43) | 0% | 12% | 26% | 40% | 23% | 0% |
| Prescription drug affordability | (44) | 0% | 2% | 16% | 36% | 43% | 2% |
| Tobacco use | (43) | 0% | 5% | 23% | 42% | 30% | 0% |
| Other issues (please specify) | (6) | 0% | 0% | 0% | 0% | 100% | 0% |

Other issues respondents mentioned included sexual abuse of children, assistance with prescriptions for seniors, and anger management classes.

Availability of Services

| | | | | | | | |
|--|------|-----|-----|-----|-----|-----|----|
| Affordable, quality child care | (42) | 0% | 12% | 19% | 50% | 17% | 2% |
| Being able to get help from social agencies when needed | (43) | 5% | 28% | 35% | 21% | 12% | 0% |
| Counseling services | (43) | 2% | 40% | 26% | 26% | 7% | 0% |
| Dental care | (41) | 0% | 20% | 22% | 27% | 32% | 0% |
| Early intervention for children with developmental delays | (41) | 7% | 22% | 32% | 24% | 15% | 0% |
| Education, training, and support for parents and caregivers | (42) | 0% | 14% | 26% | 41% | 17% | 2% |
| Health care | (43) | 2% | 23% | 28% | 26% | 19% | 2% |
| Homemaker/chore services | (42) | 7% | 21% | 41% | 17% | 12% | 2% |
| Information and referral services | (42) | 5% | 33% | 29% | 17% | 17% | 0% |
| Job training, placement, and support services | (42) | 5% | 14% | 31% | 33% | 17% | 0% |
| Juvenile delinquency prevention services | (42) | 0% | 12% | 29% | 45% | 12% | 2% |
| Language interpretation/translation services | (44) | 14% | 21% | 30% | 23% | 14% | 0% |
| Psychiatric services | (43) | 0% | 19% | 42% | 28% | 9% | 2% |
| Public training, education, and awareness | (39) | 3% | 21% | 36% | 26% | 15% | 0% |
| Public transportation | (44) | 2% | 9% | 5% | 32% | 52% | 0% |
| Residential services for people with mental illness, developmental disabilities, or substance abuse issues | (43) | 0% | 12% | 16% | 26% | 42% | 5% |
| Senior services | (43) | 12% | 28% | 23% | 21% | 16% | 0% |
| Services for people with developmental disabilities | (40) | 5% | 25% | 38% | 23% | 10% | 0% |
| Services for rape, assault victims | (43) | 9% | 33% | 37% | 16% | 5% | 0% |
| Services for teen parents | (40) | 5% | 15% | 55% | 18% | 8% | 0% |
| Services for teens in the criminal justice system | (41) | 2% | 15% | 37% | 34% | 12% | 0% |
| Support for ex-prisoners | (40) | 0% | 15% | 28% | 28% | 28% | 3% |
| Training for service providers | (40) | 5% | 20% | 43% | 25% | 8% | 0% |
| Youth/teen activities | (40) | 3% | 10% | 25% | 28% | 35% | 0% |
| Other services (please specify) | (0) | 0% | 0% | 0% | 0% | 0% | 0% |

A1. Health and Human Service Providers' Survey: Data Summary

14. Please **circle** a total of five issues and/or services in question 13 that you think DeWitt County health and human service providers should focus attention on (regardless of whether or not the services or issues are currently being addressed). (n=22)

| Issues | Number of respondents circling each item |
|--|--|
| Affordable housing availability | 3 |
| Alcohol abuse | 3 |
| Basic needs (ability to pay for food, clothing, and other necessities) | 6 |
| Child abuse and neglect | 5 |
| Discrimination against people with disabilities | 0 |
| Discrimination against people with mental illness | 0 |
| Domestic violence | 4 |
| Drug abuse | 9 |
| Employment for people with disabilities | 1 |
| Employment for people with mental illness | 0 |
| Homelessness | 2 |
| Juvenile delinquency | 4 |
| Prescription drug affordability | 4 |
| Tobacco use | 2 |
| Other issues (please specify) | 1 |

The respondent wrote "appropriate daily activities."

| Availability of Services | Number of respondents circling each item |
|--|--|
| Affordable, quality child care | 1 |
| Being able to get help from social agencies when needed | 4 |
| Counseling services | 6 |
| Dental care | 4 |
| Early intervention for children with developmental delays | 0 |
| Education, training, and support for parents and caregivers | 2 |
| Health care | 2 |
| Homemaker/chore services | 2 |
| Information and referral services | 1 |
| Job training, placement, and support services | 4 |
| Juvenile delinquency prevention services | 3 |
| Language interpretation/translation services | 0 |
| Psychiatric services | 3 |
| Public training, education, and awareness | 1 |
| Public transportation | 7 |
| Residential services for people with mental illness, developmental disabilities, or substance abuse issues | 6 |
| Senior services | 3 |
| Services for people with developmental disabilities | 0 |
| Services for rape, assault victims | 0 |
| Services for teen parents | 1 |
| Services for teens in the criminal justice system | 1 |
| Support for ex-prisoners | 1 |
| Training for service providers | 0 |
| Youth/teen activities | 7 |
| Other services (please specify) | 0 |

A1. Health and Human Service Providers' Survey: Data Summary

Cultural Awareness

15. Please indicate the extent to which your organization has implemented policies, practices, and/or training to increase the quality of services to clients in cross-cultural situations (for example, clients who have various cultural backgrounds, who have disabilities, who have difficulty reading, who are not able to speak English fluently, etc.).

Percent (n=32)

- 31% Not at all
- 28% Small extent
- 28% Moderate extent
- 13% Large extent

16. Please describe what your organization has done to implement policies, practices, or training to increase the quality of services to clients in cross-cultural situations.

Policies (n=13)

- Strongly considered in policy development.
- Department on Aging pays for translation of Case Management Services.
- Our policy is to never discriminate against any culture.
- Staff required [to] use any means available to communicate with clients.
- Annual training, client rights.
- Within 24 hours we are to have services available.
- Building [must] be handicapped accessible.
- Language interpretation policy.
- None.
- Prohibit discrimination of any kind.
- Our policy states that anyone with a child 0-3 is welcome.
- We have written policies re: access to all.
- None.

