

CHAMPAIGN COUNTY BOARD

LEGISLATIVE BUDGET HEARING AGENDA –

**JOINT MEETING of the:
Champaign County Board Finance Committee of the Whole
Mental Health Board
Developmental Disabilities Board**

**Brookens Administrative Center, Lyle Shields Meeting Room
1776 E. Washington, Urbana
Tuesday, August 18, 2015 – 6:00 p.m.**

ITEM

I. CALL TO ORDER

II. ROLL CALL

III. APPROVAL OF AGENDA/ADDENDUM

IV. BUDGET PRESENTATIONS

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V. ADJOURNMENT

NOTE: The opportunity for Public Comment on the Champaign County FY2016 Proposed Budget will be at a Special Public Hearing scheduled at 6:00pm on Thursday, September 24, 2015 in the Shields Meeting Room, Brookens Administrative Center, Urbana, Illinois.

MENTAL HEALTH BOARD – 090-053



The authority for the establishment of the Mental Health Board is documented in 405 ILCS 20 – the Community Mental Health Act.

The Champaign County Mental Health Board was established by a referendum approved by the voters of Champaign County. Through passage of the referendum, a property tax levy was established to support the mission of the Mental Health Board. Each year, approximately 91% of the funds raised through the levy are distributed using a competitive application process to local community service agencies to assist Champaign County residents who have mental health, substance use disorder, and intellectual and developmental disabilities.

MISSION STATEMENT

The mission of the Champaign County Mental Health Board (CCMHB) is the promotion of a local system of services for the prevention and treatment of mental or emotional, developmental, and substance abuse disorders, in accordance with the assessed priorities of the citizens of Champaign County.

BUDGET HIGHLIGHTS

The Champaign County Mental Health Board (CCMHB) anticipates a modest revenue increase of one-and-one-half percent for FY2015. These additional dollars will be used to address the service and support needs of people with a behavioral health and criminal justice interface. A community based collaboration has been established to plan for an adult resource center which will include medical detoxification, psychiatric stabilization and peer support programming.

The other major initiative will be the implementation of the ACCESS Initiative sustainability plan approved by the CCMHB in November 2014 and set for full implementation on October 1, 2015.

Mental Health Board – 090-053

FINANCIAL

Fund 090 Dept 053			2014	2015	2015	2016
			Actual	Original	Projected	Budget
311	24	CURR PROP TX-MENTAL HLTH	\$4,037,720	\$4,194,638	\$4,152,692	\$4,313,571
313	24	RE BACKTAX-MENTAL HEALTH	\$1,612	\$500	\$500	\$500
314	10	MOBILE HOME TAX	\$3,861	\$4,000	\$4,000	\$4,000
315	10	PAYMENT IN LIEU OF TAXES	\$2,859	\$700	\$700	\$700
		PROPERTY TAXES	\$4,046,052	\$4,199,838	\$4,157,892	\$4,318,771
336	23	CHAMP COUNTY DEV DISAB BD	\$337,536	\$381,598	\$331,598	\$373,166
		FEDERAL, STATE & LOCAL SHARED REVENUE	\$337,536	\$381,598	\$331,598	\$373,166
361	10	INVESTMENT INTEREST	\$1,015	\$500	\$500	\$500
363	10	GIFTS AND DONATIONS	\$28,192	\$20,000	\$25,000	\$25,000
369	41	TELEPHONE TOLL REIMB	\$2	\$0	\$0	\$0
369	90	OTHER MISC. REVENUE	\$85,718	\$0	\$0	\$0
		MISCELLANEOUS	\$114,927	\$20,500	\$25,500	\$25,500
		REVENUE TOTALS	\$4,498,515	\$4,601,936	\$4,514,990	\$4,717,437
511	2	APPOINTED OFFICIAL SALARY	\$138,961	\$130,725	\$130,725	\$134,643
511	3	REG. FULL-TIME EMPLOYEES	\$197,840	\$206,300	\$206,300	\$403,695
511	24	JOINT DEPT REG EMPLOYEE	\$79,063	\$55,568	\$55,568	\$0
511	28	EMPLOYEE BONUS	\$1,200	\$1,200	\$1,200	\$6,200
513	1	SOCIAL SECURITY-EMPLOYER	\$29,594	\$30,000	\$30,000	\$41,185
513	2	IMRF - EMPLOYER COST	\$39,957	\$35,250	\$35,250	\$48,450
513	4	WORKERS' COMPENSATION INS	\$2,294	\$2,175	\$2,175	\$2,961
513	5	UNEMPLOYMENT INSURANCE	\$2,725	\$3,000	\$3,000	\$3,605
513	6	EMPLOYEE HEALTH/LIFE INS	\$41,276	\$42,900	\$42,900	\$65,100
513	20	EMPLOYEE DEVELOPMNT/RECOG	\$0	\$0	\$0	\$500
		PERSONNEL	\$532,910	\$507,118	\$507,118	\$706,339
522	1	STATIONERY & PRINTING	\$202	\$500	\$500	\$1,000
522	2	OFFICE SUPPLIES	\$3,640	\$3,500	\$3,500	\$4,500
522	3	BOOKS,PERIODICALS & MAN.	\$178	\$500	\$500	\$750
522	4	COPIER SUPPLIES	\$1,160	\$1,000	\$1,000	\$1,500
522	6	POSTAGE, UPS, FED EXPRESS	\$154	\$1,000	\$1,000	\$1,500
522	44	EQUIPMENT LESS THAN \$5000	\$3,948	\$10,000	\$10,000	\$15,000
		COMMODITIES	\$9,282	\$16,500	\$16,500	\$24,250
533	7	PROFESSIONAL SERVICES	\$226,748	\$250,000	\$250,000	\$300,000
533	12	JOB-REQUIRED TRAVEL EXP	\$2,636	\$4,000	\$4,000	\$8,000
533	20	INSURANCE	\$5,863	\$10,500	\$10,500	\$14,000
533	29	COMPUTER/INF TCH SERVICES	\$2,537	\$5,250	\$5,250	\$6,750
533	33	TELEPHONE SERVICE	\$2,378	\$2,500	\$2,500	\$3,500
533	42	EQUIPMENT MAINTENANCE	\$165	\$750	\$750	\$1,000
533	50	FACILITY/OFFICE RENTALS	\$37,494	\$36,150	\$36,150	\$37,000

Mental Health Board – 090-053

Fund 090 Dept 053			2014	2015	2015	2016
			Actual	Original	Projected	Budget
533	51	EQUIPMENT RENTALS	\$637	\$750	\$750	\$1,500
533	70	LEGAL NOTICES,ADVERTISING	\$116	\$150	\$150	\$150
533	72	DEPARTMENT OPERAT EXP	\$257	\$200	\$200	\$200
533	84	BUSINESS MEALS/EXPENSES	\$1,113	\$750	\$750	\$1,250
533	85	PHOTOCOPY SERVICES	\$3,805	\$3,900	\$3,900	\$3,900
533	89	PUBLIC RELATIONS	\$51,174	\$55,000	\$55,000	\$75,000
533	92	CONTRIBUTIONS & GRANTS	\$3,673,967	\$3,510,918	\$3,331,177	\$3,480,098
533	93	DUES AND LICENSES	\$25,850	\$26,000	\$26,000	\$25,000
533	95	CONFERENCES & TRAINING	\$9,916	\$20,000	\$20,000	\$27,500
534	6	ACQUISITION	\$5,000	\$0	\$0	\$0
534	37	FINANCE CHARGES,BANK FEES SERVICES	\$48	\$0	\$0	\$0
			\$4,049,704	\$3,926,818	\$3,747,077	\$3,984,848
571	80	TO GENERAL CORP FUND 080	\$0	\$0	\$0	\$2,000
		INTERFUND EXPENDITURE	\$0	\$0	\$0	\$2,000
EXPENDITURE TOTALS			\$4,591,896	\$4,450,436	\$4,270,695	\$4,717,437

FUND BALANCE

FY2014 Actual	FY2015 Projected	FY2016 Budgeted
\$1,990,934	\$2,292,112	\$2,240,231

Fund Balance Goal: The CCMHB’s goal is to maintain a fund balance which assures adequate cash flow necessary to meet contractual and administrative obligations including annualized contracts during FY2016.

EXPENSE PER CAPITA

Actual Dollars				
FY2012	FY2013	FY2014	FY2015	FY2016
\$20.22	\$21.09	\$19.78	\$22.38	\$24.22

FTE HISTORY

FY2012	FY2013	FY2014	FY2015	FY2016
5	5	5	5	7

ALIGNMENT to STRATEGIC PLAN

Goal #1 – Champaign County is committed to being a High Performing, Open and Transparent Local Government Organization

- The Champaign County Mental Health Board (CCMHB) is fully compliant with the Open Meeting Act and makes funding decisions during the month of May in open and transparent meetings.

Goal #2 – Champaign County Maintains High Quality Public Facilities and Highways and Provides a Safe Rural Transportation System and Infrastructure.

- The CCMHB has offices in the Brookens Administrative Center which are easily accessible to the public. In addition, the Board uses meeting rooms at Brookens (e.g., Lyle Shields Room) for board meetings, provider meetings, public hearings, and training events.
- The CCMHB has purchased two Community Integrated Living Arrangement (CILA) homes and these are being maintained at a very high standard to assure full community integration for the people living in the homes.

Goal #3 – Champaign County Promotes a Safe, Just and Healthy Community

- The CCMHB is focused on wellness for people with disabilities and supports a variety of entitlement enrollment activities to support healthcare and wellness.
- The CCMHB supports the “system of care” through the Champaign County Community Coalition as a way to address youth violence issues and cultural competence in the delivery of mental health, substance use disorder and intellectual and developmental disabilities services and supports.
- The CCMHB collaborates with other units of county government and funds behavioral health services, anti-stigma initiatives, and supports wellness programming for people with disabilities.

Goal #4 – Champaign County is a County that Supports Balanced, Planned Growth to Balance Economic Growth with Preservation of Our Natural Resources

- The FY2015 CCMHB budget is used in accordance with the Community Mental Health Act and the amount of funding available is predicated by the terms and conditions of the original mental health referendum.

DESCRIPTION

The CCMHB was established under Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. seq.) in order to "construct, repair, operate, maintain and regulate community mental health facilities to provide mental health services as defined by the local community mental health board, including services for the developmentally disabled and for the substance abuser, for residents of Champaign County." The CCMHB is responsible for planning, coordinating, evaluating, and allocating funds for the comprehensive local system of mental health, developmental disabilities, and substance use services for Champaign County.

The CCMHB funds programs and services for people with mental illness, substance use disorders, intellectual disabilities, and developmental disabilities. Generally speaking, we seek to support and sustain systems of care for each separate disability group for whom we have responsibility with special emphasis on underserved populations. All providers are required to complete cultural competence plans as a condition of their contract with the CCMHB.

Collaboration with other units of government, local funding organizations, parent and youth groups, and community based providers also fall within the purview of the CCMHB.

OBJECTIVES

- Prepare for and support the collaborative efforts of this community to assure appropriate diversion of people from the jail to services and supports. This may include participating in a Request for Proposals process to create a Jail diversion Resource Center.
- Expand Community Integrated Living Arrangements (CILA) in Champaign County. Anticipated revenue of \$50,000 per year for ten years will be allocated for this project.
- Congruent with the indentified priorities and decision support criteria issued in November 2014, issue contracts for services and supports for people with mental health, substance use disorders, intellectual disabilities, and developmental disabilities service needs.
- Assure fiscal accountability for all contracts with service providers (i.e., not-for profit community based agencies).
- Assure program accountability of performance indicators specified in each contract.

PERFORMANCE INDICATORS

Indicator	FY2014 Actual	FY2015 Projected	FY2016 Budgeted
Number of Clients served through CILAs	N/A	N/A	16
Total dollars appropriated for CILA Program	N/A	N/A	\$50,000
Number of Contracts awarded for services and support for clients with mental health and substance use disorders, intellectual disabilities and developmental disabilities	40	40	40
Number of Clients provided services for mental health and substance use disorders, intellectual disabilities and developmental disabilities	18,906	19,662	19,662
Total dollars appropriated for services and support for clients with mental health and substance use disorders, intellectual and developmental disabilities	\$3,673,966	\$3,356,177	\$3,424,085
Number of Contract Review Compliance Visits made by CCMHB Staff to contracted providers per contract	1	1	1
Minimum Number of Desk Reviews done per Contract	4	4	4
Percent of Required Reports from Contractors received in compliance with terms of contract	100%	100%	100%
Number of Contracts successfully completed based on auditing and evaluation by CCMHB Staff	42	40	40

Mental Health Board CILA – 090-054

MENTAL HEALTH BOARD CILA – 090-054

BUDGET HIGHLIGHTS

The Champaign County Mental Health Board (CCMHB) anticipates a modest revenue increase of one-and-one-half percent for FY2015. These additional dollars will be used to expand the availability of mental health and substance use disorder services for adults with criminal justice involvement.

