



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

Champaign County Mental Health Board (CCMHB)

WEDNESDAY, MARCH 20, 2013

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

4:30 p.m.

1. Call to Order - Dr. Deloris Henry, President
2. Roll Call
3. Citizen Input
4. CCDDDB Information
5. Approval of CCMHB Minutes
 - A. 2/20/13 Board meeting*
Minutes are included in the packet. Action is requested.
6. President's Comments
7. Executive Director's Comments
8. Staff Reports
9. Board to Board Reports
10. Agency Information
11. Financial Information*
A copy of the claims report is included in the packet.

12. New Business

- A. Community Behavioral Health Services and the Criminal Justice System: A Comprehensive Discussion
Included in the packet are the Community Justice Task Force Progress Report, and a spreadsheet of existing CCMHB contracts linked to the criminal justice system. Bruce Barnard of Community Elements will present on the topic followed by discussion with other panelists including law enforcement, and the Board.
- B. BJA Justice and Mental Health Collaboration Program Application
A Briefing Memo on an application to the Bureau of Justice is included in the packet.
- C. CCMHB FY 2012 Annual Report*
A draft FY12 Annual Report is included in the Board packet for review and approval. Action is requested.
- D. Cultural & Linguistic Competence Plans Review
Shandra Summerville, Cultural and Linguistic Competence Coordinator for the ACCESS Initiative will provide an oral report on the progress of CLC Plans.

13. Old Business

- A. Disability Resource Expo
Written report is included in the Board packet.
- B. Champaign County Anti-Stigma Alliance
Written report on plan's for this year's Anti-Stigma Alliance event is included in the Board packet.

14. Board Announcement

15. Adjournment

**Board action*

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
BOARD MEETING**

Minutes—February 20, 2013

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

4:30 p.m.

MEMBERS PRESENT: Astrid Berkson, Aillinn Dannave, Ernie Gullerud, Deloris Henry, Mike McClellan, Julian Rappaport, Deborah Townsend

MEMBERS EXCUSED: Bill Gleason, Thom Moore

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

OTHERS PRESENT: Juli Kartel, Becky Griffith, Community Elements (CE); Beth Chato, League of Women Voters (LWV); Debra Medlyn, NAMI; Bruce Suardini, Prairie Center Health Systems (PCHS); Marcius Moore, Mahomet Area Youth Club (MAYC); Patty Walters, Developmental Services Center (DSC); Elaine Shpungin, Ryan Santens, Psychological Services Center (PSC); Amy Harwath, C-U Citizen Access; Jean Algee, Center for Women in Transition (CWT); Dr Kalmanoff, ILPP

CALL TO ORDER:

Dr. Henry, Board President, called the meeting to order at 4:30 p.m.

ROLL CALL:

Roll call was taken and a quorum was not present.

ADDITIONS TO AGENDA:

None.

CITIZEN INPUT:

None.

CCDDB INFORMATION:

The CCDDB met earlier in the day. CCDDB application information was distributed at the meeting.

NEW BUSINESS:

Discussion with Dr, Kalmanoff, ILPP:

Dr. Kalmanoff of the Institute for Law and Policy Planning (ILPP) was the consultant hired by the Champaign County Board to prepare the needs assessment on the county jail. Ms. Juli Kartel and Ms. Becky Griffith from Community Elements (CE) provided an overview of the adult justice system and mental health services in Champaign County. Ms. Griffith works directly with Mental Health Court and Drug Court. Ms. Griffith provided a description of the process in which the jail's mental health provider located out of Peoria is in contact with CE personnel; however, CE personnel is not allowed direct contact with clients. Ms. Griffith discussed the challenges with the current system of mental health services in the jail. She also described the challenges of linkage and re-entry into the community.

Board members and Dr. Kalmanoff were given an opportunity to ask questions and discuss the topic.

APPROVAL OF MINUTES:

Upon the arrival of Dr. Rappaport, Ms. Berkson, and Mr. McClellan, a quorum was now present. Minutes from the January 23, 2013 Board meeting were included in the packet for review.

MOTION: Mr. McClellan moved to approve the minutes from the January 23, 2013 Board meeting. Ms. Dannave seconded the motion. A vote was taken and the motion passed unanimously.

PRESIDENT'S COMMENTS:

Dr. Henry announced she attended the ARC of Illinois Leadership Conference in Lisle, IL and described her experience at the conference.

EXECUTIVE DIRECTOR'S COMMENTS:

Mr. Tracy reported the Champaign County Board has deferred the decision on the expansion of the Champaign County Developmental Disabilities Board (CCDDB) until March.

Mr. Tracy and the Association of Community Mental Health Authorities of Illinois (ACMHAI) attended a meeting on Medicaid expansion and local funders.

STAFF REPORTS:

Written staff reports from Mr. Driscoll, Ms. Canfield and Mr. Parsons were included in the Board packet.

BOARD TO BOARD:

Dr. Ernie Gullerud asked Mr. Suardini to share Prairie Center Health System's (PCHS) new evidence-based/curriculum-based program "Seven Challenges" in addressing youth and their relationship with alcohol and drugs.

AGENCY INFORMATION:

Dr. Elaine Shpungin from Psychological Services Center (PSC) introduced Mr. Ryan Santens as a new staff member at the agency.

FINANCIAL INFORMATION:

Approval of Claims:

The claims report was included in the Board packet for acceptance.

MOTION: Dr. Townsend moved to accept the claims report as presented in the Board packet. Ms. Dannave seconded the motion. A voice vote was taken and the motion passed unanimously.

Liaison Assignments:

Board members were given a list of liaison choices. Assignments will be made by Dr. Henry at next month's meeting.

Application/Funding Request:

A list of applicants and amounts requested was distributed at the meeting.

April Board Meeting:

Due to conflicts, the April Board meeting will be held on April 24, 2013.

Champaign County Anti-Stigma Alliance:

Ms. Canfield provided an update on Alliance activities.

OLD BUSINESS:

Disability Resource Expo:

The Disability Resource Expo will be held on October 12, 2013.

BOARD ANNOUNCEMENTS:

Dr. Rappaport requested the Board discuss taking a position on mental health services at the Champaign County jail. After a lengthy discussion, it was decided the Board and staff would plan a study session for March 2013 on adult mental health services at the jail.

ADJOURNMENT:

The business meeting adjourned at 6:03 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

Date: _____

Date: _____

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

Mark Driscoll**Associate Director for Mental Health & Substance Abuse Services****Staff Report – March 20, 2013 Board Meeting****Summary of Activity**

FY 2014 Application Review: The close of the application period means moving into the next phase of the allocation process – application review. All submitted applications are being evaluated and a program summary prepared on each one. The summaries will be distributed in advance of the April Board meeting.

On a related matter, the FY13 DMBGC ACCESS applications were recently found to have some errors on the financial forms. I have been working with DMBGC staff to correct the deficiencies and coordinating CCMHB staff review of changes.

BJA JMHCP Application: Included in the board packet is a Briefing Memo on plans to submit an application to the Department of Justice-Bureau of Justice Assistance for the Justice and Mental Health Collaboration Program. This is the grant opportunity board member Astrid Berkson shared with fellow members and staff. Community Elements had also taken notice of the opportunity and organized a meeting of potential partners to discuss grant requirements and timeline for submitting an application. Participating in the initial meeting were Sheriff Dan Walsh, Sheila Ferguson, Bruce Barnard, and Sue Wittman of Community Elements, Bruce Suardini and Del Ryan of Prairie Center and myself. The meeting identified roles for various partners with Community Elements being the lead agency. A follow-up meeting at Court Services finalized key roles. With Community Elements responsible for writing the application I have shared documents I thought would be helpful and drafted the letter of support as noted in the briefing memo.

Time has also been spent on the criminal justice-behavioral health issue including plans for this evening's discussion and preparation and/or dissemination of background material as well as participating in a meeting with Peter Tracy, Sheriff Walsh and Sheila Ferguson on service coordination and targeting of resources.

CCMHB Annual Report: A draft of the FY 2012 Annual Report is included in the Board packet. Action is requested. The Annual Report, as has been mentioned in previous staff reports, is the product of a team effort.

Quarter Cent Administrative Team: The Quarter Cent Administrative Team met in February for a status report on the PLL and Court Diversion program activity through the end of the second quarter, receive an update on efforts to strengthen of PLL-ACCESS collaboration and hold a preliminary review of submitted juvenile justice related FY 2014 applications. Following the review of applications received, the team discussed the Juvenile Assessment Center. A special meeting was scheduled for March to review the planning process for the assessment center.

On March 12th, Savannah Family Institute hosted a conference call on the PLL Recidivism study on the Champaign County PLL-Extended Care program. Advance information suggested the results indicate a positive impact of PLL on reducing recidivism.

Other Activity: The United Way Community Impact Committee meeting was an orientation for new members. Members received information on the history of United Way, the organizational structure and relationship of the CIC to the Board of Directors, the role and responsibilities of the CIC, and the allocation process and current awards. At the Mental Health Agencies Council meeting, I provided copies of the application list distributed at the February Board meeting and Tracy Parsons gave an update on the status of the ACCESS Initiative including increasing match requirements, plans to introduce two new trauma models, and number of youth engaged in services. I also attended a meeting of the Prairie Center Youth Prevention Advisory Committee.

Lynn Canfield, Associate Director for Developmental Disabilities Staff Report – March 20, 2013

Applications for FY2014 Funding: All applications submitted online are now being evaluated and program summaries developed. These will be made available prior to the April 24 board meeting, and agency input sought. Agencies should send a representative to that meeting to answer any questions or provide clarification/correction.

FY2013 Contract Monitoring: Stephanie Howard Gallo and I completed program monitoring visits with the Down Syndrome Network, CU Autism Network, and PACE during February. At the time of this writing, we have scheduled mid-March meetings with Community Choices and Community Elements to review their DD programs.

The Mental Health Agencies Council: At the February 26 meeting, after our updates on CCMHB and CCDDDB business (February meetings, applications, program summaries, etc.), the ACCESS Initiative updates were substantial. Shandra Summerville has looked at agency/system progress through the quarterly Cultural and Linguistic Competency Plan reviews, is particularly interested in how monitoring might be improved, offered to do the CLC training series for agencies, and recommended Michelle Alexander's book "The New Jim Crow." Tracy Parsons was supportive of the CLC training series, talked about complexities of the ACCESS application process borne of the project's varying fiscal years, explained how the Champaign Community Coalition evolved and identified its current goals, described Continuous Quality Improvement, and shared some findings from the data gathered through ACCESS' organizational assessment, in particular that youth do not appear to be sufficiently connected to disability services. Tracy will provide more detail at the March 26 MHAC meeting. Announcements included: CWIT's new grant for Career and Financial Empowerment Groups (info at 217-239-2558); ECIRMAC's upcoming forum on Human Trafficking; and introduction of Psychological Services Center's new Outreach Coordinator, Ryan Santens.

The Quarter Cent Administrative Team met on February 20 for PLL and Court Diversion second quarter program reviews, brief discussion of PLL-ACCESS collaboration, overview of those FY2014 applications which relate to juvenile justice, and discussion of developing a juvenile assessment center. A meeting will be held in March to continue the latter topic and will include law enforcement representatives and State's Attorney. Also on February 20, Peter Tracy and Mark Driscoll and I attended a meeting with Dr. Kalmanoff and others interested in how mental health services and supports are connected to those with involvement in the criminal justice system. A portion of this month's CCMHB meeting will be dedicated to these topics.

Other Activity: Peter Tracy and I and others met with George Ordal in February for discussion of nutrition and health and integration into wellness planning; please contact me at lynn@ccmhb.org if you wish to be included in future meetings or receive links to related articles. The Anti Stigma Alliance

Ebertfest Steering Committee met on March 5th to set a direction for this year's activities and promotional materials. Our focus will be on a panel discussion, "Challenging Stigma through the Arts," to be held on Friday, April 19 from 10:30 to 11:45AM at the Illini Union Pine Lounge (first floor). I have completed the full page ad which is to run in the Festival program and am working on a resource booklet for distribution throughout the festival. Other materials will be developed as plans are finalized. Our sponsored film has been selected but not yet made public. Planning continues for the Seventh Annual Disability Resource Expo (October 12), with a first Steering Committee meeting set for March 26 at 11AM. There has been some discussion about using a venue other than Lincoln Square and how this would affect promotion and planning.

Ligas, PUNS, and Unmet Need: With five Champaign County residents seeking to move from ICFs/DD to CILAs and approximately 25 more poised to begin receiving services through CILA or Home Based Support Services as a result of PUNS selection in the fall, the latest PUNS update shows little change locally. It is not clear that the draw once rumored for January or February ever occurred. Peter Tracy and I continue to meet with and correspond with families and advocates regarding their experiences with the shifting service system. We have also sought input from agency providers, and Tony Records, Court Monitor for Ligas, may be putting together a community provider committee to better understand the issues and formulate solutions. Mr. Tracy is drafting a letter to Mr. Records on the matter of quickly developing additional capacity in Champaign County. In the Illinois Association of Rehabilitation Facilities' winter newsletter, John Lipscomb wrote: "Years of belt tightening, cuts and late payments have damaged our basic infrastructure and hampered our ability to respond rapidly and effectively to the change we all want. The problems we face have been years in the making and can't be solved overnight. We must never allow this reality to be interpreted as resistance."

Unmet DD Service Needs in Champaign County:

2/1/11:	194 with emergency need; of 269 in crisis, 116 recent or coming grads.
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 recent or coming grads.
6/9/11:	194 with emergency need; of 268 in crisis, 120 recent or coming grads.
10/4/11:	201 with emergency need; of 278 in crisis, 123 recent or coming grads.
12/5/11:	196 with emergency need; of 274 in crisis, 122 recent or coming grads.
5/7/12:	222 with emergency need; of 289 in crisis, 127 recent or coming grads.
9/10/12:	224 with emergency need; of 288 in crisis, 131 recent or coming grads.
10/10/12:	224 with emergency need; of 299 in crisis, 134 recent or coming grads.
1/7/13:	225 with emergency need; of 304 in crisis, 140 recent or coming grads.
2/11/13:	226 with emergency need; of 308 in crisis, 141 recent or coming grads.

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



County: Champaign

Reason for PUNS or PUNS Update

New	157
Annual Update	95
Change of category (Emergency, Planning, or Critical)	17
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	6
Person is fully served or is not requesting any supports within the next five (5) years	140
Moved to another state, close PUNS	5
Person withdraws, close PUNS	16
Deceased	3
Other, supports still needed	3
Other, close PUNS	36

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.	19
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.	11

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:	137

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.	30
2. Person has a care giver (age 60+) and will need supports within the next year.	8
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.	28
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.	21
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.	141
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

February 11, 2013

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:	32

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.	70
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.	58
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	2
14. Other, Explain:	13

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	71
Occupational Therapy	121
Speech Therapy	150
Education	191
Assistive Technology	38
Homemaker/Chore Services	3
Adaptions to Home or Vehicle	6
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	22

TRANSPORTATION

Transportation (include trip/mileage reimbursement)	125
Other Transportation Service	53
Senior Adult Day Services	2
Developmental Training	73
"Regular Work"/Sheltered Employment	77
Supported Employment	41
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	13
Other Day Supports (e.g. volunteering, community experience)	11

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	31
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	9
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

February 11, 2013

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)	244
Respite Supports (24 hours or greater)	87
Behavioral Supports (includes behavioral intervention, therapy and counseling)	144
Physical Therapy	88
Occupational Therapy	171
Speech Therapy	148
Assistive Technology	74
Adaptations to Home or Vehicle	32
Nursing Services in the Home, Provided Intermittently	7
Other Individual Supports	45
TRANSPORTATION NEEDED	
Transportation (include trip/mileage reimbursement)	243
Other Transportation Service	103
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	168
Support to engage in work/activities in a disability setting	171
RESIDENTIAL SUPPORTS NEEDED	
Out-of-home residential services with less than 24-hour supports	87
Out-of-home residential services with 24-hour supports	125



ACCESS Initiative Staff Update

Month of: March 2013 Staff Name: Regina Crider Infrastructure Area(s): Family Engagement

Committee/Working Group Activity – Please list any committee or working group meetings hosted by you. Also provide a short update (upcoming tasks, celebrations, etc.).

NA

Strategic Meetings/Community Presentations – Please list any strategic meetings you attended. Provide information regarding who was in attendance, the nature of the meeting, next steps, and outcomes. Please list any community presentations you made on behalf of ACCESS. Provide information regarding your audience, purpose of the presentation, and collateral materials distributed.

February 11	Illinois United for Youth (IUY) Committee Meeting	Family Resource Developers and SOC Representatives from Egyptian and Champaign County	Discussed progress made by the members of the Family Run Organization Committee
February 20	TA Partnership and selected Family Run Organization Committee (SOC)		Discussed the next steps in planning for the statewide initiative to develop a Family Run Organization. Seeking guidance from the TA Partnership. Wanting to bring Bruce Strahl and Kim Williams in for a retreat with the members of the FRO Committee.

Community Coalitions/Committees/Working Groups – Please list any community coalition/committee/working group meetings you attended as an ACCESS representative. Provide information regarding the nature of the meeting, your role as an attendee, next steps, and outcomes.

NA

Progress in Work Plan Activities – Please highlight current work plan activities and progress made toward completion of these goals.

GOAL 1: Building a sustainable and replicable service delivery system and infrastructure		
Activity/Strategy 6: Coordinating Council/ Governance Development	FAB members are taking an active role in the CC by	February: planning a training for the newly

	presenting about the activities and decisions made by the FAB.	seated FAB members
Activity/Strategy 7: Workforce Development	NA	NA

Goal 2: Increasing access to trauma- and justice-informed services and supports that reflect SOC values and principles

NA

Goal 3: Increasing youth, family, and community leadership and engagement across all levels

Activity/Strategy 1: Training for Families/Caregivers	Sanctuary Model	February: Family/Parents attended meetings to learn more about the Sanctuary Model
Activity/Strategy 2: Youth – Training Topics	NA	NA

GOAL 4: Extending the capacity of organizations, agencies, informal supports and systems

NA

GOAL 5: Promoting authentic cross system/ collaboration and communication

Develop partnerships and collaborations with family/parent organizations to increase the visibility of the ACCESS Initiative	P3Network & Provider Conversation	February: P3 participants established a monthly meeting with Community Elements to begin discussing Family Driven Principles and opening up a means to communicate about the services offered
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GOAL 6: Expanding the community's capacity to understand mental health

NA

GOAL 7: Encouraging rigorous evaluation

Activity/Strategy 1: Continuous Quality Improvement	NA	NA
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Issues/Challenges – Please share any challenges.

- NA

ACCESS Initiative Staff Update.

Month of: February 2013 Staff Name: Ratisha Carter Infrastructure Area(s): Youth Engagement
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Committee/Working Group Activity – Please list any committee or working group meetings hosted by you. Also provide a short update (upcoming tasks, celebrations, etc.).

