

(cont'd from p. 1)

Ok, so it took a bit longer than originally expected, but we were really venturing into uncharted territory. It remains exciting that a dollar of local tax revenue can procure a federal match of fifty cents. In these times of dwindling resources, LFI is the only revenue source that I'm aware of that is capable of such significant growth.

What's necessary for a local mental health authority to implement the LFI? First, there is a contract with the Department of Health and Family Services (HFS) and several forms/registrations necessary to obtain designation as an "other governmental payor". All can be accomplished online via the HFS website. Next, you'll need to execute a fee for service contract with a Medicaid certified community provider who can bill under Rule 132. The last step, completed by Alex Campbell of CrossCurrent, is to install Median billing software at the service provider's location. Billing is processed via a web-based application. The remaining technical details are simple to accomplish with Alex's assistance. I cannot give enough credit to Alex for his persistence and overall technical support. I know that without his involvement, the project would not have been successful.

Some ten years ago, the foundation for the LFI was built by Bob Lesser and Dennis Smith of McHenry County Mental Health Board. The process has been further refined by Bob Lesser and Duane Lahti, also of McHenry County MHB. Over the past several years, a number of ACMHAI members worked with HFS to modify their system to process the billing. In reality the latter was the most time consuming task of the LFI.

Peter Tracy, as Chair of the Medicaid Committee, was also instrumental in sustaining the progress of the initiative. All ACMHAI members can be proud of the success of the Local Funds Initiative, a great team effort that means more resources for people with mental illnesses, developmental disabilities, and substance use disorders in our communities.

**— Dana Rosenzweig, Executive Director
St. Clair County MHB**

PROVISO Township Mental Health/ Developmental Disabilities/ Substance Use Consortiums

The Proviso Township Mental Health Commission (PTMHC) formed the first PTMHC Developmental Disability Consortium, Substance Use/Addictions Consortium, and Mental Health Consortium to address and implement the findings of their recently conducted Needs Assessment and Strategic Plan.

They have had great success through the work of these consortiums. Members include DHS, residents, advocates, providers, foundations, political representatives, schools, and criminal justice to name a few. Each group voted on the top three most pressing needs under each discipline, and conceptualized an initiative or program to close the gap on that need that made sense for them locally.

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MCHENRY COUNTY

AmeriCorps After-School Program Begins in McHenry County

The McHenry County Mental Health Board recognizes that implementation and support for prevention programs play a major role in serving the residents of the county. One new and exciting program focused on prevention for youth who have a serious emotional disturbance (SED) and at risk Latino youth is AmeriCorps of McHenry County, implemented in collaboration with Family CARE. Family CARE is the System of Care/Child Mental Health Initiative Grant awarded to the Board and the State of Illinois in 2005.

In the first of a three-year AmeriCorps grant, 14 AmeriCorps members have begun to provide after-school tutoring, mentoring and Learn and Serve Projects to over 45 youth at three different locations. The main goals of the program are to provide more individualized attention for each youth, which will lead to an increase in academic performance, raise self-esteem and reduce social isolation.

These 14 AmeriCorps members are all students at the local community college and come from extremely diverse backgrounds. Each member has made a one-year commitment which will total 900 hours of service. The members receive a living stipend while completing hours and once finished will receive an Education Award in the amount of \$2,300. Members completed an 80-hour orientation prior to service, which included an introduction to mental illness and services available in the county, teambuilding experiences and facilitation tips, becoming culturally sensitive, public speaking basics, and training on proper methods for tutoring. Members have expressed that this program provides a great opportunity to meet people, gain professional development, explore career options and connections to college courses, and most importantly impact the lives of youth in the area that need it most.

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AmeriCorps After-School Program for Latino Youth

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The Mental Health Board focused on recruiting members who would be positive and healthy role models. They also looked for candidates who could understand the youth perspective through personal experience. The two target populations, SED and bi-lingual youth, are being served both by members who themselves are successfully maintaining a mental illness or are either bi-lingual or recently immigrated to the United States. This personal experience provides a greater empathy for the youth and better perspective on how to assist with tutoring to help academic performance as well as mentoring by understanding the barriers the youth face.