The Intergovernmental Agreement between the Mental Health Board and Developmental Disabilities Board requires a commitment of \$597,000 to be dedicated to services and supports for people with intellectual disabilities and developmental disabilities. Of this, \$50,000 will be allocated to fund the Community Integrated Living Arrangement expansion Request for Proposals in partnership with the Developmental Disabilities Board.

FINANCIAL

		Fund 090 Dept 054	2014 Actual	2015 Original	2015 Projected	2016 Budget
336	9	CHAMPAIGN COUNTY	\$0	\$0	\$50,000	\$50,000
		FEDERAL, STATE & LOCAL SHARED REVENUE	\$0	\$0	\$50,000	\$50,000
363	50	RESTRICTED DONATIONS	\$19,696	\$0	\$19,696	\$0
		MISCELLANEOUS	\$19,696	\$0	\$19,696	\$0
371	54	FROM DEV DIS BOARD 108	\$0	\$50,000	\$50,000	\$50,000
		INTERFUND REVENUE	\$0	\$50,000	\$50,000	\$50,000
		REVENUE TOTALS	\$19,696	\$50,000	\$119,696	\$100,000
522	44	EQUIPMENT LESS THAN \$5000	\$0	\$0	\$2,813	\$16,881
		COMMODITIES	\$0	\$0	\$2,813	\$16,881
533	7	PROFESSIONAL SERVICES	\$0	\$10,000	\$45,000	\$45,000
534	6	ACQUISITION	\$0	\$0	\$15,000	\$10,000
		SERVICES	\$0	\$10,000	\$60,000	\$55,000
581	7	MORTGAGE PRINCIPAL PMTS	\$0	\$40,000	\$0	\$30,000
582	7	INTEREST ON MORTGAGE	\$0	\$50,000	\$0	\$50,000
		DEBT	\$0	\$90,000	\$0	\$80,000
		EXPENDITURE TOTALS	\$0	\$100,000	\$62,813	\$151,881

DESCRIPTION

The CCMHB was established under Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. seq.) in order to "construct, repair, operate, maintain and regulate community mental health facilities to provide mental health services as defined by the local community mental health board, including services for the developmentally disabled and for the substance abuser, for residents of Champaign County." The CCMHB is responsible for planning, coordinating, evaluating, and allocating funds for the comprehensive local system of mental health, developmental disabilities, and substance use services for Champaign County.

The CCMHB funds programs and services for people with mental illness, substance use disorders, intellectual disabilities, and developmental disabilities. Generally speaking, we seek to support and sustain systems of care for each separate disability group for whom we have responsibility with special emphasis on underserved populations. All providers are required to complete cultural competence plans as a condition of their contract with the CCMHB.

Collaboration with other units of government, local funding organizations, parent and youth groups, and community based providers also fall within the purview of the CCMHB.

OBJECTIVES

- In order to address unmet need in Champaign County, expand Community Integrated Living Arrangements (CILA) for people with intellectual and developmental disabilities in Champaign County. Anticipated revenue of \$50,000 per year for ten years will be allocated for this project.
- Purchase up to four houses which meet DHS licensing requirements for CILA services and lease homes to the service provider selected by RFP.
- To the extent possible, assure that any person originating from Champaign County and having a CILA award from DHS is able to live in a CILA in Champaign County.
- Comply with the Ligas Consent Decree requirement of 4 persons or less residing in a CILA house owned by the CCMHB.
- In collaboration with the Service Provider, work with a property manager to assure CILA homes are adequately maintained and repaired as the need arises.

PERFORMANCE INDICATORS

Indicator	FY2014 Actual	FY2015 Projected	FY2016 Budgeted
Number of Clients served through CILAs	N/A	8	16
Total dollars appropriated for CILA Program	N/A	N/A	\$50,000
Number of Contracts awarded for services and support for clients with mental health and substance use disorders, intellectual disabilities and developmental disabilities			
Number of Clients provided services for mental health and substance use disorders, intellectual disabilities and developmental disabilities			

Mental Health Board CILA – 090-054

Indicator (Continued)	FY2014 Actual	FY2015 Projected	FY2016 Budgeted
Total dollars appropriated for services and support for clients with mental health and substance use disorders, intellectual and developmental disabilities	\$3,673,966	\$3,356,177	\$3,479,999
Number of Contract Review Compliance Visits made by CCMHB Staff to contracted providers per contract	1	1	1
Minimum Number of Desk Reviews done per Contract	4	4	4
Percent of Required Reports from Contractors received in compliance with terms of contract	100%	100%	100%
Number of Contracts successfully completed based on auditing and evaluation by CCMHB Staff	42	40	40

DECISION MEMORANDUM

DATE: November 19, 2014
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Peter Tracy, Executive Director
SUBJECT: FY16 Allocation Priorities and Decision Support Criteria

Overview:

The purpose of this memorandum is to provide recommendations pertaining to the FY16 (July 1, 2015 through June 30, 2016) Champaign County Mental Health Board (CCMHB) allocation decision support criteria and funding priorities. Stakeholders were invited to review, comment and identify additional priorities for the Board's consideration.

Statutory Authority

Funding policies of the Champaign County Mental Health Board (CCMHB) are predicated on the requirements of the Illinois Community Mental Health Act (405 ILCS 20 / Section 0.1 et.seq.). All funds shall be allocated within the intent of the controlling act as codified in the laws of the State of Illinois. The purpose of this memorandum is to recommend and confirm service and program priorities for the FY15 (July 1, 2014 through June 30, 2015) funding cycle. CCMHB Funding Guidelines require annual review and update of decision support criteria and priorities in advance of the funding cycle application process.

Coordination of Funding

Changes in law, rules and regulations at the federal and State levels will require local government funders (i.e., CCMHB/CCDDB) to be cognizant of the terms and conditions of Federal and State contracts with local service providers that also receive our funding. Many of these changes including the shift to Medicaid as the primary funding source place limitations on how our funding can be used, and have resulted in realigning our dollars to purchase services and supports for people who are not covered by Medicaid, or for services which are not included specifically as Medicaid Benefits.

All CCMHB/CCDDB contracts specify the eligible populations and the services/supports which are to be delivered consistent with budgeted revenue and costs. Local funding is therefore not to be used to supplement Medicaid services which are provided to Medicaid eligible persons through direct contracts with State of Illinois agencies. The CCMHB/CCDDB requires separate cost centers for all contracts and does not allow providers to comingle local funding with State of Illinois funding, or comingled with a provider's State-Agency cost center. Additionally, CCMHB/CCDDB contracts require our funding to be the last funds used if other funding is available. This means Medicaid eligible clients receiving services from providers via contracts with State Agencies are excluded from access to local (CCMHB/CCDDB) funding for services that are covered by Medicaid or other State of Illinois contracts. It is our position that CCMHB/CCDDB funding shall not be used for services/supports that could be billed to the State of Illinois (i.e., Medicaid), and local funding shall not be used to supplant other funding sources,

particularly Medicaid which is an entitlement with a defined set of benefits for enrolled and eligible individuals.

Insofar as local provider contracts with State of Illinois agencies, the Medicaid rate paid for a service or support is, by law, all-inclusive and must be taken as payment in full by the provider. Because the Medicaid rate is all-inclusive and considered payment in full, the provider is prohibited from charging any amount over and above what Medicaid pays for a covered service to an eligible client. The provider is not allowed to accept additional payment for service by billing any third party, whether or not the third party is willing to help (i.e., supplement). In addition, the Waiver Program Provider Agreement for Participation in the Illinois Medical Assistance Program specifically states in Item #6 **“Payments to the Provider under this agreement shall constitute payment in full. Any payments received by the Provider from other sources shall be shown as a credit and deducted from the Provider’s charges.”**

Expectations for Minimal Responsiveness

Applications that do not meet these thresholds are “non-responsive” and will be returned to the applicant. All agencies must be registered using the on-line system. The application(s) must be completed using the on-line system.

1. Eligible applicant – based on the Organization Eligibility Questionnaire.
2. Compliance with the application deadline. Late applications will not be accepted.
3. Application must relate directly to mental health, substance abuse or developmental disabilities programs and services.
4. Application must be appropriate to this funding source and shall provide evidence that other funding sources are not available to support this program/service.

FY16 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board

Full compliance with the terms and conditions of the Intergovernmental Agreement between the CCMHB and the Champaign County Developmental Disabilities Board (CCDDDB). This agreement defines the FY16 allocation for developmental disabilities programs and services, as well as the expectation for integrated planning by the Boards.

There have been significant changes in law, rules, and regulations that have altered the nature of ID/DD services and supports, and these changes also define, to a great extent, the parameters for allocation of funds. The changes have been extended by court orders and recent legislation. These include (a) Olmstead, (b) Ligas Consent Decree (c) Williams Consent Decree, (d) the Illinois Employment First Act, (e) the final CMS Home and Community Based Rule, (f) the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) class action lawsuit in Illinois, (g) executive orders in three states which phase out the use of segregated centers and/or sheltered workshops, (h) the Oregon lawsuit to eliminate segregated centers and sheltered workshops, (i) the Affordable Care Act, (j) the proposed Illinois 1115 Waiver, and (k) the implementation of ID/DD managed care in Illinois.

If asked to identify a common denominator for all of the changes listed above, it is pretty clear that it would be inclusion and integration of people with intellectual and developmental

disabilities (I/DD). All of the major areas of services and supports require movement away from segregated centers and services which limit the person's access to the community. In fact, the new CMS rule actually emphasizes that States are expected to ensure that people with I/DD have the same level of access to the community as people that do not have a disability. Using the Person Centered Planning process as a guide, the emerging changes are focused on integration, quality of life, self-determination, human and civil rights, advocacy, and protection. That said, the CCDDDB strongly believes and will support programs, services and supports which manifest the following:

- Individuals with disabilities have the opportunity to live like those without disabilities, and have control over their day and over where and how they live.
- Supports for individuals with disabilities that focus on building connection, companionship, and contribution in the broader community, and on supporting presence and participation in community settings where their individual contributions will be recognized and valued.
- Supports for individuals with disabilities that focus on developing and strengthening personal support networks that include friends, family members, and community partners.
- Supports for individuals with disabilities that systematically identify and mobilize individual gifts and capacities and create access to community associations, workplaces, and learning spaces in which network members have influence and standing.

As a local funding organization responsive to changes in law, rule, and regulation, all applications associated with the priorities shall be evaluated using the "lens of inclusion and integration."

Priority #2 – ACCESS Initiative Sustainability

The CCMHB has committed to sustaining our system-of-care after the term of the cooperative agreement with IDHS expires on September 30, 2015. A concept briefing memorandum outlines the proposed components of the ACCESS Initiative sustainability plan and is a separate agenda item presented for CCMHB consideration. The proposed plan includes the following components: (1) Facilitation of the Community Coalition to serve as the planning/policy integration mechanism for the post-cooperative agreement System-of-Care; (2) an enhanced in-house Cultural and Linguistic Competence coordinator to build on the accomplishments of the ACCESS Initiative; (3) an Integrated Service and Support Network including coordination with CHOICES; (4) A youth organization; (5) a family organization; (6) and, leadership and coordination with State of Illinois System of Care Expansion.

Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance.

Alignment between Quarter Cent for Public Safety funding, CCMHB funding, and other federal, state and/or local funding streams to efficaciously address the needs of multi-system involved youth with SED by supporting the following services and supports:

(a) Parenting with Love and Limits (PLL) – Maintenance of Parenting with Love and Limits (PLL) as a means of assuring clinical efficacy and attainment of desired outcomes for ACCESS Initiative youth and families, as well as other youth involved in the juvenile justice system.

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface.