Youth Advisory Board Meeting	Discussed office positions (i.e., Secretary, Media Coordinator, and Youth MOVE Assistant Coordinator) that would replace the former Youth MOVE Coordinator position that Athena Ferguson held. Youth with these positions would be required to have office hours to support the Youth Engagement Specialist on top of being a part of the Youth Advisory board. Caught up on old business and planned the upcoming <i>Love & Respect</i> Event.	February 20, 2013 (Included Youth Advisory Board Members & Ratisha Carter)
Youth MOVE Hangout	The Youth Advisory held a movie night in place of the Hangout. We showed the movie, Mean Girls (PG 13), and held a brief discussion afterwards about how the movie relates to the bullying and peer pressure at their school.	February, 6, 2013
Technical Assistance Call with James Sawyer	Had a conference call with James Sawyer about upcoming projects and challenges in engaging youth. The goal was to give guidance on my area and learn helpful strategies from other systems of care.	February 8, 2013
Office Help	Youth assist the Youth Engagement Specialist at the office. This includes filing documents, strategic planning, creating documents, and more..	Meaguel Gains, S'Tyy Hamilton, Christian Brown
NAMI Illinois “Piecing IT All Together” (PIAT) Conference/Youth MOVE Illinois Youth	Ratisha Carter and 5 Youth MOVE members attended the 9 th Annual Piecing it All Together Conference. Youth MOVE Illinois was responsible for the entire Youth Track. We	February 28-March 2, 2013 (Meeting included Youth MOVE IL members and Staff from 6 different counties & NAMI IL staff

Track in Edwardsville, IL	presented to the youth and adult audience about Advocacy through Social Media. Youth also participated in various workshops and sessions that talked about mental health, trauma, stigma, specific messages through music, balancing a healthy life style, and more....	representatives)
Meeting with Youth Engager(s)	This board will take a closer look at resources for youth in our community, policies that highly effect youth, best-practices and more. We took a closer look at who should be involved and what specific goals we would like to accomplish.	February 5, 2013 (Sheldon Turner, Tracy Parsons, Steve Higgins, Ratisha Carter)
Meeting with Peer Partners	Discussed upcoming projects which included the Youth MOVE Store for incentives for the youth's participation.	February 1, 2013 (Included Tiana Harris, Ratisha Carter & Jessica Caston)
Meeting with Shandra Summerville (CLC Coordinator)	Discussed the Power Point Presentation for the Champaign County Human Services Commission	February 21, 2013
Youth MOVE Champaign County Chapter presents... Love & Respect: Ten dating Violence Prevention Month (February)	This event was held at Just B Cause Beauty Salon & Barber Shop. High school males and females were split apart to engage in conversation about what a healthy relationship looks like, dating violence & abuse, and real life scenarios. All females received complimentary hair styles and all males received complimentary haircuts. We handed out a healthy relationship quiz and resources for youth who are possibly experiencing a crisis or involved in an abusive relationship.	February 25, 2013 (Included Youth MOVE members, Peer Partners, and other ACCESS Initiative service staff)

Strategic Meetings/Community Presentations – Please list any strategic meetings you attended. Provide information regarding who was in attendance, the nature of the meeting, next steps, and outcomes. Please list any community presentations you made on behalf of ACCESS. Provide information regarding your audience, purpose of the presentation, and collateral materials distributed.

Social Media Team	<i>Weekly Meetings</i>	<i>Every Tuesday</i>	<i>All ACCESS Initiative social</i>
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Meeting(s)		10:00AM-12:00PM	<i>media related projects</i>
FACE Meeting(s)	Weekly meetings	Every Thursday 5:00PM-7:00PM	Participated as a presenter-informed families about Youth MOVE, my role at the ACCESS Initiative, and recruitment process
Staff Meeting(s)	Weekly meetings	Thursdays 8:30AM-10:00AM	Staff updates
Sanctuary Model Informational Meeting		Friday February 1, 2013	Introduction to the Sanctuary Model by guest speakers
P3/Parent/Caregiver Meeting to discuss mental health system with Community	Ratisha Carter participated in the conversation about parent/caregiver feedback on how to understand the mental health system and more...	February 12, 2013	

Community Coalitions/Committees/Working Groups – *Please list any community coalition/committee/working group meetings you attended as an ACCESS representative. Provide information regarding the nature of the meeting, your role as an attendee, next steps, and outcomes.*

Community Matters Meeting	.The purpose of this meeting is to create community relationships, events, and support for risky neighborhoods in Champaign. This grant awarded to the city of Champaign targets youth.	February 15, 2013
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Progress in Work Plan Activities – Please highlight current work plan activities and progress made toward completion of these goals.

Ex. GOAL 1: Building a sustainable and replicable service delivery system and infrastructure

Youth Representation on ACCESS Initiative governance board (Coordinating Council)	4 Youth Representatives/members participate Monthly	Youth members were at the PIAT Conference during Coordinating Council this month Completion: Ongoing
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Goal 2: Increasing access to trauma- and justice-informed services and supports that reflect SOC values and principles

ACCESS Youth Orientations	Held monthly 30 minutes prior to the Youth MOVE meeting. The orientation focuses on informing youth from the FACE events and others from recruitment about Youth MOVE and how to get involved.	Cancelled this month
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Goal 3: Increasing youth, family, and community leadership and engagement across all levels

Maintain the Youth Advisory Board: Bi-Weekly Meetings	Worked on various projects that support the ACCESS initiative and Youth MOVE	Goal: continue to meet consistently Completion: Ongoing
Youth MOVE Meetings: Monthly Meetings	Hold a monthly meeting that focuses on mental health, teen related issues, building social and life skills, and other ACCESS Initiative related topics.	ongoing
Develop Youth Engagers network	Began conversations and meetings with a core group of Youth Engagers	Progress: first initial meeting with specific individuals from youth-serving agencies/organizations to form a core group.

Completion: To be continued...

GOAL 4: Extending the capacity of organizations, agencies, informal supports and systems

GOAL 5: Promoting authentic cross system/ collaboration and communication

GOAL 6: Expanding the community's capacity to understand mental health

Youth-Guided Media Outreach (Twitter, Facebook, You-Tube)

Updated social media sites- local & Youth MOVE State-wide

Progress: Updated the website with a Youth Advisory Board Member Spotlight. The Youth MOVE Media Coordinator, Christian Brown, updated the Youth MOVE Facebook Page.

Goal: Continue to update and transfer pictures, connect with youth in our community

Completion: Ongoing

GOAL 7: Encouraging rigorous evaluation



ACCESS Initiative Staff Update

Month of: February 2013 **Staff Name:** Allison Brown **Infrastructure Area(s):** Evaluation

Committee/Working Group Activity

Disparities and Disproportionality workgroup (Evaluation Collaboration Team)	Planning follow-up meeting	Ongoing	Collaboration partners identified workgroup goals and activities for addressing local disparities and disproportionality
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Strategic Meetings/Community Presentations.

Evaluation Staff Meetings	Weekly Evaluation Team meetings	Every Thursday 10:30am-12:00pm	Regular team meeting to update and discuss all evaluation activities
Community Interviewer Meetings	Weekly Community Interviewer	Every Mon 1:00-2pm	Regular team meeting to update and discuss interviewer issues and activities
ACCESS Admin Meeting	Bi-weekly meetings	Every 2nd & 4th Monday of the month 1:00 – 3:00 pm	Meeting of ACCESS and Evaluation administrative staff to discuss issues and updates
ACCESS National TA Conference call	Monthly meetings	2nd Monday of the month 1:30 – 3:00 pm	Conference call with National Technical Assistance
Evaluation Site Liaison TA Meeting	Monthly meetings	Every 3 rd Monday of the month 12:00pm-1:00pm	Conference call with National Evaluation TA Site liaison
Evaluation Collaboration Team Meeting	Ongoing meetings	Every 4 months	Evaluation Collaboration Team (ECT) Meeting to engage community participation in Evaluation activities; Development of special workgroups

FACE Meeting(s)	Weekly meetings	Every Thursday 5:00PM-7:00PM	Parent Liaison /Community Interviewer informed families about evaluation study and process
AICC Monthly Meeting	Monthly ACCESS Initiative Coordinating Council meeting	Every 3 rd Thursday of the Month	Presentation of evaluation monthly updates

Progress in Work Plan Activities

GOAL 1: Building a sustainable and replicable service delivery system and infrastructure

GOAL 2: Increasing access to trauma- and justice-informed services and supports that reflect SOC values and principles

GOAL 3: Increasing youth, family, and community leadership and engagement across all levels

GOAL 4: Extending the capacity of organizations, agencies, informal supports and systems

GOAL 5: Promoting authentic cross system/ collaboration and communication

GOAL 6: Expanding the community's capacity to understand mental health

GOAL 7: Encouraging rigorous evaluation

National Evaluation	Ongoing /daily Evaluation staff	<ol style="list-style-type: none"> 1. Recruiting new families into National Evaluation 2. Conducting baseline, 6-month and 12-month community interviews of families enrolled in National Evaluation 3. Entering EDIF/CIUF, TRAC NOMS, quarterly IPP data 4. Assisting with planning to enter Services and Costs data
Local Evaluation	Ongoing/daily Evaluation staff	<ol style="list-style-type: none"> 1. Continued to recruit organizations and collect data for Organization Assessment Survey of local agencies 2. Collecting data on Interagency Network Tool 3. Preparing to launch Observational

Continuous Quality Improvement	Ongoing/daily Evaluation staff	Measurement Tool <ol style="list-style-type: none"> 1. Attended Sanctuary Model Training 2. Development of Observational Measurement Tool 3. Evaluation of referral date and turnaround time from referrals to enrollments 4. Planning Wraparound Fidelity Index 5. Provided training to new ACCESS staff on completing forms (e.g. TRAC NOMS, EDIFs) 6. Maintaining contact with ACCESS staff regarding TRAC NOM audits
Required Reporting	Ongoing as required	<ol style="list-style-type: none"> 1. Quarterly tracking and entry of TRAC IPP 2. Entering TRAC NOMS
ACCESS Initiative Community Internship	Sept 2012 – May 2013	Two community interns (Univ of Illinois students) are working with ACCESS Initiative staff on special projects across 2 semesters

Issues/Challenges

Assistance Needed for the Upcoming Month

IPP Accomplishments



ACCESS Initiative Staff Update

Month of: March 11, 2013 **Staff Name:** Shandra Summerville **Infrastructure Area(s):** CLC

Committee/Working Group Activity – Please list any committee or working group meetings hosted by you. Also provide a short update (upcoming tasks, celebrations, etc.).

CLC Committee	Actions/Decisions:	NA
Pastors for ACCESS Workgroup	Actions/Decisions: Task(s): Follow-up for partnership with Jericho to offer exercise classes	N/A
Natural Supports		

Strategic Meetings/Community Presentations – Please list any strategic meetings you attended. Provide information regarding who was in attendance, the nature of the meeting, next steps, and outcomes. Please list any community presentations you made on behalf of ACCESS. Provide information regarding your audience, purpose of the presentation, and collateral materials distributed.

Social Media Team	Weekly Meetings	Every Tuesday 10am-12pm	Planning for Children's Mental Health Awareness. ECCO Awards
TA Committee Meetings	Weekly Meetings		
NAACP	Meeting Freedom Fund Banquet Coordination/	February 7, 2013 February 16, 27, 28, March 1, 412	Regular General Body Meeting Planning Meetings

			Committee Meetings
CLC Consultations and Meeting	Mahomet Area Youth Club Community Elements Eastern Illinois Foodbank	February March 7, 2013	Quarterly Reporting Questions CLC Training Upcoming Training for Participation
National Federation of Families	Monthly Board Meeting Conference Planning Committee Call	February/March	Fundraising Plan and Strategic Planning about upcoming ED Visit to the White House. Children's Mental Health Awareness Meeting Planning for National Federation of Families Conference
Prairie Center	-Supervision -Compassion Fatigue Training -Employee Personnel Committee Presentation	February	CLC Coordinator attended training on compassion fatigue
Regional Planning Commission	CLC Training	February 21, 2013	3 rd Session of a series for Community Services Department of Regional Planning Commission
TA Partnership	Proposal Review	February 2-25	Review Proposals for upcoming System of Care Conference in July

Community Coalitions/Committees/Working Groups – Please list any community coalition/committee/working group meetings you attended as an ACCESS representative. Provide information regarding the nature of the meeting, your role as an attendee, next steps, and outcomes.

Human Services Council of Champaign County Anti-Racism and Diversity Committee --	Monthly Meeting March 7, 2013 Meeting held February 14, 2013	Reviewed survey results of the HSC about hosting a diversity café'.
Community Conversations\	CUAP, IBARJ, and Champaign Community Coalition	Planning for upcoming community conversation around assessment center
Walk as ONE-Champaign Community Coalition	February Meeting	Follow- Distribute information to coalition

		members about how Health Reform will impact youth and their families.
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Progress in Work Plan Activities – Please highlight current work plan activities and progress made toward completion of these goals.

Ex. GOAL 1: Building a sustainable and replicable service delivery system and infrastructure		
Activity/Strategy 6: Coordinating Council/ Governance Development		
Activity/Strategy 7: Workforce Development		
Goal 2: Increasing access to trauma- and justice-informed services and supports that reflect SOC values and principles		
Goal 3: Increasing youth, family, and community leadership and engagement across all levels		
Activity/Strategy 2: Youth – Training Topics	. Teen Dating Violence Awareness Month	
GOAL 4: Extending the capacity of organizations, agencies, informal supports and systems		
GOAL 5: Promoting authentic cross system/ collaboration and communication		
N/A		
GOAL 6: Expanding the community’s capacity to understand mental health		
1b. Faith Community/ Community-Wide Mental Health and Trauma Educational Series – targeted components of the Community Education Series	Faith Based workgroup are formed	On-Going

Community Conversations in order to continue dialog about the impact of mental health and other issues	Community Conversation Work Group was formed	February will be the next Community Conversation
GOAL 7: Encouraging rigorous evaluation		
Activity/Strategy 1: Continuous Quality Improvement	1e. Develop a CLC Monitoring tool that will insure that evaluation and practice are maintaining culturally and linguistically responsive.	Quarterly Comparison has been completed for Agencies

Issues/Challenges – *Please share any challenges.*

NA

Assistance Needed for the Upcoming week –

NA

IPP Accomplishments – All DDB/CCMHB Reported on CLC Plans 2nd Quarter Benchmarks

- Agency Wide Cultural Competence Training for Regional Planning Commission
- Partnership with Illinois Council Against Handgun Violence and NAACP and ACCESS to train on how to Advocate on state level

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

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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. 090 MENTAL HEALTH												
** DEPT NO. 053 MENTAL HEALTH BOARD												
41	CHAMPAIGN COUNTY TREASURER	2/26/13	02	VR	620-40		482888	2/28/13	090-053-513.06-00	HEALTH INSUR FND 620 EMPLOYEE HEALTH/LIFE INS FEB HI, LI, & HRA		2,944.59
										VENDOR TOTAL		2,944.59 *
88	CHAMPAIGN COUNTY TREASURER	2/11/13	02	VR	88-15		482180	2/14/13	090-053-513.02-00	I.M.R.F. FUND 088 IMRF - EMPLOYER COST	IMRF 1/25 P/R	1,539.72
										VENDOR TOTAL		1,539.72 *
176	CHAMPAIGN COUNTY TREASURER	3/06/13	05	VR	119-14		483246	3/07/13	090-053-513.04-00	SELF-FUND INS FND476 WORKERS' COMPENSATION INSWORK COMP 1/11,25P/		165.10
										VENDOR TOTAL		165.10 *
188	CHAMPAIGN COUNTY TREASURER	2/11/13	02	VR	188-20		482187	2/14/13	090-053-513.01-00	SOCIAL SECUR FUND188 SOCIAL SECURITY-EMPLOYER FICA 1/25 P/R		1,143.56
										VENDOR TOTAL		1,143.56 *
572	ABSOPURE WATER	2/26/13	01	VR	53-99		482897	2/28/13	090-053-533.51-00	EQUIPMENT RENTALS	INV 53886200 1/31	9.00
										VENDOR TOTAL		9.00 *
18052	COMCAST CABLE - MENTAL HEALTH ACCT	2/26/13	04	VR	53-98		482931	2/28/13	090-053-533.29-00	AC#8771403010088314 COMPUTER/INF TCH SERVICES8771403010088314 2/		84.90
										VENDOR TOTAL		84.90 *
8209	COMMUNITY ELEMENTS	2/26/13	01	VR	53-101		482934	2/28/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN TIMES CENTER	4,000.00
										VENDOR TOTAL		4,000.00 *
6000	FAMILY SERVICE OF CHAMPAIGN COUNTY	2/26/13	01	VR	53-100		482947	2/28/13	090-053-533.92-00	GRANTS CONTRIBUTIONS & GRANTS	FAMLY CONSELING JAN	2,773.08
										VENDOR TOTAL		2,773.08 *

CHAMPAIGN COUNTY

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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. 090 MENTAL HEALTH												
55635	PIATO CAFE, INC.	2/26/13	04	VR	53-	103	483020	2/28/13	090-053-533.95-00	FC2 CONFERENCES & TRAINING	INV 2398 2/20	124.00
											VENDOR TOTAL	124.00 *
67867	SPOC LLC	2/13/13	06	VR	28-	26	482287	2/14/13	090-053-533.33-00	D/B/A CHAMPAIGN TEL TELEPHONE SERVICE	INV 1092439 1/18	26.31
											VENDOR TOTAL	26.31 *
511802	DRISCOLL, MARK	2/11/13	01	VR	53-	95	482323	2/14/13	090-053-533.12-00	MENTAL HEALTH JOB-REQUIRED TRAVEL EXP	26 MILE 12/4-10	14.43
		2/11/13	01	VR	53-	95	482323	2/14/13	090-053-533.12-00	MENTAL HEALTH JOB-REQUIRED TRAVEL EXP	76 MILE 1/7-31	42.94
											VENDOR TOTAL	57.37 *
19548	HOWARD-GALLO, STEPHANIE	2/11/13	01	VR	53-	96	482333	2/14/13	090-053-533.12-00	MENTAL HEALTH BD JOB-REQUIRED TRAVEL EXP	27 MILE 12/3-31	14.99
		2/11/13	01	VR	53-	96	482333	2/14/13	090-053-533.12-00	MENTAL HEALTH BD JOB-REQUIRED TRAVEL EXP	41 MILE 1/2-31	23.17
											VENDOR TOTAL	38.16 *
44010	TRACY, PETER	2/26/13	01	VR	53-	102	483122	2/28/13	090-053-533.12-00	MENTAL HEALTH BOARD JOB-REQUIRED TRAVEL EXP	360 MILE 1/22-24	203.40
											VENDOR TOTAL	203.40 *
										MENTAL HEALTH BOARD	DEPARTMENT TOTAL	13,109.19 *
										MENTAL HEALTH	FUND TOTAL	13,109.19 *

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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											
16011	CHARLESTON TRANSITIONAL FACILITY	2/26/13	01 VR 108-	26		482928	2/28/13	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JAN RESIDENTIAL	4,204.00
										VENDOR TOTAL	4,204.00 *
									DEVLMTNL DISABILITY BOARD	DEPARTMENT TOTAL	4,204.00 *
									DEVLPMNTL DISABILITY FUND	FUND TOTAL	4,204.00 *