Practices (n=13)

- Limited by language barrier and available interpreters.
- Placement of volunteers; educating volunteers [about] situations.
- We have the opportunity to advocate for the Hispanic community as well as Asian.
- Access whatever resource necessary to assist the client.
- Discussions with client and peers - consult and understanding.
- Serve everyone regardless of disability.
- None.
- Prohibit discrimination of any kind.
- We see everyone regardless of race, creed, ethnicity.
- We have a list of interpreters and translated brochures.
- Special ed[ucation] services cover much of this in school.
- Provide interpreter for Spanish.
- None

A1. Health and Human Service Providers' Survey: Data Summary

16. (continued)

Training (n=10)

- I go to counseling training.
- Concept of cultural awareness accomplished. Counselor skills and Spanish are periodically needed.
- Special classes for Spanish-speaking students.
- Our training is ongoing working with cross-culture and other special groups.
- Cultural and gender awareness.
- Sign language for deaf.
- None.
- Graduate classes, ISU, school workshops.
- To staff on cross cultural differences annually.
- None.

Other (n=8)

- Employed ESL teacher part-time in grade schools.
- ECIAAA (East Central Illinois Area Agency on Aging) serves on Hispanic Council in McLean County.
- We have had HRC (Human Resource Center) counselors speak to groups before. 2. We do have Spanish speaking people, but they also speak English.
- We use personal translators, professional translators, migrant council, contact Human Resource Center East and West.
- Summer Lunch Program - speakers.
- Have developed resources for interpretation of several languages including signing if needed.
- We have worked on a one-on-one situation. Cross cultural situations in our community are not the norm.
- All activities are in handicap accessible facilities.

Strengths, Gaps, and Duplications

17. What are **your organization's** and **DeWitt County's** strengths in providing health and human services related to mental health/illness, substance abuse, and developmental disabilities?

Your organization: (n=26)

- Basic counseling and support (financial, spiritual, emotional).
- Qualified staff and strong commitment and relationship to community. Outreach outside of Clinton.
- Caring volunteers who are willing to assist.
- ECIAAA (East Central Illinois Area Agency on Aging) supports development of Mental Health and Aging Coalitions in 16-county area. Coalitions exist in Champaign, Clark, Coles, Cumberland, Edgar, Ford, Iroquois, McLean, Macon, and Vermilion Counties.
- We really don't deal with it in a special way. We just share God's love.
- We are able to help without the red tape of income verification. Through financial and household donations we can help people quickly.
- We do not work with this—suggest county level or Medical Clinic.
- DOVE is the only program in DeWitt County providing victims of abuse with comprehensive services, legal advocacy, [and] group and individual counseling for domestic violence specifically.
- Assess the needs of the client's problem and make appropriate referral.
- Experts in foster care/adoption, family and child therapy, play therapy, Life Books, parent training.

A1. Health and Human Service Providers' Survey: Data Summary

17. Your organization (continued)

- Transportation for receiving services.
- We provide Medicaid to those who qualify that have disabilities.
- None.
- ? As Outreach Coordinator, I try to be sensitive to any special needs and working with other agencies.
- We partner with Human Resource Center and transport individuals in need of evaluation to John Warner Hospital ER.
- We can refer to appropriate agencies. Because I am a home visitor, I can give specialized and individual care and info to families.
- Our services are limited to elderly.
- We seem to have developed a “Niche” for respite services for youth with developmental disabilities in Macon County thanks to Macon County 708 funding.
- Willingness to try to help—willingness to refer.
- Our long-term care facility can provide skilled [nursing] care for residents that have diagnosis of mental illness, substance abuse, and developmentally disabled.
- Our churches.
- Meet people in their time of greatest needs. Can make referrals in agencies in three counties.
- None.
- Our activities are family and entertainment oriented with no restrictions.
- Competent case management.
- Pastor at Wapella Christian Church has two masters degrees in psychology and counseling.

DeWitt County: (n=17)

- Strong interagency support.
- Small core willing to keep the torch burning.
- ECIAAA (East Central Illinois Area Agency on Aging) is open to working with community organizations, leaders, and service providers to develop a Mental Health and Aging Coalition in DeWitt County.
- I believe DeWitt County is in pretty good shape with DeWitt County Human Resource Center/HRC, East, Allen Court, handicapped housing and work opportunities, and New Group Home.
- Services are improving through residential resources and employment at the recycling center. We have very dedicated people!
- DeWitt County Human Resource Center provides services for many of the issues mentioned, e.g., mental health/illness, substance abuse, developmental disabilities.
- County has several resources available to assist clients with multiple difficulties.
- Good to have DOVE. Provides crisis intervention and outpatient therapy, good DD client programs and supports.
- Good referral system to other services.
- Human Resource works with DJWH ED [Dr. John Warner Hospital Emergency Department] to accomplish above.
- None.
- Human Resource Center, DOVE, MADD, \$ [sic] Friendship Center, Habitat for Humanity, YMCA, Youth Initiative Program.
- I have been a DeWitt County [resident] for 45 of my 51 years. What an improvement from the 60s and 70s!

A1. Health and Human Service Providers' Survey: Data Summary

17. DeWitt County (continued)

- Human Resource Center counselors do a fine job in intervention and placement in follow-up units—St. Mary's.
- Compassion, well-trained counselors.
- Human Resource [Center] does a good job and is at present working with Youth in Action on underage drinking.
- HRC [Human Resource Center].

