



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT OF PERSONS WITH A DEVELOPMENTAL DISABILITY

Champaign County Developmental Disabilities Board (CCDDDB) AGENDA

Wednesday, October 19, 2011

Brookens Administrative Building

Meeting Room 1

1776 E. Washington St., Urbana, IL 61802

8:00AM

1. Call to Order – Mr. Michael Smith, President
2. Roll Call – Stephanie Howard-Gallo
3. Additions to Agenda
4. Citizen Input
5. CCMHB Input
6. Approval of CCDDDB Minutes
 - A. 7/20/11 Board Meeting*

Minutes are included in the packet. Board action is requested.
7. President's Comments – Mr. Michael Smith
8. Executive Director's Comments – Peter Tracy
9. Staff Report – Lynn Canfield

Included in the Board packet.
10. Agency Information
11. Financial Report
 - A. Approval of Claims*

Included in the Board packet. Action is requested.
12. New Business
 - A. Draft Three Year Plan 2010-2012 with FY 2012 Objectives

A draft Three Year Plan with updated objectives for 2012 is included in the packet.
 - B. CCDDDB Meals Briefing Memo & Policy Discussion

A Briefing Memo on the topic of meals provided at Board meetings is included in the Board packet.
 - C. FY13 Allocation Criteria

A Briefing Memo is included in the packet.
 - D. Closure of State Operated Facilities

A Briefing Memo on SOF closures and additional information from ACMHAI are included in the Board packet.
 - E. Draft Meeting Schedule and Allocation Schedule

Included in the Board packet are a draft CCDDDB meeting schedule and the FY13 allocation timeline.

13. Old Business

A. 2012 Budget Documents

Copies of the CCMHB, CCDDDB, ACCESS Initiative, Quarter Cent and Drug Court Fund budget documents are included in the Board packet.

B. Disability Resource Expo

An oral report will be provided.

14. Board Announcements

15. Adjournment

**Board action requested*

**CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT
OF PERSONS WITH A DEVELOPMENTAL DISABILITY
(CCDDB)
BOARD MEETING**

Minutes –July 20, 2011

*Brookens Administrative Center
1776 E. Washington St.
Urbana, IL
Meeting Room 1 (Lyle Shields Room)*

8:00 a.m.

MEMBERS PRESENT: Mike Smith, Joyce Dill

MEMBERS EXCUSED: Elaine Palencia

STAFF PRESENT: Lynn Canfield, Mark Driscoll

STAFF EXCUSED: Nancy Crawford, Stephanie Howard-Gallo, Peter Tracy

OTHERS PRESENT: Patty Walters, Danielle Matthews, Dale Morrissey, Developmental Services Center (DSC); Pam Klassert, Glenna Tharp, Persons Assuming Control of their Environment(PACE); Dennis Carpenter, Charleston Transitional Facility (CTF); Jennifer Knapp, Rebecca Thineres, Community Choices

CALL TO ORDER:

Mr. Mike Smith called the meeting to order at 8:02 a.m.

ROLL CALL:

Roll call was taken and a quorum was present.

ADDITIONS TO AGENDA:

None.

CITIZEN INPUT:

None.

CHAMPAIGN COUNTY MENTAL HEALTH BOARD (CCMHB) INPUT:

The CCMHB will not meet this month.

APPROVAL OF MINUTES:

Minutes from the June 22, 2011 Board meeting were included in the packet.

MOTION: Ms. Dill moved to approve the minutes from the June 22, 2011 Board meeting. Mr. Smith seconded and the motion passed unanimously.

PRESIDENT'S COMMENTS:

None.

EXECUTIVE DIRECTOR'S REPORT:

None.

STAFF REPORT:

A report from Ms. Canfield was included in the packet.

AGENCY INFORMATION:

Mr. Dale Morrissey reported on the State of Illinois budget and IARF.

FINANCIAL INFORMATION:

Approval of Claims:

A copy of the claims report was included in the Board packet.

MOTION: Mr. Dill moved to accept the claims report as presented. Mr. Smith seconded and the motion passed unanimously.

NEW BUSINESS:

Election of Officers:

MOTION: Ms. Dill moved to elect Mr. Michael Smith as CCDDDB Board President for the upcoming year. Mr. Smith seconded. A voice vote was taken and the motion passed.

MOTION: Mr. Smith moved to elect Ms. Joyce Dill as CCDDDB Secretary for the upcoming year. Ms. Dill Seconded. A voice vote was taken and the motion passed unanimously.

OLD BUSINESS:

Disability Resource Expo:

Ms. Canfield provided a verbal report on activities related to the planning of the 2011 Disability Resource Expo.

Meeting Schedule:

A draft of a CCDDDB meeting schedule was included in the Board packet for information only.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 8:17 a.m.

Respectfully Submitted by: Stephanie Howard-Gallo

**Minutes are in draft form and are subject to CCDDDB approval.*

Lynn Canfield, Associate Director for Developmental Disabilities

Staff Report – October 19, 2011

Draft Three Year Plan and other Board documents: A Briefing Memorandum and copy of the Draft Three Year Plan for Fiscal Years 2010 through 2012 with Objectives for FY12 appear in the CCDDDB packet for review. The draft plan incorporates suggestions made by staff and was sent to board members and interested parties in September for comments. Changes will be incorporated into a final draft and presented for approval at the November meeting. I collaborated with Peter Tracy and Mark Driscoll on FY13 Allocation Decision Support Criteria memoranda for CCDDDB and CCMHB, final versions of which will incorporate input and be presented at the November meetings.

Agency Monitoring Visits and Meetings: Follow-up site visits with Community Choices and PACE demonstrated consistent and thorough documentation in consumer files. Stephanie Howard-Gallo and I have scheduled a visit with Developmental Services Center to complete our review of the Clinical Services program, which includes confidential files for subcontracted counseling services. Peter Tracy and I met with representatives from Community Choices, (and, prior to CCDDDB and CCMHB October board meetings, will have met with) Charleston Transitional Facility, and DSC to discuss agency responses to the needs and preferences of Champaign County residents with developmental disabilities. See summary of October PUNS update below for not very surprising data on reported needs.

Quarterly Reports and Online System: Mark Driscoll and I continued to work with agencies on quarterly reports and ACCESS applications. Trouble-shooting provides insight into possible system enhancements. First quarter reports for FY12 are due October 28.

Fifth Annual Disability Resource Expo: I attended Steering Committee meetings on September 27, October 4, and October 11 with extensive reports from the subcommittees. There are 74 exhibitors this year, more than in any previous year. Sponsorship is behind last year's by around \$2,000, although we are up by a similar amount in in-kind contributions, which include printing. If you are a facebook user, please search and like "Reaching Out for Answers: Disability Resource Expo" as well as the "Champaign County Anti-Stigma Alliance" page; these will grow over time. We have invested in proven promotional activities such as yard signs, radio and print ads, PSAs, and billboards. The Pride Room subcommittee accomplished most of its work this year by email and phone due to scheduling difficulties. One vendor joined us after the print ad deadline but before completion of our floorplan, which is organized in such a way as to improve traffic flow to the Pride area and respond to vendors' preferences. The Resource Book left me as a rough draft a few weeks ago and returned in book form with suggestions from three who proofread the final draft over a holiday weekend so that we could meet our earlier print and formatting deadlines.

The Quarter Cent Administrative Team met in September for Tracy Dace's presentation of Don Moyer Boys and Girls Club's proposed program implementation plan for JUMP and then for discussion of the coordination of Parenting with Love and Limits (PLL) referrals and other business. Later in the month, I participated in a conference call on PLL Extended Care, again addressing referrals as well as expectations for the program's performance in FY12.

ACCESS Initiative: I attended a one-day overview of Restorative Circles, a learning event with Dominic Barter, and read Howard Zehr's "The Little Book of Restorative Justice." I continue to work with the ACCESS Initiative Social Marketing Committee and, as a participant in the communications subcommittee, am reviewing a Power Point presentation entitled ACCESS Supports and Services Update.

Board Liaison Activity: Spoke with Paul Taylor, TALKS board member, about an upcoming meeting, as I have had conflicts or late notice for the last few. I hope to have attended one prior to our board meetings and will give an oral report if that is the case.

Other Activity: The Metropolitan Intergovernmental Council's quarterly meeting included updates on Sustainability Recommendations, UI Security and Police Training, Social Services, UI Research Park, High Speed Rail, Willard Airport, and UC2B. At a Local Funders Group meeting, we reviewed City of Urbana/Cunningham Township's FY12 allocations and discussed co-funded agencies. I met with Peter Tracy and Dr. George Ordal and will be coordinating a workgroup on diet and mental health, to begin meeting in early November. I sought articles and input from stakeholders regarding aging among individuals with developmental disabilities, as the issue was raised in several FY12 applications and recent conversations. At the suggestion of Sally Mustered of CU Autism Network, I watched "Wretches and Jabberers," a full-length documentary of two men traveling the world to meet with other advocates.

Unmet DD Service Needs in Champaign County:

From February 7, 2011 PUNS update:

- 194 individuals in Champaign County were identified with "emergency need."
- 269 Champaign County residents identified as in need of service within a year; 116 of these are recent or coming graduates.

From April 5, 2011:

- 198 individuals in Champaign County were identified with "emergency need."
- 274 in crisis (need service within a year), of whom 120 are recent or coming grads.

From May 12, 2011:

- 195 individuals in Champaign County were identified with "emergency need"
- 272 in crisis (need service within a year), of whom 121 are recent or coming graduates.

From June 9, 2011:

- 194 individuals in Champaign County were identified with "emergency need"
- 268 individuals in crisis, of whom 120 are recent or coming graduates

From October 4, 2011:

- **201** Champaign County residents were identified as having “emergency need”: 1 more in ‘needs immediate support to stay in their own home/family home (short term)’; 2 more in ‘needs immediate support to stay in their own home/family home or maintain their employment situation (long term)’; 1 more in ‘care giver needs immediate support to keep their family member at home (long term)’; 2 more in ‘care giver is unable or unwilling to continue providing care’; 1 more in ‘person has been committed by the court or is at risk of incarceration’; and 2 fewer in ‘Other crisis’.
- **278** Champaign County residents were identified as in need of service within a year, of whom **123** are recent or coming graduates.

Desired supports continue to include Transportation, Personal Support, Occupational Therapy, Support to work in community, Support for in-center work/activities, Speech Therapy, Behavioral Supports, 24 hour Residential, Respite, Physical Therapy, Intermittent Residential Support, and Assistive Technology. The October 4, 2011 update can be viewed in its entirety at:
<http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/CountyandSelectionDetail0911.pdf>



PUNS Data By County and Selection Detail

October 04, 2011

County: Champaign

Reason for PUNS or PUNS Update

New	168
Annual Update	94
Change of category (Emergency, Planning, or Critical)	15
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	5
Person is fully served or is not requesting any supports within the next five (5) years	125
Moved to another state, close PUNS	3
Person withdraws, close PUNS	1
Deceased	2
Other, supports still needed	5
Other, close PUNS	20

EMERGENCY NEED(Person needs in-home or day supports immediately)

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	10
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	17
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	4
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	7

EMERGENCY NEED(Person needs out-of-home supports immediately)

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	28
2. Death of the care giver with no other supports available.	4
3. Person has been committed by the court or is at risk of incarceration.	2
4. Person is living in a setting where there is suspicion of abuse or neglect.	3
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	6
6. Other crisis, Specify:	120

CRITICAL NEED(Person needs supports within one year)

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	27
2. Person has a care giver (age 60+) and will need supports within the next year.	7
3. Person has an ill care giver who will be unable to continue providing care within the next year.	3
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	24
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	7
6. There has been a death or other family crisis, requiring additional supports.	4
7. Person has a care giver who would be unable to work if services are not provided.	16
8. Person or care giver needs an alternative living arrangement.	11
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	123
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	2
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	7
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	1
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	5
14. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment supports in the next year.	3
15. Person is losing eligibility for Intermediate Care Facility for People with Developmental Disabilities supports in the next year.	1
16. Person is losing eligibility for Medically Fragile/Technology Dependant Children's Waiver supports in the next year.	1
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	1



PUNS Data By County and Selection Detail

October 04, 2011

- 20. Person wants to leave current setting within the next year. 5
- 21. Person needs services within the next year for some other reason, specify: 30

PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)

- 1. Person is not currently in need of services, but will need service if something happens to the care giver. 72
- 2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person). 1
- 3. Person is dissatisfied with current residential services and wishes to move to a different residential setting. 1
- 4. Person wishes to move to a different geographic location in Illinois. 3
- 5. Person currently lives in out-of-home residential setting and wishes to live in own home. 1
- 6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur. 2
- 8. Person or care giver needs increased supports. 46
- 9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years. 2
- 14. Other, Explain: 17

EXISTING SUPPORTS AND SERVICES

- Respite Supports (24 Hour) 20
- Respite Supports (<24 hour) 20
- Behavioral Supports (includes behavioral intervention, therapy and counseling) 88
- Physical Therapy 61
- Occupational Therapy 111
- Speech Therapy 140
- Education 177
- Assistive Technology 31
- Homemaker/Chore Services 3
- Adaptions to Home or Vehicle 5
- Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.) 5
- Medical Equipment/Supplies 10
- Nursing Services in the Home, Provided Intermittently 1
- Other Individual Supports 17

TRANSPORTATION

- Transportation (include trip/mileage reimbursement) 115
- Other Transportation Service 46
- Senior Adult Day Services 2
- Developmental Training 66
- "Regular Work"/Sheltered Employment 77
- Supported Employment 40
- Vocational and Educational Programs Funded By the Division of Rehabilitation Services 12
- Other Day Supports (e.g. volunteering, community experience) 6