CHAMPAIGN COUNTY

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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. 641 ACCESS INITIATIVE GRANT											
*** DEPT NO. 053 MENTAL HEALTH BOARD											
41	CHAMPAIGN COUNTY TREASURER	2/26/13	02 VR	620- 40		482888	2/28/13	641-053-513.06-00	HEALTH INSUR FND 620 EMPLOYEE HEALTH/LIFE INS FEB HI, LI, & HRA		576.60
										VENDOR TOTAL	576.60 *
88	CHAMPAIGN COUNTY TREASURER	2/11/13	02 VR	88- 15		482180	2/14/13	641-053-513.02-00	I.M.R.F. FUND 088 IMRF - EMPLOYER COST	IMRF 1/25 P/R	403.91
										VENDOR TOTAL	403.91 *
176	CHAMPAIGN COUNTY TREASURER	3/06/13	05 VR	119- 14		483246	3/07/13	641-053-513.04-00	SELF-FUND INS FND476 WORKERS' COMPENSATION	INSWORK COMP 1/11,25P/	42.55
										VENDOR TOTAL	42.55 *
188	CHAMPAIGN COUNTY TREASURER	2/11/13	02 VR	188- 20		482187	2/14/13	641-053-513.01-00	SOCIAL SECUR FUND188 SOCIAL SECURITY-EMPLOYER FICA 1/25 P/R		299.99
										VENDOR TOTAL	299.99 *
572	ABSOPURE WATER	2/26/13	04 VR	641- 32		482897	2/28/13	641-053-533.51-00	EQUIPMENT RENTALS	INV 53890515 1/31	9.00
										VENDOR TOTAL	9.00 *
18053	COMCAST CABLE - ACCESS INITIATIVE ACCT	2/11/13	01 VR	641- 29		482212	2/14/13	641-053-533.29-00	AC#8771403010217756 COMPUTER/INF TCH SERVICES8771403010217756 JA		81.90
										VENDOR TOTAL	81.90 *
32008	HASLER, INC.	2/27/13	70 VR	641- 31		482969	2/28/13	641-053-533.51-00	EQUIPMENT RENTALS	INV 16697911 1/31	140.85
										VENDOR TOTAL	140.85 *
17867	SPOC LLC	2/13/13	06 VR	28- 26		482287	2/14/13	641-053-533.33-00	D/B/A CHAMPAIGN TEL TELEPHONE SERVICE	INV 1092439 1/18	24.17
										VENDOR TOTAL	24.17 *

CHAMPAIGN COUNTY

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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. 641 ACCESS INITIATIVE GRANT											
78552	VERIZON WIRELESS-MNTL HLTH BD/ACCESS	2/26/13	04 VR	641-30		483063	2/28/13	641-053-533.33-00	TELEPHONE SERVICE	28636916601 2/2	483.93
										VENDOR TOTAL	483.93 *
78873	VISA CARDMEMBER SERVICES	2/21/13	01 VR	641-35		482597	2/22/13	641-053-533.95-00	CONFERENCES & TRAINING	1939 EXPEDIA 1/10	722.59
		2/21/13	01 VR	641-35		482597	2/22/13	641-053-533.95-00	CONFERENCES & TRAINING	1939 FRONTIER 1/23	174.00
		2/21/13	01 VR	641-35		482597	2/22/13	641-053-533.29-00	COMPUTER/INF TCH SERVICES	1939 CONCENTRIC 1/1	11.95
		2/21/13	01 VR	641-35		482597	2/22/13	641-053-533.29-00	COMPUTER/INF TCH SERVICES	1939 MITEL 1/14	92.41
		2/21/13	01 VR	641-35		482597	2/22/13	641-053-533.18-00	NON-EMPLOYEE TRAINING,SEM	1939 ENTERPRISE 1/1	185.39
		2/21/13	01 VR	641-35		482597	2/22/13	641-053-533.95-00	CONFERENCES & TRAINING	1939 HOTWIRE 1/30	80.85
		2/21/13	01 VR	641-35		482597	2/22/13	641-053-533.84-00	BUSINESS MEALS/EXPENSES	1939 BUCA 1/31	56.55
		2/21/13	01 VR	641-35		482597	2/22/13	641-053-533.95-00	CONFERENCES & TRAINING	1939 WHITEHLL HTL2/	49.00
										VENDOR TOTAL	1,372.74 *
78975	WBCP-AM	2/26/13	04 VR	641-33		483067	2/28/13	641-053-533.89-00	PUBLIC RELATIONS	934000020001 1/31	400.00
										VENDOR TOTAL	400.00 *
81610	XEROX CORPORATION	2/26/13	04 VR	641-34		483081	2/28/13	641-053-533.85-00	PHOTOCOPY SERVICES	INV 066238562 2/1	454.71
										VENDOR TOTAL	454.71 *
35152	PARSONS, TRACY	2/11/13	01 VR	641-28		482350	2/14/13	641-053-533.12-00	JOB-REQUIRED TRAVEL EXP	433 MILE 12/1-20	240.32
		2/11/13	01 VR	641-28		482350	2/14/13	641-053-533.12-00	JOB-REQUIRED TRAVEL EXP	453 MILE 1/4-31	255.95
										VENDOR TOTAL	496.27 *
									MENTAL HEALTH BOARD	DEPARTMENT TOTAL	4,786.62 *
									ACCESS INITIATIVE GRANT	FUND TOTAL	4,786.62 *
									REPORT TOTAL	*****	22,099.81 *

PROGRESS REPORT

OF

**THE CHAMPAIGN COUNTY COMMUNITY
JUSTICE TASK FORCE**

November 2012

COMMUNITY JUSTICE TASK FORCE MEMBERS

Michael Richards, Chair

Scott Bennett

Lynn Branham

Mark Driscoll

Sheila Ferguson

James Kilgore

Julian Rappaport

Benita Rollins-Gay

William Sullivan

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PROGRESS REPORT OF THE COMMUNITY JUSTICE TASK FORCE NOVEMBER 2012

1. INTRODUCTION

The Community Justice Task Force grew out of a lengthy process of debate and deliberation by the Champaign County Board. We will briefly summarize that process here.

In May of 2011, the National Institute of Corrections (NIC), at the invitation of Sheriff Dan Walsh, sent a team to examine and assess the county jail facilities. The NIC consultants issued a report that declared the downtown jail to be in a “deplorable” state. They recommended the closure of the downtown facility and, among other steps, the development of a “master plan” for a “Champaign County Criminal Justice Complex” at the satellite site in East Urbana.

Following another of the NIC’s recommendations, in August of 2011 Sheriff Walsh, along with State’s Attorney Julia Rietz and County Board member Tom Betz, attended a “Planning (for) Opening New Institutions” (PONI) workshop run by the NIC in Colorado. The Sheriff then led a study session for the County Board in January 2012 focused on the idea of building a new jail. This proposal triggered a lengthy debate involving County Board members as well as groups and individuals from the community, the vast majority of whom spoke out against any major jail construction project.

While the initial discussions in the County Board framed the issue around the question of facilities, the protracted public debate expanded the focus, situating the construction issue within the broader context of the criminal-justice system. Some of the key questions and concerns that emerged were:

- The feasibility of repairing, upgrading, renovating, or re-purposing the downtown jail
- The lack of capacity and physical facilities for handling the increasing number of people in the jail with mental-health issues
- The lack of resources in the community for preventative programs for those with mental-health and substance-abuse problems
- The disproportionate presence of African-Americans in the jail population
- The large number of people in the jail for relatively minor offenses, including traffic violations, and other nonviolent crimes
- The lack of a full range of options when sentencing convicted individuals
- The need for a well-structured pretrial-services program to reduce the incarceration of individuals not convicted of a crime

- The prudence and financial feasibility of building an expanded jail, especially given the County Board administration's cost estimates of \$15-20 million for such an expansion
- The definition of public safety, specifically whether it referred solely to policing and jailing functions or whether it should be defined more broadly
- Gender inequities centered around the fact that most women were held in the older, inferior downtown facility while most men were in the more modern satellite jail

Pursuant to the extended discussion on these issues, the Board took three steps to further examine the desirability and feasibility of constructing an expanded jail: 1) delegating a Jail Project Planning Team (later called Jail Space Improvement Project Planning Team) to direct the process of considering options for the jail; 2) issuing a Request for Proposals (RFP) on February 24 for consultants to conduct a "comprehensive jail needs assessment study" which would include not only facilities issues but alternatives to incarceration "to reduce the demand for jail bed space"; and 3) appointing a Community Justice Task Force to "gather information on current programs and costs to prevent incarceration, recidivism and promote rehabilitation of prisoners; to look for additional programs (and potential costs) that the County does not utilize that may bolster current programs." The Board passed a motion to establish the Task Force on February 14. The motion stated that the Task Force (originally called a Citizens' Advisory Committee) would "garner together Impactors in the Social Justice System to present information regarding improvements and implementing suggestions in the 'jailing communities' report." The Task Force was to fall under the jurisdiction of the Justice and Social Services Committee and would be chaired by Board member Michael Richards. Applications for the Task Force were accepted until March 2 with final appointments of the nine-member body announced by Richards at the Board's Committee of the Whole meeting on April 3.¹

Since that time, the Community Justice Task Force (CJTF) has met nine times, beginning on May 1. Our work has largely focused on gathering information bearing on our charge: identifying current practices and future options to limit incarceration, reduce recidivism, and promote rehabilitation. A large part of our inquiry has focused on the identification of viable alternatives to incarceration. In particular, we have tried to uncover programs that have proven successful in other jurisdictions that could be adapted to Champaign County.

¹ The members appointed to the Task Force were: Scott Bennett, Assistant State's Attorney, Champaign County State's Attorney's Office; Lynn Branham, Visiting Professor of Law at Saint Louis University School of Law; Mark Driscoll, Sheila Ferguson, National Alliance on Mental Illness; James Kilgore, Citizens with Conviction; Julian Rappaport, Emeritus Professor of Psychology, University of Illinois; Benita Rollins-Gay, Community Elements Clinician and Crisis Line Coordinator; and William Sullivan, Professor of Landscape Architecture, University of Illinois.

Furthermore, to deepen our understanding of the concerns that catalyzed the Task Force's formation, we took tours of both the downtown jail and the satellite. The group's unanimous impression after visiting the downtown jail was that it was a sub-standard facility, not adequate to house people, offer meaningful programs, or constitute an acceptable working environment for staff. This lent an air of increased urgency and importance to the work of the CJTF.

While our investigations will continue, already the Task Force has heard presentations from a range of stakeholders including: Sheriff Dan Walsh, Captain Alan Jones, Nancy Griffin, Director of Programs at the County Jail, Harmony Godey, a mental-health worker at the County Jail, Sue Swain, Administrative Nurse at the County Jail, Julia Rietz, State's Attorney, Randy Rosenbaum, Champaign County Public Defender, Sargeel Risbee, McClean County Pre-Trial Coordinator, and Joe Gordon, Director of Probation, Court Services and the Juvenile Detention Center. In addition, the CJTF has received public participation input from many community members attending the Task Force's meetings, including a delegation from the African-American community at our September 10th meeting who initiated an extended dialog with us on racial discrepancies in the jail population and related issues.

Apart from the presentations by those outside the Task Force, our own members, especially the cohort involved in mental-health work, have delivered input and compiled documents about existing and desirable future programs that relate to the charge of the CJTF.

In response to this information gathering, members began to prepare background documents in their areas of expertise. These unedited documents are included in Part 6 of this report, "Background Notes and Other Possible Recommendations". Their inclusion here is intended as an indicator of the scope and character of our deliberations.

At the same time, we have begun to shape the content of our investigations and background writings into recommendations for the Board. The areas we have targeted so far are: pre-trial services; community-based and restorative sentencing, diversion, and deferred-adjudication options; mental-health and substance-abuse services, both inside the jail and in the community; reentry planning, and other criminal justice-related programming; training and public-education needs; the establishment of goals and performance standards; the need for evaluation to maximize the cost-effectiveness of sanctioning and programming options; a process to address racial discrepancies in the jail population and elsewhere in the criminal- and juvenile-justice systems; and the establishment of a permanent body to follow up on the work of the Task Force to ensure improved performance and cost-effectiveness in the County's criminal-justice system.

Drafts of some of these recommendations appear in Part 2 of this report. We have labeled the recommendations presented herein as "potential" since they are not yet finalized. The Task Force plans to gather additional information, secure feedback from stakeholders in the criminal-justice system and the public, and obtain data from the

Institute for Law and Policy Planning (ILPP), the needs-assessment consultant hired by the County. Data from the ILPP would, for example, help pinpoint the impact the Task Force's recommendations would likely have on the size and composition of the jail's population.

In addition, the Task Force has been considering how our efforts will intersect with the work of ILPP. We hope to be heavily involved in the process of helping shape some of ILPP's investigations and to gain access to the data they generate in order to sharpen our own analysis and enhance our capacity to inform the Board. Part 3 of this report contains some suggestions for priority areas on which the Task Force believes the ILPP should focus.

Given resource and time-frame limitations, we believe we have covered considerable ground. However, we are not near to completing our task. Therefore, at our meeting on October 22, the members of the Task Force voted unanimously to ask the Board to renew our mandate and allow us to work with ILPP as closely as possible. We believe a continuance of our work will help enhance the Board's perspective on the criminal-justice system, clarify the comparative cost-effectiveness of options available to the County Board, help inform its jail-related deliberations, and facilitate an ultimate set of decisions that will positively impact Champaign County in the short- and long-term.

2. POTENTIAL RECOMMENDATIONS TO BE INCLUDED IN THE TASK FORCE'S FINAL REPORT

Potential Recommendation #1: We believe the criminal-justice system needs to move in a direction that uses incarceration as the last option, promotes prevention, human development, and rehabilitation, and places a priority on a restorative approach to justice.

Potential Recommendation #2: Restorative justice, including "restorative options," should be integrated fully into the criminal-justice system in Champaign County.

Potential Recommendation #3: A Champaign County Restorative and Criminal Justice Coordinating Council should be established to identify and coordinate steps, on an ongoing basis, that can be taken by criminal-justice officials, other governmental officials, nongovernmental entities, and the public to ensure that the criminal-justice system in Champaign County operates cost-effectively and humanely.

Potential Recommendation #4: Comprehensive improvements should be made to mental-health and substance-use-disorder treatment programs and services in order to develop a behavioral-health system of care that avoids incarceration, reduces recidivism, and promotes rehabilitation. [See the "Behavioral Health Services Report" in Section 6 for more specific potential recommendations bearing on services and programs for individuals with mental-health problems and substance-abuse problems.]

Potential Recommendation #5: A pretrial-services program should be promptly established in Champaign County to perform the screening and supervision functions needed to avoid, except in narrowly defined instances, incarcerating people not convicted of a crime.

Potential Recommendation #6: A full range of community-based diversion, deferred-adjudication, and sentencing options should be made available within the county, be properly implemented in accordance with evidence-based practices, and be adequately funded so that case dispositions and sentences are cost-effective and humane.

Potential Recommendation #7: The additional treatment, programs, and reentry planning needed to avoid incarceration, reduce recidivism, and promote rehabilitation should be made fully available within the county, be properly implemented in accordance with evidence-based practices, be adequately funded, and be coordinated as individuals move through, and out of, the criminal-justice system.

Potential Recommendation #8: The Champaign County Board should appoint a broad-based and diverse “Racial Justice Impact Task Force” to identify the changes needed to reduce and ultimately eradicate racial disparities in the criminal-justice system.

Potential Recommendation #9: Criminal-justice officials in Champaign County should receive the training needed to implement effectively decisions made regarding systemic improvements to be made to the criminal-justice system.

Potential Recommendation #10: The Champaign County Restorative and Criminal Justice Coordinating Council should ensure that there is outreach to, and education of, the public on an ongoing basis about initiatives to make the criminal-justice system in the county more cost-effective and humane.

Potential Recommendation #11: The goals, objectives, and performance standards should be established, data collected, and evaluations conducted that will enable refinements to continue to be made on a timely basis to criminal-justice policies, procedures, practices, and programs to make them more cost-effective and humane.

3. PRIORITY TASKS FOR THE CONSULTANT

The Task Force recognizes that the Champaign County Board has retained a consultant, the Institute for Law and Policy Planning (ILPP), to lend its expertise to the resolution of the question of what needs to be done to redress what were termed, in a technical-assistance report funded by the National Institute of Corrections, the “deplorable conditions” within the downtown jail. And, laudably, the County Board has charged the consultant with the responsibility to also work with the Community Justice Task Force, recognizing that what needs to be done to redress the jail’s physical-plant problems most cost-effectively depends, in large part, on what other improvements can and need to be made in the corrections and sentencing systems in the county and other

criminal-justice-related processes and programs. The consultant's charge therefore commendably includes such questions as how alternatives can be employed to dissipate the need for incarceration in the county jail.

The Task Force's Progress Report provides a foundation for the work to be undertaken by the consultant. Rather than having the consultant simply repeat what the Task Force has already done, such as identify the need for more expansive community-based sentencing options, the Task Force recommends that the consultant undertake work that builds upon this foundation. More specifically, the Task Force recommends that the consultant undertake the tasks needed to ensure that once the work of the Task Force and the consultant is completed, the County Board has the information it needs to understand the impact and comparative cost-effectiveness of adopting the Task Force's potential recommendations.

The priority tasks for the consultant that the Task Force has thus far identified include the following:

1. Data computations regarding the impact of sanctioning and programmatic alternatives on the size of the jail's population. Provide specific feedback, for example, regarding the impact that a pretrial services program would have on the size of the jail's population.
2. Data computations regarding the cost-effectiveness of sanctioning and programmatic alternatives. Provide specific feedback regarding the cost-effectiveness of the various sanctioning and programmatic options identified by the Task Force and current sanctioning alternatives, including probation and jail incarceration.
3. Reviewing screening and risk-assessment instruments utilized throughout the criminal-justice system. Determine whether criminal-justice officials, including probation and jail officials, are using the optimal screening and risk-assessment tools.
4. Collecting data on the mental-health problems and substance-abuse problems of inmates incarcerated in the jail. For example, how many inmates in the jail have been diagnosed with a mental-health problem or a substance-abuse problem?
5. Identifying unmet needs for mental-health care and substance-abuse treatment in the criminal-justice system (including the jail) and in aftercare – when individuals leave the criminal-justice system. Specifics are needed on both the number of individuals with such unmet needs and the nature of their needs. For example, how many individuals being processed through the criminal-justice system need, but are not receiving, community-based residential treatment, and what impact would that treatment likely have on the recidivism rate, jail-space needs, and other matters germane to decisions to be made by the County Board and criminal-

justice officials?

6. Collecting other data on the profile of inmates in the jail, including their risk levels, needed to complete the assessments identified above. The data should also include information that would enable us to cross-reference racial discrepancies in the population with other factors, such as mental-health issues, substance-abuse issues, traffic offenses, drug offenses, and risk levels.
7. Providing feedback to ensure that sanctions and criminal-justice-related programs are carefully tailored to the offender, including the offender's risk level, thereby maximizing the cost-effectiveness of those sanctions and programs.
8. Organizing one or more public hearings and meetings with key criminal-justice stakeholders to secure feedback regarding the Task Force's potential recommendations and other matters being assessed by the consultant.
9. Identifying the most cost-effective steps that can be taken to redress, in the short term and the long term, the physical-plant problems at the downtown jail and any deficiencies in programming space at the satellite jail.

4. OBSERVATIONS REGARDING FUNDING

County General Corporate Fund

Day-to-day operations of Public Safety institutions (Court System/Court Services/Probation, Public Defender, State's Attorney, Sheriff, Correctional Facilities) make up \$18.3 million of the County General Corporate Fund's \$32.6 million budget. FY 2013 is budgeted for a \$125,000 deficit, and the Fund is projected to end 2012 with a surplus of \$400,000.

Sheriff \$4.7 million

State's Attorney & Support Enforcement \$2.5 million

Circuit Court/Jury Commission \$1.1 million

Public Defender \$1.1 million

Court Services/Probation \$1.5 million

Correctional Center 5.9 million

Juvenile Detention Center 1.6 million.

Since 2011, state reimbursements for the Correctional Center and JDC have fallen dramatically. Expenses are largely paid for out of General Corporate Funds.

Public Safety Sales Tax

Revenue for the 1/4 cent Public Safety Sales Tax Fund is expected to be 4.7 million dollars for FY 2013, and expenditures are budgeted for \$4.5 million. Of that, \$3.3 million is earmarked for debt service on bonds for the Courthouse and Juvenile Detention Center.