18. Please describe any gaps in providing DeWitt County residents with health and human services related to mental health/illness, substance abuse, and developmental disabilities. By “gaps” we mean situations where a service is unavailable or insufficient to meet needs. Your comments can include services or programs not provided by your organization. (n=21)

- Youth development and recreation. Transportation, medications, school counseling, child care for counseling.
- Health services to assist those who have no local family [and] are released to return home and don't fit in the ages or income requirements, and are not necessarily going to be needing assistance for a full year.
- Due to funding [cuts there has been a] decrease in school counselors. Juvenile justice system is not working--students on probation who do not come to school face no repercussions. No “re-entry” program or communication when a student re-enters school from St. Mary's or after mental illness.
- Transportation is the #1 unmet need for seniors in East Central Illinois and DeWitt County in order to provide access to outpatient medical care and mental health services.
- Transportation for people for shopping, doctor's appointments, hair appointments, dentist, etc.
- Transportation is always a problem. Early intervention for children also has been lacking.
- We need better drug programs available in DeWitt County.
- I believe we have a great need for quality/affordable housing for individuals with mental health/illness issues.
- Waiting list too long [for mental health services]. Recommendations from Probation Department not given adequate weight because it is not an official diagnosis.
- We have several DeWitt County clients who travel to Decatur for our services.
- Extended substance abuse treatment—outpatient or in-patient. No shelter for victims of domestic violence. Court may not hold perpetrators fully accountable.
- I see finding a proper facility in which to place a patient is one of our biggest difficulties. Patients are left waiting in the ED [Emergency Department] for hours to complete a transfer. This is not the fault of the local Human Resource Center—it is the accepting facility where the delays occur.
- Substance abuse services are lacking or else we are not aware of services available.
- None.
- Mental health issues when the person is intoxicated.
- Unfamiliar with gaps, however, I'm sure financial shortages have to be hurting!
- I see a lack of local classes for anger management. Also, we have sex offenders who need classes from DCFS to get off our sex offender list, but don't attend because of cost and transportation. I need housing [for my clients], better access to psychiatric and counseling services. Transportation is important to many of my high-need families.
- Not enough counselors in schools and Human Resource Center, DOVE. Service providers over worked due to funding. No help for teens in criminal justice system. Need more elementary school counselors who have children's trust and can provide counseling.

A1. Health and Human Service Providers' Survey: Data Summary

18. (continued)

- Farmer City is in DeWitt County but it is difficult to get people to seek services in Clinton. They often do without or complain there is no assistance available to them.
- Referred to HRC (Human Resource Center).
- None noted.

19. What resources are needed to fill these health and human service gaps? (n=16)

- Financial resources, physical facility, especially child/daycare.
- Money, time, people education.
- [When a student returns to school from St. Mary's or after a mental illness, there needs to be a] liaison committee/person to contact school personnel with pertinent information [and to set up a] re-entry meeting with teachers.
- ECIAAA (East Central Illinois Area Agency on Aging) supports development of a coordinated system of affordable and accessible transportation for people of ALL ages in DeWitt County.
- We need a taxi type service.
- Public transportation system. Funding to restore Early Intervention.
- Monies to provide the housing for individuals with mental health illness.
- Shorter waiting time for services. More intermediate services and greater priority for those involved in the Criminal Justice System.
- [Extended substance abuse treatment and a shelter for victims of domestic violence.]
- Money.
- Manpower.
- Financial.
- Funding for a local program [for anger management classes and sex offender classes from DCFS] would be my guess.
- Need a mode of transportation for seniors, mentally ill, and developmentally disabled outside of Clinton.
- More workers.
- On-site agency offices in Farmer City—at least one day a week [to provide services].

20. Please describe any situations in DeWitt County where organizations have more service slots than are used for mental health, substance abuse, and developmental disability services, and/or situations where multiple organizations are providing the same service. Your comments can include services or programs not provided by your organization.

Seven respondents commented they did not know or were unaware of situations where organizations have more service slots than are used or where multiple organizations are providing the same service.

21. Please share any further comments you have that would help improve provision of health and human services related to mental health/illness, substance abuse, and developmental disabilities to DeWitt County residents. (n=13)

- Educating the public. Those involved are so because someone close to them has to have some services. How many people can tell you if we have any homeless individuals/families in DeWitt County?
- Having client sign a release to talk with school for continuity.
- Please call us, East Central Illinois Area Agency on Aging, (309-829-2065) or Mike O'Donnell directly (309-829-6018 ext. 210).

A1. Health and Human Service Providers' Survey: Data Summary

- Remembering to always refer clients from our own agencies to other agencies in an effort to provide all the necessary tools for that client to improve their life.
- I love the DD recycle program and plants care and sale.
- A psychiatrist on staff at Human Resource Center would be very beneficial.
- Communication.
- It would be wonderful to have transportation and local help in our Human Resource Center.
- Most services are limited to City of Clinton—no DeWitt County.
- Need more funding. Need to give newer workers help in knowing what is available and who to call for help or mentoring—but who can do that when service providers are already overworked. We have GREAT service from Human Resource Center and DOVE in schools. Rita and Cory were life savers this year!
- I left questions 17 thru 21 blank. Part of the reason for doing this is I am not knowledgeable of all the services provided for DeWitt County.

I see that as our seniors get older DeWitt County will be short many people in providing services for our seniors. As a child of elderly parents in bad health I know what a breath of fresh air it is when someone from an outside organization comes in to help out.

As the township supervisor for [name of] Township I recognize the short fall of funding, people, etc. I don't have the answers but would welcome the opportunity to sit down and discuss how we can handle this in the future.
- Making people aware of services available in the county. Our [Human] Resource Center could serve as Farmer City area center for services and referral services.
- Questions 17-21. Our services are not in these areas. I wish I could comment but the question[s are] in regards to services our agency does not provide.

A1. Health and Human Service Providers' Survey: Data Summary

A2. Health and Human Service Providers' Survey: Organization Programs and Services

The following table includes 20 organizations that indicated they provided one or more programs or services in DeWitt County related to mental health/illness, substance abuse, and/or developmental disabilities. Text is usually verbatim from the surveys; the use of [] indicates a change from the original, usually to make the information clearer. Fields that were left blank on the survey are blank in the table. Three programs are listed that are not offered in DeWitt County. An East Central Illinois Area Agency on Aging program is included because the organization is willing to help bring the program to DeWitt County. Two Easter Seal Society of Central Illinois programs are included as examples of programs that might be able to be offered.

| Organization Name | Program Name | Description | Eligibility | Fees | Are Demands Met? |
|--|-------------------------------------|-------------|----------------------------------|--|------------------|
| Clinton Community Unit School District 15 | <i>Tri-County Special Education</i> | | Meet special education criteria. | None. | Yes. |
| | <i>School Counselor</i> | | Referral by teachers or parents. | None. | No. |
| Clinton United Methodist Church | <i>Individual/Family Counseling</i> | | Member or constituent of church. | None, but donations accepted for church. | |