RESIDENTIAL SUPPORTS

- Community Integrated Living Arrangement (CILA)/Family 5
- Community Integrated Living Arrangement (CILA)/Intermittent 5
- Community Integrated Living Arrangement (CILA)/Host Family 1
- Community Integrated Living Arrangement (CILA)/24 Hour 30
- Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People 3
- Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People 1
- Skilled Nursing Facility/Pediatrics (SNF/PED) 2
- Supported Living Arrangement 1
- Shelter Care/Board Home 1
- Children's Residential Services 7



PUNS Data By County and Selection Detail

October 04, 2011

Child Care Institutions (Including Residential Schools)	5
Other Residential Support (including homeless shelters)	8
SUPPORTS NEEDED	
Personal Support (includes habilitation, personal care and intermittent respite services)	228
Respite Supports (24 hours or greater)	90
Behavioral Supports (includes behavioral intervention, therapy and counseling)	136
Physical Therapy	80
Occupational Therapy	169
Speech Therapy	140
Assistive Technology	66
Adaptations to Home or Vehicle	29
Nursing Services in the Home, Provided Intermittently	5
Other Individual Supports	37
TRANSPORTATION NEEDED	
Transportation (include trip/mileage reimbursement)	229
Other Transportation Service	80
VOCATIONAL OR OTHER STRUCTURED ACTIVITIES	
Support to work at home (e.g., self employment or earning at home)	6
Support to work in the community	152
Support to engage in work/activities in a disability setting	151
RESIDENTIAL SUPPORTS NEEDED	
Out-of-home residential services with less than 24-hour supports	72
Out-of-home residential services with 24-hour supports	109

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

9/08/11

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VENDOR NO	VENDOR NAME	TRN B TR	TRANS NO	PO NO	CHECK NO	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVELMNTL DISABILITY FUND										
*** DEPT NO. 050 DEVLMTNL DISABILITY BOARD										
90	CHAMPAIGN COUNTY TREASURER		81		458101	9/08/11	108-050-533.07-00	PROFESSIONAL SERVICES	SEP ADMIN FEE	27,848.00
									VENDOR TOTAL	27,848.00 *
104	CHAMPAIGN COUNTY TREASURER		76		458103	9/08/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP EARLY HEADSTART	3,473.00
									VENDOR TOTAL	3,473.00 *
5352	AUTISM SOCIETY OF ILLINOIS		74		458122	9/08/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP AUTISM SOCIETY	1,000.00
									VENDOR TOTAL	1,000.00 *
16011	CHARLESTON TRANSITIONAL FACILITY		77		458143	9/08/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP NURSING SRVCS	1,684.00
									SEP RESIDENTIAL	3,167.00
									VENDOR TOTAL	4,851.00 *
18203	COMMUNITY CHOICE		78		458147	9/08/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP CUSTOM EMPLOYMN	2,500.00
									VENDOR TOTAL	2,500.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC		79		458158	9/08/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP APARTMENT SRVCS	34,277.00
									SEP CLIENT/FAM SPPR	33,018.00
									SEP CLINICAL SUPPORT	14,831.00
									SEP DVLP TRAIN/EMPL	98,559.00
									SEP FAM DEVELOP CTR	31,786.00
									SEP INDIV FAM SUPPR	28,194.00
									SEP CILA-RESIDENTIA	12,833.00
									VENDOR TOTAL	253,498.00 *

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

9/08/11

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VENDOR NO	VENDOR NAME	TRN B TR	TRN NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT	
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND											
22816	DOWN SYNDROME NETWORK	9/07/11	04 VR 108-	75	458161	9/08/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP DOWN SYNDROME VENDOR TOTAL	1,250.00 1,250.00 *	
54930	PERSONS ASSUMING CONTROL OF THEIR	9/07/11	04 VR 108-	80	458226	9/08/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP INDEPENDENCE VENDOR TOTAL	4,962.00 4,962.00 *	
									DEVLPMNTL DISABILITY BOARD	DEPARTMENT TOTAL	299,382.00 *
									DEVLPMNTL DISABILITY FUND	FUND TOTAL	299,382.00 *



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT OF PERSONS WITH A DEVELOPMENTAL DISABILITY

BRIEFING MEMORANDUM

DATE: October 19, 2011
TO: CCDDDB Members
FROM: Lynn Canfield, Associate Director
SUBJECT: Draft Three Year Plan 2010-2012 with FY 2012 Objectives

The current Three Year Plan for FY 2010-2012 is entering its third year of implementation. The draft Plan with objectives for Fiscal Year 2012 is an extension of the prior fiscal year. While many objectives reflect ongoing commitments, others have been revised to advance the goals of the Plan.

As has been the case during the prior two years of the plan, the impact of the continuing state financial crisis on local agencies is compounded by slow economic recovery. The Plan acknowledges the difficult conditions agencies are operating under as well as for consumers seeking access to the help they need. Efforts to streamline the board's administrative functions continue. Collaboration with the Champaign County Mental Health Board remains a priority of the Plan.

Three Year Plan for FY 2010 – 2012 with One-Year Objectives for FY2012

The goals listed are for the period of 2010 through 2012. Objectives are focused on the 2012 fiscal year. A draft of the Plan is attached with proposed new or modified objectives italicized and underlined while completed objectives are lined out.

Staff has had an opportunity to review the draft document and will hold further discussions. This will include consideration of comments received from interested parties. Following initial release of the draft Plan to the Board, the document was disseminated for comment.

The updated Three Year Plan will be presented for approval at the November 16, 2011 Board meeting.

**CHAMPAIGN COUNTY BOARD FOR
CARE AND TREATMENT OF PERSONS WITH A
DEVELOPMENTAL DISABILITY**

THREE-YEAR PLAN

FOR

**FISCAL YEARS 2010 - 2012
(12/1/09 – 11/30/12)**

WITH

ONE YEAR OBJECTIVES

FOR

**FISCAL YEAR 2012
(12/1/11 – 11/30/12)**

**CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT OF PERSONS WITH A
DEVELOPMENTAL DISABILITY
(CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD)**

WHEREAS, the Champaign County Developmental Disabilities Board has been established under the Illinois County Care for Persons with Developmental Disabilities Act (IL Compiled Statutes, Chapter 55, Sections 105/0.01 to 105/13 inclusive) in order to “provide facilities or services for the benefit of its residents who are mentally retarded or under a developmental disability and who are not eligible to participate in any such program conducted under Article 14 of the School Code, or may contract therefore with any privately or publicly operated entity which provides facilities or services either in or out of such county.”

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.

STATEMENT OF PURPOSES

1. Planning for the developmental disabilities services system to assure accomplishment of the CCDDDB goals.
2. Allocation of local funds to assure the provision of a comprehensive system of community based developmental disabilities services.
3. Coordination of affiliated providers of developmental disabilities to assure an interrelated accessible system of care.
4. Evaluation of the system of care to assure that services are provided as planned and that services are effective in meeting the needs and values of the community.

In order to accomplish these purposes, the Champaign County Developmental Disabilities Board must collaborate with the public and private sectors in providing the resources necessary for the effective functioning of the developmental disabilities service system. The CCDDDB shall perform those duties and responsibilities as specified in Sections 104/4 to 105/13 inclusive of The County Care for Persons with Developmental Disabilities Act.

ADMINISTRATION

Goal #1: Develop policies and procedures to assure fiscal accountability for CCDDDB dollars tied to co-funded programs. The primary focus is related to programs which are also funded by revenue from the State of Illinois. Utilize the new online application and reporting system to track all objectives pertaining to this goal.

Objective #1: Identify each CCDDDB funded contract that budgets state revenue as part of program revenue and develop mechanisms to track the level of state payments during the term of the contract.

Objective #2: Clarify how CCDDDB dollars are used in each co-funded contract and develop policies to assure that reductions in state contract maximums are not supplanted by CCDDDB dollars.

Objective #3: All CCDDDB grant contracts that receive State of Illinois funding as part of the total program revenue shall be required to report all staffing changes to the CCDDDB on a quarterly basis. At the discretion of the CCDDDB, agencies shall provide a full listing of all full, part-time and contractual employees on a quarterly basis.

Objective #4: All CCDDDB funded agencies shall *consult with and* notify the CCDDDB of their intent to *terminate or* lay off employees with an explanation of the ~~cause for the layoff~~ *rationale for the proposed personnel changes. The contract boilerplate shall be revised to include this provision.*

Objective #5: Evaluate risk for loss of co-supported services resulting from state funding reductions.

Goal #2: Prioritize services along the service continuum in response to changes in state funding.

Objective #1: Using a tiered system, identify high priority programs (core services and collaborative initiatives) *and include as a component of the allocation decision support and prioritization processes.*

Objective #2: Realign funding to support high priority programs in response to contract cuts or reserve percentage in state funding.

Goal #3: Maintain program and financial accountability of funded programs.

Objective #1: Monitor fiscal status and identified outcome measures of funded programs to provide consistent and timely assessment of overall program performance.

~~Objective #2: Develop new audit requirements and protocols to address the gaps created by changes in the State of Illinois audit threshold requirements. Require additional fiscal accountability in lieu of audits for agencies falling below the required dollar threshold (i.e., \$300,000).~~

~~Objective #3: Review and revise as necessary the process for executing contracts with approved agency plans using the web-based application and reporting system.~~

Objective #2: Develop fiscal monitoring protocol and implement approved written procedures to ensure agencies are complying with guidelines as stated in the contract and funding guidelines.

Objective #3: Develop a protocol for assessment of annual agency audits required by the contract.

Objective #4: Analyze consumer access by program and in total using zip code data to assess client service distribution across the county.

Objective #5: Continue to track agencies' 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.

Goal #4: Continue to maintain low administrative costs in order to maximize the availability of funding to support mental health, substance abuse and developmental disabilities programs and services.

Objective #1: ~~Strongly~~ *Continue to* support the Memorandum of Understanding with the Champaign County Mental Health Board.

Objective #2: Maintain existing staff headcount by utilizing contractual consultants to assist with technical, administrative and programmatic functions (e.g., assessment of applications for funding, planning, audit protocols and other specialized functions).

Objective # 3: Maintain *and improve the* web based system across all funding sources to streamline the application process, *and* program reporting, including collection of client data, and assess potential for expansion of such a system for performance measure outcome evaluation.

COMMUNITY ENGAGEMENT & ADVOCACY

Goal #5: Reduce the stigma associated with developmental disabilities by sponsoring projects and events designed to address discrimination related to stigma, as well as to promote acceptance, dignity and social inclusion.

Objective #1: Promote, fund, participate in and sponsor the Disabilities Expo and the Roger Ebert Film Festival in order to improve disability awareness, increase inclusiveness, improve community acceptance, and reduce stigma and discrimination. Use these events to energize community support for funding for disabilities programs and services.

Objective #2: Encourage consumer *and advocacy* groups' community education efforts to reduce stigma and coordinate with ACCESS Initiative social marketing activities as feasible.

Goal #6: Advocate for positive change in state funding and policy decisions affecting the local system of care for persons with developmental disabilities.

Objective #1: Support, through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHAI), the National Association of County Behavioral Health and Developmental Disabilities Directors, the Illinois Council on Developmental Disabilities, the ARC of Illinois, the Illinois Association of Rehabilitation

Facilities (IARF), and other appropriate bodies, efforts to strengthen the local systems of care.

Objective #2: Continue to promote effective methods of engaging consumer and family groups in advocacy, including parent groups currently funded, and coordinate with ACCESS Initiative as feasible.

Objective #3: Statewide and locally, explore and promote service system redesign efforts consistent with recommendations of the Blueprint for System Redesign in Illinois, including appropriate state funding for development of community-based services and infrastructure.

Objective #4: Follow developments at the state and federal levels of Olmstead and Olmstead-related cases, particularly regarding new initiatives.

Goal #7: Maintain an active needs assessment process to identify current issues affecting consumer access and treatment.

Objective #1: Continue to assess the impact of state funding reductions on consumer access to care and provider capacity.

Objective #2: Participate in other county-wide assessment activities to ensure CCDDDB target populations are represented.

Objective #3: Track Illinois Department of Human Services Division of Developmental Disabilities' Prioritization of Urgency of Need for Services (PUNS) database for state and local trends and to ensure full representation of the service preferences of Champaign County residents.

Objective #4: Using Child and Family Connections data for Champaign County, track the identification of developmental delay and disability among children, Birth to 3, and engagement in Early Intervention and Prevention services.

RESOURCE DEVELOPMENT & COLLABORATION

Goal #8: Collaborate with the Champaign County Mental Health Board on co-funded programs.

Objective #1: Continue integration strategies to assure alignment between the CCMHB funded developmental disability programs and services and the Champaign County Board for Care and Treatment of Persons with a Developmental Disability. ~~Implement mutually acceptable options for realignment of funding within the developmental disability service continuum.~~

Objective #2: In response to unilateral financing and eligibility changes by the State of Illinois, develop revenue maximization strategies to assure an appropriate mix of state and local funding and continued availability of services for Champaign County consumers.

Goal #9: Ensure compliance with existing Memoranda of Understanding (MOU), e.g. support initiatives extending from the agreements, and enter into new agreements as may be necessary to respond to local service issues or state funding adjustments.

Objective #1: Review all existing MOUs and enter into negotiations to revise the agreements as necessary.

Goal #10: Promote new approaches for developing services and reducing operating costs.

Objective #1: Investigate options for leveraging additional resources and realign services as necessary to access such resources.

Objective #2: Promote cooperative relationships between providers that can reduce costs, e.g. Chamber of Commerce Energy Cooperative.

Objective #3: Promote and support use of evidence based practices by funded programs.

Objective #4: Continue to include person-centered planning as a component of the funding application.

