



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

Champaign County Developmental Disabilities Board (CCDDB) AGENDA

Wednesday, October 17, 2012

Brookens Administrative Building

Meeting Room 1

1776 E. Washington St., Urbana, IL 61802

8:00 AM

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 CCDDB Minutes
 - A. 8/22/12 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. CCDDB Funded Program Presentations

Champaign County Head Start/Early Head Start – Social/Emotional Disabilities
Charleston Transitional Facility – Nursing and Residential/Day Training
Community Choices – Customized Employment and Community Living
PACE – Opportunities for Independence
 - B. Draft FY12 Program Performance Outcomes

A summary of all funded agency utilization data and performance measure outcome reports for FY12 is included in the packet for information only.
 - C. Draft Three Year Plan 2013-2015 with FY 2013 Objectives

A Briefing Memorandum and Draft Three Year Plan with Objectives for FY2013 are included in the packet.

D. FY14 Allocation Criteria

A Briefing Memo is included in the packet.

E. Draft Meeting Schedule and FY14 Allocation Schedule

Included in the Board packet are a draft CCDDDB meeting schedule and the FY14 allocation timeline.

13. Old Business

A. 2013 Budget Documents

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

B. Disability Resource Expo

An oral report will be provided.

14. Board Announcements

A. Next meeting

Due to construction in the Lyle Shields Meeting Room, the Wednesday, November 14 CCDDDB meeting will be held in the Training Room at Developmental Services Center, 1304 West Bradley Avenue, Champaign, IL

15. Adjournment

**Board action requested*

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

Minutes – August 22, 2012

*Brookens Administrative Center
1776 E. Washington St.
Urbana, IL
Lyle Shields Room*

8:00 a.m.

MEMBERS PRESENT: Joyce Dill, Elaine Palencia, Mike Smith

STAFF PRESENT: Peter Tracy, Lynn Canfield, Nancy Crawford, Mark Driscoll
Stephanie Howard-Gallo

OTHERS PRESENT: Dale Morrissey, Laura Bennett, Ron Bribriesco, Jennifer Carlson, Mandi Isaac, Annette Becherer, Patty Walters, Danielle Matthews, Developmental Services Center (DSC); Melissa McDaniel, Charleston Transitional Facility (CTF); Jennifer Knapp, Linda Tortorelli, Community Choices (CC); Mark Scott, Down Syndrome Network (DSN); Sue Wittman, Community Elements (CE); Barb Bressner, Consultant

CALL TO ORDER:

Mr. Michael Smith called the meeting to order at 8:00 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 met yesterday (August 21, 2012) and approved the Decision Memorandum regarding the developmental disabilities budget deficit.

APPROVAL OF MINUTES:

Minutes from the July 18, 2012 Board meeting were included in the packet.

MOTION: Ms. Dill moved to approve the minutes from the July 18, 2012 Board meeting. Ms. Palencia seconded and the motion passed unanimously.

PRESIDENT'S COMMENTS:

None.

EXECUTIVE DIRECTOR'S REPORT:

None.

STAFF REPORT:

None.

AGENCY INFORMATION:

None.

FINANCIAL INFORMATION:

Approval of Claims:

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

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

NEW BUSINESS:

Developmental Disabilities Budget Deficit:

In May 2012, the Champaign County Developmental Disabilities Board (CCDDB) completed the FY13 allocation process and authorized obligation of funds based on revenue projections. On July 16, 2012, the Champaign County Administrator provided the actual revenue numbers which represented an overall reduction of 0.23% and resulted in a budget deficit of \$148,528.

The Champaign County Mental Health Board's (CCMHB) revenue numbers in the contributions and grants line have increased by \$96,203. The reason for this disparity is because the CCDDB levy is at its rate-limit of 0.100 and thus was impacted by lowering of equalized assessed valuation of property in Champaign County.

The Intergovernmental Agreement between the CCMHB and CCDDB clearly states both Boards have overlapping responsibilities pertaining to planning, funding monitoring and evaluating developmental disabilities programs and services in Champaign County. This means the budget shortfall is a problem for both Boards, requiring collaboration and problem solving participation.

On August 8, 2012, the "Presidents' Meeting" was held to review this situation and discuss possible solutions. This group reviewed and discussed possible actions which could be taken to address the developmental disabilities shortfall. The group came to consensus about implementation of a collaborative approach to addressing this problem. Specifically, there was agreement it would be appropriate to use unanticipated CCMHB revenue to support developmental disabilities contracts which are consistent with preliminary discussions about realignment of CCDDB and CCMHB FY14 contracts.

The remainder of the deficit would then be addressed by across-the-board percentage reductions for all CCDDB contracts. It was further agreed this arrangement is for FY13 contracts only and the allocation of additional CCMHB funds would not be reflected in the "base" allocations for developmental disabilities services funded by the CCMHB. This plan would require the approval and authorization by both the CCMHB and CCDDB.

Recommendations:

- 1) Authorize the use of \$96,203 of CCMHB dollars to fund developmental disabilities programs and services. These funds shall be used to increase the contract maximum for the CCMHB FY13 Family Development Center contract with Developmental Services Center (DSC) by contract amendment. This action is for FY13 only and will not be included as part of the developmental disabilities calculations for the CCMHB allocation process.
- 2) Concurrent with this action, the CCDDB FY13 DSC Family Development Center contract maximum would be reduced by \$96,203.
- 3) An across-the-board percentage reduction shall be applied to all CCDDB contracts. The aggregate total will be about \$52,325.

The CCMHB approved and authorized the recommendations listed above at the August 21, 2012 Special Board Meeting.

MOTION: Ms. Dill moved to decrease the contract maximums of FY13 CCDDDB contracts by a total of \$148,671 as delineated below and Ms. Palencia seconded the motion. A roll call vote was taken and the motion passed unanimously.

CU Autism Network	\$ 186
CC Down Syndrome Network	\$ 233
CC Head Start/ Early HS	\$ 646
Charleston Transition – Nursing	\$ 209
Charleston Transition – Resident	\$ 798
Community Choices – Employ	\$ 465
Community Choices – CL	\$ 310
Community Elements – MI/DD	\$ 543
DSC – Family Development C	\$102,204
DSC – Apartment Services	\$ 6,503
DSC – CILA Residential	\$ 2,387
DSC – Client Family Support	\$ 6,264
DSC – Clinical Services	\$ 2,813
DSC – DT –Employment	\$ 18,606
DSC – Individual Family Support	\$ 5,581
PACE – Opportunities	\$ 923
Total	\$ 148,671

OLD BUSINESS:

None.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 8:07 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 17, 2012

Draft Three Year Plan: Included in the CCDDDB packet are a Draft Three Year Plan for fiscal years 2013-2015 with objectives for FY13 and a Briefing Memorandum for background. The Plan has parallels with the new Draft Three Year Plan under consideration by the Champaign County Mental Health Board and results from staff collaboration. To enhance my understanding of the particular experiences of Champaign County residents with I/DDs and their loved ones, I engaged a diverse set of stakeholders. These included a professional guardian, Pre-Admissions Screening agents, parents of children with I/DDs, service providers, and a psychiatrist. For context and to compare efforts underway in other communities, I read the May 2012 report, “Illinois at the Tipping Point: Blueprint for System Redesign Update” and articles on various issues of interest – community and residential integration, sheltered/supported/integrated employment (including cost studies), community inclusion of aging individuals with I/DD, the impact of monitoring by funders, social inclusion and stigma, inclusion of preschoolers with I/DDs in social activities, and recent developments in neuroscience which may have treatment implications. Even though these conversations and readings were intended to move beyond the readily available feedback regarding our systems of care, I saw no indication that we should put off any of the work previously identified as critical. Skepticism reigns. Evidence from research does not point in one direction. Consumers and members of their networks of support have strong ideas of what they want and need. Providers struggle and search for answers, whether in new sources of funding for services of value or new ways to provide desired services with fewer resources.

FY14 Allocation Criteria: Another staff collaboration, the draft CCDDDB FY14 Allocation Criteria memorandum updates previous priorities to align more closely with feedback from local stakeholders as well as the Blueprint for System Redesign and continues to acknowledge the importance of state budget impact on consumers, providers, families, and communities. At the November meeting, a draft incorporating input of the Board and interested parties will be presented for approval.

FY12 Program Monitoring Visits and Agency Reports: All FY12 monitoring visits of CCDDDB funded programs and of CCMHB funded DD programs have been completed, and related issues, all minor, sufficiently addressed. No follow up visits were required during this cycle. All agency FY12 fourth quarter and performance measure reports were submitted and have been summarized in a brief format included in the CCDDDB board packet.

FY13 Agency Contracts: All CCDDDB FY13 contracts and one of the CCMHB contracts for DD services have adjusted contract maximums. The contract amendment process is complete, although most agencies (all but Community Choices and Charleston Transitional Facility) required a brief extension from the September 21 deadline in order to complete revisions of financial forms and, for two agencies, program plans. Performance tables for FY13 have been adjusted accordingly. We hope that no further revisions of FY13 contracts will be required during FY13 and that all may now focus on deliverables.

The Mental Health Agencies Council met on September 25. Mark Driscoll talked about the draft allocation criteria memos, three year plans, and first quarter FY13 reports due October 26. Shandra Summerville presented a sample CLCP quarterly report and got feedback from agencies, later used to finalize the instructions document. Announcements: Psychological Services Center has four individual counseling openings for adults with eating disorders; ACCESS started its fourth year October 1 and is preparing for the Think Tank and a Sustainability Committee; the Regional Planning Commission took on Consortium contracts beginning October 1; Crisis Nursery will hold a wine-tasting on October 24.

Other Activity: In addition to the above, much of my time has been spent preparing the Expo Resource Book and planning Expo activities, providing technical support to users of our online application system and troubleshooting with Mark Driscoll and the developer as issues arose, working with agencies on contract revisions for FY13 as well as some for FY12, and in various meetings. On September 25, Mark Driscoll and I attended a meeting of the Local Funders Group at United Way, where we learned about L3C (Low-Profit Limited Liability Corporation) status, Champaign Rotary donations and applications, Urbana's Consolidated Social Service Funding for 2012-2013, and local funders' shared programs, mission, and priorities. I participated in a series of meetings regarding integrated care in Champaign County, responding to the Regional Integrated Behavioral Health Networks Act while maintaining the CCMHB/CCDDB's commitment to the local community. I continue to attend meetings of the Community Response Group and the Metropolitan Intergovernmental Council. The most recent PUNS report on the DHS DDD website contains data not identical to that reported in May. Champaign County detail is included in the board packet and summarized below.