A2. Health and Human Service Providers' Survey: Organization Programs and Services

| Organization Name | Program Name | Description | Eligibility | Fees | Are Demands Met? |
|--|---|---|---|---|--|
| DeWitt County Friendship Center | <i>Transportation</i> | Provides rides to Human Resource Center for counseling and to out-of-town doctor and hospital appointments. | | Donations are accepted for those 60 and over. [Fees are assessed for those under 60.] | No. We transport 8:00 a.m. - 4:00 p.m., five days a week. Need rides off hours and weekends. |
| | <i>Outreach</i> | Inform clients of programs available. | [For those 60 years of age and older.] | None. | Somewhat. Always a need for more home visits. |
| DeWitt County Human Resource Center | <i>Out Patient Mental Health</i> | Assessment, counseling, and therapy. Can be provided in the agency or in the client's home. Therapy may be individual or group. | All DeWitt County residents are eligible: is available to [persons] ages two and up. | Fees vary by service. Private insurances and Medicaid are accepted. Uninsured services are available on a sliding fee scale based on family income. | Special services are lacking such as routine school counseling and child care services during counseling sessions. |
| | <i>SASS (Screening, Assessment, and Support Services)</i> | Pre-hospital assessment and screening for youth. | Available [to persons] up to age 21. Pre-approval is required. | No fees when prior approval is received. | Yes. |
| | <i>Crisis Intervention</i> | Emergency 24 hour assessment and stabilization services for mental health or addictions crisis. | Available to all residents of DeWitt County or individuals temporarily in DeWitt County. | \$115.50 per hour. Uninsured services are eligible on a sliding fee scale based on family income. | Yes. |
| | <i>Case Management</i> | Skill building and support services for individuals with mental illness. | All DeWitt County residents with a mental illness diagnosis determined following an assessment. | Fees vary by service. Private insurances and Medicaid are accepted. Uninsured services are available on a sliding fee scale based on family income. | Yes. |

A2. Health and Human Service Providers' Survey: Organization Programs and Services

| Organization Name | Program Name | Description | Eligibility | Fees | Are Demands Met? |
|--|--|--|---|---|---|
| DeWitt County Human Resource Center (continued) | <i>Psychiatric</i> | Psychiatric physician evaluation and drug monitoring. | DeWitt County residents who have a psychiatric diagnosis and are currently receiving other professional services from the agency. | Fees vary by service. Private insurances and Medicaid are accepted. Uninsured services are available on a sliding fee scale based on family income. | Some waiting times exist. Additional psychiatric hours would be beneficial, especially pediatric psychiatry. Psychiatric services are supplemented by an internist physician. |
| | <i>Parenting Classes</i> | Classes on becoming a better parent and problem solving. Available quarterly. | Any interested parent or guardian. | \$60 per couple or [individual] for all four sessions. Reduced fees for those who qualify. | Yes. Attendance is poor with continued availability in question. |
| | <i>Enforcing Under Age Drinking Laws</i> | Education of alcohol vendors and underage sales monitoring. Provided in conjunction with MADD and local law enforcement. | None. | None. | Yes. |
| | <i>Prevention</i> | Youth educational programs on the prevention of use of alcohol, tobacco, and other drugs. Generally provided at school during the school year. Includes community activities with other related organizations. | Junior high students in DeWitt County through linkage agreements with the schools. | None. | Yes. |

A2. Health and Human Service Providers' Survey: Organization Programs and Services

| Organization Name | Program Name | Description | Eligibility | Fees | Are Demands Met? |
|--|--------------------------------------|--|--|---|--|
| DeWitt County Human Resource Center (continued) | <i>TeenREACH</i> | After school and summer program with emphasis on socialization, school work, recreation, and parental involvement. | Youth, 4th through 8th grade. Must be pre-approved. | None. | Waiting list may [exist sometimes], but [does] not currently exist. |
| | <i>Addiction Recovery</i> | Outpatient substance abuse assessment, counseling, and therapy treatment, both individual and group. | Available to all residents of DeWitt County, youth through adults. | Fees vary by service. Private insurances and Medicaid are accepted. Uninsured services are available on a sliding fee scale based on family income. | Yes. |
| | <i>DUI</i> | State curriculum education [of] DUI offenders on physical, medical, and social impact of alcohol use. | Generally court-ordered following conviction of DUI. | Evaluation \$75. Update \$45. Class \$175. Not eligible for sliding fee scale. Some reductions if declared indigent. | Yes. |
| | <i>Developmental Training</i> | Personal development and skills training for severe to moderately developmentally disabled adults. | Developmentally disabled clients must be assessed by a state licensed facility with confirmed diagnosis. | Fees are paid through State funding only after funding is dedicated for services to that individual. | Yes. Currently several openings exist but are not funded by the State. |
| | <i>Employment Services</i> | Work assessment and training for [employment] in agency or community. | All adults with a confirmed diagnosis of a physical or mental disability. | Fees are generally paid by the Illinois Office of Rehabilitation. | Yes. |

A2. Health and Human Service Providers' Survey: Organization Programs and Services

| Organization Name | Program Name | Description | Eligibility | Fees | Are Demands Met? |
|--|---|--|--|---|---|
| DeWitt County Human Resource Center (continued) | <i>Garden Showcase Specialists</i> | Flower gardening, lawn care, and landscaping business existing for the purpose of training and employing people with disabilities. | All people with disabilities whose work skills are consistent with the openings available. | Work training fees are generally paid by the Illinois Office of Rehabilitation. | Yes. |
| | <i>Recycle Gardens</i> | Orphaned plant cultivation for resale; program exists for the purpose of training and employing people with disabilities. | All people with disabilities whose work skills are consistent with the openings available. | Work training fees are generally paid by the Illinois Office of Rehabilitation. | Yes. |
| | <i>DeWitt County Recycling</i> | Provides a range of recycling services including community and commercial pickup; sorting, packaging, and selling of recycled products; and community education. Provides training and employment for people with disabilities. Will add confidential commercial paper shredding in fall 2005. | Employment assessment indicates client has ability and interest in working with recycling. | There are modest fees for commercial pickups. Clients training with and working through the program are paid based on their skills and productivity levels. | Positions are available based on funding. Currently there are no employment programs at HRC for which clients will be declined. Several employment programs are at near capacity. |