Objective #5: As practicable, implement Medicaid, including a redirection of capacity and conversion of fee for service rates to the Medicaid rates as necessary.

Objective #6: 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.



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT OF PERSONS WITH A DEVELOPMENTAL DISABILITY

BRIEFING MEMORANDUM

Date: October 19, 2011
Memo To: Members, Champaign County Developmental Disabilities Board (CCDDB)
From: Peter Tracy
Subject: Food Purchase Policies

The purpose of this memorandum is to make the Board aware of possible issues associated with business lunches and food purchases related to the Champaign County Board at their meeting on July 21, 2011. Most of the following was from a conversation with CCMHB Member Jan Anderson. I am looking for guidance and opinions from the CCDDB about this issue.

Background:

Apparently, there were questions raised about purchases from a number of county departments and the CCMHB came up as part of that discussion. Interestingly, the item discussed was NOT related to the ACCESS Initiative but rather was a CCMHB expenditure from April 25. This was a meeting at the Original Pancake House which included board members from the CCMHB, CCDDB, and staff. The purpose of this meeting was to review staff recommendations for funding to be presented at the May 2011 meeting. As you are aware, I have met with CCDDB/CCMHB members for this purpose for years and we are required by the MOU to have quarterly meetings between the presidents of the CCDDB and CCMHB.

It has been our policy to allow business lunches (breakfasts) for meetings between Board Members and me and this practice goes back to 2000 when I was first hired. We also provide food for board meetings. We have historically justified these practices by pointing out that board members are uncompensated for their work and also not eligible for reimbursement of their expenses associated with board meeting attendance. Therefore, we have taken the position that it is appropriate to feed board members at their regular meetings and buy them lunch for special meetings with staff.

This type of issue seems to be coming up more frequently at County Board meetings and I suspect, and Jan agrees, it is not likely to go away in the near future. It is also likely our ACCESS Initiative project will also become a target from criticism and increased scrutiny. In response, I recommend we have a full and complete discussion. This conversation should focus on food at board meetings, food purchases in general, and guidelines for business lunches. For your information, my business reimbursed breakfasts and lunches are limited to meetings with CCDDB and/or CCMHB members. For other meetings with providers or staff I either go "Dutch treat" or I pay and do not seek reimbursement. Personally, I like meeting with board members over breakfast, lunch or coffee. It is a relaxed setting and is conducive to conversation and problem solving. It is also a very small perk for the significant amount of time board members commit to our work. As for board meetings, it makes sense to have food because of when the meetings are scheduled. I strongly support providing food and refreshment at our CCDDB and CCMHB meetings.



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT OF PERSONS WITH A DEVELOPMENTAL DISABILITY

BRIEFING MEMORANDUM

DATE: October 19, 2011

TO: Members, Champaign County Developmental Disabilities Board (CCDDB)

FROM: Peter Tracy, Executive Director

SUBJECT: FY13 Allocation Decision Support Criteria for CCDDB Funding

Overview:

This memorandum is intended to be a preview of the decision memorandum on this topic which will be presented in November for your consideration. As you are aware, the CCDDB invites input from stakeholders and the public concerning what they perceive as community needs in the areas of developmental disabilities. What follows begins with priorities and funding criteria identified last year with some additional items which have come to the attention of staff. We have also deleted some of the secondary criteria which have been found not to be particularly helpful to our process.

I get tired of reporting to you how bad the State of Illinois funding situation is – but bad just seems to continue to become worse! For State FY12 our local providers have received four (4) month contracts (i.e., July – August – September – and October) with no clear commitment concerning how the rest of the year will play out. Can you imagine trying to serve clients and run an agency with this level of uncertainty?

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. The purpose of this memorandum is to recommend and confirm service and program priorities for the FY13 (July 1, 2012 through June 30, 2013) funding cycle. 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.

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 online system. The application(s) must be completed using the online 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 developmental disabilities programs and services.
4. Application must be appropriate to this funding source and provide evidence that other funding sources are not available to support this program/service.

POSSIBLE FY13 Decision Support and Priorities

Upon approval by the CCDDDB, the items included in this section will be heavily weighted in the decision of which applications should receive funding during the FY13 contract year (July 1, 2012 through June 30, 2013). These items are closely aligned with CCDDDB planning and needs assessment processes, intergovernmental agreements, memoranda of understanding, and the recommendations of consultants hired by the board.

1. The following **five categories of services and populations** of persons with developmental disabilities represent the current priorities of the developmental disabilities system of care. Person-centered planning efforts, promoting self-directed and culturally appropriate individualized service plans, may be undertaken within any of the five categories.
 - (a) **Vocational** development training for individuals with developmental disabilities. Activities include assessment, exploration and enhancement of interests and abilities, instruction in job tasks and problem-solving, assistance in establishing a vocational direction and objective, and support for customized employment opportunities.
 - (b) Individualized **residential service options** for people with developmental disabilities most in danger of being removed from their home community or of becoming homeless. This may include emergency residential support for families, assisted living for medically fragile individuals, in-home supports and/or respite services, and a range of supports and services for individuals living in the most integrated settings.
 - (c) **Flexible family support** for people with developmental disabilities and their families to enhance their ability to live together. The intent is to allow consumer families to determine the process of providing care and support for a family member. Allocation of funds is to be used for a variety of services including family respite, assistive technology, transportation, household needs, and recreational activities.

(d) **Comprehensive services for young children** with developmental delays. Comprehensive means an array of Early Intervention services to address all areas of development that is coordinated, home-based, and considers the needs of the entire family. Early identification of children with developmental delays can be achieved through consultation with child care providers and pre-school educators.

(e) **Adult day programs** for people with severe cognitive impairments with behavioral challenges who may also have significant physical limitations. Services provided should include: functional academic skills training, communications skills development, occupational therapy, fitness training, vocational training, personal care instruction/support, community integration opportunities, independent living skills training, and social skills training.

2. Applications that support the continued enhancement of awareness and understanding of Developmental Disabilities to include support of sustainable **consumer advocacy and family support organizations**, especially those comprising parents of and persons with the most prevalent Developmental Disabilities of mild intellectual disability, moderate to profound intellectual disability, and autism.
3. Applications that support efforts to **reduce stigma** and challenge discrimination associated with Developmental Disabilities may describe a variety of activities which share the goal of increasing community awareness and changing negative attitudes.
4. **Gaps in Core Services Related to State of Illinois Budget Cuts:** Applications which specifically address state-funded core services which have sustained major funding reductions will be considered as high priority of CCDDDB FY13 funding. As mentioned in the overview section of this memorandum, the full extent of IDHS budget cuts may not be known until after the application deadline. This means all applications will likely be subject to significant contract negotiation (e.g., budget and program plan).

Overarching Decision Support Considerations

The FY13 CCDDDB allocation process will require all applications to address the overarching criteria listed below. Assessment of all FY13 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.
2. **Countywide Access** - Programs and services that promote county-wide access for all people in Champaign County. Zip code data is mandated.
3. **Medicaid Reimbursement** - Programs and services eligible for participation in Medicaid reimbursement for people with developmental disabilities. We are still pursuing an agreement with the State Medicaid Agency (Healthcare and Family Services) to allow for billing, claiming and reimbursement under Title XIX.

4. **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.

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.

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 CCDDDB 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 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 applying for funding to address a wide variety of developmental disability service 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 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 it 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 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.
- Final Decision Authority – The CCDDDB will make the final decision concerning all applications for funding, taking into consideration staff recommendations, defined decision support criteria, best value, and availability of funds.



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT OF PERSONS WITH A DEVELOPMENTAL DISABILITY

BRIEFING MEMORANDUM

DATE: October 19, 2011

TO: Members of the Champaign County Developmental Disabilities Board (CCDDB)

FROM: Peter Tracy, Executive Director

SUBJECT: Closure of State Operated Facilities in Illinois

In September, Governor Quinn announced his intention to close seven state facilities, consisting of two State Operated Developmental Centers, three psychiatric hospitals, a prison, and a juvenile detention center. This was presented as a cost-saving measure and faced immediate legal challenge by AFSCME which the governor, at the time of this writing, plans to fight. While the mental health and developmental disability systems are long overdue a shift from institutional to community based supports, the proposed closures are not good public policy. An authentic process should have included community providers, advocates, individuals and family members, and local mental health/developmental disabilities authorities in the development of a careful and adequately funded transition for people from institutions to community.

First and foremost, decisions regarding the closure of State Operated Facilities (SOF) for people with mental illness or developmental disabilities should be predicated on a well thought out plan which includes input and collaboration from stakeholders, families and service recipients. The plan should analyze the data to assure an adequate number of beds will be available post-closure for the people who require the highest level of care in terms of restrictiveness and supervision. The plan should also include a process to assure people transitioning from SOFs to the community will receive appropriate care with adequate housing, treatment and service supports. In addition, all dollars saved as the result of closure or reduction in beds should be fully allocated to support community-based care for people who are affected by the SOF reduction. If this transfer of funding proviso is not met, SOF closures or reduction in beds should be actively opposed.

To the best of my knowledge, the State of Illinois DHS has not promulgated a long term plan for SOF closure or reduction of beds for people with mental illness or developmental disabilities. Input from community stakeholders has not been sought to determine the extent to which closures or bed reductions of SOFs should be implemented. Also, the State of Illinois DHS has a poor track record for transferring the savings which result from closures to community based providers. Most recently, the Zeller Mental Health Center in Peoria was closed, and this resulted in a savings of about \$19,000,000 per year. Only \$4,000,000 of the \$19,000,000 saved was transferred to community-based providers.

The closures proposed by Governor Quinn appear arbitrary, capricious, and not in the best interest of clients served by these facilities. Absent a well thought-out plan which is linked to an

assessment of need and a plan for appropriate transition of people in these facilities to the community, and without evidence that the State of Illinois DHS intends to transfer the savings from closures to community based providers, these closures are viewed as irresponsible and not in the best interests of people living in SOFs.



Officers

Sandy Lewis
Vice President
McHenry County

Carol Flessner
Vice President
Livingston County

Marti Cross
Secretary
South Kane County

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Treasurer
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ACMHAI

Association of Community Mental Health Authorities of Illinois

To: Governor Patrick Quinn, Senate President Cullerton, Speaker Madigan
and Members of the Commission on Government Forecasting and
Accountability

From: Association of Community Mental Health Authorities of Illinois
(ACMHAI)

Re: Planned closures of state operated facilities housing people with
severe mental illness and developmental disabilities

Date: October 7, 2011

It is the policy of this association to collaborate with the State of Illinois, Department of Human Services and other relevant stakeholders to planfully reduce the State's investment in State Operated Facilities (SOF) for people with mental illness or developmental disabilities. Decisions to close SOFs should be predicated on a well thought out plan which assures there are adequate beds for people who require the highest level of care in terms of restrictiveness and supervision. In addition, all dollars saved as the result of closure or reduction in beds should be fully allocated to support community-based care for people who are affected by the SOF reduction. Redirection of resources to community alternatives should include:

- Reinstatement of CHIPS funding to private hospitals to cover the cost of inpatient psychiatric services to the indigent population.
- Recruitment of additional medical staff to increase the number of private hospital beds.
- Development of community-based crisis beds as an adjunct and step down to inpatient services.
- Resources to expand psychiatric, nursing, case management, residential treatment and linkage case management to stabilize community treatment for the non-Medicaid population.
- Closure of Developmental Disabilities facilities accommodated with appropriate resources to address one-on-one care and medical issues.

It is ACMHAI's understanding that the State of Illinois DHS has not promulgated a long term plan for SOF closure or reduction of beds for people with mental illness or developmental disabilities. Input from ACMHAI and other community-based stakeholders has not been sought to determine the extent to which closures or bed reductions of SOFs should be implemented. Also, the State of Illinois DHS has a poor track record for transferring the savings which result from closures to community-based providers. Most recently, the Zeller Mental Health Center in Peoria, Illinois was closed and this resulted in a savings of about \$19,000,000 per year. Only \$4,000,000 of the savings was transferred to community-based providers.

ACMHAI is adamantly opposed to the current closures proposed by Governor Quinn, and views these decisions as arbitrary and capricious; furthermore, they were made, not in the best interest of clients served by these facilities, but as positioning for reappropriation of funding. Our opposition is based on the absence of a plan which is linked to an assessment of need and appropriately transitions people in these facilities to the community. Lastly, there is no evidence the State of Illinois DHS intends to transfer the savings from closures to community- based providers. Because of these deficiencies, ACMHAI believes the current round of closures is irresponsible and places people at risk.

CCDDB 2012-2013 Meeting Schedule

Board Meetings

8:00 AM

Brookens Administrative Building

Meeting Room 1

1776 East Washington Street, Urbana, IL

November 16, 2011 – 8:00 AM

December 14, 2011 – 8:00 AM

January 18, 2012 – 8:00 AM

February 22, 2012 – 8:00 AM

March 21, 2012 – 8:00 AM

April 18, 2012 – 8:00 AM

May 23, 2012 – 8:00 AM

June 20, 2012 – 8:00 AM

July 18, 2012 – 8:00 AM

November 14, 2012 – 8:00 AM (off cycle)

December 19, 2012 – 8:00 AM

This schedule is subject to change due to unforeseen circumstances.

Please call the CCMHB/CCDDB office to confirm all meetings.

DRAFT
ALLOCATION TIMELINE AND PROCESS

The following is a tentative schedule for the CCDDDB allocation process for Program Year 2013 (July 1, 2012 – June 30, 2013).

