

Documents Distributed to the County Board at the Meeting

Committee of the Whole February 15, 2011

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1. Nursing Home FY2010 Annual Report
Agenda Item VII.A
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2. Access Initiative Report
Justice Item VIII.A
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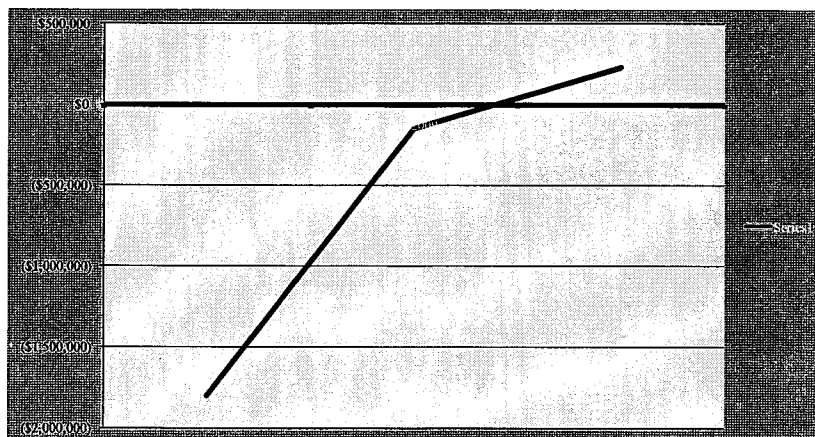
3. Resolution Establishing FY2011 Salary Increase for Non-Bargaining Employees
of the General Corporate, Highway, and Animal Control Funds
Finance Item X.F.7 under County Administrator
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Champaign County Nursing Home

Fiscal 2010 Recap Fiscal 2011 Projected

Management Performance
Associates, St Louis, MO

Profitable in 2010 Still Short on Cash



Management Performance
Associates, St Louis, MO

Inpatient Volume, 2011

- **Total days – 71,175**
- **ADC - 195**
- **Occupancy - 80 pct**
- **Pvt Pay - 35 pct**
- **Medicaid - 50 pct**
- **Medicare A - 15 pct**

Management Performance
Associates, St Louis, MO

Budgeted Volume, 2011

- **Medicaid continues to dominate payer mix**
- **Medicaid ADC – 97.5**
- **Medicare ADC – 29.3**
- **Medicare admissions and length of stay can be improved**
- **Dementia services continue to run close to max capacity**
- **Pvt Pay ADC – 68.2**



Management Performance
Associates, St Louis, MO

Operating Revenues, Budgeted

- Medicare A • \$3.840 million
- Medicaid • \$4.957 million
- Pvt Pay • \$4,280 million
- Pt Svc Revenues • \$14.077 million
- All Other Misc Rev • \$244 k
- Total Revenue • \$14.321 million

Management Performance
Associates, St Louis, MO

Major Issues for 2011

- Restructured Intergovernmental Agreement pending – signs of progress
- Medicaid still pays at Standard Rate 
- Illinois implementing DRA rules
- Medicare – new coding system challenging
- Pvt Pay rates increase 3 percent
- Dementia service remains 70 pct Medicaid
- Tax Anticipation Warrants issued
- Regulatory environment increasingly complex 

Management Performance
Associates, St Louis, MO

Non Labor Expenses 2011

- **Assume 2 pct increase for most items**
- **Utilities and food projected higher (105%)**
- **Therapy costs higher due to census**
- **Variable items flex with census**
- **Depreciation included; long bond interest excluded**
- **Agency expense for contract labor down but still volatile**

Management Performance
Associates, St Louis, MO

Labor Expenses 2011

- **Current staffing pattern maintained; some changes likely during the year**
- **Benefit costs projected at current levels – 34 percent of salaries, up from 29 pct**
 - **FICA, Medicare**
 - **IMRF**
 - **Health Insurance**
 - **Work Comp**
 - **Unemployment**