In partnership with the Mental Health Board, the County has dedicated \$230,000 for juvenile justice post-detention programs to reduce recidivism and delinquent behavior for FY 2013. That money is being used to support the Parenting with Love and Limits program.

Other budgeted non-debt service expenditures in 2013 are \$190,000 for Courts & Justice system software maintenance/technology, \$825,000 to offset utility costs for public safety buildings, and 100,000 for the Needs Assessment study.

Given that the present ordinance regarding the Public Safety Sales Tax Fund allocates only 5% for preventative, community-based programs, we recommend that the County Board consider a measure to increase that 5% in order to support community-based programs that will reduce the demand for jail bed space in the county.

Access Initiative

All revenue and expenditures for the Access Initiative are from a 6-year Illinois Department of Human Services SAMHSA grant. The program is expected to expend 2 million dollars in FY 2012 and 1.5 million in 2013. Increased funding will be directed towards services targeted on youth with Serious Emotional Disturbance (SED) involved in the juvenile justice system.

Mental Health Board

The County's Mental Health levy is expected to generate 3.9 million dollars in FY 2013. The Mental Health Board has budgeted 3.4 million dollars for grants for the prevention and treatment of mental or emotional, developmental, and substance abuse disorders. While the amount of money available for grants has increased slightly the last two fiscal years, many agencies that work with CCMHB have been squeezed by cuts to their state funding.

Drug Court Program Grant

Starting in FY 2012, Champaign County Drug Court has received a 2-year, \$100,000 per year U.S. Department of Justice grant that has allowed it to expand its services. CCMHB has contracted with the Prairie Center to provide these services.

5. POTENTIAL STATE-LEVEL RECOMMENDATIONS

In its final report, the Task Force will profile some particularly key steps that the state of Illinois can and should take when partnering with counties and communities to improve the functioning of their sentencing and corrections systems, promote rehabilitation, reduce recidivism, and facilitate the reentry of inmates being returned to their communities. An example of one such recommendation is to adopt a comprehensive community-corrections act. Such a statute, if drafted properly, would provide the structure, technical assistance, and funding that can further foster the development of the community-based sentencing and deferred-adjudication options that can minimize the financial and human costs of incarceration and save the state itself money. Another example is to restore, and indeed augment, the funding needed for

behavioral healthcare (the mental-health treatment and substance-abuse treatment) that can help avert the commission of crimes in the first place. A third example would be to strengthen state-local coordination to better promote prisoners' successful return to their communities.

6. BACKGROUND NOTES AND OTHER POSSIBLE RECOMMENDATIONS

Four background documents submitted by members of the Task Force for the Task Force's consideration are set forth below. These documents contain additional points and ideas that will be considered further by the Task Force. In addition, the Task Force will be seeking feedback from criminal-justice officials, other governmental officials, and the public about those additional points, ideas, and potential recommendations.

TO: Champaign County Community Justice Task Force
FROM: Lynn Branham
RE: Potential Task Force Recommendations

I have set forth below some potential recommendations that I am recommending that the Task Force circulate for feedback from criminal-justice officials, other government officials, and the public.

POTENTIAL RECOMMENDATION #1: A CHAMPAIGN COUNTY RESTORATIVE AND CRIMINAL JUSTICE COORDINATING COUNCIL SHOULD BE ESTABLISHED TO IDENTIFY AND COORDINATE STEPS THAT CAN BE TAKEN BY CRIMINAL-JUSTICE OFFICIALS, OTHER GOVERNMENTAL OFFICIALS, NONGOVERNMENTAL ENTITIES, AND THE PUBLIC TO ENSURE THAT THE CRIMINAL-JUSTICE SYSTEM IN CHAMPAIGN COUNTY OPERATES COST-EFFECTIVELY AND IN CONFORMANCE WITH THE "CORE PRINCIPLES OF RESTORATIVE AND CRIMINAL JUSTICE."

In order for the Champaign County Restorative and Criminal Justice Coordinating Council to be able to achieve the goals for which it was formed, the Council would need to be comprised of a diverse array of individuals – members of the public, certain criminal-justice officials who perform particularly key roles at different junctures in the criminal-justice system, and service providers who have expertise in addressing core problems, such as mental-health and substance-abuse problems, that contribute to individuals' ill-advised choices to commit crimes. At a minimum, the Council should include the following individuals:

1. A local prosecutor.

2. A local public defender.
3. A circuit judge who handles criminal cases.
4. A judge who oversees a problem-solving court, such as a drug court or mental-health court.
5. A representative from Champaign County Probation and Court Services.
6. A nonprofit community-corrections provider.
7. A local jail official.
8. A local law-enforcement official.
9. A local government official.
10. A restorative-justice provider or other expert in restorative justice. (See Potential Recommendation #5 for a discussion of restorative justice and its integration into the criminal-justice system in Champaign County.)
11. A mental-health services provider or other expert on mental illness.
12. A substance-abuse treatment provider or other expert on substance abuse.
13. A provider of educational services, including vocational training, to adults with learning disabilities and educational deficits or other expert on educational services for at-risk adult populations.
14. An employment specialist for at-risk adult populations.
15. At least three representatives of the public.

Several points bear emphasizing regarding the composition of the Champaign County Restorative and Criminal Justice Coordinating Council. First, it is imperative that the individuals selected to serve on the Council be open-minded – that they be willing to consider new ideas, research, and evaluation findings – as they work collectively to improve the operations of the criminal-justice system in Champaign County. If the individuals serving on the Council were wedded to the status quo, the ability of the Council to help make the county’s criminal-justice system operate more cost-effectively and in conformance with “Core Principles of Restorative and Criminal Justice” that may potentially be tendered in the Task Force’s final report would be severely hampered. (See the Appendix to this background paper for “Potential Core Principles” about which the Task Force can solicit and receive feedback.)

Second, the Restorative and Criminal Justice Coordinating Council should be diverse in terms of the race, ethnicity, and gender of its members.

Third, the Council should establish linkages with the University of Illinois and Parkland College, both of which can bring needed expertise to the work of the Council and assist, in other ways, in the identification and implementation of steps to improve the functioning of the criminal-justice system within the county. These linkages could be established, for example, by having a representative from each of these higher-education institutions serve as *ex officio* members of the Council, by having a faculty member or university or college official fill at least one of the slots on the Council, or through service on subcommittees established by the Council.

Fourth, the Restorative and Criminal Justice Coordinating Council should establish some subcommittees to assist the Council in its work. These subcommittees could delve more deeply into various facets of the criminal-justice system, develop recommendations for the Council's consideration, and conduct other tasks assigned by the Council. These subcommittees would not be, nor need to be, comprised solely or even primarily of Council members. The subcommittees would therefore be a means of bringing additional expertise and public input into the work of the Council and the collective countywide endeavor to improve the criminal-justice system in Champaign County.

Examples of subcommittees that the Restorative and Criminal Justice Coordinating Council should consider establishing at the outset include the following:

1. **Subcommittee on Pretrial Services.** This subcommittee would be charged with the responsibility to assist in implementing Potential Recommendation #2.
2. **Subcommittee on Community-Based Diversion, Deferred-Adjudication, and Sentencing Options.** This subcommittee would help the Council implement Potential Recommendation #3, ensuring that a full range of community-based diversion, deferred-adjudication, and sentencing options (options that do not entail incarceration in prison or jail) are available within the county.
3. **Reentry Planning and Integrated Programming Subcommittee.** This subcommittee would develop recommendations and take other steps to assist the Council in the implementation of Potential Recommendation #4.
4. **Restorative Justice Planning Subcommittee.** This subcommittee would assist in fleshing out the details of implementing Potential Recommendation #5.
5. **Public Outreach and Education Subcommittee.** This subcommittee would assist the Council in performing two key functions: one, meeting the public-

education responsibilities outlined in Potential Recommendation #7; and two, developing mechanisms to solicit and receive input from the public about ways to enhance the cost-effectiveness of the criminal-justice system in the county and to more fully incorporate the “Core Principles of Restorative and Criminal Justice” into pretrial-processing, sentencing, corrections, and reentry processes in the county.

6. **Data Collection and Program Evaluation Subcommittee.** This subcommittee would assist the Coordinating Council in ensuring that gaps and problems in data-collection and program-evaluation mechanisms in the county’s criminal-justice system are identified, whether by the subcommittee itself, one or more consultants, or a statistician employed by the county with the appropriate data-collection and program-evaluation expertise. The subcommittee would also help the Council ensure that the requisite refinements in those mechanisms are made. Finally, the subcommittee would help to ensure that risk-assessment tools currently employed within the county are meeting their potential to significantly diminish the costs of the criminal-justice system in ways commensurate with public-safety needs.

The Restorative and Criminal Justice Coordinating Council would determine whether additional subcommittees are needed to facilitate the Council’s work. For example, the Council might (or might not) determine that a Case Processing Subcommittee would be helpful in the endeavors to avoid the unnecessary incursion of criminal-justice-related costs and to ensure that case outcomes comport with the “Core Principles of Restorative and Criminal Justice.”

Whatever subcommittees the Council forms, it would be important for the Council to ensure that the subcommittees coordinate their efforts, whenever needed or advisable. For example, if the Subcommittee on Community-Based Diversion, Deferred-Adjudication, and Sentencing Options was developing, for the Council’s consideration, a detailed proposed plan for the institution of a day reporting center or centers in the county, the Restorative Justice Planning Subcommittee would play a role in the development of the proposed plan, highlighting how restorative justice could be integrated into the operations of the day reporting center or centers.

POTENTIAL RECOMMENDATION #2: A PRETRIAL-SERVICES PROGRAM SHOULD BE PROMPTLY ESTABLISHED IN CHAMPAIGN COUNTY TO PERFORM THE SCREENING AND SUPERVISION FUNCTIONS NEEDED TO AVOID, EXCEPT IN NARROWLY DEFINED INSTANCES, INCARCERATING PEOPLE NOT CONVICTED OF A CRIME.

Most of the people incarcerated in the Champaign County Jail are awaiting the potential filing of criminal charges or, if charges have been filed, are waiting for the further processing of their criminal case. In September 2012, for example, pretrial detainees comprised approximately 80% of the jail’s population. Champaign County

Sheriff's Office, *September 2012 Population Summary*. Until found guilty of a crime, these individuals are, under the United States Constitution, presumed innocent.

Professional standards have been developed to limit the incarceration of these presumptively innocent individuals – to avoid, whenever possible, the high costs, both financial and human, that attend such incarceration. See American Bar Association, *Standards for Criminal Justice: Pretrial Release* (3d ed. 2007); National Association of Pretrial Services Agencies, *Standards on Pretrial Release* (3d ed. 2004). The Standards on Pretrial Release promulgated by the National Association of Pretrial Services Agencies, for example, establish a presumption that individuals arrested for, and charged with, a crime will be released on their personal recognizance – effectively, a promise to appear in court. If release on a personal recognizance is considered inappropriate, a defendant still must generally be released, though subject to the “least restrictive condition(s) of release that will provide reasonable assurance that the defendant will appear for court proceedings and will protect the safety of the community, victims, and witnesses pending trial.” Only when *no* condition or set of conditions could meet these aims is pretrial detention considered appropriate.

The professional standards on pretrial release, as well as other resources developed by experts on this subject, outline an array of steps that jurisdictions can take to limit the unnecessary incarceration of individuals who are, it bears repeating, presumed innocent of any criminal wrongdoing. See, e.g., Marie Vannostrand, Nat'l Inst. of Corr., U.S. Dep't of Justice, *Legal and Evidence-Based Practices: Applications of Legal Principles, Laws, and Research to the Field of Pretrial Services* (2007); Barry Mahoney et al., Nat'l Inst. of Justice, U.S. Dep't of Justice, *Pretrial Services Programs: Responsibilities and Potential* (2001). The Coordinating Council should consider the advisability of adopting each of these steps in Champaign County, if these steps have not already been undertaken.

One very fundamental step, though, clearly needs to be taken promptly in the county in order to avert the unneeded incarceration of certain pretrial detainees: the institution of a pretrial-services program. Pretrial-services programs are prevalent throughout the United States, including Illinois. (See the “List of Pretrial Programs” at <http://www.pretrial.org/Resources/Pages/PretrialPrograms.aspx> for examples of these programs.) These programs provide two types of services to courts, as well as the community, which are instrumental in avoiding unneeded incarceration. First, they perform a screening function that enables a court to both better determine who really must be confined while awaiting trial and to identify more accurately the least restrictive condition(s), if any, necessary for pretrial release. This screening function, if conducted properly, adheres to evidence-based protocols and utilizes a validated risk-assessment instrument. Thus, the benefits reaped from the screening component of a pretrial-services program go beyond limiting the high financial costs, psychic toll, and other injurious effects of unnecessary pretrial detention (as well as the costs of overly restrictive release conditions); this screening is also a more reliable means of protecting the public's safety than ad hoc assessments of the suitability of an individual for release and of any potential condition(s) of that release.

The other key role of a pretrial-services program is to provide supervision, when needed, of individuals who continue to reside in the community while awaiting trial. The type and amount of this supervision will vary from case to case. But the level of supervision to which a presumptively innocent individual is subject should be confined to what is necessary to provide the requisite “reasonable assurance” that the defendant will attend court proceedings and will protect the safety of victims, witnesses, and the community while the defendant is awaiting trial.

The details regarding the structuring of the pretrial-services program in Champaign County will be fleshed out by the Champaign County Restorative and Criminal Justice Coordinating Council, with assistance from the Subcommittee on Pretrial Services, other criminal-justice officials, service providers who may provide services, such as mental-health treatment, to individuals released pretrial, and other interested individuals and entities. The Pretrial Justice Institute is another helpful source of information and expertise to which the Coordinating Council and criminal-justice officials in the county could turn when developing the pretrial-services program. But however all of these details are resolved, it is particularly important that the pretrial-services program meet the following requirements:

Requirement #1. The pretrial-services program should be structured in accordance with evidence-based practices and protocols and should utilize validated risk-assessment instruments when screening individuals for pretrial release and possible conditions of release.

Requirement #2. The professional standards developed by the American Bar Association and the National Association of Pretrial Services Agencies to govern pretrial release should be consulted and generally followed when contouring pretrial-release policies and procedures for the county. While the ABA Standards provided the foundation for many of the NAPSA Standards, if the ABA Standards and the NAPSA Standards set forth different standards on a particular pretrial-release issue, the Council should determine which standard to follow and identify the reason for that decision. Only when the Coordinating Council identifies a compelling reason for departing from a standard developed by these noted experts on criminal justice and pretrial release should the Council deviate from the professional standards governing pretrial release.

Requirement #3. The pretrial-services program should be structured in a way that meets the treatment needs of mentally ill individuals who, without such treatment, will or may be incarcerated pending trial. Towards that end, the Coordinating Council should develop linkages with service providers to facilitate the meeting of those needs, such as the need for mentally ill individuals to continue taking medications to manage their illnesses and avoid committing crimes while awaiting trial. For a description of one such program model, see Nat’l Inst. of Justice, U.S. Dep’t of Justice, *Managing Mentally Ill Offenders in the Community: Milwaukee’s Community Support Program* (1994).

Requirement #4. In order to meet its objectives, including the avoidance of unnecessary and costly pretrial incarceration and the safeguarding of the public's safety, the pretrial-services program must be adequately funded.

POTENTIAL RECOMMENDATION #3: A FULL RANGE OF COMMUNITY-BASED DIVERSION, DEFERRED-ADJUDICATION, AND SENTENCING OPTIONS SHOULD BE MADE AVAILABLE WITHIN THE COUNTY, BE PROPERLY IMPLEMENTED IN ACCORDANCE WITH EVIDENCE-BASED PRACTICES, AND BE ADEQUATELY FUNDED SO THAT CASE DISPOSITIONS AND SENTENCES ARE COST-EFFECTIVE AND HUMANE.

One of the “Potential Core Principles of Restorative and Criminal Justice” being circulated for feedback is that a community sanction (one not entailing incarceration in prison or jail) is the presumptively appropriate sentence for convicted individuals who do not pose a substantial danger to the community. This core principle is drawn from the American Bar Association’s “Blueprint for Cost-Effective Pretrial Detention, Sentencing, and Corrections Systems” adopted by the ABA in 2002. *See* Appendix to Rep. 107, Summary of Action of the House of Delegates, 2002 Annual Meeting, *available at* http://www.americanbar.org/groups/criminal_justice/pages/CJPolicyInitiatives.html. The “Potential Core Principles” recognize that when sentencing and correctional systems are well structured, a sentence to confinement, whether in a jail or prison, should be a relative rarity.

One integral feature of such well-structured sentencing and correctional systems is that they provide judges a wide array of community sanctions from which to choose. Affording judges this breadth of sentencing options enables them to tailor a sentence to fit the gravity of a defendant’s crime and the defendant’s individual circumstances, including prior criminal convictions. Without such options, judges inevitably will be forced to impose sentences that either do not adequately hold defendants accountable for their crimes or are unduly harsh and a wasteful expenditure of public funds.

It is important to understand that the presumption alluded to above in favor of a community sanction is rebuttable. There will be times, for example, when a state statute mandates the incarceration of someone who poses no substantial danger, or even any danger, to people within the community. It bears noting, though, that the existence of such statutes would not necessarily foreclose the institution of diversion, deferred-adjudication, or other programs for individuals charged with committing crimes subject to such mandatory-minimum sentences. The Kings County Drug Treatment Alternative-to-Prison (DTAP) program in New York, which was created by District Attorney Charles “Joe” Hynes, is one example of such a program. To be eligible for DTAP, a defendant must be charged with a felony and have at least one prior felony conviction. In addition, the defendant must manifest signs of being drug-addicted, and there must be an indication that the addiction was a motivating factor behind the crime. If a defendant successfully completes the DTAP program, which requires residential treatment, the felony charge is

dismissed. For additional information on DTAP, see Charles J. Hynes, *DTAP Twenty-First Annual Report* (2012).

The Coordinating Council will identify and help fully integrate into the county's criminal-justice system the community-based diversion, deferred-adjudication, and sentencing options that are either not available or, if available, are underutilized or not employed as cost-effectively as they could be. The Council will complete this work with the assistance of the Subcommittee on Community-Based Diversion, Deferred-Adjudication, and Sentencing Options, other criminal-justice officials, service providers, and other interested individuals and entities.

While there are a number of community-based options for diversion, deferred adjudication, and sentencing on which the Council will (and should) focus, five initial implementation priorities are being recommended for the Council's consideration. Three of these initial implementation priorities are briefly discussed below. Potential Recommendation #4 encapsulates the fourth initial implementation priority – additional diversion, deferred-adjudication, and sentencing options for certain defendants with serious mental-health problems, serious substance-abuse problems, or both problems (co-occurring disorders). Potential Recommendation #5 includes a brief overview of the fifth initial implementation priority – “restorative sentences.” And when the Task Force issues its final report, it may identify additional implementation priorities, particularly priorities involving the further augmenting of diversion and deferred-adjudication options.

Initial Implementation Priority: Restorative Justice Center(s). Requiring a defendant to attend a day reporting center (DRC) is, with increasing frequency, being imposed as a sentence across the United States. Sentencing a defendant to a DRC can be a stand-alone sentence or, when needed, combined with a probation sentence.

The operations of DRCs can be structured in many different ways. Some or all of those sentenced to a DRC can, for example, be required to come to the DRC at a prescribed time and submit their itinerary for that day. DRC staff or others can then conduct periodic checks to confirm that the individual is where he or she is supposed to be, such as at work or school. A DRC can also be the locus for programs and activities in which an individual has been required to participate as a condition of his or her sentence. Some examples of such programs and activities include: GED classes, life-skills training, anger-management classes, cognitive intervention programming, job-readiness training, job-placement programming, parenting classes, classes on fatherhood, drug testing, substance-abuse education, alcohol and drug treatment, and continuous remote alcohol monitoring.