<u>Timeline</u>	<u>Tasks</u>
12/11/11	Public Notice to be published on or before this date giving at least 21 days notice of application period.
1/6/12	Open CCMHB/CCDDDB Online System access to CCDDDB PY13 Agency Program and Financial Plan Application forms.
2/17/12	Online System Application deadline – System suspends applications at 4:30PM (CCMHB/CCDDDB office close of business).
4/11/12	Program summaries released to Board and public.
4/18/12	CCDDDB meeting on program summaries.
5/23/12	CCDDDB meeting on allocation/contract awards.
6/29/12	Contracts completed.



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT OF PERSONS WITH A DEVELOPMENTAL DISABILITY

BRIEFING MEMORANDUM

Date: October 19, 2011
Memo To: Members, Champaign County Developmental Disabilities Board (CCDDB)
From: Peter Tracy
Subject: Budget Documents – FY12

The purpose of this memorandum is to provide members of the CCDDB with the County FY12 (December 1, 2011 through November 30, 2012) budget documents for the Mental Health Board, the Developmental Disabilities Board, Quarter Cent for Public Safety, Drug Court Fund, and the ACCESS Initiative. It also represents an opportunity for the members to review and comment on the narrative section prepared by the Executive Director and staff. These budgets are not final until approved by the Champaign County Board at their regular meeting in November.

Background:

In previous years, our budgets were presented to the Champaign County Board Finance Committee (open to all members) in August with final disposition in November. This year is a departure from the traditional process. Specific Champaign County Board members were assigned to meet with the Executive Director on August 30 to review our budget documents in detail. Mr. Jon Schroeder and Mr. Ron Bensyl met with us to discuss the CCMHB, CCDDB, Quarter Cent and Drug Court budgets, and Dr. Pius Weibel and Mr. Brad Jones met with us to discuss the ACCESS Initiative. Both meetings were productive and allowed for a much more in depth conversation about our work the relationship/connections with the budget process.

I made a point to emphasize our efforts to collaborate with and fund programs and services which are directly related to the work and mission of other Champaign County Departments. Specifically, we have partnered with other county officials to plan and implement specialty courts, and efficacious treatment and supports for youth and families involved with the juvenile justice system. I also explained the problems associated with the State of Illinois and how this period of extreme fiscal austerity is impacting on mental health, substance abuse, and developmental disabilities programs and services. The State of Illinois budget cuts, contract reserves, and extended payment cycles have caused significant hardship for our local service providers. Local funding from the Mental Health Board and the Developmental Disabilities Board has been used to address state budget related service gaps and to maintain prioritized programs and services. Without local funding our systems of care would be in shambles.

As you are aware this budget was approved by the CCMHB at our June 2011 meeting prior to completion of the narrative section. This budget will be in effect for the remainder of the current contract cycle, as well as the months of July through November in the FY13 contract cycle. Changes in emphasis and priorities for FY13 will be the subject of our discussion and decision process during the next regular meeting of the CCDDB.

**CHAMPAIGN COUNTY BOARD
FY2012 BUDGET REVIEW**

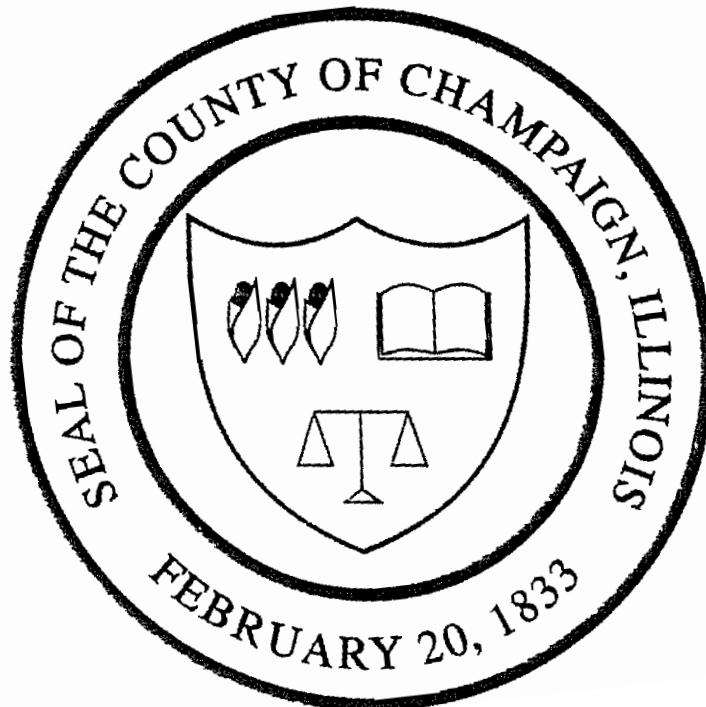
DEPARTMENT BUDGET: Mental Health & DD Boards

DATE/TIME of REVIEW: Tuesday, August 30th – 4:45pm
Putman Meeting Room, Brookens

BUDGET REVIEWERS: Jon Schroeder, Ron Bensyl

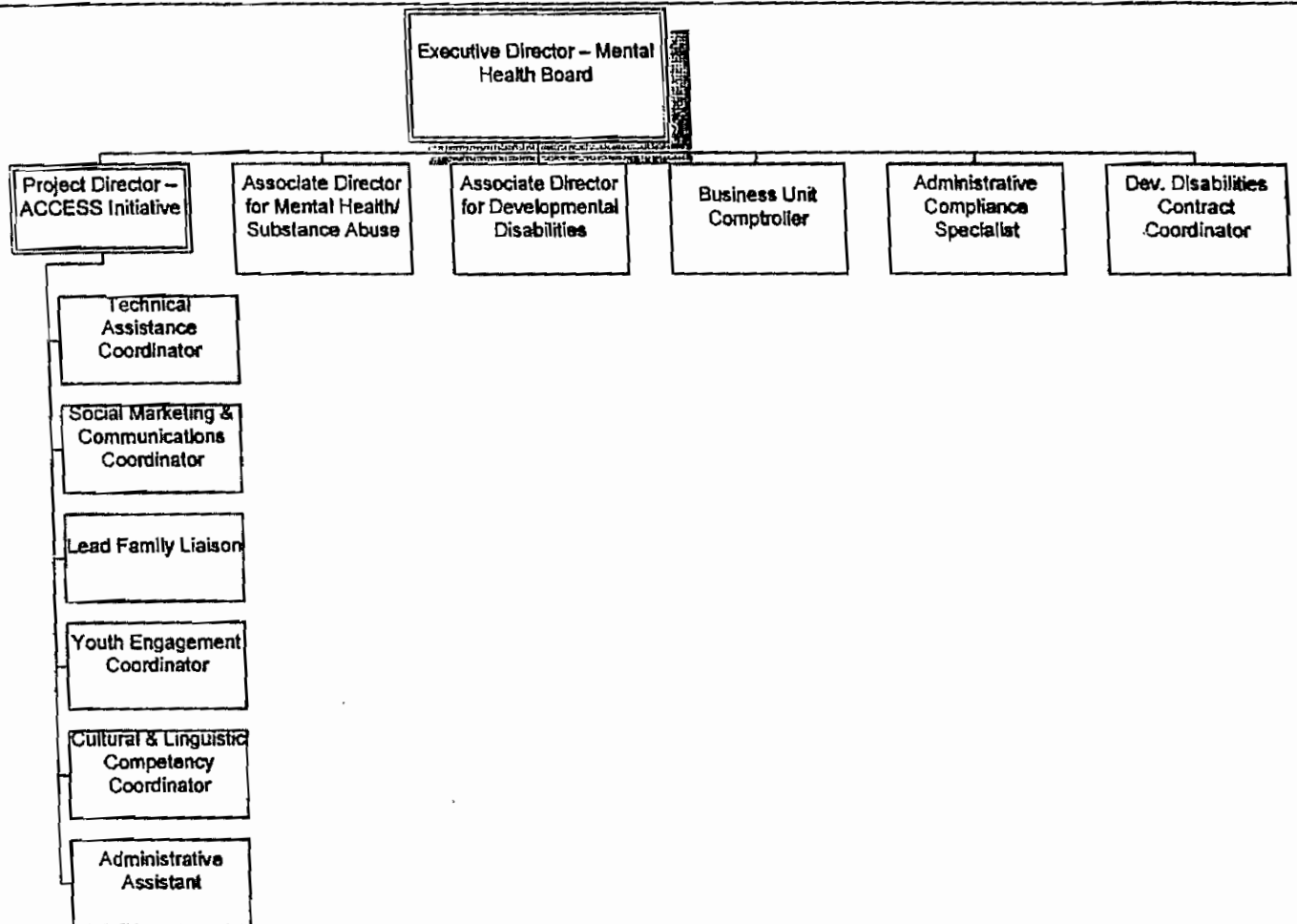
BUDGET DOCUMENTS: **Attachment Page #**

090-053 Mental Health Board	1
108-050 Developmental Disability Board	8
109-053 Delinquency Prevention Grants	14
685-053 Drug Courts Program Grant	17



Mental Health Board

MENTAL HEALTH BOARD - 090-053



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

We anticipate a slight reduction in revenue during FY12 and this will leave funding of mental health, substance abuse and developmental disabilities programs and services relatively flat. As a result there will not be new initiatives, but modest redirection of effort to support CCMHB priorities including services associated with specialty courts, expansion of juvenile justice/mental health programming, and anti-stigma activities will be planned and implemented. State of Illinois funding cuts and payment delays will be destructive to core services and will require us consider program plan amendments to address service gaps.

Mental Health Board

FINANCIAL

Fund 090 Dept 053		2010	2011	2011	2012	
		Actual	Original	Projected	Budget	
311	24	CURRENT - MENTAL HEALTH	\$3,514,342	\$3,623,922	\$3,587,683	\$3,751,272
313	24	BACK TAX- MENTAL HEALTH	\$1,568	\$500	\$250	\$500
314	10	MOBILE HOME TAX	\$3,862	\$4,000	\$2,000	\$4,000
315	10	PAYMENT IN LIEU OF TAXES	\$3,221	\$700	\$400	\$700
		PROPERTY TAXES	\$3,522,993	\$3,629,122	\$3,590,333	\$3,756,472
336	9	CHAMPAIGN COUNTY	\$2,793	\$0	\$2,237	\$0
336	16	VILLAGE OF MAHOMET	\$0	\$0	\$0	\$0
336	23	CHAMP COUNTY DEV DISAB BD	\$287,604	\$334,182	\$334,182	\$292,402
337	21	LOCAL GOVT REIMBURSEMENT	\$0	\$0	\$0	\$0
		FEDERAL, STATE & LOCAL SHARED REVENUE	\$290,397	\$334,182	\$336,419	\$292,402
361	10	INVESTMENT INTEREST	\$5,883	\$5,000	\$0	\$1,250
363	10	GIFTS AND DONATIONS	\$23,005	\$7,250	\$12,000	\$10,000
369	41	TELEPHONE TOLL REIMB	\$0	\$0	\$0	\$0
369	90	OTHER MISC. REVENUE	\$23,389	\$0	\$0	\$0
		MISCELLANEOUS	\$52,277	\$12,250	\$12,000	\$11,250
371	89	FROM PUBLIC HLTH FUND 089	\$20,852	\$24,483	\$0	\$0
		INTERFUND REVENUE	\$20,852	\$24,483	\$0	\$0
		REVENUE TOTALS	\$3,886,519	\$4,000,037	\$3,938,752	\$4,060,124
511	2	APPOINTED OFFICIAL SALARY	\$112,478	\$116,413	\$116,413	\$120,946
511	3	REG. FULL-TIME EMPLOYEES	\$214,344	\$220,983	\$201,366	\$167,360
511	11	MERIT PAY	\$0	\$0	\$0	\$0
511	24	JOINT DEPT REG EMPLOYEE	\$0	\$0	\$25,000	\$67,832
513	1	SOCIAL SECURITY-EMPLOYER	\$23,371	\$25,811	\$26,223	\$27,627
513	2	IMRF - EMPLOYER COST	\$30,083	\$35,123	\$35,683	\$36,366
513	4	WORKERS' COMPENSATION INS	\$1,225	\$1,350	\$1,372	\$1,589
513	5	UNEMPLOYMENT INSURANCE	\$1,909	\$1,909	\$2,684	\$2,680
513	6	EMPLOYEE HEALTH/LIFE INS	\$31,416	\$34,500	\$33,725	\$37,500
513	20	EMPLOYEE DEVELOPMNT/RECOG	\$0	\$0	\$0	\$0
		PERSONNEL	\$414,826	\$436,089	\$442,466	\$461,900
522	1	STATIONERY & PRINTING	\$1,693	\$1,000	\$1,000	\$1,000
522	2	OFFICE SUPPLIES	\$2,896	\$3,000	\$3,000	\$3,000
522	3	BOOKS,PERIODICALS & MAN.	\$257	\$500	\$500	\$500
522	4	COPIER SUPPLIES	\$500	\$500	\$500	\$500
522	6	POSTAGE, UPS, FED EXPRESS	\$4,871	\$5,000	\$5,000	\$5,000
522	44	EQUIPMENT LESS THAN \$1000	\$3,604	\$2,500	\$2,500	\$5,000