A2. Health and Human Service Providers' Survey: Organization Programs and Services

| Organization Name | Program Name | Description | Eligibility | Fees | Are Demands Met? |
|--|--------------------------------------|---|--|---|---|
| DeWitt County Human Resource Center (continued) | <i>Senior (Retired) Day Services</i> | | Would be available to individuals with developmental disabilities who are retirement age and whose interests are recreational rather than employment. They currently [participate] in our day program, but there is not a funded recreational alternative. | | |
| | <i>Residential Services</i> | Apartment living with support services on site for persons with mental illness. | Not available until summer 2006. Residents must be approved by the DeWitt County Human Resource Center and [apartments] are reserved for individuals with mid-range disability determined [by] GAF scores. | Residents pay 30% of their income for rent. | There is an expectation that there will be substantially more need than this 14-unit apartment complex can accommodate. |
| | <i>Pregnancy Prevention</i> | | Teen youth of DeWitt County. | Generally grant funded. | |

A2. Health and Human Service Providers' Survey: Organization Programs and Services

| Organization Name | Program Name | Description | Eligibility | Fees | Are Demands Met? |
|--|--|--|---|---|---|
| DeWitt County Human Resource Center (continued) | <i>Community Service</i> | Supervised work program (for DeWitt County's Probation) provided to government facilities and not-for-profits. | Court-ordered participation by DeWitt County Probation. | Fees are determined by and paid to DeWitt County Probation. | No. Currently more supervised time is needed to accommodate adult and juvenile offenders. |
| DeWitt County Probation and Court Services | <i>Referrals to Human Resource Center</i> | | Mental health, substance abuse, family counseling. | Sliding scale. | Yes. |
| | <i>Referrals to Chestnut Health Systems</i> | | Substance abuse. | Sliding scale. | Yes. |
| | <i>Referrals to BroMenn</i> | | Substance abuse, domestic violence, sex offenders. | Varies per hour or per session. | No—no groups for batterers or sex offenders. |
| | <i>Referrals to YIP (Youth Initiative Program)</i> | | Youth at-risk for entering criminal justice system and who meet the financial need requirement. | None. | Yes. |
| | <i>Referrals to DOVE, Inc.</i> | | Domestic violence. | There is a charge for the domestic violence batterer's program. | No—no groups for batterers. |
| DOVE, Inc. | <i>Domestic Violence Program</i> | Counseling (group and individual), legal advocacy, substance abuse (by referral), parenting, education. | Only requirement is that person is victim of abuse. | None. | I believe that services are adequate for the victims that do come forward. I am concerned for those that never seek services. |

A2. Health and Human Service Providers' Survey: Organization Programs and Services

| Organization Name | Program Name | Description | Eligibility | Fees | Are Demands Met? |
|---|--|--|--|-----------------|---|
| DOVE, Inc. (continued) | <i>DeWitt Assistance Exchange (DAX)</i> | One time emergency financial assistance for individuals and families. | A volunteer board reviews applications once a week. Applicants must receive some type of income so they hopefully will not have the same financial problems in the following month/months. | None. | The demands for this assistance are tremendous. DAX is funded by United Way and individual gifts. The monies are regularly depleted by January. The number of calls received for assistance is great. |
| | <i>DOVE Food Pantry</i> | Staple food items, diapers, and hygiene and paper products available to any member of DeWitt County. | We ask that those that receive food come one time per month but I do not turn people away if they come more often. | None. | The demands for Food Pantry are great. We are supported by the National Letter Carriers Food Drive, [and] food drives sponsored by schools, clubs, and individuals. |
| East Central Illinois Area Agency on Aging | <i>Family Caregivers Advisory Services (through P.A.T.H.)</i> | Provides advisory service and counseling to family caregivers. | Families and friends caring for persons 60+ and persons 60+ raising grandchildren 18 and under. | Donations only. | Serves DeWitt, McLean, and Livingston Counties. |
| | <i>Case Management Services for Seniors (through Cumberland Associates)</i> | Provides case management services to seniors. | Persons 60+ with two or more limitations in activities of daily living. | Donations only. | Serves Champaign, DeWitt, Douglas, and Piatt Counties. |

A2. Health and Human Service Providers' Survey: Organization Programs and Services

| Organization Name | Program Name | Description | Eligibility | Fees | Are Demands Met? |
|---|-----------------------------------|---|--|--|------------------|
| East Central Illinois Area Agency on Aging (continued) | <i>Gerontological Counseling</i> | Gerontological counseling for seniors is provided in Champaign, McLean, and Livingston Counties. ECIAAA is willing to work with DeWitt County to provide grant money for gerontological counseling services for seniors in DeWitt County. | | | |
| Easter Seal Society of Central Illinois | <i>Respite</i> | Providing respite three times a month at Easter Seals to disabled youth and siblings. | Youth with I & P ages 12 months to 15 [years] and their siblings. Funded by Macon County grant for Macon County. | \$6 for the whole family for four hours. | |
| | <i>Pathways</i> | Providing social and recreational support/basic skills training to developmentally disabled. | Macon County resident. Funded by Macon County United Way. But DeWitt residents are welcome. | \$10 for newsletter. | |
| | <i>Earth Project</i> | Job skills training in the summer for youth with developmental disabilities. | Macon/Piatt resident and special education student. | \$80 for the summer. | |
| First Christian Church, Clinton | <i>First Christian Counseling</i> | Seniors program. | | None. | |