The day reporting center or centers established in Champaign County could also serve as the site(s) for the restorative-justice initiatives – victim-offender mediation, family group conferencing, sentencing circles, and victim-offender panels – described under the fifth potential recommendation being submitted to the Task Force. In addition, at the DRC, defendants sentenced to a “restorative sentence” and others could receive the

training about restorative justice contemplated by that recommendation. Since, as will be seen, it is being recommended that restorative justice become a centerpiece of Champaign County's criminal-justice system, any day reporting center established in the county could, and I believe should, be referred to as a "Restorative Justice Center."

Initial Implementation Priority: Electronic-Supervision Sentences. Significant advances in technology have enabled jurisdictions to provide judges with more sentencing options from which to choose. Continuous-signaling devices, for example, can confirm, through radio frequency transmissions emanating from a transmitter worn by an individual serving an electronic-supervision sentence, that he or she is at home when required to be there by the court. Mobile monitoring devices can enable a probation officer or a police officer to drive by a location where an individual is supposed to be, such as a workplace or site of an AA meeting, and verify the individual's presence through the signal emitted from an ankle or wrist transmitter. And as part or all of a sentence, a person can be subject to Global Positioning System (GPS) satellite monitoring, which tracks the individual's whereabouts twenty-four hours a day. GPS tracking devices can be used to confirm that an individual is in an "inclusion zone," an area where the individual is required to be at certain defined times. And the GPS system can alert authorities and any victim on the notification list if the person being monitored has entered an "exclusion zone," an area that the sentence has prohibited the defendant from entering.

Technology also now permits correctional officials to monitor more easily individuals' compliance with certain other conditions of their sentences. Remote alcohol detection devices, for example, can be used to determine whether someone has consumed alcohol in contravention of a sentencing order.

The Restorative and Criminal Justice Coordinating Council should take the necessary steps that will enable the various forms of electronic supervision to be more readily available as sentencing options for judges when such supervision is in keeping with any legal constraints on the use of these electronic devices and with the "Core Principles on Restorative and Criminal Justice." One resource that should prove particularly helpful to the Council as it lays the groundwork for these additional sentencing options is a 241-page manual published by the Bureau of Justice Assistance on implementing electronic supervision within a jurisdiction. *See* Matthew DeMichele & Brian Payne, Am. Prob. & Parole Ass'n, *Offender Supervision with Electronic Technology: Community Corrections Resource* (2d ed. 2009). And both to avoid discrimination against sentenced individuals due to their poverty and to ensure that a sentence to electronic supervision can be imposed whenever such a sentence is deemed the most appropriate sentence in a case, an electronic-supervision sentence should be fully available for defendants who have no or few funds to pay a fee to defray some or all of the costs of the electronic monitoring, assuming that the imposition of such fees is even advisable.

Initial Implementation Priority: Day Fines. A National Institute of Justice study describes fines as "unequivocally *punitive*." *See* Sally T. Hillsman et al., Nat'l Inst.

of Justice, U.S. Dep't of Justice, *Fines in Sentencing: A Study of the Use of the Fine as a Criminal Sanction* (Executive Summary) 6 (1984) (emphasis in original). However, the potential of fines to limit incarceration and impose a meaningful, proportional, and enforceable sanction for a serious crime, including certain felonies, has not been realized in the United States or in this county. By contrast, what are known as “day-fine systems” are prevalent in many countries, constituting basic features of their sentencing systems. See, e.g., Peter J. Tak, *Sentencing and Punishment in The Netherlands*, in SENTENCING AND CORRECTIONS IN WESTERN COUNTRIES 161 (Michael Tonry & Richard S. Frase eds., 2001) (reporting that fines are presumed under the law in the Netherlands to be the most appropriate penalty and that when judges impose a different sanction, they must explain why they did not impose a fine).

Set forth below is a brief description from the NIJ study of how day fines can be used to calibrate a fine to reflect a crime’s seriousness as well as a defendant’s financial capacity to pay a fine:

The “day-fine” . . . is designed to enable a sentencing judge to impose a level of punishment which is commensurate to the seriousness of the offense and the prior record of the offender, while at the same time taking account of his or her poverty or affluence.

In a day-fine system, the amount of the fine is established in two stages. The first involves setting of the number of units of punishment to be imposed, taking account of the seriousness of the offense (and perhaps the defendant’s prior history, too), but without regard to the means of the offender. In the second stage, the monetary value of each unit of punishment is set in light of information about the offender’s financial circumstances. Thus, at least theoretically, the degree of punishment should be in proportion to the gravity of the offense, and roughly equivalent (in terms of severity of impact on the individual) across defendants of differing means.

When a law was enacted in West Germany mandating that, except in exceptional situations, day fines or sentences to probation be imposed in lieu of sentences to incarceration for less than six months, the number of custodial sentences of that duration dropped from 113,000 in 1968 to fewer than 11,000 by 1976. But day fines not only can avoid the high costs and negative effects of incarceration but also the often-overlooked costs of community supervision. In short, day fines can be the optimal penalty for certain defendants sentenced in this county, and a well-structured day-fine system could free up resources needed for those defendants for whom more expensive penalties (or services) are needed.

An impediment to the widespread use of day fines in jurisdictions in this country is that, unlike in European countries, they have not put in place the collection and monitoring systems needed to enforce day fines. Several recommendations tendered by a researcher at the National Institute of Justice to redress this problem are set forth below:

One such recommendation would be to move the collection process out of the courts, which are ill-equipped to track payments and manage a fine-collection system. Responsibilities could be transferred to some other office of municipal government with capabilities for collecting revenues (e.g., a tax assessor). Alternatively, courts could contract with private collection services that routinely collect funds for a variety of loans. Either solution would remove a significant challenge to administration of the system.

Another suggestion that would help with day fine administration is to follow the example of Nordic countries, [which] try to collect the fine in a lump-sum payment (via credit card) at the point of levy. This vastly simplifies the administration of the system and reduces monitoring overhead.

Finally, enforcement of collections should follow the Swedish model; confiscate property to remedy nonpayment. If the primary reason for implementing day fines is to reduce corrections populations, it seems counterproductive to consume prison and jail resources as part of the process.

Edwin W. Zedlewski, Nat'l Inst. of Justice, U.S. Dep't of Justice, *Alternatives to Custodial Supervision: The Day Fine* 10 (2010). The Coordinating Council can consider these recommendations, review other resources on day fines, and consult with one or more experts on day fines as it determines how a day-fine system could be feasibly implemented in Champaign County.

POTENTIAL RECOMMENDATION #4: THE TREATMENT, PROGRAMS, AND REENTRY PLANNING NEEDED FOR INDIVIDUALS TO REDRESS SERIOUS PROBLEMS THAT CONTRIBUTED TO THEIR DECISIONS TO COMMIT CRIMES SHOULD BE MADE FULLY AVAILABLE WITHIN THE COUNTY, BE PROPERLY IMPLEMENTED IN ACCORDANCE WITH EVIDENCE-BASED PRACTICES, BE ADEQUATELY FUNDED, AND BE COORDINATED AS INDIVIDUALS MOVE THROUGH, AND OUT OF, THE CRIMINAL-JUSTICE SYSTEM.

NOTE TO TASK FORCE: The amplification of this recommendation will be completed at a later date. The commentary will explain, for example, the importance of integrating an inmate and his or her family into the reentry-planning process, rather than just having the plan developed by others, in order to enhance the ability of a reentry plan to foster the inmate's successful reintegration into the community.

POTENTIAL RECOMMENDATION #5: RESTORATIVE JUSTICE, INCLUDING "RESTORATIVE SENTENCES," SHOULD BE INTEGRATED FULLY INTO THE CRIMINAL-JUSTICE SYSTEM IN CHAMPAIGN COUNTY.

While implementation of all of the recommendations set forth in this report are needed to address some evident gaps and deficits in the current criminal-justice system, implementing the above recommendation to integrate restorative justice into the criminal-

justice system should be a particularly key focus of the Restorative and Criminal Justice Coordinating Council's efforts to help improve the functioning of the criminal-justice system. Through restorative justice, a core aim of sentencing and correctional systems shifts from "getting back" at individuals because they have committed a crime to having them "give back" to others harmed by their crimes, including individual victims and the community. Restorative justice, when implemented correctly, lays the foundation for offenders to truly understand the harm their crimes have caused and enables them to redress, to the extent possible, the harm their crimes have caused. The end-all of restorative justice is, in short, not the exaction of revenge; instead, restorative justice strives to promote other ends: accountability of offenders for the harm their crimes have caused and healing of those injured by crimes – victims, victims' and defendants' families, the community, and the defendants themselves.

Much has been written about restorative justice, its benefits, and its implementation elsewhere in the country and in other nations. The purpose of this preliminary report is not to serve as a primer on restorative justice, though the Coordinating Council will need to make sure that judges, criminal-justice practitioners, defendants, and others receive training about restorative justice. But profiled below are several examples of mechanisms through which the Coordinating Council can, and I believe should, bring restorative justice to the criminal-justice system in Champaign County.

1. Restorative Sentences. As mentioned earlier, what would be "restorative sentences" in name, purpose, and content are one of the five initial implementation priorities for expanding the sentencing options available to judges in Champaign County so that sentences are more proportional to the severity of a crime, more cost-effective, and in accord with the still to be finalized "Core Principles of Restorative and Criminal Justice." In order for restorative sentences to realize their full potential as tools of restorative justice, the Restorative Justice Planning Subcommittee would need to prepare, for the Coordinating Council's consideration, a detailed recommended plan for integrating these sentences into the criminal-justice system. One resource that outlines some of the key steps to be taken to make restorative sentences a mainstay of a criminal-justice system explains why the taking of these steps is important:

[P]lanning, training, and other steps would have to be undertaken in a jurisdiction to ensure that these sentences are, in truth, restorative sentences, and not simply a summary edict by a judge that a defendant perform some type of community service as a part, or all, of the criminal sentence. Without taking these steps, defendants might perform work benefiting the community, such as picking up trash along a highway, without having any comprehension of the real and full harm their crimes have caused, without any personal embracing of their responsibility to remediate that harm, and without any signifier from the community, after the completion of that community service, that they have repaid their debt to the community arising from their criminal conduct and are now being welcomed back fully as members of it.

Lynn S. Branham, "Plowing in Hope: A Three-Part Framework for Incorporating Restorative Justice Into Sentencing and Correctional Systems," 28 *William Mitchell L. Rev.* 1261, 1270 (2012).

One example of what could become a classic restorative sentence would include, in part, work in growing, preserving, or distributing healthy, locally grown fruits and vegetables to poor people living in areas of the county particularly affected adversely by the effects of crime. The focus of other restorative sentences could be on beautifying crime-ridden areas through the planting of trees, bushes, and flowers and other landscaping work. Still another restorative-sentencing program could entail the repair and renovation of dilapidated homes in low-income neighborhoods particularly plagued by crime.

Individuals who serve restorative sentences would also often participate in other restorative-justice programs. Examples of restorative-justice programs that it would behoove the Coordinating Council to integrate into the county's criminal-justice system are set forth below.

2. Victim-Offender Mediation. Victim-offender mediation programs offer a victim the opportunity to meet with an offender in the presence of a trained mediator. Through one or more mediation sessions, the offender can gain an understanding of the actual harm caused by his or her crime. Rationalizations through which offenders often dismiss the adverse impacts of their crimes (e.g., "the burglary I committed didn't really hurt anybody because homeowners have insurance") can be debunked as the offender hears from the victim about the crime's injurious effects. And both the victim and the offender can gain some measure of closure as they develop, through a constructive dialogue, an agreement under which the offender will take prescribed steps to remediate these and other harmful effects of the crime.

3. Family Group Conferencing and Other Mediation Modalities. Other mediation modalities pull additional people into the restorative and problem-solving dialogues discussed above. Family group conferencing, for example, also includes the victim's and the offender's family members and perhaps certain close friends. Sentencing circles, sometimes called "peacemaking circles," are even more inclusive restorative-justice mechanisms, with criminal-justice officials and sometimes members of the community participating in these sessions.

4. Victim-Offender Panels. A victim-offender panel is a restorative-justice tool that can be utilized when a victim or an offender is unable or unwilling to meet with the other individual. For example, some victims of drunk driving can meet with a group of individuals convicted of DUI (driving under the influence) to discuss the impact drunk driving had on the victims and their families.

POTENTIAL RECOMMENDATION #6: CRIMINAL-JUSTICE OFFICIALS IN CHAMPAIGN COUNTY SHOULD RECEIVE THE TRAINING NEEDED TO IMPLEMENT EFFECTIVELY THE DECISIONS REGARDING

SYSTEMIC IMPROVEMENTS TO BE MADE TO THE CRIMINAL-JUSTICE SYSTEM.

We are all aware of the reality that people, for a variety of reasons, often tend to be resistant to change, however much needed that change is. They may have become so accustomed to the status quo that it is difficult to even envision a different approach or paradigm. They may feel that proposals for change constitute an implicit criticism of the ways in which they have been performing their jobs. Or there may be an aversion to the work that would be entailed, and the hurdles that would have to be surmounted, whenever changes are being instituted.

In order to limit what can be an entrenched resistance to change and to garner the widespread support of those who work in the criminal-justice system for the improvements to be made in that system, the Coordinating Council should make sure that officials throughout the criminal-justice system receive the training needed for them to understand the rationales for, and benefits of, these changes. These officials should also receive the requisite training to implement these changes fully, effectively, and efficiently. For example, if the Council agrees that reentry planning for those serving jail sentences should be a proactive, problem-solving process in which the inmate, the inmate's family, and others play a very active role, officials who help to develop, or oversee the development of, these reentry plans need to receive training about how to maximize the utility of reentry planning in general and, in particular, this kind of inclusive reentry planning. The training for which the Task Force is calling would extend to judges, prosecutors, defense attorneys, probation and other community-corrections officials, jail officials, and other categories of individuals identified by the Council.

POTENTIAL RECOMMENDATION #7: THE CHAMPAIGN COUNTY RESTORATIVE AND CRIMINAL JUSTICE COORDINATING COUNCIL SHOULD ENSURE THAT THERE IS OUTREACH TO, AND EDUCATION OF, THE PUBLIC ON AN ONGOING BASIS ABOUT INITIATIVES TO MAKE THE CRIMINAL-JUSTICE SYSTEM IN THE COUNTY MORE COST-EFFECTIVE AND HUMANE.

The Public Outreach and Education Subcommittee would play an instrumental role in assisting the Coordinating Council in implementing this recommendation. The outreach to, and education of, the public for which this recommendation calls is important for four primary reasons:

1. **Source of Ideas.** The public can provide feedback that will assist the Coordinating Council in identifying additional ways to improve the functioning of the criminal-justice system.
2. **Public Understanding of, and Support for, Community Sentences.** Researchers have confirmed that when members of the public are informed about community sanctions, their support for them shifts dramatically. For example, in one seminal study in Alabama, 422 adults were told about

twenty-three hypothetical offenders whose crimes ranged from shoplifting, selling drugs, drunk driving, burglary, and embezzlement to rape and armed robbery. When first given two sentencing options from which to choose – either a probation sentence or a prison sentence, the study subjects selected the prison sentence in eighteen of the twenty-three cases. But after being informed about five other sentencing options – “strict probation” that required an offender to meet with a probation officer up to five times a week for two years; strict probation along with restitution; strict probation plus community service; house arrest for up to a year; and boot camp for three to six months, the adults being studied opted for a prison sentence in only four of the twenty-three cases. Notably, many of the offenders for whom the study subjects now considered imprisonment an inappropriate sanction had been convicted of very serious crimes, including drug dealing, embezzlement of \$250,000, and committing an unarmed burglary for the second time.

3. **Promotion of Restorative Justice.** One of the key premises of restorative justice is that crimes primarily harm the community itself and individuals within the community. Consequently, community members need to be given opportunities (and have the responsibility to avail themselves of those opportunities) to understand restorative justice and be vehicles of it.
4. **Governmental Accountability.** Endeavors to make the inner workings of the criminal-justice system more transparent to the public have the inherent value of promoting governmental accountability. When criminal-justice officials and other governmental officials know that members of the public are more likely to become aware of and scrutinize their actions, that knowledge can catalyze these officials to continually ask themselves, “What else can we do to improve the functioning of the criminal-justice system?”

POTENTIAL RECOMMENDATION #8: THE GOALS, OBJECTIVES, AND PERFORMANCE STANDARDS SHOULD BE ESTABLISHED, DATA COLLECTED, AND EVALUATIONS CONDUCTED THAT WILL ENABLE REFINEMENTS TO CONTINUE TO BE MADE ON A TIMELY BASIS TO CRIMINAL-JUSTICE POLICIES, PROCEDURES, PRACTICES, AND PROGRAMS TO MAKE THEM MORE COST-EFFECTIVE AND HUMANE.

Through the specification of goals and objectives, the development of performance standards, the carefully targeted collection of data, and the conducting of methodologically sound evaluations, the Coordinating Council, other criminal-justice and governmental officials, service providers, and the public will be better able to ascertain the cost-effectiveness of criminal-justice policies, procedures, practices, and programs; determine how these policies, procedures, practices, and programs can be improved; and identify what more needs to be done to further implement the “Core Principles of Restorative and Criminal Justice.” The Data Collection and Program Evaluation Subcommittee can play a leadership role in ensuring that the proper data-collection and evaluation mechanisms are in place throughout the criminal-justice system to realize

these objectives. The committee can also help guard against what can sometimes be the proclivity within certain parts of criminal-justice systems to “pick the low-hanging fruit” – to subject low-risk defendants to more stringent sentences or conditions than needed – in order to improve reported performance results, whether in an institutional or community setting.

POTENTIAL RECOMMENDATION #9: THE CHAMPAIGN COUNTY RESTORATIVE AND CRIMINAL JUSTICE COORDINATING COUNCIL SHOULD WORK IN CONCERT WITH CRIMINAL-JUSTICE OFFICIALS, OTHER GOVERNMENTAL OFFICIALS, NONGOVERNMENTAL ENTITIES, AND THE PUBLIC TO IDENTIFY, ON AN ONGOING BASIS, OTHER STEPS THAT COULD AND NEED TO BE TAKEN TO MAKE THE CRIMINAL-JUSTICE SYSTEM WITHIN THE COUNTY MORE COST-EFFECTIVE AND HUMANE.

The Coordinating Council will be vested with the ongoing responsibility to continue to identify ways in which the criminal-justice system in the county could be made more cost-effective and humane. And it will be incumbent on the Council to then take the follow-up actions needed for those improvements to be made.

Examples of additional subjects for the Council’s consideration include: (a) the length of sentences, both community-based sentences and sentences to institutional confinement; (b) the potential institution of other problem-solving courts (in addition to drug and mental-health courts) or taking of other steps to incorporate a problem-solving ethos into court processes; (c) additional diversion or deferred-adjudication options; (d) avoiding “net-widening” – the imposition of additional constraints on convicted individuals simply because more sentencing options are available, even when those constraints are not needed to serve penological objectives; (e) the possibility of diminishing the costs and burdens of the criminal-justice system (thereby freeing up resources to, for example, process offenders who pose the greatest threats to the public’s safety) by imposing civil penalties for certain criminal conduct; (f) exploring whether modifications need to be made in the ways in which correctional fees are imposed and collected; and (g) identifying changes that can be made in probation-modification and probation-revocation processes that will produce more cost-effective and humane outcomes.

POTENTIAL RECOMMENDATION #10: THE CHAMPAIGN COUNTY BOARD SHOULD APPOINT A BROAD-BASED AND DIVERSE “RACIAL JUSTICE TASK FORCE” TO IDENTIFY THE STEPS THAT CAN BE TAKEN BY FAMILIES, THE PUBLIC, NONGOVERNMENTAL ENTITIES, JUVENILE-JUSTICE AND CRIMINAL-JUSTICE OFFICIALS, AND OTHER GOVERNMENTAL OFFICIALS TO ERADICATE RACIAL AND ETHNIC DISPARITY IN THE CRIMINAL-JUSTICE AND JUVENILE-JUSTICE SYSTEMS.

NOTE TO TASK FORCE: The commentary, once completed, would highlight why the formation of the above task force is considered needed, the benefits to be reaped from the task force’s work, and how such task forces are increasingly being appointed in other communities and states across the country.

APPENDIX

POTENTIAL CORE PRINCIPLES OF RESTORATIVE AND CRIMINAL JUSTICE

“Core Principles” can provide a needed framework for the collective efforts in Champaign County to “prevent incarceration, reduce recidivism, and promote rehabilitation” and to meet other essential aims of its criminal-justice system.

1. **Individual Responsibility.** Individuals who commit crimes have an obligation to remedy, where possible, the harm their crimes have caused individuals and the community as a whole.
2. **Restorative Justice.** Criminal-justice systems, including the sentencing and correctional components of those systems, should be structured in a way that promotes restorative justice, enabling those who committed crimes to understand the harm their crimes have caused and to meet their obligations to remedy that harm.
3. **Community Responsibilities.** A community has a duty to further restorative justice through the taking of concrete steps that enable those who have committed crimes and met their obligations stemming from those crimes to put their mistakes behind them. A community also has the responsibility to help foster the successful reintegration of incarcerated individuals into the community.
4. **Human dignity.** Criminal-justice systems, including the sentencing and correctional components of those systems, should reflect and instill a respect for the human dignity of every person, including victims of crimes and those who have committed crimes.
5. **Commitment to Protect Legal Rights.** All government officials should model an unflagging commitment to protect the constitutional and other legal rights of individuals within the criminal-justice system, including the presumption that a person is innocent until convicted of a crime.
6. **Least Restrictive Sentence Necessary.** A sentence imposed in a criminal case should be the least restrictive necessary to achieve the identified and authorized purpose or purposes of that sentence.

7. **Rebuttable Presumption That a Community Sanction is the Most Appropriate Sentence.** Because of the high human, as well as financial, costs of incarceration in jail or prison, incarceration should be the penalty of last resort, with a community sanction being the presumptively appropriate penalty for a person who does not pose a substantial danger to the community.
8. **Research-Based Decisions to Reduce Recidivism and Maximize Cost-Effectiveness.** Research results and evidence-based practices should guide criminal-justice-related decisions, including those needed to reduce recidivism and maximize the cost-effectiveness of sentences, correctional programming, and reentry plans.
9. **Allocation of Adequate Resources.** Government officials have the responsibility to allocate the resources needed for the criminal-justice system to reduce recidivism, be cost-effective, and comport with the “Core Principles of Restorative and Criminal Justice.”
10. **Transparency and Accountability.** Government officials are accountable to the public. They therefore have the duty to ensure that the public is informed about the operations and performance of the criminal-justice system, including the sentencing and correctional components of that system.
11. **Eradication of the Disproportionate Representation of Minorities in the Criminal-Justice System.** Criminal-justice officials, individuals and groups outside the criminal-justice system, and the community as a whole share a collective responsibility to identify and take the multiple steps needed to eradicate the disproportionate representation of minorities in the criminal-justice system.
12. **Crime-Prevention and Crime-Avoidance Responsibilities.** Criminal-justice officials have significant crime-prevention responsibilities, but they do not have the sole or even primary ability to prevent crimes. Individuals (who can make a choice to commit or refrain from committing a crime), families, neighbors, faith-based organizations, educational entities, nonprofit organizations that address crime risk factors, other governmental entities that fund crime-prevention-related endeavors, and the community as a whole must be at the frontlines of crime prevention.

Champaign County Community Justice Task Force – Behavioral Health Services Report
Prepared by Mark Driscoll, Shelia Ferguson, and Benita Rollins-Gay

Community Justice Task Force Purpose:

- a. To gather information on current programs and costs to prevent incarceration, reduce recidivism, and promote rehabilitation of prisoners.
- b. To look for additional programs (and potential costs) that the County does not utilize that may bolster current programs.
- c. Provide report including suggestions and information to County Board in October 2012.

The Behavioral Health Services Report presents a series of recommendations for development of a behavioral health system of care within the adult criminal justice system, identifies behavioral health services currently provided as an alternative to incarceration, and lists some of the other services and resources available in the community to individuals' with behavioral health needs that have contact with the criminal justice system. Implementation of the recommendations by Champaign County Courts and as appropriate local law enforcement may reduce incarceration and recidivism rates and increase an individuals' capacity for rehabilitation. The investment of financial resources in behavioral health services – the prevention and treatment of mental illness and substance use disorders - by the Champaign County criminal justice system, be it local revenue, state funding, or pursuit of state and federal grant awards, is an underlying assumption to the recommendations effective implementation.

Recommendations for consideration in regard to improvements to mental health and substance use disorder treatment programs and services for development of a behavioral health system of care within the adult criminal justice system:

- Require use of evidence based/informed models or best practices with demonstrated effectiveness within jails for any mental health or substance use disorder program implemented within the criminal justice system. And that for any model used staff be trained, and certified if appropriate to the requirements of the model, with supervision and evaluation sufficient to ensure fidelity to the model. Recently, with the support of the Sheriff, the jail staff, the mental health providers in the jail and the community provider, funding was obtained to implement a best practice model called Moral Reconciliation Therapy (MRT). MRT is currently available to those incarcerated and a strong referral and linkage system allows the individual to participate in MRT at the community mental health setting when released.
- Crisis intervention team training for law enforcement should be expanded with support from local jurisdictions.
- Crisis response and intervention in collaboration with local law enforcement should be increased. This would include developing additional options for law enforcement other than

jail when an individual with mental illness or substance abuse that is in crisis but not subject to arrest if de-escalated and linkage and referral accomplished at the scene.

- Any physical changes made to the jail, be it renovation, expansion or new construction, must include adequate space and resources to meet the needs for delivery of behavioral health and physical health care.
- Increase access to mental health services within the jail for all populations. Screening, assessment, and engagement in treatment are needed at a level not currently provided.
- The provider of mental health services within the jail should have the capacity to provide post-incarceration mental health and substance use disorder services in Champaign County. This will enable continuity of care to exist as the consumer exits the facility and returns to the community. It may also serve as preventative measure as knowledge of the persons pre-existing mental health care will enable continuity of care while incarcerated. The provider in the jail should be utilizing datalink which identifies DHS clients and could help provide more information regarding the needs of those incarcerated.
- Increase access to substance use disorders treatment services within the jail for all populations. Services are currently limited to Alcohol Anonymous/Narcotics Anonymous. Screening, assessment, and engagement in treatment are needed at a level not currently provided.
- The provider of substance use disorder treatment services within the jail should have the capacity to provide post-incarceration substance use disorder and mental health services in Champaign County. This will enable continuity of care to exist as the consumer exits the facility and returns to the community. It may also serve as preventative measure as knowledge of the persons pre-existing substance use disorder treatment will enable continuity of care while incarcerated.
- Identification of persons with intellectual disability/developmental disability or traumatic brain injury in the criminal justice system needs to occur in order to provide appropriate support and case management to this population during their involvement with the system. Steps include establishing a screening process and instituting support services and case management to assist these individuals with navigating the system. Conduct an evaluation of the type of crimes or activity resulting in contact with law enforcement and charges filed to determine whether a jail diversion program is appropriate for these individuals.
- The Drug Court Expansion Grant Award from the Department of Justice-Bureau of Justice Assistance enabled the program to provide additional management and support services to the Champaign County Drug Court. The term of the award expires in September 2014. To maintain current services the means to sustain the expansion and growth of the Drug Court

and Mental Health Court needs to be identified. The two Specialty Courts serve as an alternative to incarceration and cost savings associated with the reduced demand for jail space should be used to support expansion of the programs.

- Aftercare including support services and additional case management for Drug Court and Mental Health Court graduates should be strengthened to reduce potential for relapse and recidivism.
- State funding reductions and delayed contractual payments have had a significant effect on mental health and substance use disorder treatment services in the community at large. For example alcohol and other drug detoxification is no longer available in Champaign County. In order to sustain progress achieved during incarceration, a broader continuum of services needs to be available in the community. Investment in mental health and substance use disorder treatment services in the community can serve as both a preventative measure for those willing to engage prior to involvement with criminal justice system, potentially limiting contact with law enforcement, as well as reduce recidivism by reducing anti-social behaviors post incarceration. The community should explore the development of a best practice respite/detox center/model for individuals with behavioral health needs.
- Similar consideration should be given to a prevention based investment in the social service system including prevention of domestic violence and support services for victims of domestic violence, prevention of sexual assault and support services for victims of sexual assault, as these and other services have suffered the loss of state support.
- Advocacy at the state level for restoration of funding for behavioral health and social services is also warranted. Examples of the impact of state reductions are the closure of the Prairie Center Health Systems Detox program and the reduction of psychiatric leadership (physicians) at Community Elements.
- State policy has changed on the termination of medical benefits upon a person's incarceration to a suspension of benefits to enable continuity of care as they exit the system. If Champaign County has not implemented the change from termination to suspension of the medical care benefit the policy should be revisited.
- As a result of funding reductions and the complexities in service needs, a system of care should be developed. This system and the organizations that make up the system will need to integrate behavioral health and primary care, utilize best practice models that have benchmarked outcomes, co-locate for easier access, and include prevention, intervention, and treatment options. To accomplish this it may require closer collaboration, partnerships, and potentially mergers of existing community resources and agencies.

Existing Mental Health and Substance Use Disorder Services within Champaign County Courts as an alternative to incarceration: (Note that existing behavioral health services involved with the criminal

justice system, additional services for those having contact with the system, and other community resources that are identified in the sections that follow may have eligibility requirements and capacity limitations. The inclusion of any agency, program, or service is not an indication of capacity to serve criminal justice referred clients and may require an investment of financial resources in order to serve those clients)

Drug Court – Counseling and case management services are provided to drug court clients by Prairie Center Health Systems. FY 2013 projected expenses for client services is \$257,000 (excludes Champaign County Court, State’s Attorney Office, Public Defender costs incurred to participate in Drug Court and Drug Court Team meetings as well as TASC (Treatment Alternatives for Safe Communities) costs to participate and provide additional services to the Court). Revenue is a mix of state and local contracts including \$173,250 from the Champaign County Mental Health Board. Additional support services are provided through a two year \$200,000 grant award from the Department of Justice - Bureau of Justice Assistance of which \$100,000 is budgeted for FY 2013. Non-Medicaid clients may also be referred to Family Service’s Counseling program or assisted through the Criminal Justice and Specialty Courts program at Community Elements. A client assistance and staff training fund is supported by drug court fees and drug court donations. The Drug Court serves as an alternative to incarceration.

Mental Health Court – The Community Elements Criminal Justice and Specialty Courts (Drug Court and Mental Health Court) program FY 2013 projected expenses for client mental health screening, assessment, treatment and case management provided is \$151,860 (excludes Champaign County Court, State’s Attorney Office, Public Defender, and TASC costs incurred to participate in Mental Health Court and Mental Health Court Team meetings). Revenue is from the Champaign County Mental Health Board (CCMHB). Growth in Mental Health Court related expenses as the program develops further is anticipated. Referral of participants to other programs within Community Elements may underestimate total cost, for example some treatment services such as psychiatric care may be provided if the client is Medicaid eligible or through a separate CCMHB psychiatric services contract with Community Elements. Drug Court clients with a co-occurring mental illness diagnosis are assisted through this program. Mental Health Court clients with a co-occurring substance use disorder diagnosis can be assisted by Community Elements or referred to Prairie Center Health Systems under a new \$10,000 contract for FY 2013. Non-Medicaid clients may also be referred to Family Service’s Counseling program, which may utilize current CCMHB funding for this purpose. The Mental Health Court serves as a preventive measure and an alternative to incarceration.

Additional services for individuals with mental illness and/or substance use disorders having contact with the criminal justice system:

Crisis program: The Community Elements administered program provides intervention and assistance services to persons experiencing a mental health crisis. Services can be accessed by telephone or through a crisis response team. The crisis response team may respond to contacts initiated from Emergency Departments of local hospitals or on-site at the client’s home or elsewhere in the community with assistance of local law enforcement. Total program cost for FY 2013 was \$765,000 but state support reduced revenue by 20% resulting in reduced program capacity. A portion of the crisis program is supported through an \$188,985 contract with the CCMHB. The CCMHB contract – Crisis, Access, Benefits, and Engagement also enables clients to be assessed independent of a crisis for mental illness, referral and linkage to appropriate level of care, and if

income eligibility indicated receive assistance with entitlement benefits applications although this service has limited capacity due to length of application approval process.

Men's SAFE House: The SAFE (Substance Abuse Free Environment) House is a twelve-month residential program for men recovering from substance abuse operated by the Canaan Development Foundation. The Women's SAFE House is scheduled to open in October 2012. Men's SAFE House and Women's SAFE House programs incorporate a structured daily regimen of: G.E.D., and/or adult education, devotions, group therapy, personal counseling, volunteer work projects, evening community-wide personal enrichment courses, and weekly worship services. After-care supports and crisis assistance are also offered.

TIMES Center - Community Elements operates the emergency shelter and transitional housing program for men who are homeless. The population served includes men released from jail or prison who have no place to live. The program provides a structured living environment with support services. Emergency shelter is available for up to 90 days and transitional housing for up to two years. Capacity for both programs is limited. The Respite Center operated by Community Elements is co-located with TIMES Center. The Respite Center is open to clients experiencing a mental health crisis.

TASC (Treatment Alternatives for Safe Communities) - provides behavioral health recovery management services for individuals with substance abuse and mental health disorders. Through a specialized system of clinical case management, TASC initiates and motivates positive behavior change and long-term recovery for individuals in Illinois' criminal justice, corrections, juvenile justice, child welfare, and other public systems.

Other Community Resources (not an exhaustive list):

211 Information and Referral – Bloomington Illinois based regional information and referral system. Implementation planned for early 2013. By dialing 211 consumers and professionals can access information on local Champaign County resources. Alternatively, local Champaign County based information and referral program – First Call for Help – operated by Family Service of Champaign County located in Champaign and by Community Service Center of Northern Champaign County in Rantoul provide telephone and walk-in information and referral services.

Champaign County Regional Planning Commission (CCRPC) – The CCRPC Community Services Division is the local Community Action Agency serving Champaign County. The Division offers a wide range of services to promote self-sufficiency and improve the well-being and quality of life of at-risk, low income individuals and families. The range of services include tenant based rent assistance, job training, energy assistance, case management, and weatherization and rehabilitation of housing among others.

CHANGE (groups for perpetrators of domestic violence) - CHANGE provides separate groups for men and for women specifically designed to confront the dynamics of domestic abuse. There are twenty-four weekly and one and one-half hour groups offered on a sliding fee scale.

Cognition Works, Inc.- Cognition Works, Inc. offers individual, couples, and group counseling that treats all forms of patterned irresponsible behavior such as: poor work habits, unreliability, traffic violations, theft, truancy, chemical abuse, anger, domestic violence, poor performance in schools,

fighting and disruptive behavior at home. A sliding fee scale is offered. Cognition Works, Inc. also provides educational groups, seminars, and workshops.

Community Elements: Offers range of behavioral health care services beyond those previously referenced. Additional mental health services include psychiatric care, case management, and other supervised group homes, supported and independent apartment, psychosocial rehabilitation, and other supportive and preventative community based care.

Community Service Center of Northern Champaign County: Located in Rantoul, program serves the nine northern most townships of Champaign County. Services include the First Call For Help information and referral program that can be accessed by telephone and in person. The Community Service Center also makes available office space to other providers enabling some Champaign and Urbana based agencies to use the location as a satellite site.

Family Service of Champaign County: Services include the First Call for Help information and referral program. In addition to providing information and referral services by telephone and to walk-in clients, the program also publishes the HelpBook, a print and online community resource guide of human and social services in Champaign County. A related program at Family Service is the Self-Help Center that services as a clearinghouse for self-help and support groups, refers individuals to appropriate groups, helps new groups form, and publishes the Support Group Directory as well as specialized lists of groups.

Frances Nelson Health Center: Provides physical health care and behavioral health care services. Primary focus is on physical care with limited capacity for behavioral health services. Integration of behavioral health care and physical care occurs and is a potential resource for post-incarceration integrated care services with additional support.

Greater Community AIDS Project (GCAP) – Champaign House: GCAP offers a variety of services for people living with HIV/AIDS including Transitional and Permanent Housing, monthly Foodbank and Emergency Assistance. It is suggested that all potential consumers are either in or establishing CARE Connect case management through all Champaign-Urbana Public Health Department.

Jesus is the Way Prison Ministries, Inc. - The Ministry provides chapel services, counseling, and spiritual direction to adult inmates of the county Correctional Center, to juvenile inmates of the county Youth Detention Center, and to prison populations throughout Illinois. It also provides follow-up assistance to just-released inmates with employment, housing, food, and spiritual needs. Additionally, Christian after-care for those being released from prison (up to 20 men) is available.

National Alliance on Mental Illness (NAMI) - NAMI-Champaign County provides communication and fellowship among parents, guardians, and relatives of people with mental illness as well as consumers in Champaign County and area communities; interested professionals are also welcome. Lends mutual support and furthers interests of the mentally ill. NAMI also sponsors a family-to-family education course. NAMI stresses education to help remove the stigma of the mentally ill.

Prairie Center Health Systems: Offers range of substance use disorder treatment services including residential program providing inpatient treatment, intensive outpatient and outpatient treatment for adults. The level of treatment is dependent on outcome of assessment. The residential/inpatient program services include a contract with the Federal Bureau of Prisons to provide halfway house services for federal inmates. The Prairie Center staff provides intensive case management services

and monitoring of these inmates as they transition back into the community. Many of these clients participate in the Prairie Center's treatment services to continue building on the recovery skills they learned while incarcerated.

Restoration Urban Ministries - Restoration Urban Ministries provides food pantry and clothing, religious services, youth programs, drug and alcohol support groups and a 74-unit transitional housing program. It also offers a couples group. The Wraparound project provides services to families of children who are in custody of DCFS or who are at risk of being placed. Services include advocacy, referral and assistance, transportation and training.

Salvation Army Stepping Stone Shelter - The shelter provides temporary and transitional housing for homeless men on a nightly basis; two meals (evening and breakfast) are available. Qualifying individuals may work on a long-term style change action plan. Scheduled evening intake is from 7pm- on. Salvation Army was recently awarded a Veterans Administration contract to serve veterans that are homeless and coordinates services with the VA in Danville.

The Center for Women in Transition – Operates transitional and permanent housing programs with support services to women and their children. Agency also operates a domestic violence emergency shelter. Agency works with IDOC on reentry of women back into the community by providing transitional housing and support services.

Possible Recommendation on Race: Submitted by James Kilgore

Problem: Racial discrepancies in the jail population, particularly the disproportionately large number of African-Americans.

The Current Situation: Over the last five years (2007-11), according to county figures, African-Americans have comprised 54.7% of the jail admissions in a county that is 12% African-American. This is unacceptable and requires urgent attention. A number of community people have spoken out on this issue. Community researcher Durl Kruse has analyzed Department of Transport statistics for Urbana which reveal that from 2004-11 the annual percentage of African-Americans undergoing traffic stops held steady between 33 and 38%. Studies for Champaign unearthed similar disproportionality. Research by the Chicago-based reporter Jeff Kelly-Lowenstein has found that while Champaign and Urbana each had a black population of 16% in 2010, arrests far exceeded that figure. Kelly-Lowenstein reported that in each year from 2007 to 2011, “a minimum of 41 percent of arrest charges in Champaign were against black people. The percentages of charges against black people in Champaign topped 75 percent for possession of 30 grams of marijuana or less and vehicular noise, and 80 percent for resisting an officer and improper walking on a roadway, or jaywalking...the percentages of black arrestees were even higher in Urbana. In 2011, 49 percent, or nearly one in two, of people arrested in Urbana were African-American.”

Apart from statistics, specific incidents involving conflict between police and African-American youth have inflamed race relations in the county. The most well-known incident was the 2009 killing of 15 year old Kiwane Carrington by Champaign police which prompted widespread protest in the city. Two incidents in 2011, the beatings of Calvin Miller and Brandon Ward, led to angry exchanges at city council meetings and calls for the resignation of police officials. At the Community Justice Task Force meeting of September 10, 2012 a number of African-American men from the community attended. They detailed a long series of grievances with the criminal justice system, from police harassment on the street to the lack of meaningful programs in the jail to the difficulty in getting released on bail and offered a range of possible solutions. These need to be seriously considered.

By contrast, in her input to the Task Force, State’s Attorney Julia Reitz stated that the disproportionality was due to the fact that the largest number of calls to police came from the black community. She also said that her office did not have a budget for research so that she was unable to examine the problem in more depth.

Clearly there is a lack of communication here as well as some serious issues that require urgent attention.

Recommendations:

- 1) That the County Board publicly acknowledge that racial discrepancies in the jail population is a problem requiring urgent action.

- 2) That the County Board hold a series of study sessions on racial discrepancy in the criminal justice system. These sessions should include the presentations of the findings of community researchers who have studied racial profiling in traffic stops, a presentation by Jeff Kelly-Lowenstein of his research and inputs from the State's Attorney and the Sheriff on the issue. The event should be well publicized with public participation encouraged.

- 3) That after the study sessions are completed, the County Board should commission a report on the subject of race in the criminal justice system. The brief for the investigation should include research into the best practices from other jurisdictions around the country for improving racial discrepancies in the criminal justice system and a set of recommendations for Champaign County based on that best practice and the particularities of our county.

Thoughts for Discussion

9/24/12

Julian Rappaport

Overview

My recommended point of view is that it is a mistake to think of the County Jail in isolation from the criminal justice system and also a mistake to view the criminal justice system as independent from the community in which it is situated.

The availability of a community's mental health, substance abuse, educational and social service programs for children, teens, and adults has a dramatic impact on the criminal justice system.

While policies of the local police departments, the State's Attorney's office, as well as the local Judges, have a direct impact on the county jail population, these policies are always dependent on the availability of community alternatives. These alternatives have an influence on the jail in two ways: they influence who is likely to enter the criminal justice system and what alternatives to incarceration are available pre, during and post adjudication.

It is a mistake to assume that a decision made in one part of the system has no influence on the larger community. A decision to build a new jail necessarily means less spending and less attention to other community needs. Of course, the physical facilities need to be decent and well maintained, but that can be accomplished in many ways short of spending multiple millions of dollars for new buildings. For example, we can consider alternative housing for non-dangerous offenders. In short, the question of financing new or modified buildings should not be considered in the absence of a discussion of financing of community alternatives to incarceration.

In order to speak meaningfully about the county jail it is necessary to pay close attention to who is incarcerated. While it will be useful to be more specific about the details, an overview of statistics available suggests that there is an over-representation of African American men and a significant percentage of people with a history of mental health and/or substance abuse problems. A significant proportion of those incarcerated are nonviolent. The exact statistics on each of these factors may vary from time to time, but the general pattern seems clear. Programs designed to alleviate problems with the county jail should take this pattern into account.

Prevention Programs and Alternatives to Incarceration

There is reason to believe that one way to reduce the numbers of people who enter the criminal justice system is to divert them from the system in the first place. Evidence from many years of research on troubled youth suggests that a strong predictor of whether a youth ends up in the criminal justice system as opposed to the social services system depends on their initial point of entry. Early referral to social services as opposed to adjudication and probation is more likely to keep youth out of the department of corrections in the long term. This finding has been shown to hold locally as well as nationally. In the 1970's, working with both Champaign and Urbana police and with the cooperation of the responsible judge, in a program identified as "exemplary" by the U. S. Department of Justice, researchers at the University of Illinois found that teens in legal jeopardy with multiple arrests who were randomly assigned and diverted to a program

involving advocacy and behavioral contracts with significant others in the child's life significantly reduced their further involvement with legal problems when compared to those who were processed in the system as usual. In a pilot testing of the program it had been found that diversion following adjudication was not effective.

The point here is not to argue for this specific program so much as to point out that it is quite possible to reduce the flow of youth into the criminal justice system by engaging the problems with community collaboration. This does, however, require intentionality. The program, following two years of demonstration, was adopted for several years by the County via funding of trained supervisors for college student workers who were enrolled in a University course. This program was eventually dropped when a new judge decided to turn toward a different policy.

Collaboration cannot simply be spoken of, it must be enacted and requires support from judges, prosecutors, police and the social service community. There are many other programs that could be implemented with county leadership engaging the local community. This applies to adults as well as juveniles and to post as well as pre-adjudication. As more than one research report in the literature has concluded, "if implemented as intended, with an appropriate population of offenders, all of these programs (community and restorative justice, community work or service, day reporting centers, drug courts, electronic monitoring, forfeiture programs, home detention, intensive supervision probation, substance abuse treatment, work release) can be effective alternatives to incarceration." (Patchen and Keveles, 2004). The key to which programs work depends on the ability and willingness local actors to provide the resources and attention necessary for competent implementation. No program is a panacea. The more that are well implemented the better the chances of an overall systemic impact.

Pre-trial Services

There are many examples of ways to reduce the number of people held in jail. Bail policy should be examined with an eye toward making it possible for more people to be released on their own recognizance and for bail to be otherwise set at rates that can be afforded. In an experiment conducted in this county by university researchers as early as 1973 it was found that numbers released on their own recognizance could be increased by systematically attending to it.

Providing direct assistance to people with mental health and substance abuse problems at this time in the process is a policy that could be supported by the county through funding positions for counselors, including community workers, who could operate in collaboration with local social service agencies. While details need to be determined, collaboration seems essential. It is also essential to see this as a joint responsibility between the County and community mental health and substance abuse agencies that can work to build relationships with local community members who have access and credibility with the people who are arrested. One way to increase the likelihood of success is to recruit African American men to work with the men who are released on their own recognizance.

Mental Health

Although it is necessary to provide short term and crisis oriented services in the jail, to whatever extent possible it is important to enhance the capacity of local mental health providers to serve this population when they are not in jail.

When more services are available more people can be sentenced to alternatives to incarceration and more can avoid adjudication altogether. Providing the police with alternatives by using pre-booking diversion to a crisis center as an alternative to jail for those charged with offenses up to nonviolent felonies and suspected of having mental illness has been shown to be an effective strategy elsewhere. Another strategy that has been shown to work is to provide each inmate in need of mental health services with an aggressive mental health case manager who is responsible for following up on post release referral to community services.

Development of options such as these require extensive community collaboration. Leadership in such programs, has been provided at the County level in several places throughout the county (Steadman and Veysey, 1997). Again, the details need to be worked out with local actors, but the county could adopt support for such services as a matter of policy. Engaging the assistance of the County Mental Health Board as an active partner in planning and implementing such services may be helpful.

Implementation and Evaluation

In addition to the many specific program ideas we have discussed there are three important overarching considerations: Intentionality, capacity, and coordination.

Intentionality means deciding what the goals of any planned change or current program should be and how it will be assessed in order to determine if goals are being met and or changes are needed.

Capacity refers to an explicit determination of the resources thought to be required to accomplish the goals of any current program or change in order to meet the intended goals, including number and characteristics of persons to be reached.

Coordination means viewing any program or change as part of a community based system. This requires some sort of mechanism for coordination. The idea of a "coordinating council," and development of a "system of care" are consistent with this notion.

CCMHB Criminal Justice Related FY13 Contracts

Agency	Program	Source	PY13 Alloc
<u>CCMHB/QC Youth Criminal Justice MH/SA Contracts</u>			
Champaign County Regional Planning (Joint Application to MHB/QC)	Court Diversion Services-ACCESS	QC	161,000
	Court Diversion Services-ACCESS (companion proposal)	MHB	26,000
	Juvenile Assessment Center	MHB/QC	
Community Elements	ACCESS Initiative PLL - Front End	MHB	283,550
Family Advocacy in Champaign County	Youth Extended Services (YES)	QC	
Prairie Center	PLL - Extended Care	MHB	283,550
Savannah Family Institute	COE Agreement - FE & EC License & Operations Fees	MHB	128,000
		MHB/QC	<u>882,100</u>
Total CCMHB only CJ-MH-SA Contracts		MHB	<u>721,100</u>
<u>CCMHB Adult Criminal Justice -MH/SA Contracts</u>			
Community Elements	Criminal Justice Problem Solving Courts	MHB	150,860
	Crisis, Access, Benefits & Engagement	MHB	188,985
Prairie Center Health Systems	Drug Court	MHB	173,250
	Mental Health Court	MHB	10,000
			<u>523,095</u>
<u>CCMHB Support Services to Victims of Crime</u>			
Center for Women in Transistion	A Woman's Place	MHB	66,948
CC Children's Advocacy Center	Child Advocacy Center	MHB	37,080
Rape Advocacy, Counseling & Education Svcs	Counseling & Crisis Services	MHB	18,600
			<u>122,628</u>
CCMHB Total Criminal Justice Related FY13 Contracts*			1,366,823
CCMHB Total Contract Awards FY13			3,573,640
CJ-MHSA Contracts Percent of Total FY13 Awards			38%

*Does not include ACCESS direct service local match funds of \$530,314



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

BRIEFING MEMORANDUM

TO: Members, Champaign County Mental Health Board
FROM: Mark Driscoll, Associate Director
DATE: March 20, 2013
RE: DOJ-BJA Justice and Mental Health Collaboration Grant Application

Background:

The Department of Justice - Bureau of Justice Assistance recently released a grant announcement for the Justice and Mental Health Collaboration Program. As described in the overview of the announcement, this program seeks to increase public safety through innovative cross-system collaboration for individuals with mental illness or co-occurring mental health and substance abuse disorders who come into contact with the justice system. The application must be a collaborative project between criminal justice and mental health partners to plan, implement, or expand a justice and mental health collaboration program. A summary of the application requirements prepared by Bruce Barnard of Community Elements is attached.

Meetings of key partners in the application process have been held. The application will be for a planning grant. The maximum award for a planning grant is \$50,000. All awards carry a 20% match requirement. If the application is for the full \$50,000 the required match is \$12,500.

The Champaign County Court Services and Probation Department will be the applicant of record. The Champaign County Mental Health Board will participate in the project providing the required matching funds. Community Elements will be the sub-recipient and is responsible for writing the application.

Next Steps:

Court Services will submit the application by the March 25, 2013 deadline. Letters of support are to be included as part of the application. The CCMHB letter will reference existing working relationships with Court Services and the criminal justice system as well as the long-standing contractual relationship between the Board and Community Elements, the local community mental health provider. The letter will also reference the commitment to provide the match if BJA approves the application. The commitment to fund the match will be identified as part of the allocation recommendations presented to the Board for action at the May Board meeting.

Grant Opportunity

Funder: U.S. Dept of Justice: Office of Justice Programs: Bureau of Justice Assistance

Identification: Justice and Mental Health Collaboration Program
FY 2013 Competitive Grant Announcement (CFDA #16.745)
Grants.Gov ID: BJA-2013-3493

Grant Deadline: March 25, 2013

Program Start Date: Oct. 1, 2013

Overview: The Justice and Mental Health Collaboration Program seeks to increase public safety through innovative cross-system collaboration for individuals with mental illnesses or co-occurring mental health and substance abuse disorders who come into contact with the justice system.

Eligibility: The lead agency must be a state agency, unit of local government, federally recognized Indian tribe, or tribal organization.

Applicants must demonstrate that the project will be administered jointly by an agency responsible for criminal or juvenile justice activities and a mental health agency.

Target Population: Grant funds must be used to support a target population that includes adults and/or juveniles who:

1. Have been diagnosed as having a mental illness or co-occurring mental health and substance abuse disorders; and
2. Have faced, are facing, or could face criminal charges for a misdemeanor or felony that is a nonviolent offense.

Amount and Length of Awards:

Awards are offered in three categories:

Category 1: PLANNING grant amount up to \$50,000

Category 2. PLANNING AND IMPLEMENTATION grant amount up to \$250,000

Category 3. EXPANSION grant amount up to \$200,000

Applicants who receive Category 1 funding receive technical assistance from the Bureau of Justice Assistance and are eligible to apply for Category 2 and 3 funding in subsequent years.

Match: Federal funds awarded under this program may not cover more than 80 percent of the total costs of the project being funded. Applicants must identify the source of the match funds and how they will use match funds.

Proposal Specifics:

Applicant and Criminal Justice Agency: Champaign County Probation and Court Services

Mental Health Agency: Community Elements

Match: Funding allocated to Community Elements from the Champaign County Mental Health Board for criminal justice programs and in-kind support for program activities.

Proposed Activities: Establish a collaborative structure to evaluate community needs in Champaign County, current activities and available resources, identify evidence-based practices, and establish measurable goals and objectives for initiatives to improve outcomes for the target population and the public. The structure will include representatives from the courts, law enforcement, attorneys, treatment providers, community planners, and program evaluators.

- Plan programs to serve multisystem involved individuals with mental illness or co-occurring mental illness and substance abuse disorders.
- Plan specialized training programs for criminal justice and mental health and substance abuse treatment personnel.
- Plan law enforcement response strategies tailored to the needs of persons with mental illnesses.
- Plan the expansion of problem-solving courts and/or other court-based programs.
- Plan for mental health and co-occurring disorders treatment for participants in community corrections and transitional re-entry programs.

Use of Funds:

Attendance at 2-day mandatory grantee orientation meeting in Washington DC

Cost of grant administration

Program Coordinator (contract or wages)

Justification: Provides support for a comprehensive planning process, including technical assistance, and creates opportunities for additional support in implementing planned programs for the target population. A critical element of planning will be a sustainability plan for proposed activities.

Champaign County Mental Health Board

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

The CCMHB's Annual Report provides an accounting to the citizens of Champaign County of the CCMHB's activities and expenditures during the period of December 1, 2011 through November 30, 2012.

The CCMHB's Three-Year Plan for the period December 1, 2012 through November 30, 2015 presents the CCMHB's goals for development of Champaign County's system of community mental health, developmental disabilities and substance abuse services and facilities, with One-Year Objectives for December 1, 2012 through November 30, 2013.

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

Champaign County Mental Health Board

Fiscal Year 2012 Annual Report & Three-Year Plan 2013-2015

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LISTING OF 2012 BOARD MEMBERS AND STAFF

BOARD MEMBERS

Dr. Deborah Townsend
(President)

Dr. Deloris Henry
(Vice-President)

Ms. Janet Anderson

Ms. Aillinn Dannave

Mr. William Gleason

Dr. Ernest Gullerud

Mr. Michael McClellan

Ms. Mary Ann Midden

Dr. Thom Moore

STAFF

Peter Tracy
Executive Director

Lynn Canfield
Associate Director for Developmental Disabilities

Nancy K. Crawford
Business Unit Comptroller

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

Stephanie Howard-Gallo
Developmental Disabilities Contract Specialist

CCMHB President's Report

It is my pleasure as President of the Champaign County Mental Health Board to present the Champaign County Mental Health Board Fiscal Year 2012 Annual Report. The Annual Report provides an accounting of the most recently completed fiscal year as well as future directions identified in the new Three Year Plan. The financial data included in the Annual Report details the revenue and expenses of the Board, contract awards with community based agencies, performance data for each contracted service, and pie charts on consumer demographics and the appropriation of funds for FY 2012. The CCMHB adopted a new three year plan for the period covering FY 2013 through the end of FY 2015 that is included in a separate section of the report.

Positive working relationships between the Board and human service providers with whom we contract are built on trust, accountability, and responsibility. These are the same expectations placed on the Board by the citizens of Champaign County when they entrust the Board with their tax dollars. The Board, through the annual competitive application process, negotiation and execution of contracts, quarterly financial and program reporting requirements, and program monitoring and audit reviews, ensures the property tax funds entrusted to the Board and awarded to human service providers are used for the purposes intended and in support of the Boards' mission.

Over the past year, the Board has increased financial commitments to the ACCESS Initiative to meet local match requirements to fully leverage federal funds available under the SAMHSA cooperative agreement. The increased match broadened provider participation in the ACCESS Initiative, too. This year marks the mid-point of the ACCESS Initiative SAMHSA cooperative agreement. The coming year requires greater commitment by the state and local community to meeting increasing match requirements as well as discussions and implementation of plans to sustain the positive changes to the system of care being achieved by the ACCESS Initiative.

Collaboration is a key element to the success of the ACCESS Initiative as it is with many other endeavors undertaken by the Board. Paramount in these endeavors is the Board's collaboration with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability. The two boards' collaboration is exemplified by the shared responsibility and support of the Reaching Out for Answers: Disability Resource Expo and the Champaign County Anti-Stigma Alliance's premier event held as part of Roger Ebert's Film Festival.

In closing, it is my honor to recognize the many years of service of retiring board members Janet Anderson and Mary Ann Midden. And let me welcome to the Board our two new members - Astrid Berkson and Julian Rappaport, Ph.D. Thank you to all the members past and present, for your commitment and service to Champaign County.