Two of the sites are at low-income apartment complex Resource Centers with a predominantly Latino and Spanish speaking population. The AmeriCorps members placed at these sites also speak Spanish, which allows the members to communicate more effectively with parents and the students. One site, Lakewood Neighborhood Resource Center in Woodstock, run by Youth Service Bureau, put on a Fall Festival which received overwhelming support by parents. The AmeriCorps members were able to spend time with the parents of the youth they daily assisted and express the progress in school work or personal development that the youth had made. The other site, Garden Quarter Neighborhood Resource Center in McHenry, run by the Latino Coalition of McHenry County has shown a dramatic increase in youth on the Honor Roll and overall academic performance and interest. Youth at this site also are excited to participate in the TALKS Mentoring program once a week, which has led to increased attendance at the Center.

The third program is housed at Hannah Beardsley Middle School in Crystal Lake and is the first school-related program for the Northern Illinois Special Recreation Association. Proving to be a complete success in its trial period, this program has enrolled eight students with SED and has received overwhelming administrative support. Teachers have already noticed a decrease in negative behavior and an increase in socialization. One member, himself diagnosed with ADD, ADHD and as bipolar, has assisted the Site Director in creating an incentive program for the youth with ADD and ADHD—a method he noted would have worked when he was their age.

These three sites are just beginning to see the positive implications of housing AmeriCorps members and are looking to the future for further collaborative opportunities and service projects. The McHenry County Mental Health Board, Family CARE and all its essential partners in this endeavor are proud to announce this program and provide the professional development for the members and the exciting new prevention services for youth in McHenry County.

--Elizabeth Bean, AmeriCorps Project Coordinator, Family CARE/McHenry County Mental Health Board

(Proviso Consortiums cont'd from p. 2)

So far, the DD Consortium has solved the number one problem they were experiencing at the local HFS enrollment office, and the PTMHC will look to hire an Advocacy Coordinator to work on behalf of all three of the DD agencies and special needs school to address their number two need.

The SU Consortium has identified youth and substance abuse as their number one problem, and have agreed that the traditional programs and approaches have not been very effective. Key stakeholders to success have been identified, and those people have been invited to participate before they move forward with any new initiatives.

The MH Consortium is meeting again this month, and has voted that seniors and mental illness are their most pressing need to address.

Lisa DeVivo, the Executive Director of the PTMHC, is very pleased with the direction the Commission is moving to involve the entire community in making local funding decisions. They hope to continue to use this mechanism to guide funding decisions in the future.

LEGISLATIVE UPDATE

(Mental Health Parity, cont'd from p. 1) The American people should not be forced to wait any longer for Congress to knock down the barriers to treatment for mental illness and chemical addiction," said Congressman Ramstad. "Congress must hear their call and pass the Paul Wellstone Mental Health and Addiction Equity Act."

Additional forums are being organized across the country by Mental Health America (formerly the National Mental Health Association) and the National Alliance for the Mentally Ill (NAMI). Congressmen Kennedy and Ramstad will join other Members of Congress at scheduled forums in Minnesota, Maryland, Los Angeles, and Washington State leading up to Congressional hearings in Washington, D.C.

The Paul Wellstone Mental Health and Addiction Equity Act expands the Mental Health Parity Act of 1996 by requiring group health plans to offer benefits for mental health and addiction on the same terms as care for other diseases. The legislation closes the loopholes that allow plans to charge higher copayments, coinsurance, deductibles, and maximum out-of-pocket limits and impose lower day and visit limits on mental health addiction care.

Every day that we allow insurance discrimination against mental illnesses is another day 82 Americans will die of suicide," said Kennedy. "It's another day that American business will lose \$85 million in lost productivity to depression alone. It's another day that thousands of children will be in state custody instead of home with their parents. It's another night on the streets for 200,000 homeless Americans living with mental illness and addictions. We cannot afford the status quo."