Management Performance
Associates, St Louis, MO

Budget Recap

• Total revenues	• \$14.321 million
• Expenses	• \$14.961
• Gain(Loss) from Opns	• (\$.64)
• Projected Prop Tax	• \$.996
• Gain(Loss) after Prop Tax	• \$.356
• Depreciation	• \$(.743)
• Gain(Loss) Total	• \$(.387)

Management Performance
Associates, St Louis, MO



*A Trauma and Justice
Informed System of Care*

Shifting Gears: Gaining Access

*Champaign County Board Presentation
Tuesday, February 15, 2011*

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ACCESS Initiative Staff

Co-Principal Investigators

- Dr. Tanya Anderson
- Peter Tracy-

Project Director

- Tracy Parsons

Lead Family Coordinator

- Adrienne Spires-

Youth Engagement Specialist

- Shawn Lampkins

Quality and Compliance Specialist

- Julia Thomas

Cultural and Linguistic Competency Coordinator

- Shandra Summerville

Technical Assistance Coordinator

- Karen Simms-

Social Marketing and Communications Coordinator

- Jonte' Rollins

Co-Lead Evaluators

- Dr. Nicole Allen
- Dr. Mark Aber

Evaluation Coordinator

- Dr. Muge Dizen



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DO YOU KNOW?

Facts About Children's Mental Health:

- 1 in 5 children have a mental health challenge, according to the Surgeon General's Report on Mental Health
- Mental health problems may lead to poor school performance, school dropout, strained family relationships, involvement with the child welfare or juvenile justice systems, substance abuse, and engaging in risky sexual behaviors. (National Center for Children and Poverty: Adolescent Mental Health in the US – June 2009)
- Up to 92% of adolescents with serious mental disorders receive mental health services from two or more systems and 19% from four or more (Hoven et al., 1998)

African Americans represent 22% of Champaign County's youth population

- In 2009, 74% of Champaign County Illinois Department of Juvenile Justice commitments were African American youth. (*Champaign County Probation and Court Services Department 2009 Annual Report*)
- In 2009, 82% of Champaign County Juvenile Detention Center Admissions were African American youth. (*Champaign County Probation and Court Services Department 2009 Annual Report*)
- African Americans were 67% of youth suspended only once in Champaign-Urbana schools during the 2009-2010 school year. (*Illinois State Board of Education 2010 Report*)
- African Americans were 81% of youth suspended more than once in Champaign-Urbana schools during the 2009-2010 school year. (*Illinois State Board of Education 2010 Report*)
- In 2009, African Americans made up 60% of the children who came into foster care in Champaign County. (*DCFS QA FY 2010 Report*)



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SYSTEM OF CARE – A STRATEGY TO ADDRESS THESE ISSUES

- Grass-roots in its origin
 - (Birth from a convergence of mobilize parents, communities, and legal challenges) (Unclaimed Children)
- Over 170 Funded Communities
- Grants have funded this initiative for over 20 years
- Represented in Every Community (including Hawaii, Guam, and Puerto Rico)
- Given to communities who demonstrate a readiness for transformation, significant needs, and who can be a model for other communities



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Updated SOC Guiding Principles

1. *Family driven and youth guided*, with the strengths and needs of the child and family determining the types and mix of services and supports provided
2. *Community based*, with the locus of services as well as system management resting within a *supportive, adaptive infrastructure of structures, processes, and relationships* at the community level
3. *Culturally and linguistically competent*, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate *access to and utilization of appropriate services* and supports and to *eliminate disparities in care*
4. **Wraparound Care** management for coordination of services