Mental Health Board

Fund 090 Dept 053			2010	2011	2011	2012
			Actual	Original	Projected	Budget
COMMODITIES			\$13,821	\$12,500	\$12,500	\$15,000
533	7	PROFESSIONAL SERVICES	\$193,265	\$200,000	\$193,623	\$200,000
533	12	JOB-REQUIRED TRAVEL EXP	\$1,584	\$5,000	\$5,000	\$4,000
533	19	SCHOOLNG TO OBTAIN DEGREE	\$0	\$0	\$0	\$0
533	20	INSURANCE	\$3,720	\$5,750	\$5,750	\$4,500
533	29	COMPUTER SERVICES	\$1,945	\$3,500	\$3,500	\$2,465
533	33	TELEPHONE SERVICE	\$798	\$600	\$1,600	\$1,800
533	42	EQUIPMENT MAINTENANCE	\$153	\$2,500	\$2,500	\$750
533	50	FACILITY/OFFICE RENTALS	\$23,513	\$23,957	\$23,957	\$24,525
533	51	EQUIPMENT RENTALS	\$606	\$750	\$750	\$650
533	70	LEGAL NOTICES,ADVERTISING	\$62	\$150	\$150	\$150
533	72	DEPARTMENT OPERAT EXP	\$0	\$200	\$200	\$200
533	73	EMPLOYEE/OFFC RELOCATION	\$0	\$0	\$0	\$0
533	84	BUSINESS MEALS/EXPENSES	\$700	\$1,500	\$1,500	\$1,500
533	85	PHOTOCOPY SERVICES	\$3,440	\$3,250	\$3,250	\$3,200
533	88	CONTRIB & GRANTS -CAP IMP	\$0	\$0	\$0	\$50,000
533	89	PUBLIC RELATIONS	\$44,352	\$50,000	\$50,000	\$0
533	92	CONTRIBUTIONS & GRANTS	\$3,025,655	\$3,207,291	\$3,207,291	\$3,242,984
533	93	DUES AND LICENSES	\$25,050	\$27,000	\$27,000	\$26,500
533	95	CONFERENCES & TRAINING	\$4,709	\$15,000	\$14,000	\$15,000
533	99	CONTINGENT EXPENSE	\$0	\$0	\$0	\$0
534	37	FINANCE CHARGES,BANK FEES	\$103	\$0	\$0	\$0
534	59	JANITORIAL SERVICES	\$0	\$0	\$0	\$0
534	70	BROOKNS BLDG REPAIR-MAINT SERVICES	\$0	\$0	\$0	\$0
			\$3,329,655	\$3,546,448	\$3,540,071	\$3,578,224
544	33	FURNISHINGS, OFFICE EQUIP CAPITAL	\$1,545	\$5,000	\$5,000	\$5,000
			\$1,545	\$5,000	\$5,000	\$5,000
EXPENDITURE TOTALS			\$3,759,847	\$4,000,037	\$4,000,037	\$4,060,124

FUND BALANCE

<i>2010</i>	<i>2011</i>	<i>2012</i>
<u>Actual</u>	<u>Projected</u>	<u>Budgeted</u>
\$1,847,541	\$1,786,256	\$1,786,256

The fund balance goal is 50% of operating expenses for the current fiscal year. This goal is to enable and maintain appropriate cash flow in light of the fact that the property tax revenue is not received until the beginning of the 3rd quarter of the fiscal year.

Mental Health Board

EXPENSE PER CAPITA

Actual Dollars				
2008	2009	2010	2011	2012
\$18.81	\$19.04	\$20.39	\$20.66	\$20.17

FTE HISTORY

2008	2009	2010	2011	2012
5	5	5	6	5

ALIGNMENT to STRATEGIC PLAN

CB Goal 1 – Remain a financially solvent County government.

- Maintain low administrative costs and static number of full time equivalent positions.
- Maximize amount of funding available to support direct mental health, substance abuse and developmental disabilities programs and services.
- Plan and monitor adequate cash flow to ensure prompt payment of all contractual obligations.

CB Goal 2 – Provide ease of access and availability of services and information to citizens.

- Advocate for increased funding from the State through the Association of Community Mental Health Authorities of Illinois (ACMHAI).
- Collaborate with Champaign County State’s Attorney and Court Services to provide services to youth at risk of or involved with law enforcement and the juvenile justice system.
- Require all contracted service providers to provide access to services for residents of Champaign County.
- Sponsor events to promote anti-stigma understanding, inclusion and information.
- Conduct needs assessment activities to identify and prioritize services funded by the Mental Health Board.

CB Goal 5 – Make improvements to County-wide health and safety.

- Fully support the goals and objectives of the Federal Children’s Initiative System of Care Cooperative Agreement to address mental health, substance abuse and support needs of youth and families involved with the juvenile justice system.
- Fully support the Champaign County Drug Court and Mental Health Court by participation in planning and providing funds to support appropriate array of services to meet the treatment needs of participants/clients.
- Utilize local revenue to support the most efficacious mental health and substance abuse system of care possible in this period of fiscal austerity and State of Illinois funding reductions.

Mental Health Board

CB Goal 6 – Maintain and enhance sustainable growth in Champaign County.

- Plan, fund, monitor and evaluate local systems of care for people with mental illnesses, and substance abuse disorders to assure we adequately address community needs as the county grows and develops.

DESCRIPTION

The Champaign County Mental Health Board (CCMHB) has been established under Illinois Revised Statutes (Ch. 91-1/2, Sections 301-314, inclusive) 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 abuse services for Champaign County. It is our intent to promote family-friendly community support networks for the at-risk, underserved and general populations of Champaign County; to increase support for the local system of services from public and private sources; and 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.

OBJECTIVES

Objective #1: Continue efforts to implement a system-of-care (i.e., ACCESS Initiative) for children and adolescents with serious emotional disturbance, as outlined in our cooperative agreement with the Substance Abuse and Mental Health Services Administration. For FY12, it is our intent to implement an evidence based practice (Parenting with Love and Limits) to increase continuity and provide structure to support program integration with the Wraparound Initiative. This program (i.e. PLL) also serves as a major portion of the required match for the SAMHSA Cooperative Agreement.

Objective #2: For Year Three of the six year cooperative agreement, facilitate the implementation of the Federal Children's Initiative Cooperative Agreement with the Substance Abuse and Mental Health Services Administration (SAMHSA).

Objective #3: Support the integration strategies related to working directly with juvenile justice stakeholders, to assure alignment between the Quarter Cent for Public Safety Post-Detention program and programs and services funded to continue implementation of the ACCESS Initiative. This program will be incorporated with the SAMHSA cooperative agreement.

Objective #4 Address issues related to State of Illinois Funding Cuts: Develop policies and procedures to assure fiscal accountability for CCMHB dollars tied to co-funded programs. The primary focus is related to programs which are also funded by revenue from the State of Illinois. Utilize the new on-line application and reporting system to effectively track all objectives pertaining to this goal. Prioritize services along the service continuum in response to changes in state funding. Realign funding to support high priority programs in response to contract cuts or reserve percentage in state funding.

Mental Health Board

Objective #5: Continue integration strategies to assure alignment between the CCDDDB and developmental disabilities programs and services funded by the CCMHB. Collaborate with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability on co-funded programs. Implement mutually acceptable options for realignment of funding within the developmental disability service continuum. In response to unilateral financing and eligibility changes by the State of Illinois, develop revenue maximization strategies to assure an appropriate mix of state and local funding and continued availability of services for Champaign County consumers. Regular quarterly meetings take place between the executive director and the presidents of the two Boards.

Objective #6: Continue and expand anti-stigma and inclusion efforts for people with disabilities: Reduce the stigma associated with mental illness, substance use disorders, and developmental disabilities by sponsoring projects and events designed to address discrimination related to stigma, as well as to promote acceptance, dignity, and social inclusion. Promote, fund, participate in and sponsor the Disability Resource Expo and the Roger Ebert Film Festival in order to improve disability awareness, increase inclusiveness, improve community acceptance, and reduce stigma and discrimination. Use these events to energize community support for funding for disabilities programs and services.

Objective #7: Support and expand Specialty Courts in Champaign County: Maintain support and involvement in the Champaign County Drug Court and the Champaign County Mental Health Court and support access to treatment for eligible clients. Maintain and comply with the terms and conditions of memoranda of understanding.

Objective #8: Expand cultural competence efforts: Prioritize funding cultural competence staff and/or consultation as delineated in the SAMHSA application. Continue to track agencies' 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.

Objective #9: Develop and promulgate CCMHB funding priorities and decision support criteria for the FY13 funding cycle. Maintain program and financial accountability of funded programs. Implement new audit requirements and protocols to address the gaps created by changes in the State of Illinois audit threshold requirements. Maintain an online application and reporting system across all funding sources to streamline the application process and program reporting, including collection of client data, and assess potential for expansion of such a system for performance measure outcome evaluation.

Objective #10 Explore using local dollars to secure Medicaid reimbursement: As practicable, implement Medicaid claiming (Part 77 & Part 132), including a redirection of capacity and conversion of fee for service rates to the Medicaid rates as necessary.

Objective #11: Intensify advocacy efforts: Advocate for positive change in state funding and policy decisions affecting the local system of care for persons with mental or emotional or substance use disorders or developmental disabilities. Support, through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHAI), the National Association of County Behavioral Health and Developmental Disabilities Directors, the Illinois Council on Developmental

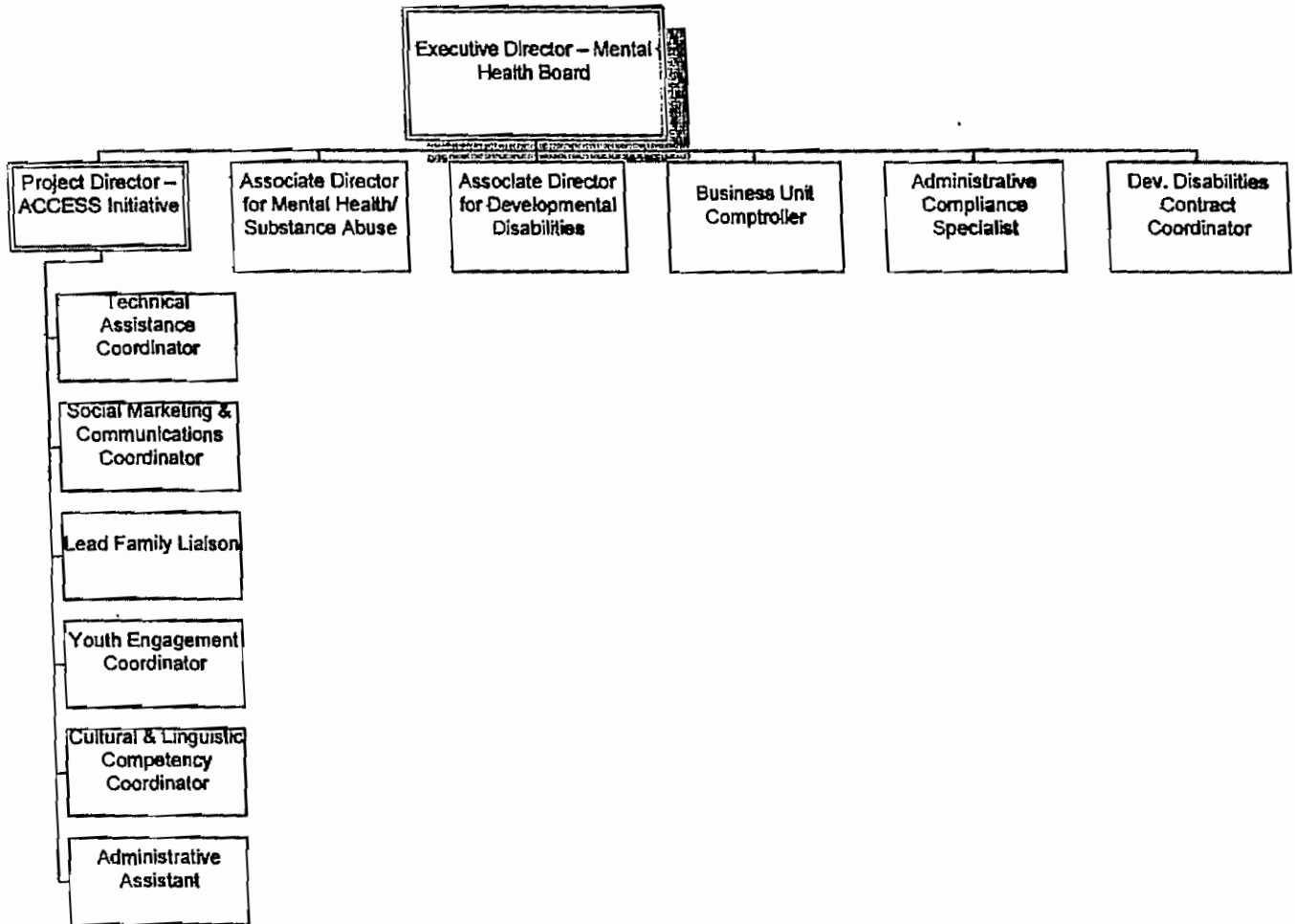
Mental Health Board

Disabilities, the Illinois Association of Rehabilitation Facilities (IARF), the ARC of Illinois, the Illinois Alcohol and Drug Dependence Association (IADDA) and other appropriate bodies efforts to strengthen the local systems of care.

Objective #12: Update and fully implement all elements of CCMHB Three-Year Plan.

PERFORMANCE INDICATORS			
INDICATOR	2010 Actual	2011 Projected	2012 Budgeted
Completion of annual funding priorities	11/09	11/10	November 2011
Notice of Funding availability	12/09	12/10	December 2011
Completion of application instructions	1/10	1/11	January 2012
Completion of Three Year Plan and/or update	11/09	11/10	November 2011
Number of contracts (MH – DD-SA-QC)	47	47	47
Total Number of MHB Meetings	12	12	12
Total Onsite Monitoring Visits by contract	47	47	47
Quarterly Reports from Contractors	188	188	188
SAMHSA Child Initiative Match	N/A	met	met
SAMHSA Child initiative Implementation	yes	yes	yes
Joint Planning with the CCDDDB	Quarterly	Quarterly	Quarterly
Parenting with Love and Limits (capacity)	228 youth	228 youth	228 youth

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



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

We anticipate a slight reduction in revenue during FY12 and this will leave funding for developmental disabilities programs and services relatively flat. As a result there will not be new initiatives, but modest redirection of effort to support CCDDDB priorities and to the extent possible address the myriad of problems associated with state funding policies. State of Illinois funding cuts and payment delays will be destructive to core services and will require us consider program plan for contract amendments to address service gaps.