Continuation during FY16 of the reconfigured behavioral health system which was designed to assure appropriate linkage to behavioral health services following incarceration, deflection of people with serious behavioral health problems prior to incarceration, and improved coordination between community based service providers and the Champaign County Jail's behavioral health service provider for people during their incarceration. Included under this priority is our continued support of the specialty courts, related services and supports. Full compliance with memoranda of understandings pertaining to specialty courts will be continued during FY16. Stakeholder input has identified a need for and recommended development of a diversion alternative such as a recovery center, in Champaign County. Proposals to develop a plan for establishing a recovery center will be accepted under this priority.

Priority #5 – Wellness for People with Disabilities

The CCMHB believes that disparities in life expectancy for people with disabilities is unacceptable, and to the extent possible we should prioritize funding for programs, services and supports consistent with SAMHSA's Eight Dimensions of Wellness. In this context wellness means overall well-being and incorporates the mental, emotional, physical, occupational, intellectual, and spiritual aspects of a person's life.

The significant mortality gap for people with disabilities is predicated on the combination of (1) a higher occurrence of risk factors for chronic diseases and some types of cancer; (2) the iatrogenic effects of some psychiatric medications; (3) higher rates of suicide, accidental and violent death; and (4) poorer access to physical healthcare than for the general population. The following are salient factors which are of specific concern:

- People with serious and persistent mental illness have a life expectancy a full 25 years shorter than people without significant behavioural health needs. Three out of five die from preventable chronic diseases such as asthma, diabetes, cancer, heart disease and cardiopulmonary conditions.
- People with intellectual or developmental disabilities (IDD) experience disparities in oral health outcomes, a key factor in the quality of life and life expectancy of people with disabilities.
- Women with significant disabilities were 57 percent less likely to report receiving Pap tests and 56 percent less likely to report receiving mammograms compared with women who did not have disabilities, regardless of age.
- People with disabilities of all ages have more than twice the incidence of diabetes than those without disabilities.
- People with disabilities older than 18 have a 10% higher incidence of hypertension than adults without disabilities (29.3% versus 39.3%).

The CCMHB is committed to addressing these issues in Champaign County and is seeking applications which provide solutions to these problems by focusing on prevention/health promotion, screening, and access to quality, integrated, individualized care and treatment. Supportive activities could include counselling, advocacy, prevention, and education.

Priority #6 - Local Funder Collaboration on Special Initiatives

It is recommended we continue to monitor local funder collaborations intended to expand the availability of psychiatric services in Champaign County, development of alcohol and substance use detoxification services, and/or development of an emergency shelter for families facing homelessness. Expansion of psychiatric services could include supporting a partnership between community based behavioral health providers and the Federally Qualified Health Center (FQHC) in Champaign County. The only caveat to this item pertains to how the ACA and Medicaid expansion addresses this deficiency. The implementation of Medicaid managed care could conceivably address this issue. An emergency shelter for families was piloted in the community last winter and spring. The prospect exists for those involved with the pilot to lead an effort to establish a permanent facility. As part of any collaboration with other local funders on an emergency shelter for families, consideration would be given to providing support services at the shelter.

Overarching Decision Support Considerations

The FY16 CCMHB allocation process will require all applications to address the overarching criteria listed below. Assessment of all FY16 applications will focus on alignment with these overarching criteria.

1. **Underserved Populations** - Programs and services that promote access for underserved populations identified in the Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity and the consultation with Carl Bell, M.D. In addition, actions should align with the Culturally and Linguistically Appropriate Services (CLAS) standards outlined in "A Blueprint for Advancing and Sustaining CLAS Policy and Practice."
2. **Countywide Access** - Programs and services that promote county-wide access for all people in Champaign County. Zip code data is mandated.
3. **Budget and Program Connectedness** - Applications that clearly explain the relationship between budgeted costs and program components receive additional consideration. "What is the Board buying?" is the salient question that must be answered in the proposal, and clarity is required.
4. **Realignment of Existing FY15 Contracts to Address Priorities** – The CCMHB reserves the right to reduce or eliminate incumbent programs and services in order to support the six FY16 priorities listed in this memorandum.
5. **Anti-Stigma Efforts** – Activities that support efforts to reduce stigma associated with mental health, substance use disorders, and intellectual disabilities/developmental disabilities by increasing community awareness and challenging negative attitudes and discriminatory practices.

Secondary Decision Support and Priority Criteria

The process items included in this section will be used as discriminating factors which influence final allocation decision recommendations. The CCMHB uses an on-line system for agencies interested in applying for funding. An agency must complete the one-time registration process including the Organization Eligibility Questionnaire before receiving access to the on-line application forms.

Approach/Methods/Innovation: Applications proposing evidence based or research based approaches, and in addition address fidelity to the specific model cited. Applications

demonstrating creative and/or innovative approaches to meet defined community need will receive additional consideration.

Staff Credentials: Applications that address and highlight staff credentials and specialized training will receive additional consideration.

Process Considerations

The criteria described in this memorandum are to be used as guidance by the Board in assessing applications for CCMHB funding, however, it is not the sole consideration taken into account in finalizing funding decisions. Other considerations would include the judgment of the Board and its staff, opinion about the provider's ability to implement the program and services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCMHB funds, applications must reflect the goals and objectives stated in the Three Year Plan as well as the operating principles and public policy positions taken by the Board. The final funding decisions rest with the CCMHB and their judgment concerning the most appropriate and efficacious use of available dollars based on assessment of community needs, equitable distribution across disability areas, and decision-support match up.

The CCMHB allocation of funding is a complex task predicated on multiple variables. It is important to remember that this allocation process is not a request for proposals (RFP). Applicants for funding are not responding to a common set of specifications, but rather are applying for funding to address a wide variety of mental health, developmental disability and substance abuse treatment needs in our community. In many respects our job is significantly more difficult than simply conducting an RFP. Based on past experience we can anticipate the nature and scope of applications will vary significantly and will include treatment, early intervention and prevention models. For these reasons, a numerical rating/selection methodology is not applicable and relevant to our particular circumstances. Our focus is on what constitutes a best value to our community based on a combination of cost and non-cost factors, and will reflect an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCMHB.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCMHB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- Technical assistance available to applicants will be limited to process questions concerning the use of the on-line registration and application system, application forms, budget forms, application instructions and CCMHB Funding Guidelines.
- Applications which include excessive information beyond the scope of the application format will not be reviewed and at the discretion of staff may be disqualified from consideration. Letters of support for applications are discouraged and if submitted will not be considered as part of the allocation and selection process.
- The CCMHB retains the right to accept or reject any or all applications, and reserves the right to refrain from making an award when it is deemed to be in the best interests of the county.

- The CCMHB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCMHB deems such variances to be in the best interest of Champaign County.
- Applications and submissions become the property of the CCMHB and as such, are public documents that may be copied and made available upon request after allocation decisions have been made. Materials submitted will not be returned or deleted from the on-line system.
- The CCMHB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years with or without additional procurement.
- If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services that are agreeable to both parties. Failure to submit required information may result in cancellation of the award of a contract.
- The execution of financial contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of Champaign County.
- The CCMHB reserves the right to further define and add additional application components as needed. Applicants selected as responsive to the intent of this on-line application process will be given equal opportunity to update proposals for the newly identified components.
- All proposals considered must be received on time and must be responsive to the application instructions. The CCMHB is not responsible for lateness or non-delivery of mail or messenger. Late applications shall be rejected.
- The contents of a successful application will be developed into a formal contract, if selected for funding. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCMHB reserves the right to withdraw or reduce the amount of an award if there is misrepresentation of the applicant's ability to perform as stated in the application.
- The CCMHB reserves the right to negotiate the final terms (i.e., best and final offer) of any or all contracts with the applicant selected and any such terms negotiated as a result of this application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCMHB also reserves the right to require the submission of any revision to the application, which results from negotiations conducted.
- The CCMHB reserves the right to contact any individual, agency or employer listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.

Decision Section:

Motion: Move to approve the FY16 Allocation Priorities and Decision Support Criteria as described in this memorandum.

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

CCMHB

Champaign County Mental Health Board

In fulfillment of our responsibilities under the Community Mental Health Act, the Champaign County Mental Health Board (CCMHB) presents the following documents for public review:

The CCMHB's Annual Report provides an accounting to the citizens of Champaign County of the CCMHB's activities and expenditures during the period of December 1, 2013 through December 31, 2014.

The CCMHB's Three-Year Plan for the period December 1, 2012 through December 31, 2015 presents the CCMHB's goals for development of Champaign County's system of community mental health, intellectual and developmental disabilities, and substance use disorder services and facilities, with One-Year Objectives for January 1, 2015 through December 31, 2015.

Any questions or comments regarding the CCMHB's activities or the county's mental health services can be directed to the Champaign County Mental Health Board; 1776 E. Washington; Urbana, IL 61802; phone (217) 367-5703, fax (217) 367-5741.

Champaign County Mental Health Board

Fiscal Year 2014 Annual Report & Three-Year Plan 2013-2015

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LISTING OF 2014 BOARD MEMBERS AND STAFF

BOARD MEMBERS

Dr. Deloris Henry
(President)

Dr. Deborah Townsend
(Vice-President)

Ms. Astrid Berkson

Ms. Aillinn Dannave

Mr. William Gleason

Dr. Susan Fowler

Mr. Michael McClellan

Dr. Thom Moore

Dr. Julian Rappaport

STAFF

Peter Tracy
Executive Director

Lynn Canfield
Associate Director for Developmental Disabilities

Nancy K. Crawford
Business Unit Comptroller

Mark J. Driscoll
Associate Director for Mental Health and Substance Abuse Services

Stephanie Howard-Gallo
Developmental Disabilities Contract Specialist

CCMHB President's Report

It is my pleasure, as the newly elected Board President, to present to the citizens of Champaign County the 2014 Champaign County Mental Health Board Annual Report. The first section of the Annual Report provides an accounting of the finances entrusted to the Board, contract awards issued for the 2014 contract year, and statistics on the number served and allocation of funds. The second section is the current Three Year Plan with Objectives for the 2015 fiscal year, adopted by the Board in November 2014.

Reflecting on the past year, significant progress has been achieved on two very important issues. In collaboration with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB), the two Boards authorized a request for proposals for Community Integrated Living Arrangements (CILA) to expand housing available to persons with an intellectual disability or a developmental disability. The action taken enables the CCMHB with the CCDDB as a partner to purchase up to four homes to serve up to sixteen individuals. Other collaborative efforts by the two Boards continue such as the Disability Resource Expo and Alliance for the Promotion of Acceptance, Inclusion, and Respect support for Eberfest.

The other noteworthy achievement regards the plan approved by the CCMHB to sustain the ACCESS Initiative. As the SAMHSA cooperative agreement comes to a close later in 2015, the CCMHB has committed to continue support for the ACCESS Initiative by earmarking funds equal to the matching funds the Board allocated each year over the term of the cooperative agreement. The scope of work associated with the ACCESS Initiative sustainability plan is multifaceted and a natural extension of past progress.

As we look to the future, the issue of mental health services for adults involved with the criminal justice system continues to command the Board's attention. Partnerships with other stakeholders will be key to addressing the extent of the problem. Exacerbating this issue among others is the on-going fiscal crisis faced by the State of Illinois that has reduced investment in services for persons with mental illnesses, substance use disorders, or intellectual disability/developmental disabilities. The roll back of the state income is likely to add to the fiscal crisis resulting in further reductions in services and supports for these vulnerable populations that may have the unintended consequence of increasing their contact with and intervention by the police and the courts.

Last but not least, on behalf of the Board it is with deep gratitude that I recognize Mr. Michael McClellan and Mr. William Gleason for their many years of service to the citizens of Champaign County as they step down from the Board. And extend a warm welcome to newly appointed Champaign County Mental Health Board members Mrs. Judith O'Connor and Dr. Anne Robin.