According to the Government Accountability Office, nearly 90 percent of plans impose such financial limitations and treatment restrictions on mental health and addiction care despite voluminous scientific research documenting the biological, genetic, and chemical nature of these diseases, and the effectiveness of treatment. The bill applies to group health plans of 50 or more people.

The legislation is modeled after the Federal Employees Health Benefit Program, which covers Members of Congress and other federal workers and dependents and which implemented parity in 2001. According to an exhaustive study published earlier this year by the Department of Health and Human Services, the federal Employees Health Benefit Program, which covers Members of Congress and other federal workers and dependents and which implemented parity in 2001. According to an exhaustive study published earlier this year by the Department of Health and Human Services, the federal employees' parity policy was implemented with "little or no increase in total MH/SA spending".

— NACBHD/Jan. 12 Press Release

Show Me The Money?

The new legislative session began in earnest on Wednesday, January, 10. As a result of the November elections Democrats in the legislature increases their majorities to 37-22 in the Senate and 66-52 in the House. The remainder of the month of January was devoted to housekeeping issues such as establishing committees, preparing and introducing legislation and getting ready to hit the ground running during the first week of February.

It was no surprise to anyone that Senator Emil Jones was re-elected Senate President and Michael Madigan was re-elected Speaker of the House. What *was* somewhat surprising was some of the comments that were made by each as they assumed their offices relating to state finances. Senator Jones has always been a staunch advocate of school funding reform. His remarks focused primarily on that issue. It is also a given that in order to have true school funding reform there will have to be some discussion of funds or lack thereof in other areas of the state budget. Speaker Madigan, in his remarks, alluded to the tenuous condition of the state budget and said that the legislature may be facing some tough decisions. Neither of the leaders spoke of tax increases or any other types of revenue enhancements.

In a related item, the legislature gave the Governor permission to move his budget message from the 3rd week in February to the 1st week in March. In the background are groups like A+ Illinois that have advocated in the past for both school funding reform and more dollars for social services. What happens between now and May 30 could be quite interesting.

ACMHAI Legislation Nearing Introduction

ACMHAI members spent months making suggestions and reviewing possible changes necessary to update the Community Mental Health Act. Having agreed on the specific modifications during our retreat in October, those items have now been drafted in bill form.

During the month of January ACHMAI members have been discussing the statutory revisions with their local legislators in hopes of garnering support and co-sponsorship. Once that background work is completed sponsors will be determined and the legislation will be officially introduced, hopefully by the first week in February. In the meantime it will be critical for ACHMAI members to remain in contact with their legislators so that our legislation can progress through the General Assembly with as few "bumps" as possible.

— Terry Steczo, Legislative Consultant

MARK YOUR CALENDAR

Feb 10	Get Connected! Parent Conference	Crystal Lake
Feb 22	Legislator Orientation Breakfast	Springfield
Feb 28-March 2	NACBHD Legislative and Policy Conference	Washington D.C.
March 8	ACMHAI Quarterly Meeting	Springfield
April 10-12	Illinois Public Health Association Annual Meeting	Springfield
April 25-27	ACMHAI Spring Conference	Springfield

IPHA ESTABLISHES NEW BEHAVIORAL HEALTH SECTION

The IPHA Executive Council voted to establish a new Behavioral Health Section at their October 26, 2006, meeting in Monticello. This section will be open to all IPHA members to join, and will also include members of the Association of Community Mental Health Authorities of Illinois (ACMHAI). ACMHAI joined the IPHA as a new affiliate member this fall.

The Behavioral Health Section will be a valuable addition to the Association for input on legislation, policy, and training to address the important public health issues of mental health, substance abuse, suicide, and other related topics.

For more information on getting involved in the Behavioral Health Section, email IPHA at ipha@ipha.com.
From IPHA Viewpoint Online, December 2006

NACBHD has moved!
NACBHD
25 Massachusetts Avenue, N.W.
Suite 500
Washington , D.C. 20001

The telephone number, fax, e-mail addresses and Web address will remain the same.

****If you would like additional information about any of the articles, please call 217-369-5168 or email acmhai@shout.net.****
Also check out the ACMHAI website, www.acmhai.org.