FINANCIAL

Fund 108 Dept 050		2010	2011	2011	2012	
		Actual	Original	Projected	Budget	
311	19	CURRENT - DISABILITIES BD	\$3,442,260	\$3,585,739	\$3,549,882	\$3,673,507
313	19	BACK TAX- DISABILITIES BD	\$1,536	\$0	\$1,500	\$0
314	10	MOBILE HOME TAX	\$3,782	\$0	\$3,000	\$0
315	10	PAYMENT IN LIEU OF TAXES	\$3,155	\$0	\$1,000	\$0
		PROPERTY TAXES	\$3,450,733	\$3,585,739	\$3,555,382	\$3,673,507
361	10	INVESTMENT INTEREST	\$4,297	\$0	\$4,000	\$4,000
363	10	GIFTS AND DONATIONS	\$0	\$0	\$0	\$0
369	90	OTHER MISC. REVENUE	\$1,000	\$0	\$0	\$0
		MISCELLANEOUS	\$5,297	\$0	\$4,000	\$4,000
		REVENUE TOTALS	\$3,456,030	\$3,585,739	\$3,559,382	\$3,677,507
513	2	IMRF - EMPLOYER COST	\$0	\$0	\$0	\$0
533	7	PROFESSIONAL SERVICES	\$287,604	\$334,182	\$337,191	\$292,575
533	33	TELEPHONE SERVICE	\$0	\$0	\$0	\$0
533	88	CONTRIB & GRANTS -CAP IMP	\$0	\$0	\$0	\$0
533	89	PUBLIC RELATIONS	\$0	\$0	\$0	\$0
533	92	CONTRIBUTIONS & GRANTS	\$3,207,895	\$3,251,557	\$3,212,691	\$3,382,807
		SERVICES	\$3,495,499	\$3,585,739	\$3,549,882	\$3,675,382
		EXPENDITURE TOTALS	\$3,495,499	\$3,585,739	\$3,549,882	\$3,675,382

FUND BALANCE

2010	2011	2012
<u>Actual</u>	<u>Projected</u>	<u>Budgeted</u>
\$1,505,311	\$1,530,126	\$1,532,251

The fund balance goal is 50% of operating expenses for the current fiscal year. This goal is to enable and maintain appropriate cash flow in light of the fact that the property tax revenue is not received until the beginning of the 3rd quarter of the fiscal year.

EXPENSE PER CAPITA

Actual Dollars				
2008	2009	2010	2011	2012
\$17.42	\$17.80	\$18.05	\$18.33	\$18.28

ALIGNMENT to STRATEGIC PLAN

CB Goal 1 – Remain a financially solvent County government.

- Maintain low administrative costs and static number of full time equivalent positions.
- Maximize amount of funding available to support direct and developmental disabilities programs and services.
- Plan and monitor adequate cash flow to ensure prompt payment of all contractual obligations.

CB Goal 2 – Provide ease of access and availability of services and information to citizens.

- Advocate for increased funding from the State and the development of a stronger system of local funders to support disabilities services through the Association of Community Mental Health Authorities of Illinois (ACMHAI).
- Require all contracted service providers to provide access to services for residents of Champaign County.
- Sponsor events to promote anti-stigma understanding, inclusion and information.
- Conduct needs assessment activities to identify and prioritize services funded by the Mental Health Board.

CB Goal 5 – Make improvements to County-wide health and safety.

- Utilize local revenue to support the most efficacious developmental disabilities system of care possible in this period of fiscal austerity and State of Illinois funding reductions.

CB Goal 6 – Maintain and enhance sustainable growth in Champaign County.

- Plan, fund, monitor and evaluate local systems of care for people with developmental disabilities to assure we adequately address community needs as the county grows and develops.

DESCRIPTION

The Champaign County Developmental Disabilities Board (CCDDDB) has been established by referendum and operates under the requirements of the County Care for Persons with 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

Objective #1: Work closely with providers to mitigate the harmful State of Illinois budget cuts by maximizing service capacity in prioritized programs. Develop policies and procedures to assure fiscal accountability for CCDDDB dollars tied to co-funded programs. The primary focus is related to programs which are also funded by revenue from the State of Illinois. Utilize the new online application and reporting system to track all objectives pertaining to this goal. Identify each CCDDDB funded contract that budgets state revenue as part of program revenue and develop mechanisms to track the level of state payments during the term of the contract. Clarify how CCDDDB dollars are used in each co-funded contract and develop policies to assure that reductions in state contract maximums are not supplanted by CCDDDB dollars. Evaluate risk for loss of co-supported services resulting from state funding reductions. Prioritize services along the service continuum in response to changes in state funding. Realign funding to support high priority programs in response to contract cuts or reserve percentage in state funding.

Objective #2: Expand cultural competence efforts: Continue to track agencies' 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. Emphasize person-centered or consumer-driven planning efforts, promoting self-directed and culturally appropriate individualized service plans within the five categories of services and populations described below.

Objective #3: Continue and expand anti-stigma and inclusion efforts for people with disabilities: Reduce the stigma associated with developmental disabilities by sponsoring projects and events designed to address discrimination related to stigma, as well as to promote acceptance, dignity, and social inclusion. Promote, fund, participate in, and sponsor the Disability Resource Expo and the Roger Ebert Film Festival in order to improve disability awareness, increase inclusiveness, improve community acceptance, and reduce stigma and discrimination. Use these events to energize community support for funding for disabilities programs and services. Encourage consumer groups' community education efforts to reduce stigma and coordinate with ACCESS Initiative social marketing activities as feasible.

Objective #4: Maintain capacity of vocational training for people with developmental disabilities seeking services which include assessment, exploration and enhancement of interests and abilities, instruction in job tasks and problem solving, assistance in establishing a vocational direction and objective, and support for customized employment opportunities.

Objective #5: Maintain capacity of residential service options for people with developmental disabilities in danger of being removed from their home community or of becoming homeless, to include sustained group home capacity, emergency residential support for families, assisted living for medically fragile individuals, in-home supports and/or respite services, and a range of supports and services for individuals living in the most integrated settings.

Objective #6: Maintain capacity of flexible family support for people with developmental disabilities and their families to enhance their ability to live together. The intent is to allow consumer families to determine the process of providing care and support for a family member by allocating funds for a variety of services including family respite, assistive technology, transportation, household needs, and recreational activities.

Objective #7: Maintain capacity of comprehensive services for young children with developmental delays, a service array which addresses all areas of development and is coordinated, home-based, and responsive to the needs of the entire family. Early identification of children with developmental delays can be achieved through consultation with child care providers and pre-school educators.

Objective #8: Maintain capacity of adult day programs for people with severe cognitive impairments with behavioral challenges and who may have significant physical limitations. Services provided should include: functional academic skills training, communications skills development, occupational therapy, fitness training, vocational training, personal care instruction/support, community integration opportunities, independent living skills training, and social skills training.

Objective #9: Support the continued awareness and understanding of developmental disabilities through sustainable consumer advocacy and family support organizations, especially those comprising parents of and persons with the most prevalent developmental disabilities of intellectual disabilities and autism spectrum disorders.

Objective #10: Intensify advocacy efforts on behalf of people with developmental disabilities: Advocate for positive change in state funding and policy decisions affecting the local system of care for persons with developmental disabilities. Support, through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHAI), the National Association of County Behavioral Health and Developmental Disabilities Directors, the Illinois Council on Developmental Disabilities, the ARC of Illinois, the Illinois Association of Rehabilitation Facilities (IARF), and other appropriate bodies, efforts to strengthen the local systems of care. Continue to promote effective methods of engaging consumer and family groups in advocacy, including parent groups currently funded, and coordinate with ACCESS Initiative as feasible. Statewide and locally, explore and promote service system redesign efforts consistent with recommendations of the Blueprint for System Redesign in Illinois. Follow developments, at the state and federal levels, of Olmstead and Olmstead-related cases, particularly regarding new initiatives.

Objective #11: Strengthen the relationship between the CCDDDB and the Champaign County Mental Health Board: Collaborate with the Champaign County Mental Health Board on co-funded programs. Implement mutually acceptable options for realignment of funding within the developmental disability service continuum. In response to unilateral financing and eligibility changes by the State of Illinois, develop revenue maximization strategies to assure an appropriate mix of state and local funding and continued availability of services for Champaign County consumers. Ensure compliance with existing Memoranda of Understanding (MOU), e.g. support initiatives extending from the agreements, and enter into new agreements as may be necessary to respond to local service issues or state funding adjustments.

Objective #12: Develop and promulgate CCDDDB funding priorities and decision support criteria for the FY13 funding cycle. We are exploring the possibility of a community wide needs assessment co-sponsored by the CCDDDB, CCMHB, and ACMHAI to identify current issues affecting consumer access and treatment. Continue to assess the impact of state funding reductions on consumer access to care and provider capacity. Participate in other county-wide assessment activities to ensure CCDDDB target populations are represented. Track Illinois Department of Human Services Division of Developmental Disabilities' Prioritization of Urgency of Need for Services (PUNS) database for state and local trends and to ensure full representation of the service preferences of Champaign County residents. Using Child

and Family Connections data for Champaign County, track the identification of developmental delay and disability among children, Birth to 3, and engagement in Early Intervention and Prevention services.

PERFORMANCE INDICATORS			
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INDICATOR	2010 Actual	2011 Projected	2012 Budgeted
Completion of annual funding priorities	11/09	11/10	November 2011
Notice of Funding availability	12/09	12/10	December 2011
Completion of application instructions	1/10	1/11	January 2012
Completion of Three Year Plan and/or update	N/A	11/10	November 2011
Number of service provision contracts	16	14	14
Total Number of DDB Meetings	8	8	8
Total Onsite Monitoring Visits by contract	12	16	14
Quarterly Reports from Contractors	52	56	56
Joint Planning with the CCMHB	Quarterly	Quarterly	Quarterly
Total amount contract maximums	\$3,155,683	\$3,185,683	\$3,258,396

Delinquency Prevention Grants

DELINQUENCY PREVENTION GRANTS – 109-053

BUDGET HIGHLIGHTS

All dollars associated with these grants are used to support juvenile delinquency prevention and intervention programs and services as prioritized by the Quarter Cent for Public Safety Administrative Team. This team includes the States' Attorney, Director of Court Services, Superintendent of the Juvenile Detention Center, the ACCESS Initiative, and representatives of the Champaign County Mental Health Board (CCMHB). The authority to issue Delinquency Prevention Grants is predicated on a memorandum of understanding (MOU) between the Champaign County Board and the Champaign County Mental Health Board. These funds are also designated as match for our Federal Children's Initiative Cooperative Agreement. We anticipate a reduction in revenue during FY12 and as a result will not be able to maintain FY11 funding levels without subsidies from the CCMHB.

FINANCIAL

Fund 109 Dept 053			2010	2011	2011	2012
			Actual	Original	Projected	Budget
361	10	INVESTMENT INTEREST	\$677	\$0	\$48	\$0
369	90	OTHER MISC. REVENUE	\$0	\$0	\$0	\$0
		MISCELLANEOUS	\$677	\$0	\$48	\$0
371	6	FROM PUB SAF SALES TAX FD	\$216,084	\$203,116	\$203,116	\$203,116
		INTERFUND REVENUE	\$216,084	\$203,116	\$203,116	\$203,116
		REVENUE TOTALS	\$216,761	\$203,116	\$203,164	\$203,116
533	7	PROFESSIONAL SERVICES	\$0	\$0	\$0	\$0
533	92	CONTRIBUTIONS & GRANTS	\$224,895	\$203,116	\$203,116	\$203,116
		SERVICES	\$224,895	\$203,116	\$203,116	\$203,116
		EXPENDITURE TOTALS	\$224,895	\$203,116	\$203,116	\$203,116

FUND BALANCE

2010	2011	2012
<i>Actual</i>	<i>Projected</i>	<i>Budgeted</i>
\$124,506	\$124,554	\$124,554

The fund balance goal is 50% of operating expenses for the current fiscal year. This goal is to enable and maintain appropriate cash flow in light of the fact that the revenue is not received until the beginning of the 3rd quarter of the fiscal year.

Delinquency Prevention Grants

DESCRIPTION

The Quarter Cent for Public Safety funding supporting Juvenile Justice Post-Detention programs is a partnership between the Champaign County Board and the Champaign County Mental Health Board (CCMHB). The terms and conditions of this arrangement are spelled out in a Memorandum of Understanding (MOU) which was executed in December 2005. The Champaign County Board assigned the CCMHB responsibility for management and administration of the Quarter Cent funds, with the primary purpose being to reduce recidivism at the Champaign County Juvenile Detention Center and to implement other post-detention programs/services designed to prevent or reduce delinquent behavior through intervention, rehabilitation and prevention services targeted for minors who have committed delinquent acts.

The Champaign County Mental Health Board (CCMHB) is the community mental health, substance abuse and developmental disabilities services authority for Champaign County as delineated in the Illinois Community Mental Health Act (405 ILCS 20 / Section 0.1 et.seq.). It is estimated that approximately 75% of youth involved in the juvenile justice system have behavioral problems related to mental illness or emotional disturbance. The CCMHB has made substantial investments in addressing the needs of children and youth with juvenile justice involvement. The partnership between the Champaign County Board and the CCMHB affords an opportunity for fully integrated planning and a coordinated system of care for these youth. Applications for funding for the Quarter Cent for Public Safety programs/services are assessed using CCMHB established decision support criteria as specified in the MOU and are subject to the availability of funds. Final funding decisions rest with the CCMHB and their judgment concerning the most appropriate and efficacious use of available dollars.