Respectfully,



Dr. Deborah Townsend
CCMHB President, 2015

SECTION I: Financial Reports and Service Data

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

ANNUAL FINANCIAL REPORT

12/01/13- 12/31/14

	2013	2014
	12 Months	13 Months
Beginning of the Year Fund Balance	\$ 2,146,111	\$ 2,064,614
 REVENUE		
General Property Taxes	\$ 3,815,995	\$ 4,037,720
Back Taxes, Mobile Home Tax & Payment in Lieu of Taxes	9,092	8,332
Local Government Revenue	1,000	-
Champ County Developmental Disabilities Board	317,517	337,536
Interest Earnings	915	1,016
Gifts and Donations	20,609	28,192
Miscellaneous	37,471	85,719
TOTAL REVENUE	<u>\$ 4,202,599</u>	<u>\$ 4,498,515</u>
 EXPENDITURES		
Administration & Operating Expenses:		
Personnel	478,541	532,909
Commodities	4,921	9,282
Services	334,146	375,735
Capital Outlay	-	-
Sub-Total	<u>\$ 817,608</u>	<u>\$ 917,926</u>
 Grants and Contributions:		
Program	3,466,488	3,673,967
Capital	-	-
Sub-Total	<u>\$ 3,466,488</u>	<u>\$ 3,673,967</u>
 TOTAL EXPENDITURES	 <u>\$ 4,284,096</u>	 <u>\$ 4,591,893</u>
 Fund Balance at the End of the Fiscal Year	 <u>\$ 2,064,614</u>	 <u>\$ 1,971,236</u>

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

PROGRAM ALLOCATIONS -- FY2014

12/01/13 - 11/30/14

AGENCY/PROGRAM	TOTAL PAID
CENTER FOR YOUTH & FAMILY SOLUTIONS - Counseling	4,665.00
CHAMPAIGN COUNTY CHILDREN'S ADVOCACY CENTER	40,170.00
CHAMPAIGN COUNTY REGIONAL PLANNING COMMISSION	
Youth Access Center	28,167.00
Head Start	44,448.00
Agency Total	72,615.00
COMMUNITY CHOICES - Self Determination	42,915.00
Community Living	27,498.00
Customized Employment	25,002.00
Agency Total	95,415.00
COMMUNITY ELEMENTS - CJ & Problem Solving Courts	79,752.00
Adult Recovery/Criminal Justice & Specialty Courts	87,461.00
Crisis/Access Benefits & Engagement	248,804.00
Psychiatric/Primary Care Services	45,143.00
Early Childhood Mental Health	116,788.00
CJ Integrated Behavioral Health	111,146.00
Parenting with Love and Limits - Front End Services	314,470.00
TIMES Center	39,862.00
Agency Total	1,043,426.00
COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY - Resource Connection	71,134.00
COURAGE CONNECTIONS - A Woman's Place	72,527.00
CRISIS NURSERY - Beyond Blue - Rural	75,833.00
DEVELOPMENTAL SERVICES CENTER	
Family Development Center	291,665.00
Integrated Site Based Services	178,158.00
Agency Total	469,823.00
DON MOYER BOYS & GIRLS CLUB - Intake Specialist	27,750.00
Community Home	146,250.00
Engagement & Social Marketing	32,502.00
Trauma Training	15,000.00
Wrap Flex Fund	31,112.00

Agency Total	252,614.00
EAST CENTRAL ILLINOIS REFUGEE ASSISTANCE CENTER	
Refugee Support	14,083.00
FAMILY SERVICE - First Call for Help	
Senior Resource Center (Senior Counseling and Advocacy)	17,500.00
Self-Help Center	154,198.00
Counseling	31,049.00
Agency Total	43,377.00
	246,124.00
MAHOMET AREA YOUTH CLUB - Universal Screening	
Bulldogs Learn & Succeed Together	17,884.00
Agency Total	7,500.00
	25,384.00
PRAIRIE CENTER FOR SUBSTANCE ABUSE - Drug Court	
CJ Substance Abuse	104,125.00
Specialty Courts	10,833.00
Parenting with Love and Limits - Extended Care	93,714.00
Prevention	314,470.00
Youth Services	61,262.00
Agency Total	113,750.00
	698,154.00
PROMISE HEALTHCARE - Mental Health Services/Counseling	
Wellness Campaign	169,284.00
Agency Total	30,996.00
	200,280.00
RAPE ADVOCACY COUNSELING EDUCATIONS SERVICES	
	20,150.00
SOAR YOUTH PROGRAMS - Universal Screening	
Family Engagement	83,715.00
Youth Move	98,579.00
Agency Total	33,462.00
	215,756.00
TALKS - Men of Wisdom	
	5,484.00
UNIVERSITY OF ILLINOIS - PSYCHOLOGICAL SERVICES	
Girls Advocacy	20,965.00
Restorative Circles	4,302.00
Agency Total	25,267.00
UP CENTER OF CHAMPAIGN COUNTY	
	8,515.00
URBANA NEIGHBORHOOD CONNECTION-Community Study Center	
	16,548.00
GRAND TOTAL	3,673,967.00

**SERVICE TOTALS FOR CONTRACT YEAR 2014 (7/1/13 - 6/30/14)
BY TYPE OF SERVICE UNIT**

- CSE** = Community Service Event. Non-client specific service, e.g. public presentation, consultation advocacy for a target population, media event, workshop or community development activity.
SC = Service Contact/Screening Contact. Encounter to provide information, referral, assessment, crisis intervention or general service.
TPC = Treatment Plan Client. Client has a written assessment and service plan.
NTPC = Non-Treatment Plan Client. Brief service is provided without a written service plan.
FFS = Fee for Service. Pre-determined fee paid for defined unit of service.

CONTRACTED AGENCIES & PROGRAMS

	<u>CSEs</u>	<u>SCs</u>	<u>TPCs</u>	<u>NTPCs</u>	<u>FFS Units</u>	<u>Type</u>
<u>Center for Women in Transition</u>						
A Woman's Place	189	707	278	15	----	----
<u>Center for Youth and Family Solutions</u>						
Family Counseling Program	----	----	33	----	47	Hours
<u>Champaign County Children's Advocacy Ctr.</u>						
	10	87	101	9	----	----
<u>Champaign County Head Start/Early Head Start</u>						
Social-Emotional Disabilities Services	----	676	106	104	----	----
<u>Champaign County Regional Planning Commission Social Services</u>						
Youth Assessment Center (Qc)	32	101	540	240	----	----
Youth Assessment Center (CCMHB)						
<u>Community Choices</u>						
Self-Determination Support	6	1093	----	136		
<u>Community Elements</u>						
AI Parenting with Love and Limits	----	----	76	----	----	----
AI School Based Services (SPARCS)**	----	----	52	19	----	----
Criminal Justice Problem Solving Courts			130	517		
Criminal Justice Integrated Behavioral Health			70	10		
Crisis, Access, Benefits and Engagement	33	4493	255	660	----	----
Early Childhood Mental Health and Dev.	138	253	209	----	----	----
Psychiatric/Primary Care Services	----	826	157	----	----	----
TIMES Center (Screening MI/SA)	----	220	----	182	924	Svc. Enc.
<u>Community Service Center of Northern CC</u>						
Resource Connection	----	6465	----	1396	----	----
<u>Crisis Nursery</u>						
Beyond Blue Champaign County	168	1285	43	143		
<u>Developmental Services Center</u>						
Family Development Center	519	223	680		----	----
	<u>CSEs</u>	<u>SCs</u>	<u>TPCs</u>	<u>NTPCs</u>	<u>FFS Units</u>	<u>Type</u>
<u>East Central Illinois Refugee Assistance Center (ECIRMAC)</u>						
Family Support and Strengthening	92	----	----	----	----	----

<u>Family Service of Champaign County</u>						
Counseling	----	510	67	----	548	Hours
First Call for Help	----	4056	----	----	----	----
Self-Help Center	266	----	----	----	----	----
Senior Counseling and Advocacy	----	9420	351	1161	----	----
<u>Mahomet Area Youth Club</u>						
AI Universal Screening MAYC**	380	174		1367		
<u>Prairie Center Health Systems</u>						
AI Parenting with Love & Limits	----	----	68	----	----	----
Criminal Justice Substance Use Treatment		6	3	13		
Cultural & Linguistic Competence**	15					
Drug Court	6	12300	89			
Prevention Program	1159	----	----	----	----	----
Youth Services	11	95	118	----	----	----
<u>Promise Healthcare</u>						
Frances Nelson Wellness and Justice	14	644		67		
Mental Health Services at Frances Nelson	----	----	1593	345	----	----
<u>RACES</u> Counseling & Crisis Services	144	22	35	10		
<u>UP Center of Champaign County</u>						
Youth and Volunteers	24	3	----	31	----	----
<u>University of Illinois - Psychological Services Center</u>						
AI Girls Advocacy Program**		11	4			

	<u>CSEs</u>	<u>SCs</u>	<u>TPCs</u>	<u>NTPCs</u>
TOTAL GENERIC SERVICE UNITS	3,206	43,670	5,058	6,425

	<u>Days</u>	<u>Hours</u>	<u>Service Encounters</u>
TOTAL FEE BASED UNITS		682	1,263

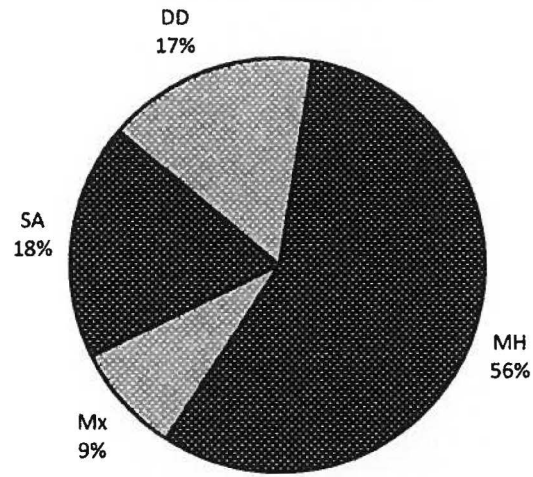
Notes on Service Data

** ACCESS Initiative data are reported in the Local and National Evaluation, as required by contract with Illinois Department of Human Services.

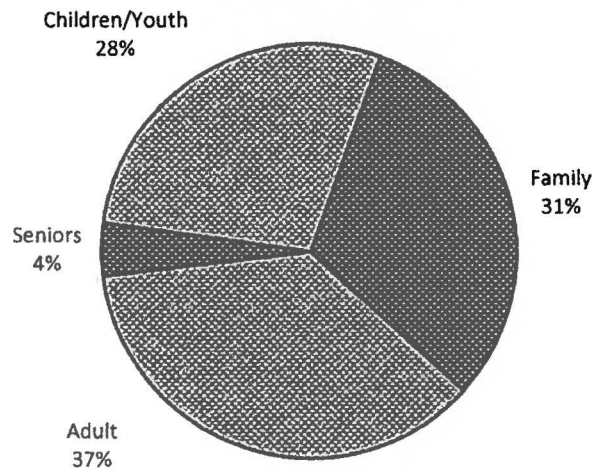
+ Data reported combined Quarter Cent and CCMHB funded services
Data are for the period of Contract Year 2014: July 1, 2013 to June 30, 2014.

Funding by Sector, Population, and Service in CY 2014

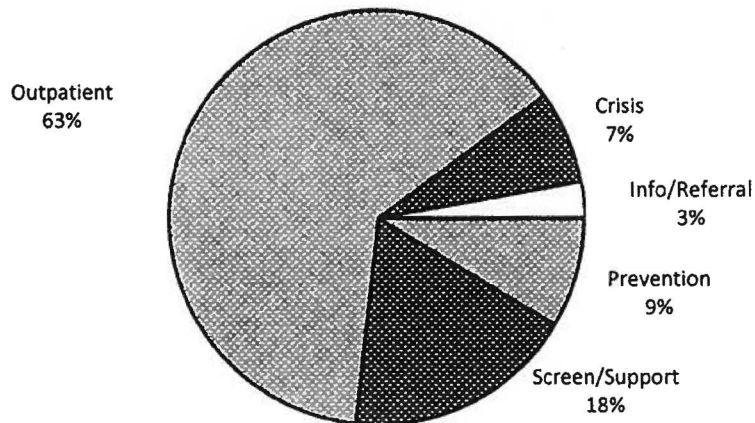
CCMHB CY14 Appropriation by Community Mental Health Sector