A2. Health and Human Service Providers' Survey: Organization Programs and Services

| Organization Name | Program Name | Description | Eligibility | Fees | Are Demands Met? |
|--|--|---|--|--|---|
| First Christian Church, Clinton (continued) | <i>Living Water Pastoral Counselor</i> | | | According to ability; church supplements [the rest]. | |
| | <i>Other Counselors and Services</i> | | | | |
| First Church of the Nazarene | <i>Bible Study</i> | Sunday and Wednesday (one hour each) Bible study for all ages. | None. | None. | Yes, several churches provide service. |
| | <i>Church Service</i> | Worship with others. | None. | None. | Yes. |
| | <i>Sing-a-Long</i> | Service for seniors in nursing home once a month (2nd Monday). | Residents in nursing home. | None. | I believe so. Other churches are involved. |
| | <i>Men's and Women's Social Groups</i> | Women's Ministry [meets] once a month. Men's Ministry [meets] once a month. Joy Fellowship [is a] Senior's group. | None. | None. Pay for own food. | Yes. |
| Hawthorne Inn of Clinton, Liberty Village | <i>Hawthorne Inn of Clinton</i> | Skilled long-term nursing care. | Must need skilled nursing care 24 hours a day. | Medicaid and Medicare. | Yes. We needed a nursing home that had Medicare skilled beds. |
| Illinois Department of Human Services | <i>Medicaid</i> | | Varied and complex. | | |
| Jackson Heights Nursing Home | <i>Nursing Care</i> | Residential facility for elderly. Occasionally have diagnosis of mentally ill and developmentally disabled. | | | |

A2. Health and Human Service Providers' Survey: Organization Programs and Services

| Organization Name | Program Name | Description | Eligibility | Fees | Are Demands Met? |
|---|--------------------------------|--|--|-------|--|
| Parents as Teachers, Douglas School | <i>Parents as Teachers</i> | Information assessment of parents and children. | None. I refer to Early Intervention, DOVE, [and] HRC in my work. | None. | No. We could use another person, but no funding. |
| RSVP (Retired and Senior Volunteer Program) of DeWitt County | <i>Transportation</i> | Transportation to HRC, Growing Strong, Heritage Behavior, and DOORS. | Stated need. | None. | No. We have no public transportation to Decatur, Bloomington, etc. |
| | <i>Respite Services</i> | Respite provided for clients referred by Human Resource Center. | Stated need. | None. | No. DeWitt County has no drop off "children" services and not enough day care providers. |
| | <i>Requests for Assistance</i> | In certain circumstances can provide assistance to clients with special needs. | Stated need. | None. | |
| St. John the Baptist Catholic Church | <i>Outreach Program</i> | Support with medicine and furniture for affected persons. | None. | None. | No—we could use more help financially for people who need their medicine. |
| Salt Creek United Methodist Parish (Farmer City and Weldon United Methodist Churches) & Salt Creek Resource Center | <i>[Referral]</i> | We do not provide services [but] make referrals for mental illness, developmental disabilities, [and] substance abuse. | | | No. |

A2. Health and Human Service Providers' Survey: Organization Programs and Services

| Organization Name | Program Name | Description | Eligibility | Fees | Are Demands Met? |
|--|----------------------------------|---|--|---|--|
| Salt Creek United Methodist Parish (Farmer City and Weldon United Methodist Churches) & Salt Creek Resource Center (continued) | <i>Food Distribution</i> | | Catastrophic losses, low-income, disability/illness, short-term unemployment. | None. | No. |
| | <i>Clothing</i> | | Catastrophic losses, low-income, disability/illness, short-term unemployment. | | |
| | <i>AA (Alcoholics Anonymous)</i> | | None | None. | No. |
| The Baby Fold | <i>Child Welfare Services</i> | 1) Foster care (traditional, relatives, and special). 2) Adoption (infant, special, [and] international). 3) Therapy. 4) Foster parents (recruit and license). | 1) Foster care—[must be] DCFS ward. 2) Adoption—open to those seeking [to adopt]. 3) Therapy—only for foster care clients. | Legal fees for infant adoption. No fees for foster care or therapy. | Weekly and group addiction treatments are available in DeWitt County, but for more intense services (daily/full days or in-patient treatments), clients must go out of DeWitt County to find them. |
| | <i>Family Support Services</i> | 1) Healthy Start. 2) Family Solutions—Intact. 3) Adoption Preservation. | 1) Healthy Start—first time parents and at-risk criteria. 2) Family Solutions—DCFS referred. 3) Adoption Preservation—any adoption family. | No fees to clients. | DeWitt County services provide for basic family support services, but if more intense services are needed, then clients must go out of DeWitt County to find them. |

A2. Health and Human Service Providers' Survey: Organization Programs and Services

| Organization Name | Program Name | Description | Eligibility | Fees | Are Demands Met? |
|---------------------------------|-------------------------------------|---|--|---|------------------|
| The Baby Fold (continued) | <i>Residential Treatment Center</i> | | Children aged 3-13 with extreme behavioral and emotional problems. | Most of our residential patients' fees are paid by DCFS (if the child is a ward of DCFS) or by Individual Care Grants. If a school district can not provide the level of treatment a child needs and it is too far for the child to travel to Hammitt School each day, then the school will pay for the child to stay in the Residential Treatment Center in order to attend Hammitt School. [Other students] are paid for privately. | N/A. |
| | <i>Hammitt School</i> | Day treatment school [for] elementary and high school [students]. [Also provides] County Outreach Consultation. | Must be referred by school district per I & P. | School district pays. | N/A. |
| Wapella Christian Church | <i>Pastoral Counseling</i> | | None. | None. | I'm not sure. |

A2. Health and Human Service Providers' Survey: Organization Programs and Services

| Organization Name | Program Name | Description | Eligibility | Fees | Are Demands Met? |
|-------------------|--------------|--|-------------|---------|------------------|
| Wapella Says YES | <i>MADD</i> | Provide building & financial support for New Year's Eve party. | | [None.] | |

A3. Public Forum on Mental Health

On August 11, 2005, 29 DeWitt County residents attended the Public Forum on Mental Health held at the Vespasian Warner Public Library in Clinton. Representatives of County health and human service organizations, local government, and the DeWitt County Community Mental Health Board, along with people with mental illness, substance abuse problems, and developmental disabilities and their families, sat at one of four tables to discuss the following questions:

1. Which key issues would you target first to better meet the needs of DeWitt County residents with mental illness, substance abuse problems, or developmental disabilities? Why?
2. What advice would you give about how to improve services for these residents and their families?
3. What are DeWitt County's greatest strengths in serving the needs of these residents and their families? Why?