Respectfully,

Dr. Deloris Henry
CCMHB President

SECTION I: Financial Reports and Service Data

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

ANNUAL FINANCIAL REPORT

12/01/11- 11/30/12

	2011	2012
Beginning of the Year Fund Balance	\$ 1,847,542	\$ 2,021,009
 REVENUE		
General Property Taxes	\$ 3,644,091	\$ 3,730,508
Back Taxes, Mobile Home Tax & Payment in Lieu of Taxes	7,435	10,413
Local Government Revenue	83,726	11,745
Champ County Developmental Disabilities Board	337,183	292,404
Champ County Public Health District	-	-
Interest Earnings	1,508	1,773
Gifts and Donations	18,651	19,597
Miscellaneous	23,934	19,869
TOTAL REVENUE	\$ 4,116,528	\$ 4,086,309
 EXPENDITURES		
Administration & Operating Expenses:		
Personnel	\$ 438,414	\$ 454,376
Commodities	10,676	6,512
Services	287,473	264,830
Capital Outlay	3,840	4,212
Sub-Total	\$ 740,403	\$ 729,930
 Grants and Contributions:		
Program	\$ 3,202,658	\$ 3,231,277
Capital		
Sub-Total	\$ 3,202,658	\$ 3,231,277
 TOTAL EXPENDITURES	\$ 3,943,061	\$ 3,961,207
 Fund Balance at the End of the Fiscal Year	\$ 2,021,009	\$ 2,146,111

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

PROGRAM ALLOCATIONS -- FY2012

12/01/11 - 11/30/12

AGENCY/PROGRAM	TOTAL PAID
BEST INTEREST OF CHILDREN	
Clinical Coordination	\$ 10,000.00
Community Home	118,691.00
Family Engagement/Empowerment/Leadership	40,000.00
Parent & Family Engagement	39,585.00
Wrap Flex Funds	40,000.00
Intake Specialist	17,500.00
Agency Total	<u>265,776.00</u>
CHAMPAIGN COUNTY CHILDREN'S ADVOCACY CENTER	37,080.00
CATHOLIC CHARITIES - Counseling	1,334.00
CENTER FOR WOMEN IN TRANSITION - A Woman's Place	66,948.00
CENTER FOR YOUTH & FAMILY SOLUTIONS - Counseling	6,648.86
CHAMPAIGN COUNTY REGIONAL PLANNING COMMISSION	
Court Diversion	10,835.00
Senior Services - Information and Assistance	15,181.00
	<u>26,016.00</u>
CHAMPAIGN URBANA-AREA PROJECT	
Restorative Justice	3,750.00
Timebanks	5,083.00
Agency Total	<u>8,833.00</u>
COMMUNITY CHOICES - Self Determination	23,540.00
COMMUNITY ELEMENTS	
Adult Recovery	88,040.00
Adult Recovery/Criminal Justice & Specialty Courts	62,860.00
Crisis/Access	110,240.00
Access/Benefits & Engagement	78,745.00
Psychiatric Services	41,200.00
Early Childhood Mental Health	114,500.00
Integrated Behavioral Health	20,000.00
Non-Medicaid MH	17,577.00
Parenting with Love and Limits - Front End Services	251,923.00
TIMES Center	45,269.44
Agency Total	<u>830,354.44</u>

COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY	
First Call For Help	82,474.00
CRISIS NURSERY - Beyond Blue - Rural	70,000.00
DEVELOPMENTAL SERVICES CENTER	
Family Development Center - Children's	225,359.00
Developmental Training/Employment	299,362.00
Agency Total	<u>524,721.00</u>
DON MOYER BOYS & GIRLS CLUB - Intake Specialist	40,000.00
EAST CENTRAL ILLINOIS REFUGEE ASSISTANCE CENTER	
Refugee Support	12,415.00
FAMILY SERVICE	
First Call For Help	60,540.00
Senior Resource Center (Senior Counseling and Advocacy)	142,337.00
Self-Help Center	24,315.00
Counseling	55,012.43
Agency Total	<u>282,204.43</u>
FRANCES NELSON - Mental Health Services/Counseling	136,376.00
MAHOMET AREA YOUTH CLUB - Universal Screeming	17,800.00
PRAIRIE CENTER FOR SUBSTANCE ABUSE	
Drug Court	168,440.00
Mental Health Court	4,165.00
Parenting with Love and Limits - Extended Care	251,922.00
Prevention	57,556.00
Youth Services	102,081.00
Agency Total	<u>584,164.00</u>
PROMISE HEALTHCARE - Mental Health Services/Counseling	12,398.00
RAPE ADVOCACY COUNSELING EDUCATIONS SERVICES	16,590.00
SOAR YOUTH PROGRAMS	21,970.00
TALKS - Men of Wisdom	65,063.00
UNIVERSITY OF ILLINOIS - PSYCHOLOGICAL SERVICES	
Girls Advocacy	35,000.00
Restorative Circles	36,851.00
Agency Total	<u>71,851.00</u>
UP Center of Champaign County	6,085.00
Urbana Neighborhood Connections - Community Study Center	20,635.00
GRAND TOTAL	<u><u>3,231,276.73</u></u>

SERVICE TOTALS FOR CONTRACT YEAR 2012 (7/1/11 - 6/30/12)
BY TYPE OF SERVICE UNIT

CSE = Community Service Event. Non-client specific service, e.g. public presentation, consultation advocacy for a target population, media event, workshop or community development activity.

SC = Service Contact/Screening Contact. Encounter to provide information, referral, assessment, crisis intervention or general service.

TPC = Treatment Plan Client. Client has a written assessment and service plan.

NTPC = Non-Treatment Plan Client. Brief service is provided without a written service plan.

FFS = Fee for Service. Pre-determined fee paid for defined unit of service.

CONTRACTED AGENCIES & PROGRAMS

	<u>CSEs</u>	<u>SCs</u>	<u>TPCs</u>	<u>NTPCs</u>	<u>FFS Units</u>	<u>Type</u>
<u>Best Interest of Children</u> - **see ACCESS table						
<u>Catholic Charities</u> - Family Counseling Program	----	100	12	----	111	Hours
<u>Center for Women in Transition</u>						
A Woman's Place	99	1054	82	318	----	----
<u>Children's Advocacy Center</u>						
Inter-Disciplinary Team Staffings	15	125	132	40	----	----
<u>Community Choices</u>						
Self-Determination Support (additional TPCs, state funded)	10	416	16	96		
<u>Community Elements</u>						
Criminal Justice/Specialty Courts	----	----	5	155	----	----
Crisis, Access & Benefits Acquisition	47	4153	214	1165	----	----
*Non-Medicaid Initiative	----	----	----	----	----	----
DOC Only Services/Psychiatric Services	----	2357	1375	----	----	----
Early Childhood MH & Development	184	275	256	----	----	----
PA - Parenting with Love & Limits	----	----	121	----	----	----
**SPARCS - see ACCESS table						
TIMES Center	----	----	----	253	1149	Svc. Enc.
<u>Community Service Center of Northern CC</u>						
First Call for Help	----	----	----	1523	----	----
<u>Crisis Nursery</u>						
Beyond Blue	253	1740	45	124		
<u>Developmental Services Center</u>						
Developmental Trng & Employment Svcs	18	32	276	11	----	----
Family Development Center (FDC)	812	229	752	698	----	----
<u>Don Moyer Boys & Girls Club</u>						
- **SMART MOVES -see ACCESS table						

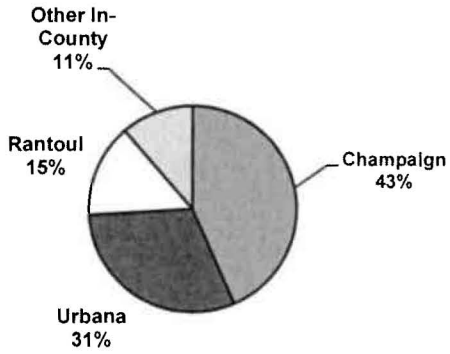
	<u>CSEs</u>	<u>SCs</u>	<u>TPCs</u>	<u>NTPCs</u>	<u>FFS Units</u>	<u>Type</u>
<u>Family Service of Champaign County</u>						
First Call for Help	----	6391	----	----	----	----
Senior Resource Center	----	9685	310	1875	----	----
Self-Help Center	279	----	----	----	----	----
Counseling	2	812	99	----	802	Hours
<u>Frances Nelson Health Center - MH Services</u>	3	1111	159	58	----	----
<u>Mahomet Area Youth Club - **see ACCESS table</u>						
<u>Prairie Center Health Systems</u>						
Drug Court	10	----	89	----	----	----
Prevention	966	----	----	----	----	----
Youth OP/IOP	11	67	61	----	----	----
PA - Parenting with Love & Limits	----	----	61	----	----	----
<u>RACES Counseling</u>	113	10	45	12		
<u>Refugee Assistance Center (ECIRMAC)</u>	79	----	----	----	----	----
<u>CC Regional Planning Commission</u>						
Senior Services Information & Assistance	28	1833	----	409	----	----
<u>SOAR - ACCESS</u>	----	----	----	----	----	----
<u>TALKS Youth Development</u>						
- ** see ACCESS table						
<u>University of Illinois - Psychological Services Center</u>						
- **see ACCESS table						
<u>Urbana Neighborhood Connections</u>						
- **see ACCESS table						
	<u>CSEs</u>	<u>SCs</u>	<u>TPCs</u>	<u>NTPCs</u>		
TOTAL GENERIC SERVICE UNITS	2,929	30,390	4,110	6,737		
	<u>Days</u>	<u>Hours</u>	<u>Service Encounters</u>			
TOTAL FEE BASED UNITS		913	1,149			

Notes on Service Data

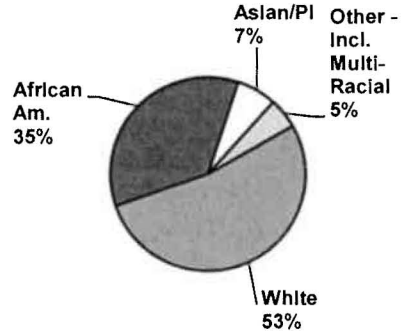
- * Program could not be implemented as designed. Funds were reallocated for other purposes.
- ** ACCESS Initiative data are reported in the Local and National Evaluation, as required by contract with Illinois Department of Human Services. Data are for the period of Contract Year 2012: July 1, 2011 to June 30, 2012.

Demographics of Persons Served in 2012

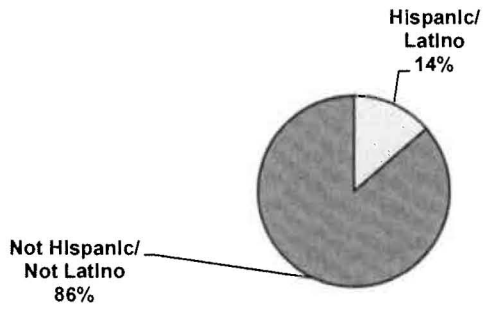
Residency of Persons Served



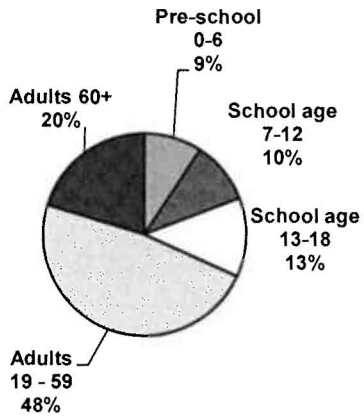
Race of Persons Served



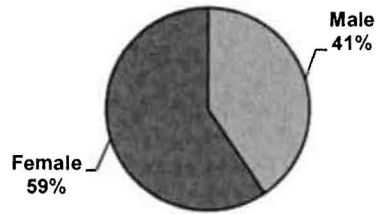
Ethnic Origin of Persons Served



Age Distribution of Persons Served

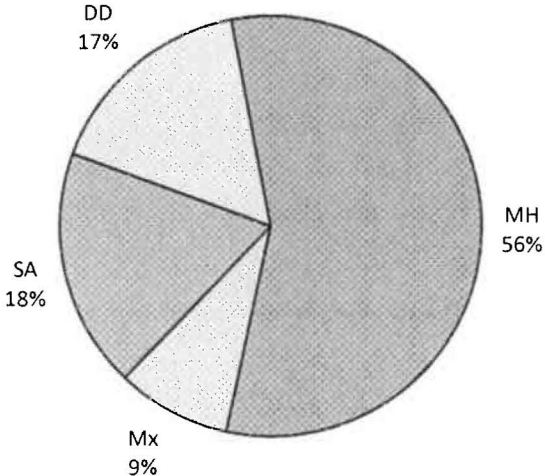


Gender Distribution of Persons Served

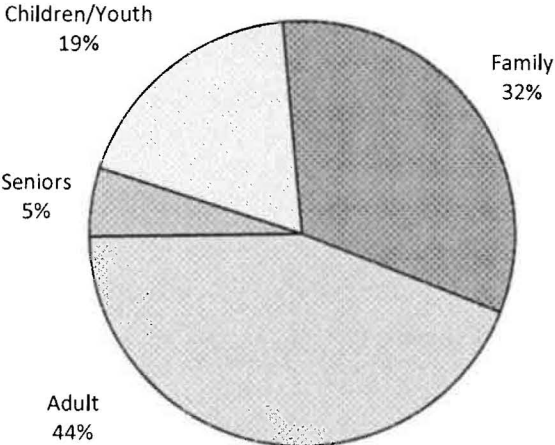


Appropriation of CCMHB Funds by Sector, Population, and Service - Program Year 2012 (PY12)

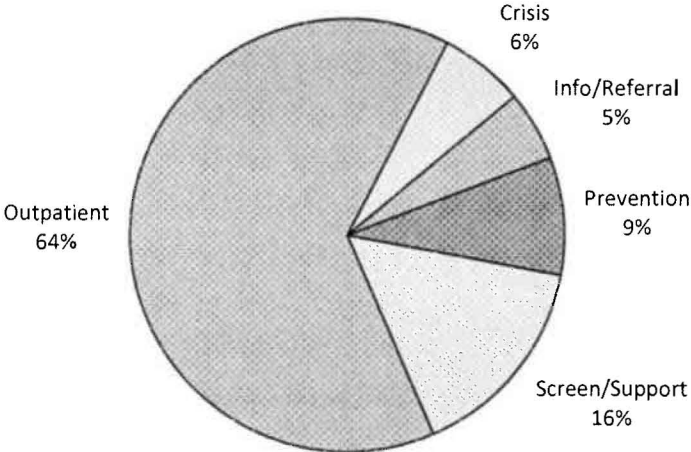
CCMHB PY12 Appropriation by Community Mental Health Sector



CCMHB PY12 Appropriation by Target Population



CCMHB PY12 Appropriation by Type of Service



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

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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 MENTAL HEALTH BOARD

WHEREAS, the Champaign County Mental Health Board 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) and/or to contract therefore..."

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

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

MISSION STATEMENT

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

STATEMENT OF PURPOSES

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

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

CHILDREN, ADOLESCENT, AND FAMILY FOCUSED PROGRAMS AND SERVICES

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

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

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

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

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

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

Objective #2: Begin discussions with ACCESS Initiative partners whose systems benefit from the youth and family interventions delivered through the ACCESS Initiative system of care to identify innovative means for sustaining system change.

Objective #3: Support continued implementation of the Parenting with Love and Limits (PLL) program based on positive evaluation and feedback from community partners and stakeholders.

Objective #4: As practicable, leverage resources of juvenile justice system stakeholders and units of local government benefitting from the outcomes of youth and families engaged in PLL.

Objective #5: Maintain collaboration with juvenile justice system stakeholders on implementation and evaluation of the Quarter Cent for Public Safety Fund supported services and PLL and the integration of Quarter Cent funded services and PLL with the ACCESS Initiative.

Objective #6: Monitor evaluation of the ACCESS Initiative through engagement with evaluators on progress, including interim outcomes of the local and national evaluation, and through participation in the ACCESS Evaluation Collaboration Team.

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

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

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

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

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

COMMUNITY ENGAGEMENT & ADVOCACY

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

Objective #1: Continue support for and involvement in the signature anti-stigma and community education events Reaching Out for Answers – Disability Resource Expo, Roger Ebert's Film Festival, and the ACCESS Initiative Children's Mental Health Awareness Week.

Objective #2: Participate in other community based activities such as walks, forums, and presentations to raise awareness.

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

Objective #1: Monitor implementation of the Affordable Care Act by the State of Illinois and advocate for increased service capacity sufficient to meet consumer demand through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHAI) and other state and national associations.

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

Objective #3: Continue broad based advocacy efforts at the state and local levels to respond to continued reductions in state funding and increasing delays in payment for local community based mental health, substance use disorder, and developmental disability services and to the broader human services network under contract with the State of Illinois.

Objective #4: In collaboration with the United Way of Champaign County, monitor implementation of the regional 211 information and referral system and its impact on local utilization of funded information and referral services.

Objective #5: Assess impact on local systems of care for persons with mental illness, substance use disorder and/or developmental disabilities of the State of Illinois and provider networks movement to a regional service delivery model.

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.

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

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

Objective #2: Coordinate integration, alignment, and allocation of resources with the CCDDDB 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.

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

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

Objective #2: Continue participation in the Champaign County Specialty Court Steering Committee and support for Champaign County Drug Court and Champaign County Mental Health Court.

Objective #3: Using established oversight committees, review performance and evaluation reports including data on recidivism.

Objective #4: Support continuation of Champaign County Drug Court services funded through the Department of Justice Bureau of Justice Assistance Enhancement Grant award and the pursuit of non-CCMHB funding to sustain the enhanced services.

ORGANIZATIONAL DEVELOPMENT, ADMINISTRATION, AND ACCOUNTABILITY

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

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

Objective #2: 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 fiscal accountability of service providers and programs under contract with Board.

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

Objective #2: Implement the 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 mental health, substance use disorder and developmental 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 Board for the Care and Treatment of Persons with a Developmental Disability.



To: Champaign County Mental Health Board and Developmental Disabilities Board
From: Shandra Summerville
Date: March 12, 2013
Purpose: Cultural and Linguistic Competence Quarterly Monitoring/Technical Assistance

All agencies that receive funding from the Champaign County Mental Health Board and Developmental Disabilities Board are required to report on their quarterly progress of their Cultural Competence Plans. I have reviewed plans and progress and would like to set up individual meetings with each organization between March 20 and April 2, 2013. This will be an opportunity for me to provide feedback as well as provide technical assistance to you on next steps, as well as discuss your goals for the next fiscal year that you indicated in your PY2014 Cultural Competence Plan.

Please send me an email (ssummerville@access-initiative.org) with 2 preferred times to meet and I will do my best to accommodate you. As a result of this meeting you will receive the following:

- Progress Comparison from Quarter 1 and 2
- A Technical Assistance Plan (If needed)
- Resource Plan

Thank you so much for your cooperation and the time that you are taking in order to serve our youth and families in the community.

Reaching Out For Answers: Disability Resource Expo
Board Report
March, 2013

I am pleased to announce that the 7th annual “Reaching Out For Answers: Disability Resource Expo” will be held on Saturday, October 12, 2013. The first Steering Committee meeting for the 2013 Expo is scheduled for March 26 at Za’s near Market Place Mall. The Expo has grown over the past six years to heights I’m not sure any of us really thought about when we began this venture. In particular, we have gone from 53 exhibitors at our first event in 2007 to nearly 80 in 2012. I am excited at the wonderful potential we have and where we will go with planning this year. With the growth we’ve experienced, we are bursting at the seams in our current location at Lincoln Square, and as such are dealing with space constraints for exhibitor expansion. We, actually, had to turn away a half dozen new exhibitors in 2012. We are, therefore, exploring potential sites to enable this growth to continue.

Exhibitors – In keeping with our goal of stepping things up with the Expo each year, Nancy Crawford and Barb Bressner will be attending the national Abilities Expo in Newark, New Jersey in early May. Our attendance at the Schaumburg Abilities Expo last year enabled us to bring in some new and innovative technology to the Expo. We hope this trip will have similar results. Not only do these new exhibitors have wonderful resources to share with attendees, but because they are for-profit entities, they also bring needed financial support to our event.

Much more information to come as we plan for Expo 2013!

Respectfully submitted

Barb Bressner
Consultant

Anti-Stigma Alliance
Board Report
March, 2013

The Anti-Stigma Alliance met on March 5 to plan for our sponsored events during the Fifteenth Annual Roger Ebert's Film Festival, which runs from April 17 to 21.

The group would like to preview the ASA sponsored film that has been selected by Roger Ebert to be part of this years' Film Festival. Lynn will look into getting a copy for screening. Lynn is putting final touches on the full page Anti-Stigma Alliance ad that will appear in the Ebertfest program. Members should provide any input they have to Lynn by Monday, March 11.

Members gave ideas for individuals who might participate in a panel discussion on April 19th from 10:30 to 11:45AM at the Illini Union's Pine Lounge. The title of the discussion will be "Challenging Stigma through the Arts" and topics covered will range from those raised by the film to the efforts made by the Alliance.

ASA members discussed several ideas for activities prior to the ASA sponsored film presentation and possible use of the Community Elements room across from the Virginia Theatre. There was stronger support for developing another resource booklet for distribution throughout the festival than for repeating any other activity, so any input into its content or design is welcomed.

Respectfully submitted,

Barb Bressner