CCMHB CY14 Appropriation by Target Population

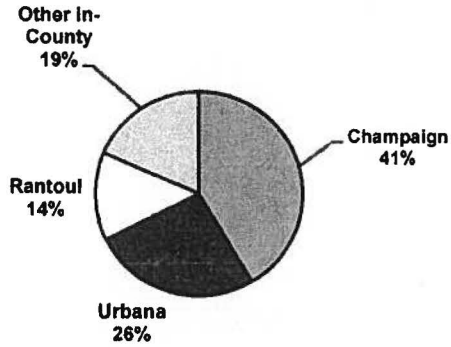


CCMHB CY14 Appropriation by Type of Service

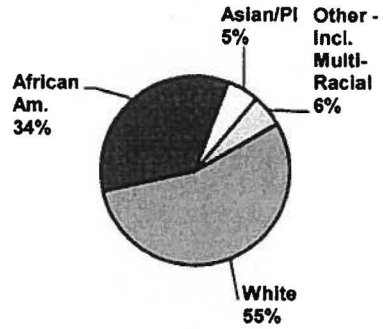


Demographics of Persons Served in CY14

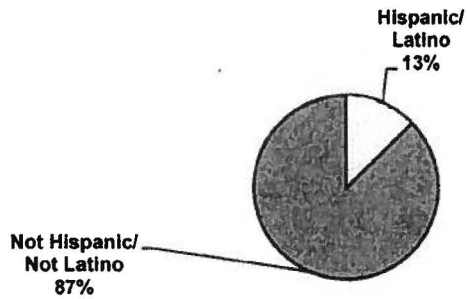
Residency of Persons Served



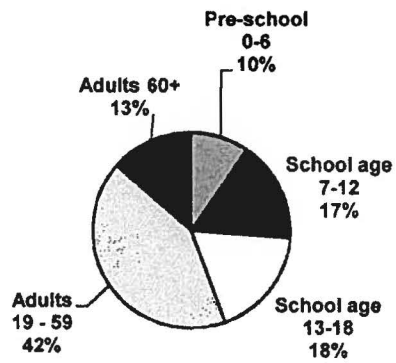
Race of Persons Served



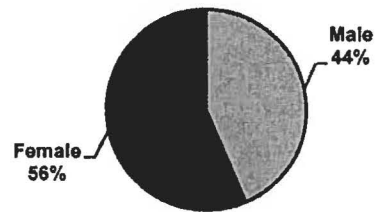
Ethnic Origin of Persons Served



Age Distribution of Persons Served



Gender Distribution of Persons Served



**SECTION II: Three-Year Plan 2013-2015
with FY 2015 One-Year Objectives**

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

THREE-YEAR PLAN

FOR

**FISCAL YEARS 2013 - 2015
(12/1/12 – 12/31/15)**

WITH

ONE YEAR OBJECTIVES

FOR

**FISCAL YEAR 2015
(1/1/15 – 12/31/15)**

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

WHEREAS, the Champaign County Mental Health Board has been established under Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. seq.) in order to "construct, repair, operate, maintain and regulate community mental health facilities to provide mental health services as defined by the local community mental health board, including services for the developmentally disabled and for the substance abuser, for residents (of Champaign County) and/or to contract therefore..."

WHEREAS, the Champaign County Mental Health Board is required by the Community Mental Health Act to prepare a one- and three-year plan for a program of community mental health services and facilities;

THEREFORE, the Champaign County Mental Health Board does hereby adopt the following Mission Statement and Statement of Purposes to guide the development of the mental health plan for Champaign County:

MISSION STATEMENT

The mission of the CCMHB is the promotion of a local system of services for the prevention and treatment of mental or emotional, intellectual or developmental, and substance abuse disorders, in accordance with the assessed priorities of the citizens of Champaign County.

STATEMENT OF PURPOSES

1. To plan, coordinate, evaluate and allocate funds for the comprehensive local system of mental health, intellectual disabilities and developmental disabilities, and substance abuse services for Champaign County.
2. To promote family-friendly community support networks for the at-risk, underserved and general populations of Champaign County.
3. To increase support for the local system of services from public and private sources.
4. To further develop the systematic exchange of information about local services and needs between the public/private service systems and the CCMHB.

In order to accomplish these purposes, the Champaign County Mental Health Board must collaborate with the public and private sectors in providing the resources necessary for the effective functioning of the community mental health system.

CHILDREN, ADOLESCENT, AND FAMILY FOCUSED PROGRAMS AND SERVICES

Goal #1: Identify children at-risk of developmental delay and intellectual disability or developmental disability and support early intervention services and family supports.

Objective #1: Support use of evidence based/informed models for provider programs serving families with children age birth to five, and require collaboration and coordination by providers to limit duplication of effort.

Objective #2: Participate in collaborative bodies such as the Champaign County Birth to Six Council whose mission focuses on serving families with young children.

Objective #3: Collaborate with the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability on issues of mutual interest associated with early intervention services and programs.

Goal #2: Identify youth at risk of social, emotional, and/or behavioral health issues and, using evidence based/informed services, engage in a process of healing and positive development.

Objective #1: Complete implementation of the SAMHSA Children's Mental Health Initiative Cooperative Agreement for the ACCESS Initiative system of care delineated in the SAMHSA application, including cultural competence development and support, subject to post-award changes as determined by the Coordinating Council, principle investigators, project director, and ACCESS team and partners.

Objective #2: In collaboration with other units of local government and key stakeholders, implement an effective sustainability plan for the ACCESS Initiative beginning in October 2015. Elements of the sustainability plan should address systems-level coordination, availability of services and supports, cultural and linguistic competence, and viable family and youth organizations.

Objective #3: Reinforce Collaboration efforts with the City Of Champaign and other units of local government to support and expand the Champaign Community Coalition which will serve as the "systems level" for the post-ACCESS Initiative system of care for children and youth.

Objective #4: Support continued implementation of the Parenting with Love and Limits (PLL) program based on positive evaluation and feedback from community partners and stakeholders.

Objective #5: As practicable, leverage resources of juvenile justice system stakeholders and units of local government benefitting from the outcomes of youth and families engaged in PLL.

Objective #6: Maintain collaboration with juvenile justice system stakeholders on implementation and evaluation of the Quarter Cent for Public Safety Fund supported services and PLL and the integration of Quarter Cent funded services and PLL with the ACCESS Initiative.

Objective #7: Monitor evaluation of the ACCESS Initiative through engagement with evaluators on progress, including interim outcomes of the local and

national evaluation, and through participation in the ACCESS Evaluation Collaboration Team.

Goal #3: Support adults' and families' access to services and programs, including evidence based/informed behavioral health practices to increase positive outcomes for consumers.

Objective #1: Continue participation and support for Champaign County Specialty Courts serving persons with substance use disorders and/or mental health disorders.

Objective #2: Support a continuum of services for persons with a mental health, substance use disorder, intellectual disability and/or developmental disability in response to reduced state supported services.

Objective #3: Promote wellness for people with mental illnesses, substance use disorders, intellectual disabilities, and/or developmental disabilities to prevent and reduce early mortality as embodied in the "10x10 Wellness Campaign."

Objective #4: Encourage training of staff across the service spectrum on use of evidence based/informed practice and associated outcome measurement.

Objective #5: Promote culturally responsive and family driven support networks for underrepresented populations, underserved populations and general populations of Champaign County.

COMMUNITY ENGAGEMENT & ADVOCACY

Goal #4: Address the need for acceptance, inclusion and respect associated with a person's or family members' mental illness, substance use disorder, intellectual disability, and/or developmental disability through broad based community education efforts to increase community acceptance and positive self-image.

Objective #1: Continue support for and involvement in the Champaign County Alliance for the Promotion of Acceptance, Inclusion and Respect signature event at Roger Ebert's Film Festival and other community education events including disAbility Resource Expo: Reaching Out for Answers and the ACCESS Initiative Children's Mental Health Awareness Week.

Objective #2: Collaborate with NAMI on supportive educational programs and participate in other community based activities such as walks, forums, and presentations to raise awareness of cultural competence, acceptance, inclusion and respect.

Objective #3: Promote substance use disorder prevention initiatives as a community education tool targeting youth and young adults.

Goal #5: Stay abreast of emerging issues affecting the local systems of care and consumer access to services and be proactive through concerted advocacy efforts.

Objective #1: Monitor implementation of the Affordable Care Act and the expansion of Medicaid by the State of Illinois and advocate for increased

service capacity sufficient to meet consumer demand through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHAI) and other state and national associations.

Objective #2: Track state implementation of class action suit settlements involving persons with intellectual disabilities or developmental disabilities or mental illness, e.g. Ligas vs. Hamos Consent Decree and Williams vs. Quinn Consent Decree, and proposed closure of state facilities, and advocate for the allocation of state resources sufficient to meet needs of clients returning to home communities.

Objective #3: Monitor implementation of the Illinois Employment First Act including any associated rulemaking.

Objective #4: Continue broad based advocacy efforts at the state and local levels to respond to continued reductions in state funding and increasing delays in payment for local community based mental health, substance use disorder, and intellectual disability and developmental disability services and supports and to the broader human services network under contract with the State of Illinois.

Objective #5: In collaboration with the United Way of Champaign County, monitor implementation of the regional 211 information and referral system and its impact on local utilization of funded information and referral services.

Objective #6: Assess impact on local systems of care for persons with mental illness, substance use disorder, intellectual disabilities and/or developmental disabilities of the State of Illinois and provider networks movement to a regional service delivery model.

Objective #7: Collaborate with the Illinois Department of Human Services and the Illinois Department of Healthcare and Family Services to support and participate in the implementation of Medicaid managed care pilot projects. This would also include anticipated changes in the Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) Medicaid program.

RESOURCE DEVELOPMENT & COLLABORATION

Goal #6: Increase investment in programs and services through promotion of collaborative and innovative approaches.

Objective #1: Through participation in the Association of Community Mental Health Authorities of Illinois (ACMHAI) and other state and national associations, seek input and feedback on innovative approaches for resource development or cost containment.

Objective #2: Partner with other local entities for a coordinated response to needs of at-risk populations.

Objective #3: Consider non-financial support to agencies to offset state funding reductions and control costs.

Objective #4: Support and assist with affiliations and mergers of providers as a means to streamline the delivery of services and enable administrative cost savings through economies of scale.

Objective #5: Encourage development of collaborative agreements between providers to increase or maintain access and coordination of services for consumers residing in Rantoul and rural Champaign County.

Objective #6: Evaluate potential for expansion of residential options for persons with behavioral health needs.

Goal #7: Sustain the collaborative working relationship with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB).

Objective #1: Implement the Intergovernmental Agreement between CCMHB and CCDDB as amended.

Objective #2: Coordinate integration, alignment, and allocation of resources with the CCDDB to ensure the efficacious use of resources within the intellectual disability and developmental disability service and support continuum.

Objective #3: Assess alternative service strategies that empower consumers and increase access to needed but underutilized services.

Objective #4: In collaboration with the CCDDB, implement contracts to expand the availability of Community Integrated Living Arrangement (CILA) housing opportunities for people with ID/DD from Champaign County.

Objective #5: Assure there is adequate collaboration and communication between the CCMHB and the CCDDB by holding regular quarterly meetings between the Executive Director and the Presidents of the two Boards, sharing of information between the Boards, and co-sponsoring public hearings, trainings and anti-stigma events.

Goal #8: Reduce involvement of target populations in the criminal justice system.

Objective #1: Collaborate with juvenile justice system partners on implementation of services supported with Quarter Cent for Public Safety Fund, Board resources, and the ACCESS Initiative to reduce youth contact and involvement with the criminal justice system.

Objective #2: In collaboration with county government, the criminal justice system and community based behavioral health service providers, develop an efficacious system of care designed to divert people with behavioral health needs from incarceration in the County Jail, assure appropriate linkage to behavioral health services for people discharged from the jail, and provide intensive case management for people with frequent incarcerations.

Objective #3: Continue participation in the Champaign County Specialty Court Steering Committee and support for Champaign County Drug Court and support restoration of the Champaign County Mental Health Court.

Objective #4: Using established oversight committees, review performance and evaluation reports including data on recidivism.

Objective #5: Support integrated planning and service coordination for adults involved in the criminal justice system through participation in the Champaign County Re-Entry Council.

ORGANIZATIONAL DEVELOPMENT, ADMINISTRATION, AND ACCOUNTABILITY

Goal #9: Set priorities for funding through an annual review and allocation process to ensure access to core mental health, substance use disorder, and developmental disability services by consumers.

Objective #1: Draft priorities based on current service needs and operating conditions including consideration of changes in state funding and payment practices, commitments to implementation of the ACCESS Initiative, and obligations established through Memoranda of Understanding and Intergovernmental Agreements.

Objective #2: Realign resources to incorporate cultural competence efforts by prioritizing FY16 funding for cultural competence staff and/or consultation, continue to track funded agency progress on implementation of cultural competence plans and support efforts to address issues raised in the Surgeon General's Report Mental Health: Race, Culture, and Ethnicity, and use this information as a key component of the allocation decision-making structure.

Objective #3: Solicit input from the service network and community at large on proposed funding priorities prior to adoption.