The following notes taken at each table are participants' perceptions and experiences.

Table 1

1. Which key issues would you target first to better meet the needs of DeWitt County residents with mental illness, substance abuse problems, or developmental disabilities? Why?

- The main issues discussed include mental health funding, housing, transportation, medical care, support services for families, and early intervention.
- Mental illness—need more than one psychiatrist.
- Need to provide more information about what HRC [DeWitt County Human Resource Center] does. What do clients do besides planting flowers and recycling? Public awareness of how funds are used is needed.
- People with mental illness and developmental disabilities need to have an affordable decent living.
- Sensitivity to people is needed.
- Transportation—HRC doesn't have funding. This is HUGE!
- There is no detox[ification services].
- There is no residential facility.
- There are no doctors in town to treat people with developmental disabilities. Some, but not all, take Medicaid.
- No dentists in town will take people with developmental disabilities.
- Need more homes for those who can do for themselves with job, training, and people to train.
- There is no transportation for workers trying to get community employment.
- The assistance that case managers can provide is limited.
- Early intervention services (birth to three years of age). Who's receiving them? Local program went to Child & Family Connections in Decatur so we don't know who is served in Clinton.
- [My] child is ready to leave home but there is no place to go. There is no support for families either.

A3. Public Forum on Mental Health

- Why do we have these problems? People on County Board and City Council don't care.
- There is no resource to tell HRC what's available in Illinois housing facilities.

2. What advice would you give about how to improve services for these residents and their families?

- The main issues discussed include need for funding for mental health, awareness raising and education, outreach, and family to family support.
- Homemakers are needed to go in and help families do whatever is needed to be done.
- Counselors are needed to go to homes and hospitals where needed.
- Need money to provide for peoples' needs. Only way to get money is to get people on board. Educate people. Get volunteers involved. Work at the State level for involvement to get people to see the need. Educate!
- Get County Board members to see the need—outreach to elected officials. 708 Board can involve the County Board with the agencies.
- Educate leaders as to services available, eligibility, and gaps in service provision.
- Need money to provide services.
- Let leaders know what services are billable, which are not, and the need for funding (e.g., driving time is not billable for going to client's home).
- Get numbers out there so people know how many people need services.
- Provide "family to family" support and training.
- County Board needs to monitor the Sheriff [alluding to treatment of inmates with mental illness].

3. What are DeWitt County's greatest strengths in serving the needs of these residents and their families? Why?

- Manageable numbers of people to help in the County.
- People at HRC, hospital, and in law enforcement who display a willingness to work together.
- Agencies in the County work together well to accomplish goals.
- Newspaper circulation is high so communication gets out.
- Local radio station.
- Police know the people and will help families (e.g., for example, keep an eye on family members with mental illness or developmental disabilities).
- Churches give good support.
- Strong 708 Board.
- Good base of residential support, e.g., Allen Court, residential facility currently being developed.
- Community watches out for others. Small town mentality.
- Recognition mental illness is getting. The societal change is favorable. There is less shame associated with having a mental illness.
- Good services and programs at HRC, e.g., counseling, teen intervention, job program for developmentally disabled.
- DOVE [DeWitt County Domestic Violence Program].

Table 2

1. Which key issues would you target first to better meet the needs of DeWitt County residents with mental illness, substance abuse problems, or developmental disabilities? Why?

- Crisis intervention in ERs [emergency rooms]; prescription for psychotropic medications—where is resource? Who can step in and provide access to medications?
- Very limited access to psychiatric services—just two times per month at HRC. “You take what you can get.”
- In ER seeing individuals needing medications that are stable, but also seeing some abuse with valium, etc.
- Psychiatrists less likely to come to smaller towns; this is a national problem.
- Primary care MD’s often prescribing medications, but often not comfortable.
- Managed care entities not paying well for mental health services.
- Relationship between mental health and substance abuse—substance abuse may be a symptom of a mental health problem. It seems like substance abuse is a major problem in DeWitt County.
- Lack of activity for youth: possible related factor; but not well accepted among table participants. Participants seemed to focus on school-based services to identify and assess children that might have mental health needs and be referred to counseling and linked up for services at an early age. Sixth grade is too late.

2. What advice would you give about how to improve services for these residents and their families?

- Working with schools. How to do it? Some programs for abused, but little for students and families.
- Hard to funnel help to families; basic needs, daycare, unemployment, a lot of nomads [i.e., transient individuals who move frequently].
- System makes it too easy to make these situations happen—government cuts off services.
- Get to families early; [help] the kids get on their feet.
- It is hard to work when daycare is so expensive, might as well not work.
- Transportation is a big issue.
- Case management is important; why in the hole to begin with? Don’t believe that people really want to stay in the hole; believe that people want to work but can’t; [there are] broad level needs across the family [referring to working with the whole family rather than just the individuals members].
- Value of education is the key. [The notetaker commented that the group thought “one of the overarching issues raised was that parents and others need to help their children understand the value of education and the relationship it plays to reducing the problems later in life.”]
- Coordination among agencies that provide services is needed; look at duplications and gaps; stop door-to-door issues for clients [i.e., clients going from one agency to another to get service rather than having a one-stop shop in one location]. [Address] barriers to getting services.
- [Develop] team of advocates to schools, mentors, Big Brothers/Big Sisters.

3. What are DeWitt County’s greatest strengths in serving the needs of these residents and their families? Why?

- Hospital.
- Counselors available 24 hours per day, 7 days per week.
- Extension/4-H levy; camps, Cloverbuds.

A3. Public Forum on Mental Health

- YMCA: kids campaign; agency client memberships for free (\$3,000 grant from Mental Health Board); TeenReach programs; programs for people with developmental disabilities.
- HRC: 20 different budgets/programs implemented through HRC.
- Public Aid.
- Community Action.
- Library.
- PATH (Providing Access to Help), located in Bloomington, is available 24 hours per day, 7 days per week [by phone].
- Ultimately goes back to what mom/dad are willing to do to link kids up with local resources.

Table 3

1. Which key issues would you target first to better meet the needs of DeWitt County residents with mental illness, substance abuse problems, or developmental disabilities? Why?

- Need a facility for long-term care; they need a caretaker.
- It is hard to overcome mental illness when you are in a facility with other people who suffer from mental illness.
- People with mental illness need people to care for them and to make sure they are getting their medications.
- Moderate support system—an apartment type of building is being built at this time on Kleeman Drive. It should be available by next July. It will not be for people with severe mental illness. It will provide housing for 14 people. Once you have one in your community, HUD [United States Department of Housing and Urban Development] provides many more opportunities for this housing.
- Legal system—Cook County Jail provides psychiatric care. People with mental illnesses who do not take their medications while in jail are a big problem. It is hard to get them back on medications and it is extremely dangerous.
- Money is not following people to the community. There is a public outcry of jail situations. People are being moved from hospitalization to jail.
- [This table discussed the situation in the DeWitt County jail at length.] A Peoria-contracted group is supposed to be dealing with people with mental illness who are in jail in DeWitt County. In DeWitt County, there is a problem of not providing medication to people with mental illness who are in jail. Also, these individuals do not have access to counseling and their own or local doctors.
- It is hard to get people with mental illness in a home and out of prison. It seems like people are being thrown in jails instead of addressing issues person has with mental illness.
- People with “developmental disabilities get all the benefits.” People who are “mentally ill get nothing.”

2. What advice would you give about how to improve services for these residents and their families?

- For hard to access services: 1) provide transportation, 2) provide child care and don't punish the parent [there was strong support for this suggestion], and 3) provide counseling. Child care is needed and crucial for those with mental illness.
- “Punished because I work. For every dollar I make, I have to buy medications, [and] sitters aren't willing to wait weeks to be paid.”

A3. Public Forum on Mental Health

- “Medicare—[thinks] mental illness [isn’t] high maintenance.” Medicare thinks that just providing medication will deal with the issue. Medicare doesn’t allow for addressing other needs.
- “I get freaked out and sick with stress.”
- “Can’t work long enough to make enough money to take care of myself.”
- Drug companies can provide medications but this is difficult to do.
- Our system is very complex and needs to be simplified.
- How can we simplify system?
- Federal office of mental health is complex.
- State has closed most [mental health] facilities.
- Home-based services are provided, but these are limited and can’t help to meet all needs. Have to find your own help [i.e., find and arrange for additional resources or services such as child care]. Also, services may not be available when and where needed. Child care needs to be available around the clock and paid for by State or City. Transportation needs to be addressed.
- People with mental illness feel guilty.
- People are afraid to talk about mental illness in their families.
- Not enough concern about mental illness.
- “We need to start a movement.” Put pressure on the Federal government.
- Funds for mental illness in Illinois are low. Funds for developmental disabilities are high.
- Mental illness is a hidden illness!
- Mental illness can not be seen like developmental disabilities, so it is not funded as readily.
- Simplicity! Need someone to help find people to help.

3. What are DeWitt County’s greatest strengths in serving the needs of these residents and their families? Why?

- Having “PATH” [Providing Access to Help] on 24 hours.
- More money [needs to be] spent on resources. Counseling may have been great but emphasis on helping find resources or services such as daycare, transportation, and housing is important.
- Residential facility currently being developed.
- Day services.

Table 4

1. Which key issues would you target first to better meet the needs of DeWitt County residents with mental illness, substance abuse problems, or developmental disabilities? Why?

- Educate the community. The community does not realize the problems.
- How do we educate everyone?
- Use the media, schools. Don’t hide the problems; talk about them.
- Concerned with lack of adequate housing and work because they compound many of the issues.
- This community is not aware of the lack of housing and homelessness.
- If it doesn’t affect the person directly, people seem to not understand.
- Is it that there is not adequate housing? Or not able to facilitate it?
- Some people are not allowed to live in certain housing because of their requirements.

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- Facilitate utilizing ONE facility for food pantry, appliances that are donated, etc. Therefore, those who would have a tendency to abuse the system could not. Possibly utilize a church where more people might feel comfortable to go for help.
- Transportation is a big problem to get people to the services. A bus like the Friendship Center has would be great.
- Decatur has quite a large program called “OASIS.” The program was not well received by all. They allow homeless there for food, etc.
- Could it be trimmed down and utilize it as a model?
- Quite expensive and not always well received.
- Education is the main key. Trying to change attitudes is hard but it needs to be done. People sometimes need that personal face to the issues so that it begins to mean something.
- Utilize the families of the people who have the mental illness. Have them speak to others.

2. What advice would you give about how to improve services for these residents and their families?

- Survey what the different groups are doing and correct the gaps or overlapping of the resources.
- That is what the survey and this meeting is trying to help target and identify those areas.
- Each agency needs to work with each other better. Referring clients to other agencies to help with some of the clients’ other problems. People from each of the agencies might want to get together once a month to discuss escalation of problems in certain areas and who to help resolve them.
- Could caseworkers be assigned to clients?
- Money will be the issue with caseworkers. Not enough to make that happen.
- Do we see any “turf wars” between agencies?
- We saw some between the State Attorney and Probation.
- Sometimes people don’t know where to go for their problems. They don’t know what agency handles what.
- Why not list all of the agencies, phone numbers, and list how that agency can help the public? Periodically place that in the paper.
- You might be able to get people to donate to possibly print up the information and place them in shoppers’ sacks in the grocery stores, for example.
- When we let people know that these services are available, the awareness will be greater. When awareness becomes greater, more people get involved, volunteer, donate, etc.
- Get the papers to do interviews with agencies so that it doesn’t cost. Bring the awareness up in the community of the available services.

3. What are DeWitt County’s greatest strengths in serving the needs of these residents and their families? Why?

- Having caring people is a strength.
- There is a more personal touch in this community. Larger towns seem to be more generic.
- We have great services but we need to get the word out on what these services are.
- Due to laws and policies, it seems as though too many peoples’ hands are tied. People want to help but the system sometimes implements “our hands are tied.”
- People care and don’t act like they are in too much of a hurry.
- Teen Challenge is excellent.
- Connections between crisis workers and the clients are good because of being a rural area, not so disconnected.

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- The services offered for the funds that are provided: the agencies do very well utilizing those limited funds.