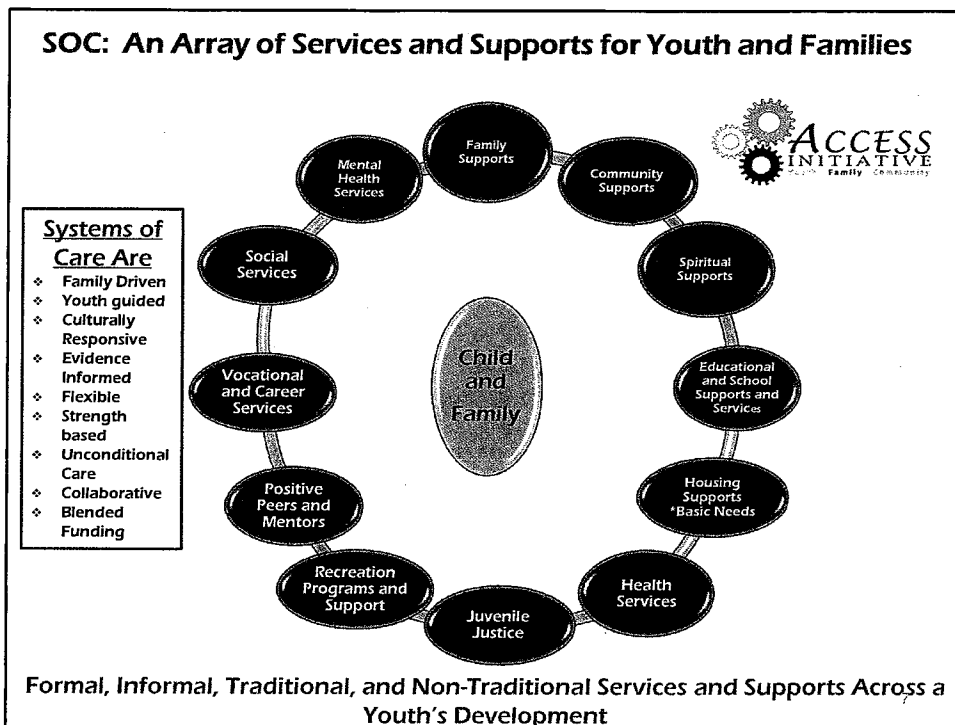
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Guiding Principles Cont.

5. Services and supports needed to meet the social-emotional needs of *young children* and their families
6. Services and supports needed to facilitate the *transition of youth and young adults* to adulthood
7. Incorporate or *link with mental health promotion, prevention, and early identification and intervention*
8. Rights protection and advocacy
9. Continuous *accountability mechanisms* at the system level, practice level, and child and family level
10. Nondiscrimination



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- ## Summary of ACCESS STRATEGIC GOALS
1. Build a sustainable infrastructure that reflects SOC, trauma, and justice informed values and principles
 2. Family and Youth Leadership Throughout
 3. Expanding Capacity (Policy, Protocol, and Practice)
 - Expanding Capacity to Address Racial Disparities
 - Reductions in Adverse and Sustained Contact with Juvenile Justice, Child Welfare, and/or the Alternative Schools systems
 - Interagency Seamlessness/Collaboration
 - Positive Youth Development
 - Evidence Informed/Evidence Based Treatments and Supports
 - Trauma Informed Treatments and Supports
 4. Interagency , Intergroup and Cross-system collaboration
 5. Community Development
 - Healing and Restorative Option
 - Expand the availability of community based programs and services – place the locus of control and decision making in the targeted community
 - Expanded Development /increased Involvement of Informal Supports
 6. Evaluation and Continuous Quality Improvement
-
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**How will this
transformation take
place**

**INCREMENTALLY
(with a Pilot)**



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**Funding is to Support the
Building of a System of Care**

A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life"

(Update Definition 9/16/10 by SAMSHA)



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ACCESS Initiative is a cooperative agreement between the Illinois Department of Health and Human Services, the Champaign County Mental Health Board and U.S. SAMHSA/CMHS, 2009-2015