Objective #4: Utilize a competitive application process to evaluate proposals in relation to annual priorities.

Goal #10: Maintain program and fiscal accountability of service providers and programs under contract with Board.

Objective #1: Evaluate program performance on a quarterly and annual basis.

Objective #2: Implement the web-based billing system to support fee for service contracts and improvement of accountability utilizing the Proviso Reimbursement Tracking System in collaboration with the Proviso Township Mental Health Commission.

Objective #3: Evaluate provider administrative expenses and cost allocation plans to ensure maximum investment in consumer services.

Goal #11: Respond to State funding reductions for mental health, substance use disorder, intellectual disability, and developmental disability services and supports through administrative efficiencies at the Board level enabling maximum investment in community service grants and contracts.

Objective #1: Continue the administrative services agreement as defined in the Intergovernmental Agreement between the Board and the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability.

Objective #2: Monitor the State of Illinois Department of Human Services budget pertaining to the elimination, reduction, or continuation of the temporary state income tax surcharge and the resulting impact on state funding for community based systems of care for mental health, substance use disorders and intellectual disabilities and developmental disabilities.

Objective #3: Continue efforts to separate local funding from State/Medicaid funded programs as a means of avoiding supplementation of Medicaid rates.

ACCESS INITIATIVE GRANT – 641-053

**Executive Director
Mental Health Board**

**Project Director
ACCESS Initiative**

BUDGET HIGHLIGHTS

The ACCESS Initiative Cooperative Agreement between the Champaign County Mental Health Board, The Illinois Department of Human Services (IDHS) and the federal Substance Abuse and Mental Health Services Administration (SAMHSA) will end September 30, 2015. Closeout and reconciliation of the Cooperative Agreement will likely extend into 2016.

FINANCIAL

Fund 641 Dept 053			2014	2015	2015	2016
			Actual	Original	Projected	Budget
331	94	HHS-MNT HTH SRV FOR CHLDN	\$1,316,504	\$814,615	\$600,091	\$0
		FEDERAL, STATE & LOCAL SHARED REVENUE	\$1,316,504	\$814,615	\$600,091	\$0
361	10	INVESTMENT INTEREST	\$177	\$50	\$135	\$0
369	90	OTHER MISC. REVENUE	\$13,128	\$0	\$0	\$0
		MISCELLANEOUS	\$13,305	\$50	\$135	\$0
REVENUE TOTALS			\$1,329,809	\$814,665	\$600,226	\$0
511	3	REG. FULL-TIME EMPLOYEES	\$98,138	\$87,500	\$70,525	\$0
511	24	JOINT DEPT REG EMPLOYEE	\$15,813	\$11,685	\$11,151	\$0
513	1	SOCIAL SECURITY-EMPLOYER	\$8,591	\$7,590	\$6,975	\$0
513	2	IMRF - EMPLOYER COST	\$11,133	\$8,900	\$8,175	\$0
513	4	WORKERS' COMPENSATION INS	\$627	\$550	\$490	\$0
513	5	UNEMPLOYMENT INSURANCE	\$813	\$810	\$780	\$0
513	6	EMPLOYEE HEALTH/LIFE INS	\$8,024	\$6,435	\$5,625	\$0
		PERSONNEL	\$143,139	\$123,470	\$103,721	\$0
522	1	STATIONERY & PRINTING	\$44	\$150	\$0	\$0
522	2	OFFICE SUPPLIES	\$328	\$250	\$25	\$0
522	4	COPIER SUPPLIES	\$0	\$325	\$0	\$0
522	44	EQUIPMENT LESS THAN \$5000	\$160	\$0	\$0	\$0

Fund 641 Dept 053			2014	2015	2015	2016
			Actual	Original	Projected	Budget
COMMODITIES			\$532	\$725	\$25	\$0
533	1	AUDIT & ACCOUNTING SERVCS	\$2,789	\$5,500	\$6,800	\$0
533	7	PROFESSIONAL SERVICES	\$0	\$5,000	\$0	\$0
533	12	JOB-REQUIRED TRAVEL EXP	\$2,270	\$2,750	\$925	\$0
533	20	INSURANCE	\$1,733	\$0	\$2,500	\$0
533	29	COMPUTER/INF TCH SERVICES	\$1,944	\$2,500	\$950	\$0
533	33	TELEPHONE SERVICE	\$2,921	\$3,750	\$2,500	\$0
533	51	EQUIPMENT RENTALS	\$689	\$695	\$750	\$0
533	84	BUSINESS MEALS/EXPENSES	\$733	\$1,500	\$500	\$0
533	85	PHOTOCOPY SERVICES	\$6,861	\$6,500	\$5,075	\$0
533	89	PUBLIC RELATIONS	\$6,027	\$5,050	\$500	\$0
533	92	CONTRIBUTIONS & GRANTS	\$1,025,779	\$718,956	\$570,743	\$0
533	93	DUES AND LICENSES	\$0	\$0	\$5,500	\$0
533	95	CONFERENCES & TRAINING	\$9,285	\$8,500	\$0	\$0
534	37	FINANCE CHARGES,BANK FEES	\$135	\$150	\$10	\$0
534	41	RETURN UNUSED GRANT	\$0	\$150,000	\$0	\$350,000
SERVICES			\$1,061,166	\$910,851	\$596,753	\$350,000
EXPENDITURE TOTALS			\$1,204,837	\$1,035,046	\$700,499	\$350,000

FUND BALANCE

FY2014 Actual	FY2015 Projected	FY2016 Budgeted
\$434,138	\$333,865	\$0

Fund Balance Goal: To complete closeout activities and reconcile with the State of Illinois, Department of Human Services to a \$0 fund balance with the return of any unused grant funds at the earliest date possible.

ALIGNMENT to STRATEGIC PLAN

Goal #1 – Champaign County is a committed to being a high performing, open and transparent local government organization

- The term of the ACCESS Initiative Cooperative Agreement ends on September 30, 2015 and closeout and reconciliation shall be completed as early as possible during 2016.

Goal #2 – Champaign County maintains high quality public facilities and highways and provides a safe rural transportation system and infrastructure

- The ACCESS Initiative officially ends on September 30, 2015 and will not operate during 2016.

Goal #3 – Champaign County promotes a safe, just and healthy community.

- ACCESS Initiative officially ends on September 30, 2015 and will not operate during 2016.

Goal #4 – Champaign County is a county that supports balanced, planned growth to balance economic growth with preservation of our natural resources

- ACCESS Initiative officially ends on September 30, 2015 and will not operate during 2016.

DESCRIPTION

The ACCESS Initiative Cooperative Agreement ends on September 30, 2015 and will not operate during 2016. A Sustainability Plan has been approved by the Champaign County Mental Health Board and all activities associated with this plan will be components of the Board’s allocation cycle and processes as delineated in the Standard Operating Procedures and funding guidelines.

OBJECTIVES

- Complete cooperative agreement closeout activities and reconciliation to assure a \$0 fund balance.

PERFORMANCE INDICATORS

Indicator	FY2014 Actual	FY2015 Projected	FY2016 Budgeted
Number of Providers contracted to deliver ACCESS Initiative services	5	5	0
Total dollars appropriated for ACCESS Initiative Programs	\$1,222,770	\$570,743	\$0
Number of Clients provided services through ACCESS Initiative Programs	125	125	0
Number of Contract Review Compliance Visits made by CCMHB Staff to contracted providers	1	1	0
Percent of Required Reports from Providers received in compliance with terms of contract	100%	100%	N/A
Number of Contracts successfully completed based on auditing and evaluation by CCMHB Staff	5	4	0

DECISION MEMORANDUM

DATE: November 19, 2014
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Peter Tracy, Executive Director
SUBJECT: ACCESS Initiative Sustainability Plan: Concepts

Background:

The six-year Cooperative Agreement between the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Illinois Department of Human Services (IDHS), and the Champaign County Mental Health Board (CCMHB) will end on September 30, 2015. Part of the agreement requires development of a Sustainability Plan, and the purpose of this memo is to present recommendations for the ACCESS Initiative Sustainability Plan for action by the CCMHB.

The components of these recommendations are based on the work of an ad hoc ACCESS Initiative Sustainability Committee which included Dr. Julian Rappaport, Dr. Thom Moore, Mr. Tracy Parsons, Mr. Mark Driscoll, and Peter Tracy, Executive Director. This group has convened on three occasions and has reached consensus on the components of this Decision Memorandum.

Statutory Authority:

The Champaign County Mental Health Board (CCMHB) is a nine-member body appointed by the Champaign County Board and has statutory responsibility (Illinois Community Mental Health Act, 405 ILCS 20 / Section 0.1 et seq.) to plan, fund, monitor, and evaluate mental health, substance abuse, and developmental disability services in Champaign County.

Proposed ACCESS Sustainability Recommendations:

1. Establish a permanent full time position to manage the Champaign County Community Coalition and all components of the ACCESS Initiative Sustainability Plan.

Transition Mr. Tracy Parsons from his position as ACCESS Initiative Project Director to a full time permanent position responsible for the administration and operation of the Champaign County Community Coalition and all aspects of the Sustainability Plan approved by the Illinois Department of Human Services (DHS). This position will be responsible for building a sustainable county-wide system of care for multi-system involved youth that is trauma and justice informed. This coalition includes key decision makers from virtually all youth-serving systems including juvenile justice, law enforcement, education, behavioral health, child welfare, recreation, local government, other key stakeholders, and funding organizations in Champaign County. The vision of the Coalition is to provide a system of care to improve the lives of youth and families who are empowered and safe, to promote effective law enforcement and positive

police-community relations, and to support greater knowledge/use of the resources available. The Coalition was born out of a community tragedy which was the shooting of an unarmed youth by local police. Mr. Parsons has played a key role in the development of the Coalition and has served as facilitator of the monthly community-wide meetings and executive committee meetings. Establishing this position will assure the components of the sustainability plan will continue when the Cooperative Agreement ends in September 2015.

2. Establish a permanent full time position to coordinate all Cultural and Linguistic Competence (CLC) activities tied to the ACCESS Initiative Sustainability Plan.

Transition Ms. Shandra Summerville from her position as the ACCESS Initiative Cultural and Linguistic Competence Coordinator to a full time permanent position responsible for all CLC planning and activities associated with the mission of the CCMHB, in order to build on the Cultural and Linguistic Competence (CLC) foundation which was one of the key products of the ACCESS Initiative. This position will be responsible for taking CLC to the next level and integrating CLC plans into the funding allocation decision process. This position will be used to reinforce continued improvement in CLC plans and the capacity of service providers to more effectively address the service and support needs of underserved populations and more intentionally underserved minority populations. This position under the ACCESS Initiative is contracted out to a community-based service provider, but it was the recommendation of the Sustainability Committee to move the position in-house with the CCMHB and thereby reinforce our commitment to addressing service disparities in our community.

3. Coordination of Evidence Based Services and Supports.

Under the leadership of the Project Director in collaboration with the Associate Director for Behavioral Health, all child and youth services funded by the CCMHB will be organized to support the sustainability of the System of Care. This will include the continued partnership with Parenting with Love and Limits (PLL) and the Quarter Cent for Public Safety Administrative Team. In addition, high-fidelity WRAParound services and supports will continue as a primary component of the CHOICES implementation of the Department of Children and Family Services (DCFS) and Healthcare and Family Services (HFS) contracts for high-end youth at serious risk of psychiatric hospitalization or out of community residential placement. Mr. Parsons has already laid the groundwork for an ongoing relationship between the CCMHB, the Community Coalition, and CHOICES. In addition, the post-cooperative agreement project will continue to collaborate with ACCESS Initiative evaluators to measure the effectiveness of the sustainability plan components.

4. Ongoing Support of a Champaign County Youth Organization.

Systems of Care are by definition youth-guided, and this can best be accomplished by developing a sustainable and viable youth organization (e.g., Youth Move). The ACCESS Initiative has accomplished the foundation stages of a youth organization, and the ACCESS Initiative sustainability plan would be remiss if the youth component was not included. The Sustainability Committee recommends continuation of funding of the Youth Organization through the regular contracting and allocation process. The local youth organization will also serve as the lead youth based entity in the State of Illinois, System of Care expansion activities. The main focus of the youth organization will consist of peer to peer support and advocacy.