For FY12, planning for the use of Quarter Cent revenue was directed by an Administrative Team which included the States' Attorney, Director of Court Services, Superintendent of the Juvenile Detention Center and Mental Health Board staff. This team assessed all applications and made recommendations to the CCMHB. The Quarter Cent allocation decisions for FY12 were to support the evidence-based practice (EBP) Parenting with Love and Limits (PLL). All funded projects are aligned with PLL.

1. The primary focus of applications shall relate directly to post detention programming for youth (and their families). The target population in order of priority may include: (a) youth discharged from the Champaign County Juvenile Detention Center; (b) youth released without detention from the JDC; (c) youth detained and station adjusted by local law enforcement agencies; and (d) youth referred directly from the 6th Circuit Court.
2. The application shall describe how the proposed program will reduce the recidivism rate for the target population.
3. The application shall demonstrate alignment with our community's Substance Abuse Mental Health Services Administration (SAMHSA) Children's Initiative application and efforts to implement system-of-care components as delineated in the SAMHSA application and the Shallcross Consultation reports.
4. Programs and services will promote access to underserved populations identified in the Surgeon General's Report on Mental Health: Culture, Race and Ethnicity and the consultation with Carl Bell, MD. In addition, emphasis will be given based on the quality of the applicant's cultural competence plan and progress made toward implementation of the Plan.

Delinquency Prevention Grants

5. Programs and services will promote and enhance access to services for all youth included in the target population regardless of where they reside in Champaign County.

OBJECTIVES

Objective #1: Maintain resources to support the PLL project and other programs prioritized by the Quarter Cent Administrative Team with primary focus and target population of this project being post detention programming for youth (and their families). The target population in order of priority may include: (a) youth discharged from the Champaign County Juvenile Detention Center; (b) youth released without detention from the JDC; (c) youth detained and station adjusted by local law enforcement agencies; and (d) youth referred directly from the 6th Circuit.

Objective #2: Expand the project, using CCMHB revenue, to include front-end services for station adjusted youth. The primary goal of the expansion is to divert youth from further penetration in the juvenile justice system and to develop a unified response in all law enforcement jurisdictions in Champaign County.

Objective #3: The desired outcomes of applications shall continue to include the following: reduction of the recidivism rate (i.e., no further arrest or incarceration) for the target population; successful transition and linkage from the JDC to programs and services that support juvenile justice involved youth and their families in order to lessen the likelihood of future incarceration; consistent family engagement and participation in program development processes; and improved school academic and behavioral performance.

Objective #4: All appropriate youth who meet the enrollment criteria and have been served by the Quarter Cent program shall be enrolled in the Champaign County system-of-care program known as the ACCESS Initiative.

Objective #5: All Quarter Cent projects will have the opportunity to participate in the implementation of an evidence-based practice (PLL) to improve the efficacy of services for the full range of youth involved in the juvenile justice system.

PERFORMANCE INDICATORS

INDICATORS	2010 Actual	2011 Projected	2012 Budgeted
Number of Contracts	2	2	2
Total Amount of QC Revenue (est)	\$212,000	\$212,000	\$203,000
On-Site Monitoring Visits	2	2	2
Quarterly Reports from Contractors	8	8	8
Coordination with ACCESS Initiative	Yes	Yes	Yes
Federal Match requirement	N/A	Yes	Yes

Drug Courts Program Grant

DRUG COURTS PROGRAM GRANT – 685-053

BUDGET HIGHLIGHTS

These dollars are used to provide specialized financial support for Drug Court clients and are subject to an agreement between the Court and the client. Money advanced to clients is a loan which is to be repaid.

FINANCIAL

Fund 685 Dept 053		2010	2011	2011	2012	
		Actual	Original	Projected	Budget	
331	78	JUST-DRUG COURTS PROGRAM	\$0	\$0	\$0	\$0
341	10	COURT FEES AND CHARGES	\$23,888	\$20,000	\$18,500	\$20,000
		FEES AND FINES	\$23,888	\$20,000	\$18,500	\$20,000
361	10	INVESTMENT INTEREST	\$228	\$0	\$28	\$35
363	10	GIFTS AND DONATIONS	\$150	\$1,500	\$1,125	\$1,500
		MISCELLANEOUS	\$378	\$1,500	\$1,153	\$1,535
371	42	FROM CT SRV DRUG FORF 672	\$0	\$0	\$0	\$0
		REVENUE TOTALS	\$24,266	\$21,500	\$19,653	\$21,535
533	92	CONTRIBUTIONS & GRANTS	\$0	\$21,500	\$19,653	\$21,535
		SERVICES	\$0	\$21,500	\$19,653	\$21,535
		EXPENDITURE TOTALS	\$0	\$21,500	\$19,653	\$21,535

FUND BALANCE

2010	2011	2012
<u>Actual</u>	<u>Projected</u>	<u>Budgeted</u>
\$55,450	\$55,450	\$55,450

There is no fund balance goal – the funds are available to be distributed as directed by the Court.

DESCRIPTION

The Champaign County Mental Health Board (CCMHB) entered into a memorandum of understanding with the Champaign County Board to manage and administer all Drug Court fees and donations collected on behalf of the operation of the Drug Court. All monies included in this fund shall be used to benefit Drug

Drug Courts Program Grant

Court clients with guidelines for use promulgated by the Specialty Court Steering Committee. The purpose of these funds shall be to purchase capital equipment for the Drug Court program, provide training to Drug Court team members, pay expenses related to home visits for drug court participants, and to pay expenses for drug court participants for medical care, dental care, education, housing, transportation, and other incentives as delineated in the guidelines. There have not been changes in these criteria since the onset of this project.

The CCMHB contracts with Prairie Center Health Systems to disburse Drug Court Fees on behalf of Drug Court clients. These disbursements are made under the supervision of and consistent with Specialty Court Steering Committee policies for appropriate use of these dollars. In addition, the CCMHB provides funding to support clinical services for Drug Court clients through a separate contract with Prairie Center.

OBJECTIVES

1. Secure local and state funding to maintain and expand Champaign County Drug Court programs and services.
2. Use drug court fees and donations to provide incentives and support the clinical progress of drug court participants.
3. Assure integration of the drug court fees and donations with other CCMHB funded drug court contracts.

PERFORMANCE INDICATORS

INDICATOR	2010 Actual	2011 Projected	2012 Budgeted
Contract with PCHS completed	Yes	Yes	Yes
Quarterly Financial Tracking	4	4	4
Quarterly participation in Specialty Court Steering Committee	4	4	4
Compliance with MOU	Yes	Yes	Yes

**CHAMPAIGN COUNTY BOARD
FY2012 BUDGET REVIEW**

DEPARTMENT BUDGET: ACCESS Initiative

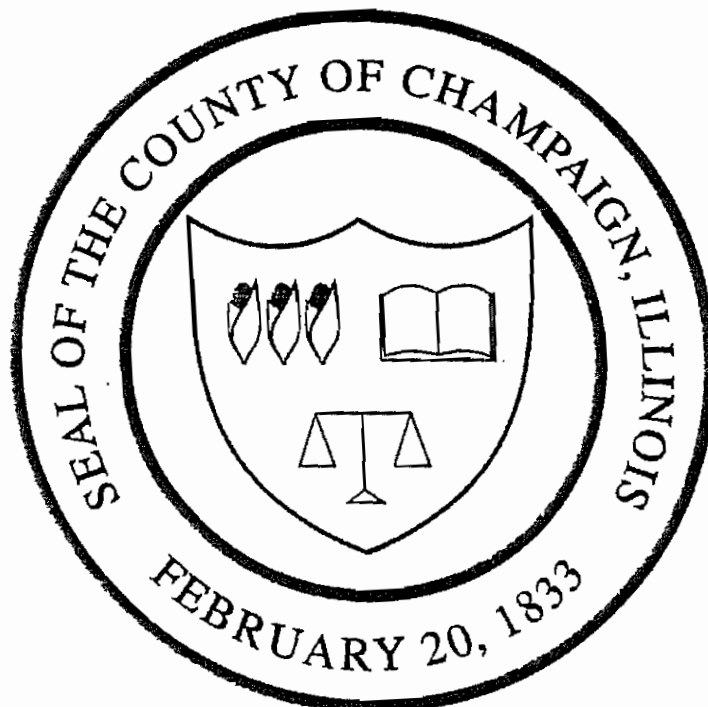
DATE/TIME of REVIEW: Tuesday, August 30th - 5:15pm
Putman Meeting Room, Brookens

BUDGET REVIEWERS: Pius Weibel, Brad Jones

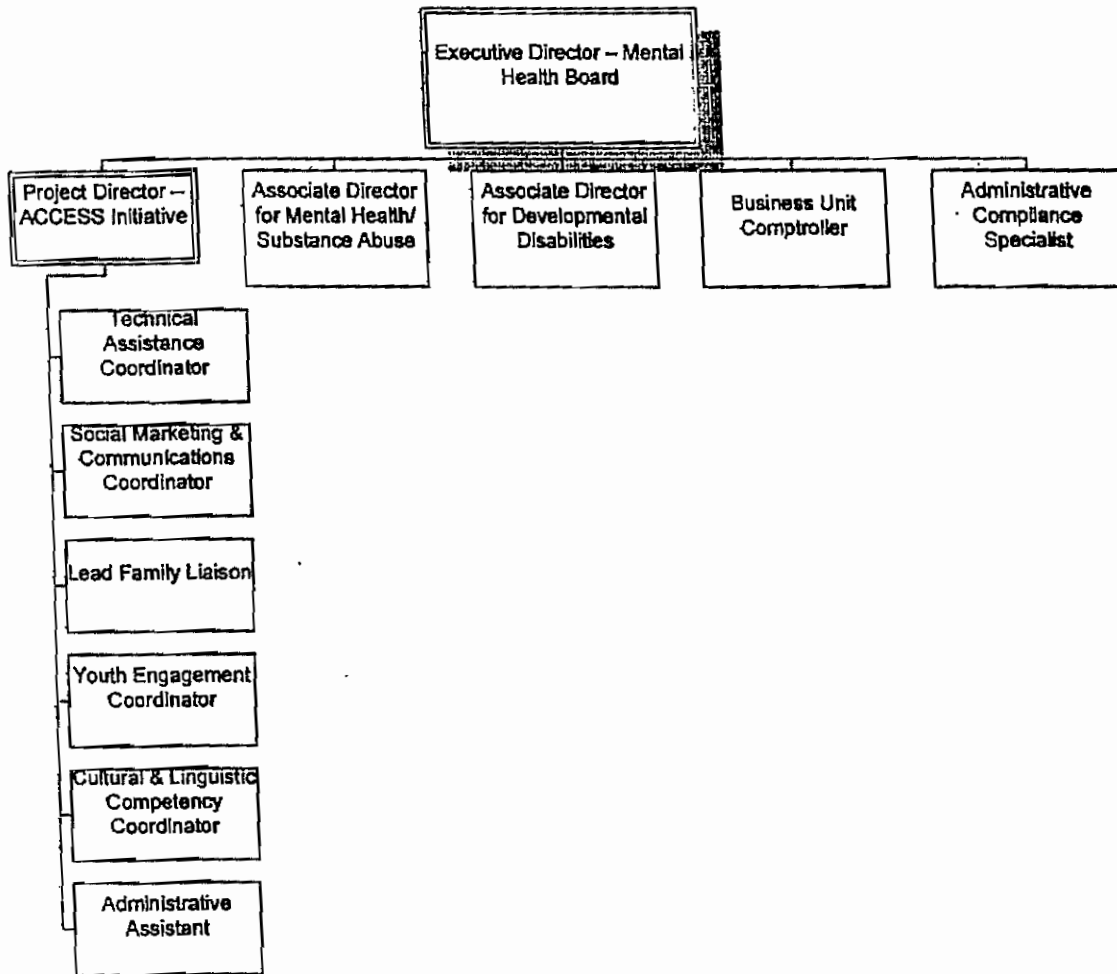
BUDGET DOCUMENTS: Attachment Page #

641-053 ACCESS Initiative Grant

1



ACCESS INITIATIVE GRANT – 641-053



BUDGET HIGHLIGHTS

All revenue pertaining to this budget is from a six year grant from the Illinois Department of Human Services (DHS). The source of this funding is a Substance Abuse and Mental Health Services Administration (SAMHSA) Children’s Initiative Cooperative Agreement. We anticipate an increase in revenue during FY12 as defined by the contract payment schedule, and the increased level of funding will continue in FY13 before dropping off to lower levels in FY14 and FY15. The increased level of funding will be dedicated to implementation of family-driven, youth-guided, strength-based, culturally competent, trauma and justice informed Wraparound services targeted on youth with Serious Emotional Disturbance (SED) involved in the juvenile justice system. These services shall be delivered through contract with community based providers. Funding will also be used to contract for the development of a centralized point of entry into the service delivery system, a centralized information and data management system, and development of strength-based service plans.

FINANCIAL

Fund 641 Dept 053		2010	2011	2011	2012	
		Actual	Original	Projected	Budget	
331	94	HHS-MNT HTH SRV FOR CHLDN	\$1,221,263	\$1,078,424	\$1,078,424	\$1,502,531
		FEDERAL, STATE & LOCAL SHARED REVENUE	\$1,221,263	\$1,078,424	\$1,078,424	\$1,502,531
361	10	INVESTMENT INTEREST	\$1,854	\$0	\$0	\$0
363	10	GIFTS AND DONATIONS	\$0	\$0	\$0	\$0
369	90	OTHER MISC. REVENUE	\$26	\$0	\$0	\$0
		MISCELLANEOUS	\$1,880	\$0	\$0	\$0
		REVENUE TOTALS	\$1,223,143	\$1,078,424	\$1,078,424	\$1,502,531
511	2	APPOINTED OFFICIAL SALARY	\$0	\$0	\$0	\$0
511	3	REG. FULL-TIME EMPLOYEES	\$171,313	\$323,955	\$342,543	\$350,410
511	24	JOINT DEPT REG EMPLOYEE	\$0	\$0	\$6,153	\$13,463
513	1	SOCIAL SECURITY-EMPLOYER	\$12,986	\$24,785	\$26,660	\$28,219
513	2	IMRF - EMPLOYER COST	\$16,845	\$33,730	\$28,474	\$37,145
513	4	WORKERS' COMPENSATION INS	\$676	\$3,240	\$1,725	\$1,623
513	5	UNEMPLOYMENT INSURANCE	\$2,501	\$1,300	\$3,752	\$3,752
513	6	EMPLOYEE HEALTH/LIFE INS	\$9,425	\$48,300	\$44,000	\$54,600
		PERSONNEL	\$213,746	\$435,310	\$453,307	\$489,212
522	1	STATIONERY & PRINTING	\$1,054	\$2,500	\$4,000	\$6,000
522	2	OFFICE SUPPLIES	\$8,396	\$7,500	\$9,000	\$9,000
522	3	BOOKS,PERIODICALS & MAN.	\$166	\$0	\$350	\$750
522	4	COPIER SUPPLIES	\$1,431	\$500	\$723	\$1,500
522	6	POSTAGE, UPS, FED EXPRESS	\$756	\$5,000	\$2,000	\$3,500
522	44	EQUIPMENT LESS THAN \$1000	\$23,700	\$6,000	\$13,150	\$10,000
		COMMODITIES	\$35,503	\$21,500	\$29,223	\$30,750
533	1	AUDIT & ACCOUNTING FEES	\$3,308	\$0	\$5,000	\$5,000
533	7	PROFESSIONAL SERVICES	\$6,244	\$50,000	\$50,000	\$75,000
533	12	JOB-REQUIRED TRAVEL EXP	\$2,689	\$6,000	\$4,000	\$7,500
533	18	NON-EMPLOYEE TRAINING,SEM	\$26,367	\$50,000	\$45,000	\$30,000
533	20	INSURANCE	\$980	\$0	\$3,000	\$3,500
533	29	COMPUTER SERVICES	\$503	\$720	\$750	\$1,500
533	33	TELEPHONE SERVICE	\$2,975	\$28,750	\$28,750	\$12,600
533	42	EQUIPMENT MAINTENANCE	\$0	\$1,500	\$750	\$1,000
533	50	FACILITY/OFFICE RENTALS	\$9,444	\$19,078	\$19,078	\$19,500
533	51	EQUIPMENT RENTALS	\$144	\$690	\$690	\$690
533	70	LEGAL NOTICES,ADVERTISING	\$2,808	\$250	\$1,250	\$1,000
533	84	BUSINESS MEALS/EXPENSES	\$4,294	\$1,500	\$25,000	\$35,000
533	85	PHOTOCOPY SERVICES	\$2,977	\$1,800	\$11,300	\$15,000
533	89	PUBLIC RELATIONS	\$2,832	\$10,000	\$20,000	\$15,000
533	92	CONTRIBUTIONS & GRANTS	\$26,366	\$316,326	\$316,326	\$684,529

Fund 641 Dept 053			2010	2011	2011	2012
			Actual	Original	Projected	Budget
533	93	DUES AND LICENSES	\$500	\$0	\$1,250	\$2,500
533	95	CONFERENCES & TRAINING	\$85,726	\$100,000	\$60,000	\$65,000
534	37	FINANCE CHARGES,BANK FEES	\$599	\$0	\$750	\$750
534	69	PARENT ACTIVITIES/TRAVEL SERVICES	\$1,043	\$20,000	\$500	\$2,500
			\$179,799	\$606,614	\$593,394	\$977,569
544	33	FURNISHINGS, OFFICE EQUIP CAPITAL	\$7,920	\$20,000	\$2,500	\$5,000
			\$7,920	\$20,000	\$2,500	\$5,000
EXPENDITURE TOTALS			\$436,968	\$1,083,424	\$1,078,424	\$1,502,531

FUND BALANCE

2010	2011	2012
<u>Actual</u>	<u>Projected</u>	<u>Budgeted</u>
\$786,151	\$786,151	\$786,151

The fund balance goal is equal to at least two months of operating expense to cover timely payment of expenses, because this program is on a reimbursement basis through the State of Illinois.

ALIGNMENT to STRATEGIC PLAN

CB Goal 1 – Remain a financially solvent county government.

- Complete all required reporting documents for the Illinois Department of Human Services (DHS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) to assure prompt payment of grant funds essential to the effective management of this program.

CB Goal 2 – Provide ease of access and availability of services and information to citizens.

- Fully implement the ACCESS Initiative social marketing plan to engage youth and families in a variety of system of care opportunities.
- Plan and implement activities for Children’s Mental Health Week and participate in planning activities of the Champaign County Anti-Stigma Alliance.
- Support the development and implementation of viable and sustainable parent and youth organizations in Champaign County.
- Provide and maintain web-based application and reporting system for all service providers.

CB Goal 5 – Make improvements to County-wide health and safety.

- Fully support the goals and objectives of the Federal Children’s Initiative System of Care Cooperative Agreement to address the mental health, substance abuse and support needs of youth and families involved with the juvenile justice system.

CB Goal 6 – Maintain and enhance sustainable growth in Champaign County.

- Plan, fund, monitor and evaluate the local systems of care for youth and families involved in the juvenile justice system.
- Develop a viable sustainability plan for the ACCESS Initiative in the post-cooperative agreement phase of the project.

DESCRIPTION

The ACCESS Initiative will facilitate development of a sustainable system of care to address the needs, strengths, and risks of children and their families; to restore youth to healthy living at home, in school, and in their community; to end the disproportional systems involvement of African American children; and to ensure that every child's family has the resources to fulfill their potential for healthy and productive lives. Through the ACCESS Initiative, the Illinois Department of Human Services/Division of Mental Health, together with youth, families, and child-serving agencies in Champaign County, will increase capacity to serve children and youth with serious emotional disturbances (SED) and their families by transforming the county's services into an integrated network of community-based services and supports that are trauma, justice, and evidence informed, family-driven, youth-guided and culturally responsive.

Having begun in 2002 local efforts to develop more coordinated mental health services, this Initiative will help the county expand its capacity to serve youth and their families, including a targeted population that is disproportionately over-represented in all of the state's child-serving systems by annually serving 200 youth with SED, who additionally are African American, age 10-18 and involved with (or at risk of involvement with) the juvenile justice system. To achieve this vision, services will be delivered through individualized, comprehensive plans of care, guided by the strengths and needs of the youth and family, supported by trained Family Mentors and Youth Advocates who will work with families to construct comprehensive family care plans to help the family achieve their goals across all life domains and child-serving systems.

Champaign County has been mentored by McHenry County Family CARE, a currently-funded Children's Mental Health Initiative site, and other systems of care communities.

The implementation plan includes restructuring of the fiscal system, plans to increase the cultural competence of local providers and leaders, the creation of a care coordination process which involves Wraparound and Advocacy, social marketing strategies, infrastructure building activities (designed to create more trauma- and justice-informed, family driven, youth guided, and culturally responsive policies, procedures, and practices), expansion of evidence-based and practice based interventions, programs and services, and a transformation of "funding to follow the child" rather than "funding to follow the program". These strategies will increase capacity, quality, and access for under-served youth to be effective, efficient, culturally responsive and sustainable.

OBJECTIVES

1. Building a sustainable and replicable service delivery system and infrastructure that reflects SOC, trauma- and justice-informed values and principles.
 - Providing training and technical assistance to broaden and deepen the community's, stakeholders, youth and families understanding of Systems of Care and trauma- and justice-informed values and principles. (Approach includes creating learning cohorts, utilizing first adoptors, and providing mentors/coaches.)

- Working with local agencies to fully integrate Cultural Competency in all agency plans. 25% of organizations or agencies partnering with ACCESS will have its cultural competency goals clearly articulated in their program plan.
 - Building, reviewing, and updating the sustainability plan to identify an additional 10% in matching funds (both cash and in-kind).
 - Developing MOUs and letters of collaboration between Partner Agencies, members of the Coordinating Council, and Community Partners to solidify their commitment to support this transformation effort.
2. Providing families and youth access to trauma- and justice-informed services and supports that reflect SOC values and principles by prioritizing the expansion and the utilization of high fidelity Wraparound and Community Advocacy.
 - Expanding the availability of restorative justice options (Restorative Circles or Peer Juries at schools and community organizations, etc.) with input from stakeholders, the community, youth, and families.
 - Participating in the National Community Day of Healing, Children's Mental Health Awareness Month, African American Mental Health Awareness Month, and other Initiatives designed to promote community healing, wellness, and recovery.
 - Creating venues to host strategic 'community and educational campaigns' focusing on restorative justice.
 3. Increasing youth, family, and community leadership and engagement across all levels (i.e., structural, systems, organizational, and practice) demonstrated through the establishment of a vibrant and dynamic Youth and Family Leadership structure.
 - Broadening and deepening family and youth opportunities to engage in meaningful work within the System of Care by increasing the availability of jobs for youth and families with our service delivery network.
 - Broadening and deepening the Family and Youth Network (the family and youth leadership infrastructure).
 - Expanding our volunteer and natural support network in a coordinated fashion, including participation in Timebanks and identifying additional funding (20%) to support Timebanks.
 - Maintaining and deepening participation and involvement of youth and families on the Coordinating Council.
 - Developing and implementing strategic social marketing for youth, families, and faith based network and community organizations to increase youth, family, and community participation in ACCESS.
 4. Extending the capacity of organizations, agencies, informal supports, and systems to strategically improve outcomes for youth and families through the adoption of more evidence informed, trauma and justice informed policies, procedures, and practices with a goal of reducing disparities and the number of youth who have adverse and sustained contacts with the juvenile justice, child welfare, and alternative school systems.
 - Realigning Fiscal Strategies to support a broader service array and expanded evidence-based practices and programs.
 - Continuing to broaden and deepen capacity to deliver Evidence Informed Practices focusing on the needs of youth with trauma histories, co-occurring conditions, and developmental disabilities.

- Solidifying training requirements for front-line providers, supervisors, and staff; developing a certification process for those who demonstrate competencies as Wraparound and/or Family Partners.
 - Linking and coordinating the evidence based Parenting with Love and Limits (PLL) program with the Wraparound services system.
 - Creating and distributing a quarterly community report card in an effort to monitor their fidelity to evidence-based practice models, SOC principles, consumer feedback, and trauma and justice principles.
5. Promoting authentic cross system/ collaboration and communication in an effort to create a seamless service and support array that will effectively meet the needs of youth with social, emotional, and behavioral challenges and their families.
- Continuing to build upon the Management Information System (MIS) and refine as needed.
 - Refining reporting requirements and Wraparound plan review procedures to provide 'real' feedback to families, youth, providers, and stakeholders.
 - Continuing to expand ACCESS-ALL (the full partnership) to include broader community input and participation
6. Expanding the community's capacity to understand mental health, to meaningfully participate in our system of care transformation effort, and the availability of healing and restorative options for youth, families, providers, and the community.
- Working with two local agencies to adopt a trauma-informed organizational model (i.e. Sanctuary).
 - Expanding the availability and utilization of trauma-focused treatments and supports. Training will be offered to providers interested in trauma-focused Cognitive Behavioral Therapy (CBT), Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS), and other trauma-informed treatment practices.
 - Forming a working group and completing our conflict management policies and procedures which are trauma- and justice-informed.
 - Using Public Education and targeted Social Marketing campaigns to mobilize and prioritize the issue of addressing racial disparities and stigma related to juvenile justice and mental health.
 - Utilizing National, Regional and Statewide technical assistance and training resources to help educate the community and shape the development of our community's strategic plan that focuses on addressing racial disparities.
 - Piloting a Universal Screening Tool in 4 community-based service organizations in preparation for use throughout the community.
 - Identifying a coordinator charged with organizing and coordinating our community wide prevention and intervention campaigns.
7. Encouraging rigorous evaluation with a commitment to continuous quality improvement to meet and/or exceed local benchmarks, IPP indicators, and National Evaluation requirements.
- Continuing to recruit families into the National Evaluation and work closely with the Social Marketing Coordinator to disseminate our outcome data widely throughout the community.
 - Implementing local evaluation activities as reflected in and designed with the Evaluation Collaboration Team (e.g., organizational assessment, ongoing fidelity assessment) and Continuous Quality Improvement (CQI) processes.

- o Implementing the National Evaluation and maintaining all necessary reporting and communication with ICF Macro, the company which contracts with SAMHSA for the national evaluation.

PERFORMANCE INDICATORS

INDICATOR	2010 Actual	2011 Projected	2012 Budgeted
Completion of annual funding priorities	N/A	11/2010	11/2011
Notice of Funding availability	N/A	11/2010	12/2011
Completion of application instructions	N/A	1/2010	1/2012
Completion of SAMHSA reporting	yes	yes	as required
Number of contracts for services	N/A	N/A	14
Total Number of MHB Meetings	12	12	12
Total Onsite Monitoring Visits by contract	N/A	N/A	14
Quarterly Reports from Contractors	N/A	N/A	56
SAMHSA Child Initiative Match Met	N/A	yes	yes
Compliance with SAMHSA requirements	Met	Met	yes