Unmet DD Service Needs in Champaign County: From the DHS Division of Developmental Disabilities website, PUNS reports sorted for Champaign County, we have noted:

2/1/11:	194 residents with emergency need; of 269 in crisis, 116 recent or coming HS graduates.
4/5/11:	198 with emergency need; of 274 in crisis, 120 recent or coming grads.
5/12/11:	195 with emergency need; of 272 in crisis, 121 are recent or coming grads.
6/9/11:	194 with emergency need; of 268 in crisis, 120 are recent or coming grads
10/4/11:	201 with emergency need; of 278 in crisis, 123 are recent or coming grads.
12/5/11:	196 with emergency need; of 274 in crisis, 122 are recent or coming grads.
1/9/12:	no change from 12/5/11 report.
5/7/12:	222 with emergency need; of 289 in crisis, 127 are recent or coming grads.
6/4/12:	no change from 5/7/12 report.
9/10/12:	224 with emergency need; of 288 in crisis, 131 are recent or coming grads.

The majority of existing supports are in Education, Speech and Occupational Therapy, and Transportation. The most desired supports are Transportation, Personal Support, Occupational Therapy, Support for in-center activities, Support to work in community, Speech Therapy, Behavioral Supports, 24 hour Residential, Other Transportation, Respite, Physical Therapy, Intermittent Residential, and Assistive Technology.



County: Champaign

Reason for PUNS or PUNS Update

New	157
Annual Update	91
Change of category (Emergency, Planning, or Critical)	16
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	4
Person is fully served or is not requesting any supports within the next five (5) years	145
Moved to another state, close PUNS	5
Person withdraws, close PUNS	16
Deceased	2
Other, supports still needed	2
Other, close PUNS	30

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.	8
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.	20
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.	10

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).	29
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.	3
4. Person is living in a setting where there is suspicion of abuse or neglect.	4
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.).	7
6. Other crisis, Specify:	135

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.	29
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.	25
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	5
6. There has been a death or other family crisis, requiring additional supports.	3
7. Person has a care giver who would be unable to work if services are not provided.	19
8. Person or care giver needs an alternative living arrangement.	10
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	131
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.	8
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

September 10, 2012

- 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: 29

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. 71
- 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. 2
- 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. 48
- 9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years. 2
- 14. Other, Explain: 16

EXISTING SUPPORTS AND SERVICES

- Respite Supports (24 Hour) 20
- Respite Supports (<24 hour) 21
- Behavioral Supports (includes behavioral intervention, therapy and counseling) 95
- Physical Therapy 66
- Occupational Therapy 118
- Speech Therapy 147
- Education 188
- Assistive Technology 35
- 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.) 6
- Medical Equipment/Supplies 12
- Nursing Services in the Home, Provided Intermittently 3
- Other Individual Supports 20

TRANSPORTATION

- Transportation (include trip/mileage reimbursement) 125
- Other Transportation Service 53
- Senior Adult Day Services 2
- Developmental Training 72
- "Regular Work"/Sheltered Employment 79
- Supported Employment 41
- Vocational and Educational Programs Funded By the Division of Rehabilitation Services 13
- Other Day Supports (e.g. volunteering, community experience) 10

RESIDENTIAL SUPPORTS

- Community Integrated Living Arrangement (CILA)/Family 4
- Community Integrated Living Arrangement (CILA)/Intermittent 4
- Community Integrated Living Arrangement (CILA)/Host Family 1
- Community Integrated Living Arrangement (CILA)/24 Hour 32
- Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People 8
- Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People 1
- Skilled Nursing Facility/Pediatrics (SNF/PED) 3
- Supported Living Arrangement 2
- Shelter Care/Board Home 1
- Children's Residential Services 6



PUNS Data By County and Selection Detail

September 10, 2012

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)	234
Respite Supports (24 hours or greater)	86
Behavioral Supports (includes behavioral intervention, therapy and counseling)	142
Physical Therapy	85
Occupational Therapy	169
Speech Therapy	145
Assistive Technology	73
Adaptations to Home or Vehicle	30
Nursing Services in the Home, Provided Intermittently	7
Other Individual Supports	45
TRANSPORTATION NEEDED	
Transportation (include trip/mileage reimbursement)	236
Other Transportation Service	99
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	164
Support to engage in work/activities in a disability setting	165
RESIDENTIAL SUPPORTS NEEDED	
Out-of-home residential services with less than 24-hour supports	82
Out-of-home residential services with 24-hour supports	120

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

9/07/12

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VENDOR NO	VENDOR NAME	TRN DTE	B N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND											
*** DEPT NO. 050 DEVLMTNL DISABILITY BOARD											
90	CHAMPAIGN COUNTY TREASURER							MENT HLTH BD FND 090			
		9/06/12	03 VR 108-	80		474096	9/07/12	108-050-533.07-00	PROFESSIONAL SERVICES	SEP ADMIN FEE	24,367.00
										VENDOR TOTAL	24,367.00 *
104	CHAMPAIGN COUNTY TREASURER							HEAD START FUND 104			
		9/06/12	03 VR 108-	74		474097	9/07/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP EARLY HEADSTART	3,473.00
										VENDOR TOTAL	3,473.00 *
5352	AUTISM SOCIETY OF ILLINOIS							GRANTS			
		9/06/12	03 VR 108-	72		474109	9/07/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP AUTISM SOCIETY	1,000.00
										VENDOR TOTAL	1,000.00 *
16011	CHARLESTON TRANSITIONAL FACILITY										
		9/06/12	03 VR 108-	75		474132	9/07/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP NURSING SVCS	1,125.00
		9/06/12	03 VR 108-	75		474132	9/07/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP RESIDENTIAL	4,292.00
										VENDOR TOTAL	5,417.00 *
18203	COMMUNITY CHOICE, INC										
		9/06/12	03 VR 108-	76		474137	9/07/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP CUSTOM EMPLOY	2,500.00
		9/06/12	03 VR 108-	76		474137	9/07/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP COMMUNITY LIVIN	1,667.00
										VENDOR TOTAL	4,167.00 *
18209	COMMUNITY ELEMENTS										
		9/06/12	03 VR 108-	77		474138	9/07/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP COORD OF SVCS	2,917.00
										VENDOR TOTAL	2,917.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF							CHAMPAIGN COUNTY INC			
		9/06/12	03 VR 108-	78		474146	9/07/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP APARTMENT SVCS	34,963.00
		9/06/12	03 VR 108-	78		474146	9/07/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP CLINT/FMLY SUPR	33,678.00
		9/06/12	03 VR 108-	78		474146	9/07/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP CLINICAL SUPPOR	15,127.00

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

9/07/12

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VENDOR NO	VENDOR NAME	TRN DTE	B N CD	TR NO	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND												
		9/06/12	03 VR	108-	78		474146	9/07/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP DT/EMPLOYMENT	100,037.00
		9/06/12	03 VR	108-	78		474146	9/07/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP FAM DEVELOP CTR	32,263.00
		9/06/12	03 VR	108-	78		474146	9/07/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP INDIV & FAM SUP	30,008.00
		9/06/12	03 VR	108-	78		474146	9/07/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP CILA RESIDENTIA	12,833.00
											VENDOR TOTAL	258,909.00 *
22816	DOWN SYNDROME NETWORK									C/O WENDY BARKER		
		9/06/12	03 VR	108-	73		474152	9/07/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP DOWN SYNDROME	1,250.00
											VENDOR TOTAL	1,250.00 *
54930	PERSONS ASSUMING CONTROL OF THEIR									ENVIROMENT, INC		
		9/06/12	03 VR	108-	79		474187	9/07/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP OPPORT FOR INDE	4,962.00
											VENDOR TOTAL	4,962.00 *
										DEVL MNTL DISABILITY BOARD	DEPARTMENT TOTAL	306,462.00 *
										DEVLPMNTL DISABILITY FUND	FUND TOTAL	306,462.00 *

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

10/05/12

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VENDOR NO	VENDOR NAME	TRN DTE	B N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND											
*** DEPT NO. 050 DEVLMTNL DISABILITY BOARD											
90	CHAMPAIGN COUNTY TREASURER							MENT HLTH BD FND 090			
		10/03/12	02 VR	108-	89	475223	10/05/12	108-050-533.07-00	PROFESSIONAL SERVICES	OCT ADMIN FEE	24,367.00
										VENDOR TOTAL	24,367.00 *
104	CHAMPAIGN COUNTY TREASURER							HEAD START FUND 104			
		10/03/12	02 VR	108-	83	475224	10/05/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT EARLY HEADSTART	3,401.00
										VENDOR TOTAL	3,401.00 *
5352	AUTISM SOCIETY OF ILLINOIS							GRANTS			
		10/03/12	02 VR	108-	81	475239	10/05/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT AUTISM SOCIETY	979.00
										VENDOR TOTAL	979.00 *
16011	CHARLESTON TRANSITIONAL FACILITY										
		10/03/12	02 VR	108-	84	475259	10/05/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT NURSING SVCS	1,102.00
		10/03/12	02 VR	108-	84	475259	10/05/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT RESIDENTIAL	4,204.00
										VENDOR TOTAL	5,306.00 *
18203	COMMUNITY CHOICE, INC										
		10/03/12	02 VR	108-	85	475263	10/05/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT CUSTOM EMPLOYMN	2,448.00
		10/03/12	02 VR	108-	85	475263	10/05/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT COMMUNITY LIVIN	1,632.00
										VENDOR TOTAL	4,080.00 *
18209	COMMUNITY ELEMENTS										
		10/03/12	02 VR	108-	86	475264	10/05/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT COORD OF SVCS	2,856.00
										VENDOR TOTAL	2,856.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF							CHAMPAIGN COUNTY INC			
		10/03/12	02 VR	108-	87	475274	10/05/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT APARTMNT SVCS	34,240.00
		10/03/12	02 VR	108-	87	475274	10/05/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT CLIENT FAM SUPR	32,982.00
		10/03/12	02 VR	108-	87	475274	10/05/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT CLINICAL SUPRT	14,815.00

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

10/05/12

PAGE 10

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT	
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND													
		10/03/12	02	VR	108-		87	475274	10/05/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT DT/EMPLOY	97,970.00
		10/03/12	02	VR	108-		87	475274	10/05/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT FAM DEVELOP CTR	20,907.00
		10/03/12	02	VR	108-		87	475274	10/05/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT INDIV/FAM SUPRT	29,387.00
		10/03/12	02	VR	108-		87	475274	10/05/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT CILA RESIDENTIA	12,568.00
												VENDOR TOTAL	242,869.00 *
22816	DOWN SYNDROME NETWORK									C/O WENDY BARKER			
		10/03/12	02	VR	108-		82	475276	10/05/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT DOWN SYNDROME	1,224.00
												VENDOR TOTAL	1,224.00 *
54930	PERSONS ASSUMING CONTROL OF THEIR									ENVIROMENT, INC			
		10/03/12	02	VR	108-		88	475330	10/05/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT OPPRT INDEPENDN	4,860.00
												VENDOR TOTAL	4,860.00 *
										DEVL MNTL DISABILITY BOARD		DEPARTMENT TOTAL	289,942.00 *
										DEVLPMNTL DISABILITY FUND		FUND TOTAL	289,942.00 *

DRAFT FY12 Program Performance Outcomes

CU Autism Network

Community Service Event (CSE) target 1100, actual 1692.

Demographics (difficulty collecting this information consistently, due to event type): 24 aged 0-6, 20 aged 7-12, 15 aged 13-18, 412 aged 19-59, 16 over 60, 13 data not available; 156 white, 3 black/African American, 5 Asian/Pacific Islander, 15 data not available; 14 Hispanic/Latino, 165 data not available; 113 male, 363 female, 14 data not available.

Zip code (also difficult to collect, due to event type): 54 Urbana, 59 Champaign, 2 Fisher, 1 Homer, 7 Mahomet, 3 Philo, 3 St. Joseph, 6 Savoy, 1 Thomasboro, 4 Tolono.

Performance Outcomes: 8 regular meetings were held; three childcare options were offered at each meeting; two workshops were sponsored, on Autism Spectrum Disorder topics, and a third, on Ligas settlement, co-sponsored; outreach to 1000 individuals, family members, and professionals; New Parent packets distributed to families, support for Crusade for Collin effort (info to newborns); three family events staged (one with the Down Syndrome Network); Autism Walk & Safety Fair held in April; internet presence and local phone maintained.

Charleston Transitional Facility

Residential

Continuing Treatment Plan Client target 1, as the Devonshire CILA continued to serve one individual, with no bedhold days, billing out the Fee for Service contract.

Nursing

Service/Screening Contacts target 780 hours, actual 335.5; agency predicted this at mid-year and requested a reduction in contract maximum as adjustment.

Continuing Treatment Plan Client target 7 = actual 7.

Demographics: 6 aged 19-59, 1 over 60; 6 white, 1 black/African American; 7 non Hispanic/Latino; 2 male, 5 female.

All reside in Champaign.

Performance Outcomes: Nursing services available 24/7, with approximately 200 hours used in FY12; more efficient services through full time Nurse Trainer, especially on behalf of a consumer with chronic, progressive illness; annual individual/guardian surveys show near 100% level of satisfaction; monthly staff notes and assessments demonstrate progress among all residents in medication goals; contract decreased during FY12 due to actual utilization and converted to FFS for FY13.

Community Choices

Customized Employment

Continuing Treatment Plan Client target 5, actual 13.

New Treatment Plan Client target 17, actual 23.

Community Service Event target 4, actual 3.

Service/Screening Contact target 546, actual 782.

Demographics (of the 23 new): 1 aged 13-18, 21 aged 19-59, 1 over 60; 21 white, 2 black/African American; 1 Hispanic/Latino, 22 non Hispanic/Latino; 17 male, 6 female.

Zip code (of the 23 new): 5 in Urbana; 11 in Champaign; 1 Dewey; 1 Fisher; 2 Mahomet; 1 St. Joe.

Performance Outcomes: 10 completed Discovery process; 8 negotiated paid job placement; 5 negotiated volunteer internships; 9 received employment support (visual systems, getting a promotion, MTD and ½ priced cab, new tasks, computer tests and standardized tests, employer meetings, picture portfolios); 3 had ongoing support for self-employment, 1 new startup; Department of Rehabilitation Services contract for securing jobs for 4 more; career planning support for 4.

Developmental Services Center

Apartment Services

Continuing Treatment Plan Client target 65, actual 63

New Treatment Plan Client target 3, actual 2

Service hours: 11,943.25

Demographics: 57 aged 19-59, 8 over 60; 54 white, 8 black/African American, 2 Asian/Pacific Islander, 1 Other; 65 non Hispanic/Latino; 38 male, 27 female.

Zip Code: 36 Urbana, 25 Champaign, 1 Mahomet, 1 Rantoul, 1 St. Joseph, 1 Savoy.

Performance Outcomes: target of 90% cases presented to admissions committee within 30 days, actual outcome 100%; 2 individuals entered the program; target of 80% making progress in independent living skills objectives, actual outcome 87%; target of 20 new opportunities for consumers to participate in new activities, actual 39.

CILA

Continuing Treatment Plan Client target 47 = actual 47 (no movement).

Demographics: 43 aged 19-59, 4 over 60; 46 white, 1 Black/African American; 1 Hispanic/Latino, 46 non Hispanic/Latino; 25 male, 22 female.

Zip code: 13 Urbana, 26 Champaign, 8 Rantoul.

Performance Outcomes: target of 90% cases presented to admissions within 30 days , actual outcome 100%; several people were placed on waiting list; target of 70% maintain or make progress on independent living skills objectives, actual outcome 83%.

Client/Family Support Services

Community Service Event target 3, actual 2.

Service/Screening Contact target 100, actual 181.

Continuing Treatment Plan Client target 440, actual 404.

New Treatment Plan Client target 10, actual 8.

Service hours: 10,957.25

Demographics: 3 aged 0-6, 28 aged 7-12, 34 aged 13-18, 313 aged 19-59, 34 over 60; 335 white, 59 black/African American, 12 Asian/Pacific Islander, 6 other; 6 Hispanic/Latino, 406 non Hispanic/Latino; 239 male, 173 female.

Zip code: 3 Ludlow, 112 Urbana, 1 Bondville, 177 Champaign, 4 Fisher, 1 Gifford, 1 Homer, 29 Mahomet, 1 Ogden, 1 Penfield, 1 Pesotum, 30 Rantoul, 2 Sadorus, 22 St. Joseph, 3 Savoy, 1 Seymour, 2 Sidney, 21 Tolono

Performance Outcomes: target of 90% cases presented to admissions within 30 days, actual outcome 100%; target of 90% satisfaction (by surveys), actual outcome 96%; target of 85% of Individual Service Plans completed within 14 days of annual planning meeting, actual outcome 96%; target of 90% consumers opened to agency within 30 days of admissions approval, actual outcome 100%; target 90% of Home Based Support Services facilitation Request for Payment forms submitted by 7th business day of the month, actual outcome 100%.

Clinical Services

Community Service Event target 3, actual 2.

Service/Screening Contact target 50, actual 43.

Continuing Treatment Plan Client target 90, actual 100.

New Treatment Plan Client target 30, actual 34.

Continuing Non-Treatment Plan Client target 1, actual 2.

New Non-Treatment Plan Client target 3, actual 6.

- 17 (Q1), 10 (Q2), 5 (Q3), and 10 (Q4) continuing clients received a new service and were not counted as new clients; in addition, at least 23 clients received two types of service, and four received three.

Demographics: 2 aged 0-6, 121 aged 19-59, over 12, 4 data not available; 8 white, 3 black/African American; 1 Hispanic/Latino, 10 non Hispanic/Latino; 7 male, 4 female.

Zip code: 1 Ludlow, 45 Urbana, 67 Champaign, 2 Fisher, 2 Ivesdale, 4 Mahomet, 16 Rantoul, 2 Sadorus, 1 St. Joseph, 1 Savoy, 1 Tolono

Performance Outcomes: target 130 individuals served, actual 134 Treatment Plan Clients and 8 Non-Treatment Plan Clients; target 100% quarterly progress reviews, actual 100%; target 100% psychiatric patient medication review to focus on possible med reduction, actual 100% reviews completed; target 100% psychiatric patients participate in annual evaluations, actual outcome 96%; target 90% consumer satisfaction, actual outcome 100%.

Developmental Training/Employment Services

Community Service Event target 8, actual 18.

Service/Screening Contact target 8, actual 32.

Continuing Treatment Plan Client target 310, actual 260.

New Treatment Plan Client target 10, actual 16.

New Non-Treatment Plan Client target 5, actual 11.

Service hours: 249,018.75

Demographics: 255 aged 19-59, 25 over 60, 4 data not available; 230 white, 40 black/African American, 8 Asian/Pacific Islander, 2 other, 4 data not available; 4 Hispanic/Latino, 275 non Hispanic/Latino, 5 data not available; 160 male, 120 female, 4 data not available.

Zip code: 2 Ludlow, 82 Urbana, 113 Champaign, 2 Fisher, 1 Homer, 9 Mahomet, 1 Ogden, 1 Penfield, 1 Pesotum, 28 Rantoul, 1 Sadorus, 19 St. Joseph, 19 Tolono, 1 Other (NTPCs).

Performance Outcomes: target 90% cases presented to admissions committee within 30 days, actual 100%; target 90% consumer satisfaction, actual 96%; target 90% consumers in monthly community-based activity, actual 98%; target 45% consumers in community-based vocational or volunteer setting, actual outcome 58%; target of 5 individuals promoted to Supported Employment, actual outcome 4; target of 8 new employer-paid job sites, actual outcome 12.

Family Development Center

CSE target 300, actual 812.

SC target 150, actual 229.

Continuing Treatment Plan Client target 600, actual 515.

New Treatment Plan Client target 100, actual 237.

New Non-Treatment Plan Client (no target), actual 698.

Demographics: 752 aged 0-6; 430 white, 173 black/African American, 23 Asian/Pacific Islander, 126 Other; 90 Hispanic/Latino, 662 non-Hispanic/Latino; 451 male, 301 female.

Zip code: 3 Ludlow, 157 Urbana, 2 Bondville, 1 Broadlands, 327 Champaign, 1 Dewey, 9 Fisher, 1 Foosland, 3 Gifford, 5 Homer, 1 Ivesdale, 45 Mahomet, 3 Ogden, 3 Penfield, 1 Pesotum, 5 Philo, 107 Rantoul, 1 Royal, 4 Sadorus, 14 St. Joseph, 25 Savoy, 2 Seymour, 6 Sidney, 7 Thomasboro, 19 Tolono.

Performance Outcomes: target 90% assessments completed within 14 days of evaluation, actual 95%; target 90% consumer satisfaction, actual 100%; target 90% children making progress toward developmental outcomes, actual 100%.

Individual and Family Support

Community Service Event target 3, actual 2.

Service/Screening Contact target 15, actual 11.

Continuing Treatment Plan Client target 24, actual 21.

New Treatment Plan Client target 10, actual 2.

Continuing Non-Treatment Plan Client target 2, actual 18.

New Non-Treatment Plan Client target 4, actual 5.

Demographics: 2 aged 0-6, 3 aged 7-12, 7 aged 13-18, 13 aged 19-59, 1 over 60, 2 data not available; 20 white, 3 black/African American, 1 Asian/Pacific Islander, 2 Other, 2 data not available; 0 Hispanic/Latino, 26 non Hispanic/Latino, 2 data not available; 19 male, 7 female, 2 data not available.

Zip code: 17 Urbana, 18 Champaign, 3 Fisher, 3 Mahomet, 1 Ogden, 1 Pesotum, 1 Sadorus, 1 St. Joseph, 1 Seymour, 1 Tolono.

Performance Outcomes: target 90% of cases to admission within 30 days, actual 100%; target 90% consumer satisfaction, actual 100%; target 90% of consumers who request community outings will

participate in at least two per month, actual 96%; target of 100% of individuals/guardians have their choice of IFS provider, actual outcome 100%.

Down Syndrome Network

Community Service Event target 1060, actual 2864 (headcount at events)

Demographics (not easily collected due to event type): 3 0-6, 2 7-12, 2 19-59; 3 white, 4 data not available; 3 non Hispanic/Latino, 4 data not available; 2 male, 1 female, 4 data not available.

Zip code (again difficulty collecting and reporting data): 20 in Urbana, 2 Bondville, 34 Champaign, 1 Dewey, 1 Fisher, 10 Mahomet, 2 Rantoul, 4 St. Joe, 1 Savoy, 1 Sidney, 1 Thomasboro, 35 out of county.

Performance Outcomes: 10 monthly meetings, open to public, average 15 families, childcare provided; holiday party in December and potluck in July; social interaction through outings (bowling, book clubs, pool parties, tween group); annual Buddy Walk in October, 1200 participants; parent support group info distributed at hospitals, schools, workplaces, agencies, etc; website maintained; membership in national organizations maintained, allowing links from two national websites; monthly newsletter to professionals and approx 125 families; book club activity for young adults/teens; lending library; new parent packets to hospitals, in English and Spanish; home visits, IEP, and other support by parent volunteers; emails to large listserv; collaborations with other groups; participation/collaboration in 5 advocacy events, including "Spread the Word to End the Word", utilizing many volunteers, promoted by 2 billboards; annual conference with FY12 topic Safety; monthly board meetings.

Head Start/Early Head Start

Social Emotional Disabilities

Community Service Event target 20, actual 7.

Service/Screening Contact target 730, actual 1096.

Continuing Treatment Plan Client target 30, actual 29.

New Treatment Plan Client target 75, actual 105.

New Non-Treatment Plan Client target 55, actual 221.

Continuing Non-Treatment Plan Client (no target), actual 42.

Demographics: 165 aged 0-6, 1 aged 7-12, 3 aged 19-59; 50 white, 82 black/African American, 16 other, 21 data not available; 21 Hispanic/Latino, 148 non Hispanic/Latino; 99 male, 70 female.

Zip code: 2 Ludlow, 31 Urbana, 88 Champaign, 1 Gifford, 6 Mahomet, 1 Ogden, 30 Rantoul, 1 Sadorus, 5 St. Joseph, 4 Tolono.

Performance Outcomes: Continuing Treatment Plan Clients consisted of those with individual social emotional goals on lesson plans plus those with Individual Success Plans (behavior plans) carried over to the new school year plus those in counseling; New Treatment Plan Clients were those with new individual social emotional goals and those with new referrals to play therapy and those for whom a new ISP was developed; 74 children were referred for behavioral concerns in the classroom; 54 had ISP plans developed; Service/Screening Contacts were the number of children included in the observations of classrooms, conducted twice a year, plus ASQ-SE screenings of children at enrollment and when the move from Early Head Start to Head Start, plus children referred for observation of difficulties in class; Non-Treatment Plan Clients include parent/teacher meetings, parent trainings and parent support groups.

PACE

Opportunities for Independence

Community Service Event target 25, actual 45.

Service/Screening Contact target 750, actual 1314.75 (a report of hours).

Non-Treatment Plan Client target 10, actual 27.

Treatment Plan Client target 30, actual 15.

Demographics: 39 aged 19-59, 3 over 60; 34 white, 6 black/African American, 1 Asian/Pacific Islander, 1 Other; 1 Hispanic/Latino, 27 non Hispanic/Latino, 14 data not available; 18 male, 24 female.

Zip Code: 1 Ludlow, 17 Urbana, 20 Champaign, 3 Mahomet, 1 Tolono.

Performance Outcomes: Treatment Plan Client target higher than outcome, but Non-Treatment Plan Client target was exceeded by a greater amount so that the total number served is greater; Service/Screening Contact activities include individual meetings, Life Skills group (social situations, public speaking, cooking skills, healthy relationships, healthy dating, safety, shopping, computer/web skills, how the past can affect the present), and seven Wellness Workshops; Community Service Events consist of public presentations, small group workshops, planning meetings, interviews, articles, PSAs, distribution of materials; quarterly target for Developmental Advisory Committee meetings, with minutes available within five days, was met; target for outreach met by collaboration with UI internship program, Transition Planning Committee, Crisis Intervention teams, and local agencies; target for developing pre-vocational training materials met, including interview, attire, etiquette, personal strength inventory, web search; target for two employment trainings met; target for quarterly review and annual summary of consumer-driven goals met; target for satisfaction surveys every other year N/A this year; agency also provided data on the types of consumer driven goals completed during FY12.



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 17, 2012

Brookens Administrative Building

Meeting Room 1

1776 E. Washington St., Urbana, IL 61802

8:00 AM

1. Call to Order – Mr. Michael Smith, President
2. Roll Call
3. Additions to Agenda
4. Citizen Input
5. CCMHB Input
6. Approval of CCDDDB Minutes
 - A. 8/22/12 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. CCDDDB Funded Program Presentations

Champaign County Head Start/Early Head Start – Social/Emotional Disabilities
Charleston Transitional Facility – Nursing and Residential/Day Training
Community Choices – Customized Employment and Community Living
PACE – Opportunities for Independence
 - B. Draft FY12 Program Performance Outcomes

A summary of all funded agency utilization data and performance measure outcome reports for FY12 is included in the packet for information only.
 - C. Draft Three Year Plan 2013-2015 with FY 2013 Objectives

A Briefing Memorandum and Draft Three Year Plan with Objectives for FY2013 are included in the packet.

D. FY14 Allocation Criteria

A Briefing Memo is included in the packet.

E. Draft Meeting Schedule and FY14 Allocation Schedule

Included in the Board packet are a draft CCDDDB meeting schedule and the FY14 allocation timeline.

13. Old Business

A. 2013 Budget Documents

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

B. Disability Resource Expo

An oral report will be provided.

14. Board Announcements

A. Next meeting

Due to construction in the Lyle Shields Meeting Room, the Wednesday, November 14 CCDDDB meeting will be held in the Training Room at Developmental Services Center, 1304 West Bradley Avenue, Champaign, IL

15. Adjournment

**Board action requested*



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

BRIEFING MEMORANDUM

DATE: October 17, 2012
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Associate Director
SUBJECT: Draft Three Year Plan 2013-2015 with FY2013 Objectives

Following is a draft of a Three Year Plan for fiscal years 2013-2015 with objectives for FY2013. It includes goals from the previous Plan which represent ongoing activities; these have been revised and the associated objectives reviewed and updated. Other proposed goals and objectives relate to long-term commitments that extend into the new three year cycle or are a response to state and federal policy impacting local systems of care. Many of these goals and objectives are aligned with those of the Draft Three Year Plan presented to the Champaign County Mental Health Board (CCMHB), as a means of assuring coordination and integrated planning as required by the Intergovernmental Agreement.

Background

For the duration of the previous Three Year Plan, our activities and dialogue have been dominated by the State of Illinois' financial 'crisis' and the important negative impact on consumers of community-based services and those still waiting for such services, on the local service providers with state contracts, and on local funders. Although often noted, it remains true that state funding reductions and delayed payments jeopardize consumers' access to services, providers' ability to maintain operations, and all stakeholders' efforts to plan well. The CCDDB sets allocation criteria that include consideration of state reductions in local services, but the loss of state funding has created a gap beyond the Board's capacity to compensate. While the state has increased the length of time it takes to pay its bills, the CCDDB, through strong fiscal and administrative policies, is committed to timely payments of providers per the terms of its contracts, and there is limited capacity to offset delays in state payments. In addition to reduced funding and extended payment delays, the state is compelled by class action suits and has made commitments to close state operated facilities, moving a large number of individuals into community-based services. There is no question of the high value of least restrictive settings and consumer choice. Due to providers' and consumers' extremely (and deservedly) low confidence in the state and the state's invisible plan, there is complete lack of clarity, trust, and direction in how these transitions are to be accomplished. Consumer advocates and providers raise concerns that the level of financial support that will follow consumers' return to their home communities will not be adequate to support their needs. The issues of state funding decisions, delayed payment practices, and deinstitutionalization place the Board in a reactive position, reassessing priorities annually in response to actions of the state and limiting its investment in innovations which draw on local strengths and address local gaps.

As noted, the commitment to partner with the CCMHB is reflected in 2012 approval of a revised Intergovernmental Agreement. The Boards collaborate on issues affecting the system of care for persons with intellectual/developmental disabilities (IDD), including decisions about allocation of resources. The CCMHB has commitments with the Champaign County Board related to management of the Quarter Cent for Public Safety Fund and the Drug Court, and is also involved with the Mental Health Court; these collaborations use input of the CCDDDB regarding the needs of individuals with IDD as they interact with justice and mental health systems.

Awareness of new initiatives at the federal, state, and local level and their potential impact on consumers, providers, and systems of care are reflected in the plan. By far the most significant of these new initiatives in implementation of the federal Affordable Care Act (ACA). The ACA includes creation of state and federal Health Benefits Exchanges, expansion of Medicaid, and movement to integrated care during the term of the new plan. Greater coordination of behavioral health care with physical care, including for individuals with IDD and behavioral health needs, will extend beyond local communities and county boundaries. The impact of changes in Medicaid itself and potential changes in the state's Medicaid Waiver programs for DD, which were due for, and missed, reauthorization on July 1, 2012, is unknown. Our continued participation in state and federal associations will provide a means to stay informed of the development of proposed policies and be strong advocates for local interests.

In addition to formal affiliations and participation in state and federal associations, engagement with stakeholders plays an important role in our understanding of the experiences and preferences of Champaign County residents with disabilities and those in their networks of support. Our dialogue has expanded to include key informants not directly involved with funded programs; these relationships hold the potential for more effective collaboration and greater insight.

The financial issues, existing commitments, and new policy and service initiatives all influence the content of the plan. The plan itself is structured as the current plan, with goals and objectives divided into four sections: Children and Family Focused Programs and Services; Community Engagement and Advocacy; Resource Development and Collaboration; and Organizational Development, Administration, and Accountability.

Next Steps

Following today's release of the draft plan to the Board, the document will be disseminated for comment to the public. Providers and other interested parties will be encouraged to provide input on the proposed goals and objectives as well as identify additional activity not addressed in the draft plan.

While staff has had an opportunity to review the draft document prior to its release, additional discussions will occur. This will include consideration of comments received from interested parties on content of the plan as well as input on additional goals and objectives.

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

THREE-YEAR PLAN

FOR

**FISCAL YEARS 2013 - 2015
(12/1/12 – 11/30/15)**

WITH

ONE YEAR OBJECTIVES

FOR

**FISCAL YEAR 2013
(12/1/12 – 11/30/13)**

**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 (CCDDB) 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 CCDDB 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 CCDDB 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.

CHILDREN AND FAMILY FOCUSED PROGRAMS AND SERVICES

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

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

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

Objective #3: Collaborate with the Champaign County Mental Health Board on issues of mutual interest associated with early intervention services and programs.

Objective #4: Prioritize children and families involved with the ACCESS Initiative to facilitate access to supportive or early intervention services, if appropriate.

Goal #2: Support adults' and families' access to services and programs, including evidence based practices to increase positive outcomes.

Objective #1: Support a continuum of services for persons with a developmental disability or intellectual disability in response to reduced state supported services.

Objective #2: Promote wellness for people with developmental or intellectual disabilities, to prevent and reduce early mortality, as embodied in the "10x10 Wellness Campaign."

Objective #3: Encourage training of staff across the service spectrum on use of evidence based/informed practice and associated outcome measurement.

COMMUNITY ENGAGEMENT & ADVOCACY

Goal #3: Address the stigma associated with developmental and intellectual disabilities through broad based community education efforts/events designed to challenge discrimination and to promote acceptance, dignity, and social inclusion.

Objective #1: Continue support for and involvement in the signature anti-stigma and community education events, Reaching Out for Answers: Disabilities Expo and Roger Ebert's Film Festival.

Objective #2: Encourage consumer and advocacy groups' community education efforts to reduce stigma and promote inclusion.

Objective #3: Participate in other community based activities such as walks, forums, and presentations to raise awareness.

Goal #4: Stay abreast of emerging issues affecting the local systems of care and consumer access to services and be proactive through concerted advocacy efforts.

Objective #1: Monitor implementation of the Affordable Care Act by the State of Illinois and advocate for increased service capacity sufficient to meet consumer demand

through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHA) and other state and national associations. Participate with organizations such as the National Association of County Behavioral Health and Developmental Disabilities Directors (NACBHDDD), the Illinois Council on Developmental Disabilities, the ARC of Illinois, the Illinois Association of Rehabilitation Facilities (IARF), and others to strengthen local systems of care.

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

Objective #3: Through our association with NACBHDDD, follow developments at the state and federal levels of other Olmstead and Olmstead-related cases.

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

Objective #5: 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 #6: 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 #7: Assess impact, on local systems of care for persons with developmental and intellectual disabilities, of the State of Illinois' and provider networks' movement to a regional service delivery model.

Goal #5: Maintain an active needs assessment process, relying heavily on key informants and public testimony from stakeholders, 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 CCDDB 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 6, and engagement in Early Intervention and Prevention services.

RESOURCE DEVELOPMENT & COLLABORATION

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

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

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

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

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

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

Objective #6: Continue participation and support for Champaign County Specialty Courts serving persons with substance use disorders and/or mental health disorders, sharing information on services for those who also have intellectual disabilities in order to maintain adequate support for those with dual diagnoses.

Goal #7: Sustain the collaborative working relationship with the Champaign County Mental Health Board (CCMHB).

Objective #1: Implement the Intergovernmental Agreement between CCDDDB and CCMHB.

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

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

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

ORGANIZATIONAL DEVELOPMENT, ADMINISTRATION, AND ACCOUNTABILITY

Goal #8: Implement policies and procedures to assure financial 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 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. Enforce policies to assure that reductions in state contract maximums are not supplanted by CCDDDB dollars without prior notice or negotiation.

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. 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: Require all CCDDDB funded agencies to notify the CCDDDB of the termination or lay off of employees funded in full or in part with CCDDDB funds accompanied by an explanation of the projected impact on consumers' access to or utilization of services.

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

Goal #9: Set priorities for funding through an annual review and allocation process to ensure access to core developmental and intellectual disability services by consumers.

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

Objective #2: Solicit input from the service network and community at large on proposed funding priorities prior to adoption.

Objective #3: Utilize a competitive application process to evaluate proposals in relation to annual priorities.

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

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

Objective #2: Implement the Audit and Financial Accountability policy.

Objective #3: Maintain the on-line application and reporting system and provide enhancements as necessary.

Objective #4: Evaluate provider administrative expenses and cost allocation plans to ensure maximum investment in consumer services.

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

Objective #1: Continue the administrative services agreement as defined in the Intergovernmental Agreement the Board and the Champaign County Mental Health Board.



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

BRIEFING MEMORANDUM

DATE: October 17, 2012

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

FROM: Peter Tracy, Executive Director

SUBJECT: FY14 Allocation Decision Support Criteria for CCDDDB Funding

Overview:

Against the backdrop of the ongoing State of Illinois budget crisis, it will be our job to determine again how best to use our local funding to address the needs of people with I/DD. But at what point does the immediacy of a crisis become the status quo? The onset of the budget crisis for disabilities services in Illinois was the FY09 contract year (July 1, 2008 through June 30, 2009). After six (6) years of “crisis”, perhaps it is time to acknowledge what we have been describing as a crisis is actually our new reality. Why pretend?

Our raison d’etre is to plan, fund, monitor, and evaluate disabilities systems of care in Champaign County. For the last six years we have been making funding decisions primarily in response to what has been characterized as a crisis. If we shift our thinking and redefine the State of Illinois funding and payment (or lack thereof) problems as our new reality rather than a temporary problem, would this result in a change in our priorities?

The challenge for the Champaign County Developmental Disabilities Board (CCDDDB) will be to change the constructs of our thinking and refocus to address the realities of our new environment. This may well be a seminal year for disabilities programs and services in Illinois.

Statutory Authority

Funding policies of the Champaign County Developmental Disabilities Board (CCDDDB) 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. CCDDDB 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 CCDDDB 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.

FY14 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 FY14 contract year (July 1, 2013 through June 30, 2014). 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 **six categories of services and populations** of persons with intellectual/developmental disabilities (I/DD) represent the current priorities of the I/DD system of care. Person-centered planning efforts, promoting self-directed and culturally appropriate individualized service plans, may be undertaken within any of the six categories.
 - (a) **Vocational** services/supports for people with I/DD.
 - assessment, exploration and enhancement of vocational interests and abilities
 - support for the acquisition of job tasks and problem-solving skills
 - assistance in establishing a vocational direction/objective consistent with preferences
 - access to supported and/or customized employment opportunities
 - promotion of competitive employment outcomes
 - blended and/or transitional programs incorporating increased community integration
 - (b) Individualized **residential service options** for people with I/DD, particularly for those at risk of homelessness or displacement from home community and for those seeking return to their home community.
 - emergency residential support for families
 - assisted living for medically fragile individuals
 - in-home supports and respite services

- emphasis on transition from unnecessary segregation to full community integration, via a range of supports and services (e.g., live-in staff, emergency crisis response system) in most-integrated settings which may include home ownership and supportive and transitional housing
- efforts to accommodate Ligas class members transitioning from ICFs/DD or family homes

(c) **Flexible family support** for people with I/DD and their families to enhance their ability to live together.

- family respite, recreational activities, mutual support options, transportation assistance
- assistive technology, home modification/accessibility supports, information and education
- other diverse supports which allow consumers and their families to determine care and treatment

(d) **Comprehensive services for young children** with developmental delays.

- an array of Early Intervention services addressing all areas of development
- coordinated, home-based, and taking into consideration the needs of the entire family.
- early identification of developmental delays through consultation with child care providers, pre-school educators, and medical professionals.

(e) **Adult day programs** for people with I/DD who may also have behavioral support needs and/or significant physical limitations.

- speech therapy, occupational therapy, fitness training, personal care support
- support for the development of independent living skills, social skills, communication skills, and functional academics skills
- community integration and vocational training, per consumer preferences

(f) Supports for full **social and community integration** to strengthen personal networks.

- facilitation of social, friendship, and volunteering opportunities
- access to community education programs, fitness and health promotion activities, mentoring opportunities, and by other creative means.

2. Applications highlighting an improved understanding of I/DD through support of sustainable **consumer advocacy and family support organizations**, especially those comprising persons who have I/DD, their parents, and others in their networks of support.
3. Applications that support efforts to **reduce stigma** associated with I/DD may describe various approaches which share the goals of increasing community awareness and challenging negative attitudes and discriminatory practices.
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 high priority for CCDDDB FY14 funding. As in previous allocation cycles, the full extent of state budget impact may not be known until after the application deadline, so that all applications are subject to contract negotiation (e.g., budget and program plan).

Overarching Decision Support Considerations

The FY14 CCDDDB allocation process will require all applications to address the overarching criteria listed below. Assessment of all FY14 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. This consideration will be more complex as a result of implementation of the Ligas Consent Decree, reauthorization of Illinois' DD Waivers, significant changes to the federal program, etc.
4. **Budget and Program Connectedness** - Applications must clearly explain the relationship between budgeted costs and program components. "What is the Board buying?" is the salient question to be answered in the proposal, and clarity is required.

Secondary Decision Support and Priority Criteria

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

Approach/Methods/Innovation: Applications proposing evidence based or research based approaches and addressing fidelity to the model cited. Applications demonstrating creative and/or innovative approaches to meet defined community need.

Evidence of Collaboration: Applications identifying collaborative efforts with other organizations serving or directed by individuals with I/DD and members of their support networks, toward a more efficient, effective, inclusive system of care.

Staff Credentials: Applications highlighting staff credentials and specialized training.

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.

The updated Three Year Plan will be presented for approval at the November 14, 2012 Board meeting.

DRAFT
ALLOCATION TIMELINE AND PROCESS

The following is a tentative schedule for the CCDDDB allocation process for Contract Year 2014 (July 1, 2013 – June 30, 2014).

<u>Timeline</u>	<u>Tasks</u>
12/9/12	Public Notice to be published on or before this date, giving at least 21 day notice of application period.
1/4/13	Open CCMHB/CCDDDB Online System access to CCDDDB CY 2014 Agency Program and Financial Plan Application forms.
2/15/13	Online System Application deadline – System suspends applications at 4:30 p.m. (CCDDDB close of business).
4/11/13	Program summaries released to Board and copies posted online with the CCDDDB April 17, 2013 Board meeting agenda.
4/17/13	CCDDDB meeting including review of program summaries.
5/16/13	Allocation recommendations released to Board and copies posted online with the CCDDDB May 22, 2013 Board meeting agenda.
5/22/13	CCDDDB meeting on allocation recommendations and action on contract awards.
6/28/13	Contracts completed.

CCDDB 2012-2013 Meeting Schedule

Board Meetings

8:00 AM

**Brookens Administrative Building, Meeting Room 1 (*except where noted)
1776 East Washington Street, Urbana, IL**

*November 14, 2012 – 8:00 AM at Developmental Services Center's
Training Room, 1304 West Bradley Avenue, Champaign, IL

December 19, 2012 – 8:00 AM

January 23, 2013 – 8:00 AM

February 20, 2013 – 8:00 AM

March 20, 2013 – 8:00 AM

April 17, 2013 – 8:00 AM

May 22, 2013 – 8:00 AM

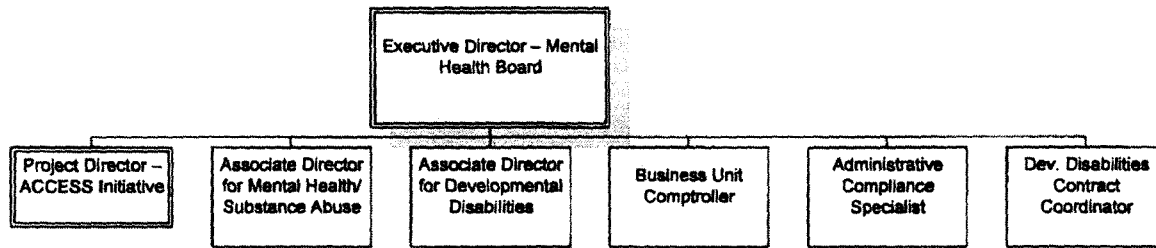
June 19, 2013 – 8:00 AM

July 17, 2013 – 8:00 AM

This schedule is subject to change due to unforeseen circumstances.

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

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 no revenue growth during FY13 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.

FINANCIAL

Fund 090 Dept 053			2011	2012	2012	2013
			Actual	Original	Projected	Budget
311	24	CURR PROP TX-MENTAL HLTH	\$3,644,091	\$3,751,272	\$3,751,272	\$3,906,389
313	24	RE BACKTAX-MENTAL HEALTH	\$1,335	\$500	\$500	\$500
314	10	MOBILE HOME TAX	\$3,910	\$4,000	\$4,000	\$4,000
315	10	PAYMENT IN LIEU OF TAXES	\$2,190	\$700	\$700	\$700
		PROPERTY TAXES	\$3,651,526	\$3,756,472	\$3,756,472	\$3,911,589
336	9	CHAMPAIGN COUNTY	\$83,726	\$0	\$0	\$0
336	16	VILLAGE OF MAHOMET	\$0	\$0	\$0	\$0
336	23	CHAMP COUNTY DEV DISAB BD	\$337,183	\$292,402	\$292,402	\$317,517
337	21	LOCAL GOVT REIMBURSEMENT	\$0	\$0	\$0	\$0
		FEDERAL, STATE & LOCAL SHARED REVENUE	\$420,909	\$292,402	\$292,402	\$317,517
361	10	INVESTMENT INTEREST	\$1,508	\$1,250	\$1,000	\$1,100

Fund 090 Dept 053		2011	2012	2012	2013	
		Actual	Original	Projected	Budget	
363	10	GIFTS AND DONATIONS	\$18,651	\$10,000	\$15,000	\$10,000
369	41	TELEPHONE TOLL REIMB	\$0	\$0	\$0	\$0
369	90	OTHER MISC. REVENUE	\$23,934	\$0	\$4,023	\$0
		MISCELLANEOUS	\$44,093	\$11,250	\$20,023	\$11,100
371	89	FROM PUBLIC HLTH FUND 089	\$0	\$0	\$0	\$0
		REVENUE TOTALS	\$4,116,528	\$4,060,124	\$4,068,897	\$4,240,206
511	2	APPOINTED OFFICIAL SALARY	\$116,414	\$120,946	\$120,946	\$125,179
511	3	REG. FULL-TIME EMPLOYEES	\$195,605	\$167,360	\$167,361	\$173,842
511	11	MERIT PAY	\$0	\$0	\$0	\$0
511	24	JOINT DEPT REG EMPLOYEE	\$30,735	\$67,832	\$67,857	\$71,224
513	1	SOCIAL SECURITY-EMPLOYER	\$24,449	\$27,627	\$27,627	\$28,350
513	2	IMRF - EMPLOYER COST	\$33,645	\$36,366	\$36,366	\$38,000
513	4	WORKERS' COMPENSATION INS	\$1,510	\$1,589	\$1,589	\$1,975
513	5	UNEMPLOYMENT INSURANCE	\$2,479	\$2,680	\$3,093	\$3,650
513	6	EMPLOYEE HEALTH/LIFE INS	\$33,578	\$37,500	\$37,061	\$42,250
513	20	EMPLOYEE DEVELOPMNT/RECOG	\$0	\$0	\$0	\$0
		PERSONNEL	\$438,415	\$461,900	\$461,900	\$484,470
522	1	STATIONERY & PRINTING	\$0	\$1,000	\$1,000	\$1,000
522	2	OFFICE SUPPLIES	\$3,045	\$3,000	\$3,000	\$3,250
522	3	BOOKS,PERIODICALS & MAN.	\$149	\$500	\$500	\$500
522	4	COPIER SUPPLIES	\$708	\$500	\$500	\$1,000
522	6	POSTAGE, UPS, FED EXPRESS	\$5,004	\$5,000	\$5,000	\$4,250
522	22	MAINTENANCE SUPPLIES	\$0	\$0	\$0	\$0
522	44	EQUIPMENT LESS THAN \$1000	\$1,769	\$5,000	\$5,000	\$5,000
		COMMODITIES	\$10,675	\$15,000	\$15,000	\$15,000
533	7	PROFESSIONAL SERVICES	\$168,079	\$200,000	\$197,925	\$225,000
533	12	JOB-REQUIRED TRAVEL EXP	\$1,555	\$4,000	\$4,000	\$4,000
533	19	SCHOOLNG TO OBTAIN DEGREE	\$0	\$0	\$0	\$0
533	20	INSURANCE	\$4,623	\$4,500	\$5,000	\$5,000
533	29	COMPUTER/INF TCH SERVICES	\$2,416	\$2,465	\$3,425	\$4,385
533	33	TELEPHONE SERVICE	\$1,612	\$1,800	\$1,925	\$1,925
533	42	EQUIPMENT MAINTENANCE	\$943	\$750	\$750	\$750
533	50	FACILITY/OFFICE RENTALS	\$23,957	\$24,525	\$24,575	\$25,542
533	51	EQUIPMENT RENTALS	\$611	\$650	\$650	\$650
533	70	LEGAL NOTICES,ADVERTISING	\$63	\$150	\$150	\$150
533	72	DEPARTMENT OPERAT EXP	\$129	\$200	\$200	\$200
533	73	EMPLOYEE/OFFC RELOCATION	\$0	\$0	\$0	\$0
533	84	BUSINESS MEALS/EXPENSES	\$1,174	\$1,500	\$1,500	\$1,500
533	85	PHOTOCOPY SERVICES	\$3,242	\$3,200	\$3,540	\$3,540
533	88	CONTRIB & GRANTS-CAP IMPR	\$0	\$0	\$0	\$0
533	89	PUBLIC RELATIONS	\$46,585	\$50,000	\$55,000	\$55,000

Fund 090 Dept 053		2011 Actual	2012 Original	2012 Projected	2013 Budget	
533	92	CONTRIBUTIONS & GRANTS	\$3,202,658	\$3,242,984	\$3,242,984	\$3,359,094
533	93	DUES AND LICENSES	\$25,000	\$26,500	\$26,500	\$26,500
533	95	CONFERENCES & TRAINING	\$7,441	\$15,000	\$15,000	\$22,500
533	99	CONTINGENT EXPENSE	\$0	\$0	\$0	\$0
534	37	FINANCE CHARGES,BANK FEES	\$43	\$0	\$100	\$0
534	59	JANITORIAL SERVICES	\$0	\$0	\$0	\$0
534	70	BROOKNS BLDG REPAIR-MAINT SERVICES	\$0	\$0	\$0	\$0
			\$3,490,131	\$3,578,224	\$3,583,224	\$3,735,736
544	33	FURNISHINGS, OFFICE EQUIP CAPITAL	\$3,840	\$5,000	\$5,000	\$5,000
			\$3,840	\$5,000	\$5,000	\$5,000
		EXPENDITURE TOTALS	\$3,943,061	\$4,060,124	\$4,065,124	\$4,240,206

FUND BALANCE

<u>2011 Actual</u>	<u>2012 Projected</u>	<u>2013 Budgeted</u>
\$2,021,009	\$2,024,782	\$2,024,782

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

EXPENSE PER CAPITA

Actual Dollars

2009	2010	2011	2012	2013
\$19.04	\$20.39	\$20.66	\$20.22	\$21.09

FTE HISTORY

2009	2010	2011	2012	2013
5	5	5	5	5

ALIGNMENT to STRATEGIC PLAN

Goal #1 – Champaign County is a high performing local government committed to open, transparent governance.

- The Champaign County Mental Health Board (CCMHB) usually meets 10 times a year and conducts most business in public open meetings. All funding decisions are made in May with contracts issued in July.

Goal #2 – Champaign County maintains high quality public facilities.

- The CCMHB has offices in the Brookens Administrative Center which are easily accessible to the public.

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

- The CCMHB funds behavioral health services, anti-stigma initiatives, and supports wellness programming for people with disabilities.

Goal #4 – Champaign County is a county that supports balanced growth.

- The CCMHB budget is used in accordance with the Community Mental Health Act and the amount of funding available is based on the original mental health referendum.

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: Maintain 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 FY13, 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 Four 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) and the Illinois Department of Human Services.

Objective #3: Underwrite 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 and slow payment policies: 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.

Objective #5: Implement a revised Intergovernmental Agreement between the CCMHB and CCDDDB. 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: Address stigma pertaining to people with mental illness, developmental disabilities, and substance use disorders. Stigma refers to negative attitudes and beliefs which result in fear, rejection, avoidance, and discrimination against people with disabilities. 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: During FY13, reinforce our support and expansion of 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 FY13 funding for 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 FY14 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 Collaborate with other members of our trade association (i.e., ACMHAI) to 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 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	2011 Actual	2012 Projected	2013 Budgeted
Completion of annual funding priorities	11/10	11/11	November 2012
Notice of Funding availability	12/10	12/11	December 2012
Completion of application instructions	1/10	1/11	January 2013
Completion of Three Year Plan and/or update	11/10	11/11	November 2012
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	met	met	met
SAMHSA Child initiative Implementation	yes	yes	yes
Joint Planning with the CCDDB	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 FY13 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		2011 Actual	2012 Original	2012 Projected	2013 Budget
311	19	\$3,566,727	\$3,673,507	\$3,673,507	\$3,580,082
313	19	\$1,307	\$0	\$0	\$500
314	10	\$3,827	\$0	\$0	\$1,000
315	10	\$2,144	\$0	\$0	\$1,000
		\$3,574,005	\$3,673,507	\$3,673,507	\$3,582,582
361	10	\$1,048	\$4,000	\$700	\$500
363	10	\$0	\$0	\$0	\$0
369	90	\$0	\$0	\$0	\$0
		\$1,048	\$4,000	\$700	\$500
		REVENUE TOTALS	\$3,575,053	\$3,674,207	\$3,583,082

Fund 108 Dept 050			2011	2012	2012	2013
			Actual	Original	Projected	Budget
513	2	IMRF - EMPLOYER COST	\$0	\$0	\$0	\$0
533	7	PROFESSIONAL SERVICES	\$337,183	\$292,575	\$292,575	\$317,517
533	33	TELEPHONE SERVICE	\$0	\$0	\$0	\$0
533	88	CONTRIB & GRANTS-CAP IMPR	\$0	\$0	\$0	\$0
533	89	PUBLIC RELATIONS	\$0	\$0	\$0	\$0
533	92	CONTRIBUTIONS & GRANTS SERVICES	\$3,212,895	\$3,382,807	\$3,382,807	\$3,265,565
EXPENDITURE TOTALS			\$3,550,078	\$3,675,382	\$3,675,382	\$3,583,082

FUND BALANCE

<i>2011 Actual</i>	<i>2012 Projected</i>	<i>2013 Budgeted</i>
\$1,530,285	\$1,519,451	\$1,519,451

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

EXPENSE PER CAPITA

Actual Dollars				
2009	2010	2011	2012	2013
\$17.80	\$18.05	\$18.33	\$18.28	\$17.82

ALIGNMENT to STRATEGIC PLAN

Goal #1 – Champaign County is a high performing local government committed to open, transparent governance.

- The Champaign County Developmental Disabilities Board (CCDDDB) conducts business in open public meetings during the course of the year. Funding decisions are made in May with contracts issued in July.

Goal #2 – Champaign County maintains high quality public facilities.

- The CCDDDB offices are located in the Brookens Administrative Center and are easily accessible to the public.

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

- The CCDDDB funds a variety of programs and services for people with developmental disabilities.

- The board sponsors a Disabilities Expo which occurs every October as a means of improving the health, safety and quality of life for people with disabilities.

Goal #4 – Champaign County is a county that supports balanced growth.

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

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

INDICATOR	2011 Actual	2012 Projected	2013 Budgeted
Completion of annual funding priorities	11/10	11/11	November 2011
Notice of Funding availability	12/10	12/11	December 2011
Completion of application instructions	1/11	1/12	January 2013
Completion of Three Year Plan and/or update	11/10	11/11	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

ACCESS INITIATIVE GRANT – 641-053

Project Director – ACCESS
Initiative

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 FY13 as defined by the contract payment schedule, but will drop 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			2011	2012	2012	2013
			Actual	Original	Projected	Budget
331	94	HHS-MNT HTH SRV FOR CHLDN	\$901,570	\$1,502,531	\$1,478,424	\$1,478,424
		FEDERAL, STATE & LOCAL SHARED REVENUE	\$901,570	\$1,502,531	\$1,478,424	\$1,478,424
361	10	INVESTMENT INTEREST	\$764	\$0	\$325	\$0
363	10	GIFTS AND DONATIONS	\$2,500	\$0	\$0	\$0
369	90	OTHER MISC. REVENUE	\$26	\$0	\$28,105	\$0
		MISCELLANEOUS	\$3,290	\$0	\$28,430	\$0
REVENUE TOTALS			\$904,860	\$1,502,531	\$1,506,854	\$1,478,424
511	2	APPOINTED OFFICIAL SALARY	\$0	\$0	\$0	\$0
511	3	REG. FULL-TIME EMPLOYEES	\$333,169	\$350,410	\$179,750	\$89,134
511	24	JOINT DEPT REG EMPLOYEE	\$6,183	\$13,463	\$13,498	\$14,138
513	1	SOCIAL SECURITY-EMPLOYER	\$25,338	\$28,219	\$14,780	\$7,900
513	2	IMRF - EMPLOYER COST	\$34,364	\$37,145	\$19,451	\$10,637
513	4	WORKERS' COMPENSATION INS	\$1,495	\$1,623	\$1,173	\$516
513	5	UNEMPLOYMENT INSURANCE	\$4,064	\$3,752	\$2,614	\$750
513	6	EMPLOYEE HEALTH/LIFE INS	\$42,096	\$54,600	\$20,200	\$8,000
		PERSONNEL	\$446,709	\$489,212	\$251,466	\$131,075

Fund 641 Dept 053		2011	2012	2012	2013	
		Actual	Original	Projected	Budget	
522	1	STATIONERY & PRINTING	\$195	\$6,000	\$6,000	\$2,500
522	2	OFFICE SUPPLIES	\$12,097	\$9,000	\$9,000	\$5,000
522	3	BOOKS,PERIODICALS & MAN.	\$155	\$750	\$750	\$500
522	4	COPIER SUPPLIES	\$3,057	\$1,500	\$1,500	\$1,500
522	6	POSTAGE, UPS, FED EXPRESS	\$85	\$3,500	\$3,500	\$1,000
522	44	EQUIPMENT LESS THAN \$1000	\$24,845	\$10,000	\$10,000	\$10,000
		COMMODITIES	\$40,434	\$30,750	\$30,750	\$20,500
533	1	AUDIT & ACCOUNTING SERVC	\$5,715	\$5,000	\$5,750	\$6,000
533	7	PROFESSIONAL SERVICES	\$33,813	\$75,000	\$73,050	\$30,000
533	12	JOB-REQUIRED TRAVEL EXP	\$3,460	\$7,500	\$7,500	\$4,000
533	18	NON-EMPLOYEE TRAINING,SEM	\$29,174	\$30,000	\$30,000	\$25,000
533	20	INSURANCE	\$4,621	\$3,500	\$3,500	\$4,750
533	29	COMPUTER/INF TCH SERVICES	\$1,394	\$1,500	\$1,500	\$1,500
533	33	TELEPHONE SERVICE	\$8,963	\$12,600	\$12,600	\$9,000
533	42	EQUIPMENT MAINTENANCE	\$50	\$1,000	\$1,000	\$1,000
533	50	FACILITY/OFFICE RENTALS	\$19,031	\$19,500	\$19,500	\$9,945
533	51	EQUIPMENT RENTALS	\$680	\$690	\$690	\$708
533	70	LEGAL NOTICES,ADVERTISING	\$150	\$1,000	\$1,000	\$500
533	84	BUSINESS MEALS/EXPENSES	\$19,182	\$35,000	\$35,000	\$15,000
533	85	PHOTOCOPY SERVICES	\$12,721	\$15,000	\$15,000	\$5,000
533	89	PUBLIC RELATIONS	\$25,736	\$15,000	\$15,000	\$15,000
533	92	CONTRIBUTIONS & GRANTS	\$549,932	\$684,529	\$1,422,275	\$1,171,546
533	93	DUES AND LICENSES	\$1,050	\$2,500	\$2,500	\$2,500
533	95	CONFERENCES & TRAINING	\$52,914	\$65,000	\$65,000	\$20,000
534	37	FINANCE CHARGES,BANK FEES	\$342	\$750	\$750	\$400
534	69	PARENT ACTIVITIES/TRAVEL	\$309	\$2,500	\$2,500	\$0
534	81	GENERAL LIABILITY CLAIMS	\$0	\$0	\$1,200	\$0
		SERVICES	\$769,237	\$977,569	\$1,715,315	\$1,321,849
544	33	FURNISHINGS, OFFICE EQUIP	\$1,350	\$5,000	\$5,000	\$5,000
		CAPITAL	\$1,350	\$5,000	\$5,000	\$5,000
		EXPENDITURE TOTALS	\$1,257,730	\$1,502,531	\$2,002,531	\$1,478,424

FUND BALANCE

<i>2011</i>	<i>2012</i>	<i>2013</i>
<u>Actual</u>	<u>Projected</u>	<u>Budgeted</u>
\$433,282	- \$62,395	-\$62,395

Fund Balance Goal: The ACCESS Initiative's revenue received from the Illinois Department of Human Services (DHS) is based on a reimbursement methodology, and because of this arrangement the point-in-time fund balance projections manifest radical shifts. It is the policy of the CCMHB to maintain fund

balances which are adequate to meet contractual and administrative obligations, and our reimbursement process is fully compliant with policy.

ALIGNMENT to STRATEGIC PLAN

Goal #1 – Champaign County is a high performing local government committed to open, transparent governance.

- The ACCESS Initiative is supported by grant funds received from the federal Substance Abuse and Mental Health Services Administration and the Illinois Department of Human Services. The project has a coordinating council which acts for the community in an advisory capacity.

Goal #2 – Champaign County maintains high quality public facilities.

- The ACCESS Initiative has offices in the Brookens Administrative Center and is easily accessible to the public. Other direct service offices are located in facilities which are convenient to the public.

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

- ACCESS Initiative supports community activities during Children’s Mental Health month, and provides services to youth at high risk for involvement with the juvenile justice system.

Goal #4 – Champaign County is a county that supports balanced growth.

- All funding for this project is grant based. The match requirement is a combination of funding from the CCMHB and in-kind sources within the community.

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).
 - 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.
 - o Working with two local agencies to adopt a trauma-informed organizational model (i.e. Sanctuary).
 - o 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.
 - o Forming a working group and completing our conflict management policies and procedures which are trauma- and justice-informed.
 - o 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.
 - o 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.
 - o Piloting a Universal Screening Tool in 4 community-based service organizations in preparation for use throughout the community.
 - o 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.
 - o 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.
 - o 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	2011 Actual	2012 Projected	2013 Budgeted
Completion of annual funding priorities	11/2010	11/2011	11/2012
Completion of SAMHSA reporting	yes	yes	as required
Number of contracts for services	N/A	14	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

DRUG COURTS PROGRAM GRANT – 685-053

BUDGET HIGHLIGHTS

Revenue in this fund is limited to Drug Court Fees and Drug Court Donations. The CCMHB manages this fund as delineated in the Memorandum of Understanding with Champaign County. The CCMHB serves on the Drug Court Steering Committee and doesn't charge an administrative fee for providing this service.

FINANCIAL

Fund 685 Dept 053		2011 Actual	2012 Original	2012 Projected	2013 Budget	
331	78	JUSTC-DRUG COURTS PROGRAM	\$0	\$0	\$100,000	\$100,000
		FEDERAL, STATE & LOCAL SHARED REVENUE	\$0	\$0	\$100,000	\$100,000
341	10	COURT FEES AND CHARGES	\$20,657	\$20,000	\$20,000	\$20,000
		FEES AND FINES	\$20,657	\$20,000	\$20,000	\$20,000
361	10	INVESTMENT INTEREST	\$54	\$35	\$50	\$25
363	10	GIFTS AND DONATIONS	\$1,125	\$1,500	\$1,100	\$1,000
		MISCELLANEOUS	\$1,179	\$1,535	\$1,150	\$1,025
371	42	FROM CT SRV DRUG FORF 672	\$0	\$0	\$0	\$0
		REVENUE TOTALS	\$21,836	\$21,535	\$121,150	\$121,025
522	6	POSTAGE, UPS, FED EXPRESS	\$0	\$0	\$66	\$0
		COMMODITIES	\$0	\$0	\$66	\$0
533	92	CONTRIBUTIONS & GRANTS	\$15,000	\$21,535	\$121,469	\$121,025
		SERVICES	\$15,000	\$21,535	\$121,469	\$121,025
		EXPENDITURE TOTALS	\$15,000	\$21,535	\$121,535	\$121,025

FUND BALANCE

2011 Actual	2012 Projected	2013 Budgeted
\$62,286	\$61,901	\$61,901

Fund Balance Goal: The CCMHB's goal is to maintain a fund balance which assures adequate cash flow that is necessary to meet contractual obligations as defined by the Drug Court Steering Committee.

ALIGNMENT TO STRATEGIC PLAN

Goal #1 – Champaign County is a high performing local government committed to open, transparent, governance.

- The Drug Court Fund is used according to guidelines created by the Drug Court Team. The County entered into a memorandum of understanding with the Champaign County Mental Health Board (CCMHB) to assure integration of funding and coordination/alignment.

Goal #2 – Champaign County maintains high quality public facilities.

- The CCMHB administers the Drug Court fund and is located in the Brooken's Administrative Center.

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

- The Drug Court Fund is used as part of the CCMHB behavioral health plan for the county.

Goal #4 – Champaign County supports balanced growth.

- The CCMHB allocated Drug Court Fund dollars in accordance with the policies established by the Drug Court Team. In addition, the Drug Court fund has been supplemented by a grant from the U.S. Department of Justice, Office of Justice Programs.

DESCRIPTION

For FY13, the Champaign County Mental Health Board (CCMHB) continues to be a party to the 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. This is an extension to the CCMHB prioritization of Drug Court and funding for substance abuse services for Drug Court participants. All monies included in this fund shall be used to benefit Drug Court clients with guidelines for use promulgated by the Drug 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 in behalf of Drug Court clients. These disbursements are made under the supervision of and consistent with Drug 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.

In collaboration with the Drug Court Steering Committee, the CCMHB contracts with Prairie Center Health Systems to provide services as delineated in the Federal Grants Justice Drug Courts Program. This is a two grant for \$100,000 per year.

OBJECTIVES

1. Work in collaboration with Drug Court Team members 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	2011 Actual	2012 Projected	2013 Budgeted
Execute FY13 Contracts with Prairie Center	FY11	FY12	Yes
Quarterly Financial Monitoring	4	4	4
Quarterly Participation in DC Team	4	4	4
Compliance with MOU	Yes	Yes	Yes

DELINQUENCY PREVENTION GRANTS – 106-237

BUDGET HIGHLIGHTS

All dollars associated with this budget are used to support juvenile delinquency prevention and intervention programs and services as prioritized by the Quarter Cent for Public Safety Administrative Team (QCAT). 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. The QCAT decided to issue one contract for FY13 for front end court diversion services. This contract will be supplemented by an additional \$26,000 of CCMHB revenue.

The QCAT also provides programmatic oversight and technical assistance for the Parenting with Love and Limits (PLL) evidence based practice funded by the CCMHB.

FINANCIAL

Fund 106 Dept 237		2011 Actual	2012 Original	2012 Projected	2013 Budget
371	46 FROM DELINQ PREV FUND 109	\$0	\$0	\$128,100	\$0
	INTERFUND REVENUE	\$0	\$0	\$128,100	\$0
	REVENUE TOTALS	\$0	\$0	\$128,100	\$0
533	92 CONTRIBUTIONS & GRANTS	\$0	\$0	\$203,116	\$228,380
	SERVICES	\$0	\$0	\$203,116	\$228,380
	EXPENDITURE TOTALS	\$0	\$0	\$203,116	\$228,380

ALIGNMENT to STRATEGIC PLAN

Goal #1 – Champaign County is a high performing local government committed to open, transparent governance.

- The Delinquency Prevention grants are managed by the CCMHB based on a Memorandum of Understanding with the Champaign County Board. All funding decisions are predicated on the recommendations of the Quarter Cent Administrative Team and in accordance with the CCMHB funding guidelines. All funding decisions are made in open public meetings of the CCMHB.

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

- The Delinquency Prevention Grants are used to deflect youth from the juvenile justice system and are focused on public safety.

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 Delinquency Grant 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 FY13, planning for the use of Quarter Cent revenue was directed by the Quarter Cent 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 FY13 were to support the evidence-based practice (EBP) Parenting with Love and Limits (PLL). 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.
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 (number arrest or incarceration) for the target population; successful transition and linkage from the system 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	2011 Actual	2012 Projected	2013 Budgeted
Number of Contracts	2	2	1
Total Amount of QC Revenue (est)	\$212,000	\$212,000	\$203,000
On-Site Monitoring Visits	2	2	1
Quarterly Reports from Contractors	8	8	4

Coordination with ACCESS Initiative
Federal Match requirement

Yes
N/A

Yes
Yes

Yes
Yes



SPEAK UP AND SPEAK OUT

summit

Funded by The Illinois Council on
Developmental Disabilities

October 30-31, 2012



Living in the Community

Summit Registration

Registration
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for
Both
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is
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Today!

\$50 Summit Registration Fee includes:

Monday: Early Registration/Welcome 6:00 - 8:00 P.M. (Dinner on your own.)

Tuesday: Registration, Breakfast, Lunch, Dinner and Entertainment

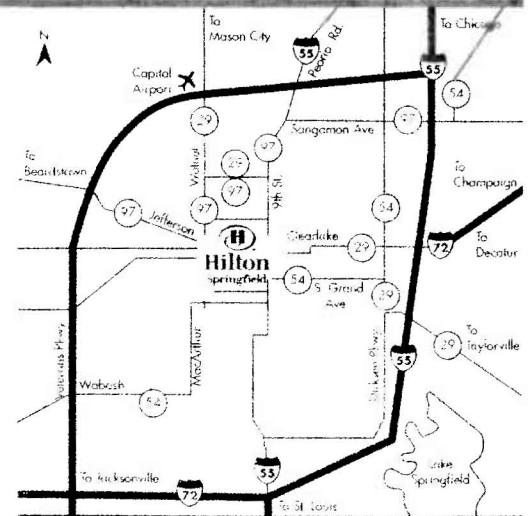
Wednesday: Breakfast and Lunch

Registration fee is required for all attendees, including personal assistants. Financial assistance for registration fee is available. (Please see Form 3.)

Traveling South on I-55
Exit 98B—Clearlake Avenue
Go to 9th St., turn left
Go to Adams St., turn right
The hotel is located on the corner of 7th and Adams.

Traveling North on I-55
Exit 6th St.
Go to Monroe St., turn right
Go to 8th St., turn left
Go to Adams Street, turn left
The hotel is located on the corner of 7th and Adams.

If you need more directions, go to www.mapquest.com for a map or call 815-464-1832 for a detailed map of the area.



There is an Amtrak Train Station 5 blocks from the Hilton Hotel. Take Washington 4 blocks, then right on 7th St. for 1 block. To make a train reservation, call Amtrak at 1-800-872-7245.

If you need accessible transportation from the Amtrak Station to the Hilton, call ACCESS SPRINGFIELD at 217-522-8594.

If your vehicle will not fit in the Hilton Hotel parking garage, please reserve a metered parking spot outside the hotel by calling Connie at 217-789-1530.

For more information about the Summit, call 815-464-1832 or e-mail janet@thearcofil.org

TUESDAY, OCTOBER 30, 2012 - AGENDA

8:00am	Registration and Accessibility Table in Mezzanine/Exhibit Area					
8:00 - 9:00	Continental Breakfast, Registration and Accessibility Table in Mezzanine/Exhibit Area					
9:00 - 10:15	<p>General Session 1: Housekeeping and Welcome: Sheila Romano Keynote Speaker: Alex Plank - "On the Wrong Planet: Succeeding with Differences" <i>I'll discuss how I grew up being different from most people and how my unique set of strengths and challenges allowed me to become successful in many ways. I'll cover the importance of developing self confidence in addition to how that allowed me to focus on the important parts of my life. I'll speak about how being a part of the Wrong Planet community made me feel like I wasn't alone and how it was essential for me to meet others in my situation.</i></p>					
10:45 - 11:45	<p>The Alliance</p> <p align="center">"Preparing for a Job"</p> <p>Learn tips and tricks for good resumes, interviewing skills, and other keys to success in finding a job.</p>	<p>Vicki Niswander</p> <p align="center">"Understanding Microboards and Cooperatives"</p> <p>Come and learn the basics of microboards and cooperatives, and how to turn your informal support circle into an organization that supports self-determination for you.</p>	<p>Rebecca Romberger</p> <p align="center">"Zumba"</p> <p>Zumba is an exhilarating, effective, easy-to-follow, Latin-inspired, calorie-burning dance fitness-party™ that's moving millions of people toward joy and health. Zumba is for every individual, all ages, shape, size and ability levels. There is no "right" or "wrong" and rhythm is not a requirement!</p>	<p>Lynn Gallagher Jonathan Dohogne</p> <p align="center">"College? Yes You Can!"</p> <p>For too long, individuals with disabilities thought college was out of their reach. Join us as we discuss the possibilities and the potential for success. We will visit with a young man who recently graduated from a university in Chicago as he shares his experiences in college and beyond.</p>	<p>Susan Kahan Tia Nelis Linda Sandman</p> <p align="center">"Sexual Self-Advocacy"</p> <p>Sexual self-advocacy is about getting the information you need to make decisions and speak up for yourself. Come learn about how you can become a sexual self advocate. You will leave with lots of information and resources and a plan for steps you can take to promote sexual self-advocacy.</p>	<p>Emergency Preparedness Committee for People Who May Need Additional Support</p> <p align="center">"How To Prepare For And Make Your Voice Heard During An Emergency"</p> <p>Learn how to prepare for and be safe during an emergency. Learn tips on how to "Speak Up and Speak Out" to first responders so they can support you during an emergency.</p>
12:00-2:00pm	Lunch (Included in registration) Open Mic Session and Self-Advocacy Alliance Presentation					
2:15 - 3:15	<p>The Alliance</p> <p align="center">"Preparing for a Job"</p> <p>Learn tips and tricks for good resumes, interviewing skills, and other keys to success in finding a job.</p>	<p>Vicki Niswander Jessica Martin</p> <p align="center">"Following Your PATH: The Impact of Real Person-Centered Planning"</p> <p>PATH (Planning Alternative Tomorrows with Hope) is a creative process for recognizing and valuing hopes and dreams, and planning the steps to make them happen. Come and learn about the process from those who have had their lives changed for the better!</p>	<p>Rebecca Romberger</p> <p align="center">"Zumba"</p> <p>Zumba is an exhilarating, effective, easy-to-follow, Latin-inspired, calorie-burning dance fitness-party™ that's moving millions of people toward joy and health. Zumba is for every individual, all ages, shape, size and ability levels. There is no "right" or "wrong" and rhythm is not a requirement!</p>	<p>Hope R. Wolfe</p> <p align="center">"Safety and Emergency Preparedness"</p> <p>PREPARE FOR THE STORM: This is an organized list of items necessary to have ready should the individual experience an electrical power outage for three days as a result of any storm or bad weather or other natural disaster. Three days' preparation for self care and survival is what is recommended by the American Red Cross.</p>	<p>Susan Kahan Tia Nelis Linda Sandman</p> <p align="center">"Sexual Self-Advocacy"</p> <p>Sexual self-advocacy is about getting the information you need to make decisions and speak up for yourself. Come learn about how you can become a sexual self advocate. You will leave with lots of information and resources and a plan for steps you can take to promote sexual self-advocacy.</p>	<p>Personal Power Players</p> <p align="center">"Living in the Community: Making It Happen!"</p> <p>Personal Power Players will discuss four components that have made living in the community a success for them: Support, Housing, Financial and Transportation.</p>
3:30 - 5:30	Free Time, including an opportunity for a "Drumming for Health" session by Phyllis Mueller from 3:30-4:15 or 4:45-5:30.					
5:30 - 7:00	Dinner- (Dinner is included in registration.) Costumes encouraged at the Dinner and Dance!					
7:30 - 10:30	Entertainment - Dance: DJ Barry Jones, One Man Productions, and Wii Game Entertainment System - (Optional Cash Bar)					