5. Ongoing Support of a Champaign County Parent Organization.

Systems of Care are also by definition "parent-driven" and based on the successful experiences of other systems of care this can best be accomplished by developing and nurturing a strong and viable parent organization. The ACCESS Initiative has supported the development of a Parent Organization (501c3) which has the capacity to move to the next level. Continuation of constructive and ongoing parent input into the system of care is essential to effectively meeting the needs of multi-system involved youth and families. The Sustainability Committee recommends continuation of funding of the Parent Organization through the regular contracting and allocation process. The parent organization has established a board of directors and leadership structure and has begun serving families. Moreover, the parent organization is playing a major role in the State of Illinois System of Care expansion activities. Contracts with CHOICES, HFS, Champaign Schools, and other child serving providers have been confirmed.

6. Ongoing support of System of Care Expansion in Illinois.

As the State of Illinois has received a Federal Award to expand system of care principles and practices statewide, the sustained components of the Access Initiative will play a key and instrumental role in those activities. The project director will serve on a statewide leadership committee. The Youth and Family organizations will serve in leadership roles as contractors, advisors, and facilitators. The foundation for this work has been laid and confirmed.

Budget Implications:

This plan is budget neutral. Money for permanent positions and contracts will be either continuation of current contracts or redirection/realignment of money current assigned to support the ACCESS Initiative.

Decision Section:

Motion to approve recommendations #1 through #6 as listed above.

_____ x _____ Approved (*Approved by the CCMHB Nov. 19, 2014*)

_____ Denied

_____ Modified

_____ Additional Information Needed

CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT OF PERSONS WITH A DEVELOPMENTAL DISABILITY – 108-050



The Champaign County Developmental Disabilities Board was established by a referendum approved by the voters of Champaign County. Through passage of the referendum, a property tax levy was established to support the mission of the Mental Health Board. Each year, approximately 91% of the funds raised through the levy are distributed using a competitive application process to local community service agencies to assist Champaign County residents who have mental health and substance abuse treatment needs.

MISSION STATEMENT

The mission of the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDDB) is the promotion of a local system of programs and services for the treatment of developmental disabilities in accordance with the assessed priorities of the citizens of Champaign County.

BUDGET HIGHLIGHTS

The CCDDDB does not anticipate revenue growth for FY2015. This means CCDDDB will be operating on a maintenance-of-effort basis with limited funding for people who are not current recipients of services and supports.

All contracts issued for services and supports will include program plans which focus on community integration and significant movement away from segregated settings. It is the CCDDDB goal for all funding to support services and supports which are fully compliant with Olmstead, ADA, and CMS Medicaid waiver rule changes.

FINANCIAL

Fund 108 Dept 050			2014	2015	2015	2016
			Actual	Original	Projected	Budget
311	19	CURR PROP TX-DISABILITY BD	\$3,501,362	\$3,554,169	\$3,518,627	\$3,630,368
313	19	RE BACKTAX-DISABILITY BD	\$1,398	\$500	\$500	\$500
314	10	MOBILE HOME TAX	\$3,348	\$1,000	\$1,000	\$1,000
315	10	PAYMENT IN LIEU OF TAXES	\$2,479	\$1,000	\$1,000	\$1,000
		PROPERTY TAXES	\$3,508,587	\$3,556,669	\$3,521,127	\$3,632,868

Champaign County Board for Care and Treatment of Persons with a Developmental Disability – 108-050

Fund 108 Dept 050			2014 Actual	2015 Original	2015 Projected	2016 Budget
361	10	INVESTMENT INTEREST	\$812	\$350	\$250	\$300
369	90	OTHER MISC. REVENUE	\$11,825	\$0	\$0	\$0
		MISCELLANEOUS	\$12,637	\$350	\$250	\$300
REVENUE TOTALS			\$3,521,224	\$3,557,019	\$3,521,377	\$3,633,168
533	7	PROFESSIONAL SERVICES	\$337,536	\$331,598	\$332,782	\$373,166
533	92	CONTRIBUTIONS & GRANTS	\$3,224,172	\$3,175,421	\$3,036,789	\$3,210,002
		SERVICES	\$3,561,708	\$3,507,019	\$3,369,571	\$3,583,168
571	90	TO MENTAL HEALTH FUND 090	\$0	\$50,000	\$50,000	\$50,000
		INTERFUND EXPENDITURE	\$0	\$50,000	\$50,000	\$50,000
EXPENDITURE TOTALS			\$3,561,708	\$3,557,019	\$3,419,571	\$3,633,168

FUND BALANCE

FY2014 Actual	FY2015 Projected	FY2016 Budgeted
\$1,582,515	\$1,684,321	\$1,684,321

Fund Balance Goal: The CCDDDB’s goal is to maintain a fund balance which assures adequate cash flow necessary to meet contractual and administrative obligations.

EXPENSE PER CAPITA

Actual Dollars				
FY2012	FY2013	FY2014	FY2015	FY2016
\$18.28	\$17.82	\$16.73	\$17.32	\$18.07

ALIGNMENT to STRATEGIC PLAN

Goal #1 – Champaign County is committed to being a High Performing, Open and Transparent Local Government Organization

- The CCDDDB is fully compliant with the Open Meetings Act conducts business in open public meetings during the course of the year. Funding decisions are made during the May CCDDDB meeting with full transparency.

Goal #2 – Champaign County Maintains High Quality Public Facilities and Highways and Provides a Safe Rural Transportation System and Infrastructure

- Community Based Living Arrangements (CILA) owned by the Boards shall be fully compliant with all licensing and safety standards.
- The CCDDDB offices are located in the Brookens Administrative Center and are easily accessible to the public. In addition, the CCDDDB uses meeting rooms at Brookens (e.g., the Lyle Shields Room) for board meetings, provider meetings, public hearings, and board sponsored training events.

Goal #3 – Champaign County Promotes a Safe, Just and Healthy Community

- The CCDDDB funds a variety of programs and services for people with developmental disabilities.
- The Board sponsors a Disability Resource Expo which occurs every October as a means of improving the health, inclusion, safety, and quality of life for people with disabilities.

Goal #4 – Champaign County is a County that Supports Balanced, Planned Growth to Balance Economic Growth with Preservation of Our Natural Resources

- The CCDDDB allocates dollars in accordance with statute and is based on the public referendum which was passed in November 2004.

DESCRIPTION

The CCDDDB has been established by referendum and operates under the requirements of the County Care for Persons with a Developmental Disabilities Act (55ILCS 105/Section 0.01 et.seq). All funds shall be allocated within the intent of the controlling act as codified in the laws of the State of Illinois. The CCDDDB is responsible for planning, coordinating, monitoring, evaluating, and funding a comprehensive community based system of developmental disabilities programs and services. Applications for funding are assessed using CCDDDB established decision-support criteria and are subject to the availability of funds. The nature and scope of applications vary significantly and typically include treatment, early intervention, prevention programs, and family support. Final funding decisions rest with the CCDDDB and their best judgment concerning the most appropriate and efficacious use of available dollars based on assessment of community needs and decision-support match up.

OBJECTIVES

- Organize all contract program plans to focus on fully community integration and reduced utilization of segregated (i.e., group of people with disabilities together with no access to non-disabled people in the community) facilities, programs, and services.
- Continue CILA expansion efforts in Champaign County. Anticipated revenue of \$50,000 per year for ten years will be allocated for this project.
- Congruent with identified priorities and decision support criteria issued in November 2014, issue contracts for services and supports for people with intellectual disabilities and developmental disabilities.
- Assure fiscal accountability for all contracts with service providers (i.e., not-for-profit community based agencies).
- Assure program accountability of performance indicators specified in each contract.

PERFORMANCE INDICATORS

Indicator	FY2014 Actual	FY2015 Projected	FY2016 Budgeted
Number of Clients served through CILAs	N/A	N/A	16
Total dollars appropriated for CILA Program	N/A	\$50,000	\$50,000
Number of Contracts awarded for services and supports for clients with intellectual and developmental disabilities	18	15	15
Number of Clients provided services for intellectual and developmental disabilities	2,238	3,136	3,100
Total dollars appropriated for services and support for clients with intellectual and developmental disabilities	\$3,224,172	\$3,036,789	\$3,187,116
Number of Contract Review Compliance Visits made by CCDDDB Staff to contracted providers per contract	1	1	1
Minimum Number of Desk Reviews done per Contract	4	4	4
Percent of Required Reports from Contractors received in compliance with terms of contract	100%	100%	100%
Number of Contracts successfully completed based on auditing and evaluation by CCDDDB Staff	18	15	16

DECISION MEMORANDUM

DATE: November 19, 2014
TO: Members, Champaign County Developmental Disabilities Board
FROM: Peter Tracy, Executive Director
SUBJECT: FY16 Allocation Priorities and Decision Support Criteria

Overview:

The purpose of this memorandum is to provide recommendations pertaining to the FY16 (July 1, 2015 through June 30, 2016) Champaign County Developmental Disabilities Board (CCDDB) allocation decision support criteria and funding priorities. Stakeholders were invited to review, comment, and identify additional priorities for the Board's consideration.

Statutory Authority

Funding policies of the Champaign County Developmental Disabilities Board (CCDDB) are predicated on the requirements of the County Care for Persons with Developmental Disabilities Act (55 ILCS 105/ Section 0.01 et. seq.). All funds shall be allocated within the intent of the controlling act as codified in the laws of the State of Illinois. CCDDB Funding Guidelines require annual review and update of decision support criteria and priorities in advance of the funding cycle application process.

Upon approval by the Board, this memorandum shall become an addendum to the CCDDB funding guidelines incorporated in standard operating procedures.

Coordination of Funding

Changes in law, rules and regulations at the federal and State levels will require local government funders (i.e., CCMHB/CCDDB) to be cognizant of the terms and conditions of Federal and State contracts with local service providers that also receive our funding. Many of these changes including the shift to Medicaid as the primary funding source place limitations on how our funding can be used, and have resulted in realigning our dollars to purchase services and supports for people who are not covered by Medicaid, or for services which are not included specifically as Medicaid Benefits.

All CCMHB/CCDDB contracts specify the eligible populations and the services/supports which are to be delivered consistent with budgeted revenue and costs. Local funding is therefore not to be used to supplement Medicaid services which are provided to Medicaid eligible persons through direct contracts with State of Illinois agencies. The CCMHB/CCDDB requires separate cost centers for all contracts and does not allow providers to comingle local funding with State of Illinois funding, or comingled with a provider's State-Agency cost center. Additionally, CCMHB/CCDDB contracts require our funding to be the last funds used if other funding is available. This means Medicaid eligible clients receiving services from providers via contracts

with State Agencies are excluded from access to local (CCMHB/CCDDB) funding for services that are covered by Medicaid or other State of Illinois contracts. It is our position that CCMHB/CCDDB funding shall not be used for services/supports that could be billed to the State of Illinois (i.e., Medicaid), and local funding shall not be used to supplant other funding sources, particularly Medicaid which is an entitlement with a defined set of benefits for enrolled and eligible individuals.

Insofar as local provider contracts with State of Illinois agencies, the Medicaid rate paid for a service or support is, by law, all-inclusive and must be taken as payment in full by the provider. Because the Medicaid rate is all-inclusive and considered payment in full, the provider is prohibited from charging any amount over and above what Medicaid pays for a covered service to an eligible client. The provider is not allowed to accept additional payment for service by billing any third party, whether or not the third party is willing to help (i.e., supplement). In addition, the Waiver Program Provider Agreement for Participation in the Illinois Medical Assistance Program specifically states in Item #6 **“Payments to the Provider under this agreement shall constitute payment in full. Any payments received by the Provider from other sources shall be shown as a credit and deducted from the Provider’s charges.”**

Expectations for Minimal Responsiveness

Applications that do not meet these thresholds are “non-responsive” and will be returned to the applicant. All agencies must be registered using the on-line system. The application(s) must be completed using the on-line system.

1. Eligible applicant – based on the Organization Eligibility Questionnaire.
2. Compliance with the application deadline. Late applications will not be accepted.
3. Application must relate directly to intellectual disabilities and developmental disabilities programs, services, and supports.
4. Application must be appropriate to this funding source and shall provide evidence that other funding sources are not available to support this program/service.