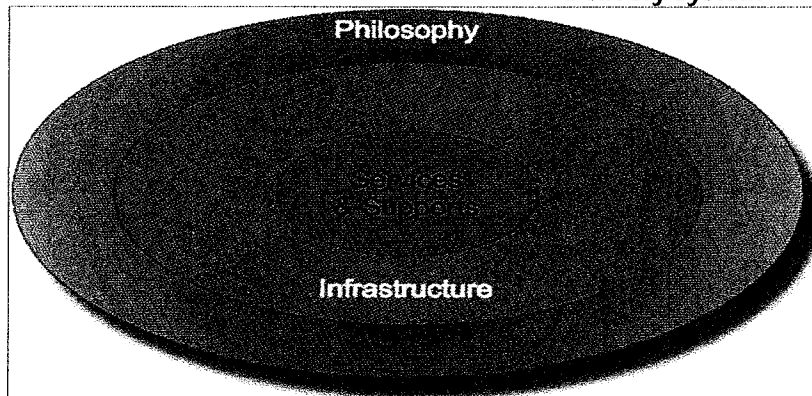
- 9 million for 6 years
- Significant "Match Requirement"



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We Are Funded to:

- Build a Sustainable Infrastructure
- Build and Expand our Service and Supports Delivery System



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SAMSHA Eligibility Criteria:

"The child or youth must have an emotional, socio-emotional, behavioral or mental disorder diagnosable under the *DSM-IV* or its *ICD-9-CM* equivalents, or subsequent revisions (with the exception of *DSM-IV* A V codes, substance use disorders and developmental disorders, unless they co-occur with another diagnosable serious emotional, behavioral, or mental disorder)."
(from the RFA p. 4)

The identified disability must have been present for at least 1 year or, on the basis of diagnosis, severity or multiagency intervention, is expected to last more than 1 year



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WE ARE FUNDED TO BUILD INFRASTRUCTURE



AND NOT JUST PROGRAMS



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The Mission of ACCESS:

To Build a Trauma and Justice Informed System of Care designed to create a healed community, and that works to ensure that youth and their families are: resilient, resourceful, responsible, and restored

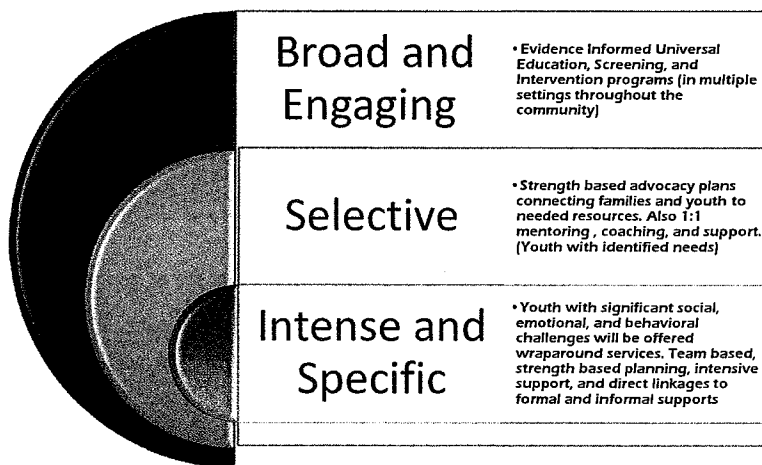


The ACCESS Initiative Target Population:

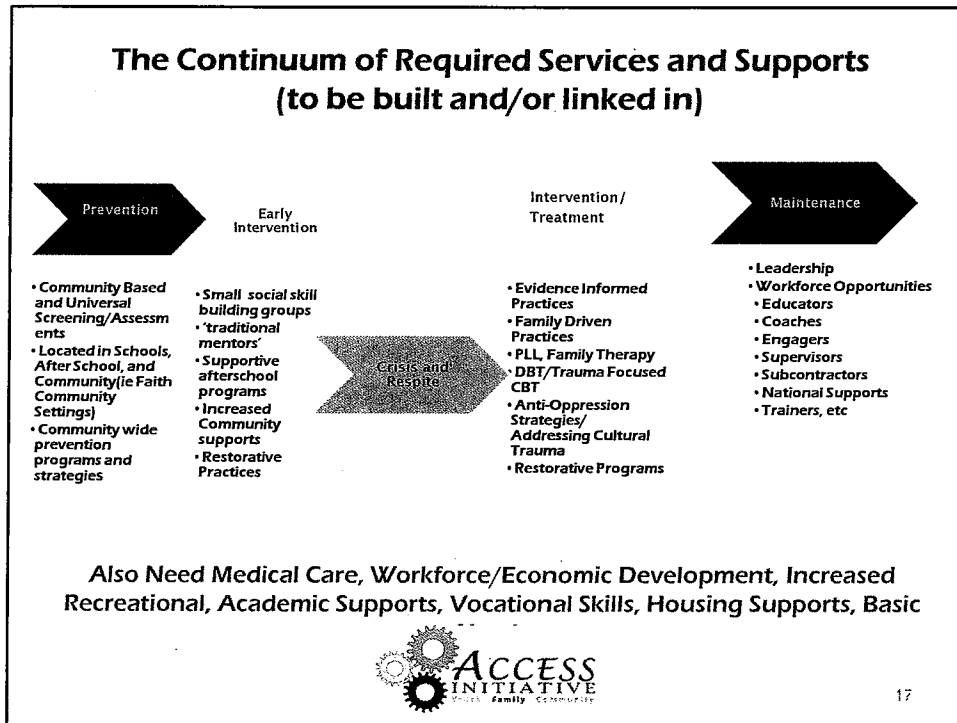
Youth (ages 10-18) with social, emotional, and behavioral challenges (and their families) who are disproportionately represented in the juvenile justice and child welfare systems; and/or by negative academic and health outcomes.

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The Proposed Model



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YOUTH THAT WILL BE TARGETED IN THE PILOT

- Youth referred by JDC and Probation that have not been able to complete other programs successfully
- A small sample Youth in Champaign Schools who have been identified as having social, emotional, and behavioral challenges that have impacted their attendance and behaviors and are at risk for out of school/alternative placements (or dropping out)
- A small group of youth from Urbana Schools elementary and/or middle schools with school, emotional, and behavioral challenge who might need wraparound supports and/or who might be at risk alternative placements

ACCESS
INITIATIVE
Youth Family Community

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GETTING DOWN TO BUSINESS

**'SHOW
ME THE
MONEY!**



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Let's Talk About Our Reality

The Funding

- Up to \$1 million in Year 1
- Up to \$1.5 million in Year 2
- Up to \$2 million in Year 3
- Up to \$2 million in Year 4
- Up to \$1.5 million in Year 5
- Up to \$1 million in Year 6

Length of Project Period:
Up to 6 years

The Match

- Years 1-3 we must provide least \$1 for each \$3 of Federal funds;
- Year 4 we must provide at least \$1 for each \$1 of Federal funds; and
- Year 5-6 we must provide at least \$2 for each \$1 of Federal funds.

Matching resources may be in cash or in-kind, including facilities, equipment or services and must be derived from nonfederal sources (e.g., State or sub-State nonfederal revenues, foundation



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THE ACCESS BUDGET

(SAMHSA and CCMHB match)

SAMSHA FUNDS

- Administrative Cost (staff salaries, infrastructure building)
- Evaluation
- The State's Share
- Social Marketing
- Training
- Service Coordination (individualized plans)
- Treatment Services (in the required service array)

CCMHB FUNDS (this is anticipated/projected)

- PLL
- Prevention and Intervention Programs
- Youth and Family Leadership
- Youth Development Programming
- Services and Supports for Youth (not eligible for ACCESS)
- Programs to Build Natural Supports



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TENTATIVE YEAR 3 ACCESS BUDGET

SAMSHA Year 3 award-\$2,000,000

- **IDHS- (5%)-\$100,000** (salaries, travel, and administrative cost)
- **ACCESS Admin Cost (25%) - \$500,000** (salaries, administrative cost, rent, MIS, computers, and infrastructure. etc)
- **Evaluation (20%)-\$400,000** (admin cost, evaluation cost, community interviews, stipends for parents and youth)
- **Services and Treatment (30%)-\$600,000** - (service coordination staff, Clinical Director, flex funds and evidence informed treatments and/or required services and supports)
- **Infrastructure Building-(20%) - \$400,000** - (training, travel, consultants, social marketing)

Most of these Cost are FIXED and REQUIRED

CCMHB Projected Priorities-1,200,000

- **PLL- (50%) - \$600,000** (staff, training, supervision, and evaluation cost)
- **Infrastructure Building Programs and Services- (15%) - \$180,000**
- **Youth and Family Leadership Infrastructure, Programs and Supports (20%) - \$240,000**
- **Intervention and Treatment Services- (5%) - \$60,000**
- **Universal Prevention Specialist- (5%) - \$60,000**
- **Short-term case managers-(5%) - \$60,000**

Beyond PLL this does not include Quarter Center of other CCMHB funding



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Questions



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RESOLUTION NO.

RESOLUTION ESTABLISHING FY2011 SALARY INCREASE FOR NON-BARGAINING EMPLOYEES of the GENERAL CORPORATE, HIGHWAY and ANIMAL CONTROL FUNDS

WHEREAS, the Champaign County Board acknowledges that the non-bargaining employees of the General Corporate, Highway and Animal Control Funds have not received unilateral wage increases since December 1, 2008 – the first day of the County’s FY2009 fiscal year; and

WHEREAS, the Champaign County Board has cut expenditures in its General Corporate Fund over the last two years to a point where it is anticipated that ongoing operating revenues will cover the amended level of operating expenditures; and

WHEREAS, the Champaign County Board has determined that it has the ability to provide a 2.5% wage increase to its non-bargaining employees in the General Corporate, Highway and Animal Control Funds for FY2011 under the following parameters:

- a) All non-bargaining employees who were employed by the County on December 1, 2009 shall be entitled to the FY2011 wage increase, with the exception of those employees who received a promotional increase between 6% and 10% on December 1, 2010;
- b) The Exempt non-bargaining employees shall receive a one-time payment equal to 2.5% of their current annual salary on March 18, 2011;
- c) The Non-Exempt non-bargaining employees shall receive a 2.5% adjustment to their hourly rate to go into effect as follows:
 - 1) Hourly rate to be adjusted on March 6, 2011 for all future payrolls; and
 - 2) Hourly rate adjustment of 2.5% to be calculated on the hours worked from December 1, 2010 through March 5, 2011 and paid in a lump sum on March 18, 2011;

NOW, THEREFORE BE IT RESOLVED by the Champaign County Board that the non-bargaining employees of the General Corporate, Highway and Animal Control Funds shall receive a 2.5% wage increase for FY2011 under the following parameters:

- a) All non-bargaining employees who were employed by the County on December 1, 2009 shall be entitled to the FY2011 wage increase, with the exception of those employees who received a promotional increase between 6% and 10% on December 1, 2010;
- b) The Exempt non-bargaining employees shall receive a one-time payment equal to 2.5% of their current annual salary on March 18, 2011;
- c) The Non-Exempt non-bargaining employees shall receive a 2.5% adjustment to their hourly rate to go into effect as follows:

- 1) Hourly rate to be adjusted on March 6, 2011 for all future payrolls; and
- 2) Hourly rate adjustment of 2.5% to be calculated on the hours worked from December 1, 2010 through March 5, 2011 and paid in a lump sum on March 18, 2011.

PRESENTED, ADOPTED, APPROVED and RECORDED this 24th day of February, A.D. 2011.

C. Pius Weibel, Chair
Champaign County Board

ATTEST:

Gordy Hulten, County Clerk and
Ex-Officio Clerk of the County Board