FY16 Priorities and Decision Support Criteria

There have been significant changes in law, rules, and regulations that have altered the nature of I/DD services and supports, and these changes also define, to a great extent, the parameters for allocation of funds. The changes have been extended by court orders and recent legislation. These include (a) Olmstead, (b) Ligas Consent Decree (c) Williams Consent Decree, (d) the Illinois Employment First Act and subsequent Executive Order, (e) the final CMS Home and Community Based Rule, (f) the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) class action lawsuit in Illinois, (g) executive orders in three states which phase out the use of segregated centers and/or sheltered workshops, (h) the Oregon lawsuit to eliminate segregated centers and sheltered workshops, (i) the Affordable Care Act, (j) the proposed Illinois 1115 Waiver, and (k) the implementation of I/DD managed care in Illinois.

CCDDB FY16 Decisions: A View Through the Lens of Inclusion and Integration

If asked to identify a common denominator for all of the changes listed above, it is pretty clear that it would be inclusion and integration of people with intellectual disabilities and/or developmental disabilities (I/DD). All of the major areas of services and supports require movement away from segregated centers and services which limit the person’s access to the

community. In fact, the new CMS rule actually emphasizes that States are expected to ensure that people with I/DD have the same level of access to the community as people who do not have a disability. Using the Person Centered Planning process as a guide, the emerging changes are focused on integration, quality of life, self-determination, human and civil rights, advocacy, and protection. That said, the CCDDDB strongly believes and will support programs, services and supports which manifest the following:

- Individuals with disabilities have the opportunity to live like those without disabilities, and have control over their day and over where and how they live.
- Supports for individuals with disabilities that focus on building connection, companionship, and contribution in the broader community, and on supporting presence and participation in community settings where their individual contributions will be recognized and valued.
- Supports for individuals with disabilities that focus on developing and strengthening personal support networks that include friends, family members, and community partners.
- Supports for individuals with disabilities that systematically identify and mobilize individual gifts and capacities and create access to community associations, workplaces, and learning spaces in which network members have influence and standing.

As a local funding organization responsive to changes in law, rule, and regulation, all applications associated with the priorities listed below shall be evaluated using the “lens of inclusion and integration.”

Priority: Transition to Inclusion and Integration

Applications which focus on the systematic transition of segregated programming to a fully integrated model consistent with statute and CMS rule changes will be prioritized, but the transition must be aggressive with timelines and measurable goals and objectives. This provision would apply to any existing contract which is obsolete or in line for significant change due to rule changes, court decisions, or statute changes (e.g., Employment First).

Priority: Person Centered Planning (PCP)

Applications shall provide detailed information about the PCP process used by the applicant to develop a cogent service and support plan predicated on and specific to CCDDDB funding and which identifies and mobilizes community partnerships and resources that exist beyond the service system. To the extent possible, CCDDDB dollars will follow individuals rather than programs and will focus on PCP-driven services and supports associated with the individual. In addition, the PCP process shall promote self-directed and culturally appropriate individualized service plans which include measurable desired outcomes that strike a balance between what is ‘important-to’ and what is ‘important-for’ the individual.

PCP processes should be outcome-based, directed by and continually focused on the individual (rather than on available services and supports), and building on their gifts and strengths. In addition, the planning process should address an individual's health and welfare needs and their need for information and guidance, and should rely on the participation of allies chosen by the individual. PCP documentation should be meaningful to the individual and useful to those involved with its implementation.

PCP processes must include the presence and participation of the person with a disability, including whatever supports the person needs to express his or her intentions and wishes. These supports may include participation and representation by one or more family members, friends, or community partners in whom the person with a disability has indicated trust, especially in cases where the individual may have significant difficulty expressing their intentions and wishes.

Individuals should have the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, exposure to integrated settings and individuals who work and live in them, and exploration of any concerns they may have about integrated settings.

Priority: Cultural and Linguistic Competence

Applications focusing on improved, earlier identification of intellectual and developmental disabilities in underrepresented populations and on reduction of racial disparities in I/DD service/support participation shall be prioritized.

Priority: Employment Services and Supports

Applications which focus on vocational services and supports which are predicated on efficacious PCP processes and which incorporate Employment First principles shall be prioritized, with an emphasis on full or part time work in integrated, community settings, consistent with industry standards, based on a person's interests and abilities, and, when indicated and chosen, supported by individually designed services. Applications consistent and aligned with the Equip For Equality Employment First implementation recommendations and applications which aggressively advance Employment First programming will receive additional consideration.

Priority: Expansion of Community Integrated Living Arrangements (CILA)

Applications which offer creative approaches to increasing the availability of smaller CILA (4-person, 3-person, 2-person or 1 person) homes in Champaign County shall be prioritized.

Priority: Workforce Development and Stability

Applications which propose creative solutions concerning recruitment and retention of front-line, direct service staff shall be prioritized. This workforce problem is especially critical for direct care staff in CILAs, which experience high levels of turnover and difficulty in recruitment due to the low salary levels as well as challenging work (e.g., use of bonuses paid to direct care staff as a way of supplementing low salaries). The following is a partial listing of systemic problems associated with this issue:

- High turnover rates of direct care staff in CILAs and developmental training settings
- An increasing need for more direct care staff to address the CILA capacity problems – likely to be more than double the current workforce based on Ligas and PUNS data.
- Significant vacancy rates in existing funded direct care positions.
- Increased costs associated with turnover including recruitment costs, overtime pay, and required training necessary for new staff.

- Significant negative effects on the quality of services and supports manifested by gaps in coverage, discontinuity of care, and interference with the development of positive relationships between workers and those they support.
- There is an increase in competition for direct care staff as the need for people increases in other areas (e.g., long term support for people with age related issues).

Priority: Comprehensive Services and Supports for Young Children

Applications with a focus on services and supports for young children with developmental delays not covered by the State’s Early Intervention program(s) or under the School Code shall be prioritized. Examples of services and supports include:

- an array of Early Intervention services addressing all areas of development;
- coordinated, home-based, and taking into consideration the needs of the entire family;
- early identification of developmental delays through consultation with child care providers, pre-school educators, and medical professionals;
- supports (including education, coaching, and facilitation) that focus on developing and strengthening personal and family support networks that include friends, family members, and community partners;
- supports that systematically identify and mobilize individual gifts and capacities and create access to community associations, workplaces, and learning spaces in which network members have influence and standing.

Priority: Flexible Family Support

Applications which focus on flexible, PCP-driven, family support for people with I/DD and their families, which are designed to enhance stability and their ability to live together, shall be prioritized. Examples of flexible family support include:

- family respite, recreational activities, mutual support options, transportation assistance;
- assistive technology, home modification/accessibility supports, information, and education;
- other diverse supports which allow individuals and their families to determine care and treatment;
- assistance to the family to develop and maintain active, engaged personal support networks for themselves and their son or daughter.

Priority: Adult Day Programming and Social and Community Integration

Applications for PCP-driven adult day programming for people with I/DD who may also have behavioral support needs and/or significant physical limitations shall be prioritized. Examples of services include:

- speech therapy, occupational therapy, fitness training, personal care support;
- support for the development of independent living skills, social skills, communication skills, and functional academics skills;
- community integration and vocational training, per consumer preferences
- facilitation of social, friendship, and volunteering opportunities;
- access to community education programs, fitness and health promotion activities, mentoring opportunities, and by other creative means.

Priority: Self Advocacy and Family Support Organizations

Applications highlighting an improved understanding of I/DD through support of sustainable self-advocacy and family support organizations, especially those comprising persons who have I/DD, their parents, and others in their networks of support, shall be prioritized.

Priority: Inclusion and Anti-Stigma Programs and Supports

Applications that support efforts to reduce stigma associated with I/DD may describe creative approaches toward the goals of increasing community awareness, promoting inclusion, and challenging negative attitudes and discriminatory practices.

Overarching Decision Support Considerations

The FY16 CCDDDB allocation process will require all applications to address the overarching criteria listed below. Assessment of all FY16 applications will focus on alignment with these overarching criteria.

1. **Underserved Populations** - Programs and services that promote access for underserved populations identified in the Surgeon General’s Report on Mental Health: Culture, Race, and Ethnicity and the consultation with Carl Bell, M.D. In addition, actions should align with the Culturally and Linguistic Appropriate Services (CLAS) standards outlined in ‘A Blueprint for Advancing and Sustaining CLAS Policy and Practice.’
2. **Countywide Access** - Programs and services that promote county-wide access for all people in Champaign County. Zip code data is mandated.
3. **Medicaid Anti-Supplementation** – Programs and services eligible for Medicaid reimbursement for eligible people with intellectual disabilities and developmental disabilities shall not receive CCDDDB funding.
4. **Budget and Program Connectedness** - Applications must clearly explain the relationship between budgeted costs and program components and must demonstrate how individuals and their preferences are driving the services. “What is the Board buying and for whom?” is the salient question to be answered in the proposal, and clarity is required.

Secondary Decision Support and Priority Criteria

The process items included in this section will be used as important discriminating factors which influence final allocation decision recommendations.

1. **Approach/Methods/Innovation**: Applications proposing evidence-based or research-based approaches and addressing fidelity to the model cited. Applications demonstrating creative and/or innovative approaches to meet defined community need.
2. **Evidence of Collaboration**: Applications identifying collaborative efforts with other organizations serving or directed by individuals with I/DD and members of their support networks, toward a more efficient, effective, inclusive system of care.
3. **Staff Credentials**: Applications highlighting staff credentials and specialized training.
4. **Records Systems Reflecting CCDDDB Values and Priorities**: Applications proposing to develop and utilize records systems for individual supports, programs, and projects that clearly reflect CCDDDB values and priorities. Such records systems can be used to provide

rapid feedback to CCDDDB on the impact and efficacy of innovative projects and provide project managers and direct support staff with direction and feedback that can be utilized in day-to-day management, supervision, and mentoring / coaching.

Process Considerations

The criteria described in this memorandum are to be used as guidance by the Board in assessing applications for CCDDDB funding. However, they are not the sole consideration taken into account in finalizing funding decisions. Other considerations would include the judgment of the Board and its staff, opinion about the provider's ability to implement the program and services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCDDDB funds, applications must reflect the Board's stated goals and objectives as well as the operating principles and public policy positions taken by the Board. The final funding decisions rest with the CCDDDB and their judgment concerning the most appropriate and efficacious use of available dollars based on assessment of community needs, equitable distribution across disability areas, and decision-support match up.

The CCDDDB allocation of funding is a complex task predicated on multiple variables. It is important to remember that this allocation process is not a request for proposals (RFP). Applicants for funding are not responding to a common set of specifications but rather are seeking funding to address a wide variety of developmental disability service and support needs in our community. In many respects our job is significantly more difficult than simply conducting an RFP. Based on past experience, we can anticipate that the nature and scope of applications will vary significantly and will include treatment and early intervention models. For these reasons, a numerical rating/selection methodology is not applicable or relevant to our particular circumstances. Our focus is on what constitutes a best value to our community, based on a combination of cost and non-cost factors, and will reflect an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCDDDB.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCDDDB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- Technical assistance available to applicants will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCDDDB Funding Guidelines.
- Applications which include excessive information beyond the scope of the application format will not be reviewed and, at the discretion of staff, may be disqualified from consideration. Letters of support for applications are discouraged and, if submitted, will not be considered as part of the allocation and selection process.
- The CCDDDB retains the right to accept or reject any or all applications and reserves the right to refrain from making an award when that is deemed to be in the best interest of the county.
- The CCDDDB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCDDDB deems such variances to be in the best interest of Champaign County.
- Applications and submissions become the property of the CCDDDB and, as such, are public documents that may be copied and made available upon request after allocation

decisions have been made. Materials submitted will not be returned or deleted from the online system.

- The CCDDDB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years with or without additional procurement.
- If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services that are agreeable to both parties. Failure to submit required information may result in cancellation of the award of a contract.
- The execution of financial contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of Champaign County.
- The CCDDDB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online application process will be given equal opportunity to update proposals for the newly identified components.
- All proposals considered must be received on time and must be responsive to the application instructions. The CCDDDB is not responsible for lateness or non-delivery of mail or messenger. Late applications shall be rejected.
- The contents of a successful application will be developed into a formal contract, if selected for funding. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCDDDB reserves the right to withdraw or reduce the amount of an award if there is misrepresentation of the applicant's ability to perform as stated in the application.
- The CCDDDB reserves the right to negotiate the final terms (i.e., best and final offer) of any or all contracts with the applicant selected, and any such terms negotiated as a result of this application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCDDDB also reserves the right to require the submission of any revision to the application which results from negotiations conducted.
- The CCDDDB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.

Decision Section

Motion: Move to approve the FY16 Allocation Priorities and Decision Support Criteria as described in this memorandum.

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed