

## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

#### BRIEFING MEMORANDUM

DATE: September 21, 2011  
TO: CCMHB Members  
FROM: Mark Driscoll, Associate Director  
SUBJECT: Draft Three-Year Plan 2010-2012 with FY 2012 Objectives

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

As has been the case during the prior two years of the plan, the impact of the continuing state financial crisis on local agencies is compounded by the slow recovery from the recession. The Plan acknowledges the difficult conditions agencies are operating under as well as for consumers seeking access to the help they need. The next stage of implementation of the ACCESS Initiative and commitment to SAMHSA Cooperative Agreement is addressed. Efforts to streamline the board's administrative functions continue. Collaboration with other entities is also an on-going priority of the Plan, particularly the Champaign County Developmental Disabilities Board.

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

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

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

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

**DRAFT**  
**CHAMPAIGN COUNTY MENTAL HEALTH BOARD**  
**THREE-YEAR PLAN**

**FOR**

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

**WITH**

**ONE YEAR OBJECTIVES**

**FOR**

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

**CHAMPAIGN COUNTY 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**

<p>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.</p>
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**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.

## ADMINISTRATION AND ACCOUNTABILITY

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

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

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

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

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

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

Objective #6: Monitor payments from the Illinois Department of Human Services (IDHS) to assure adequate cash flow for the ACCESS Initiative.

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

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

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

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

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

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

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

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

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

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

Objective #1: Strongly Continue to support the Memorandum of Understanding with the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability.

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

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

#### PROGRAMS AND SERVICES FOR CHILDREN, ADOLESCENTS AND FAMILIES

Goal #5: Maintain commitment to implementation of Parenting with Love and Limits (PLL) for youth and families involved in the juvenile justice system.

Objective #1: Continue collaboration with juvenile justice stakeholders and integration of Quarter Cent for Public Safety and CCMHB funding to support PLL implementation. Monitor PLL evaluation data and determine efficacy in collaboration with stakeholders (i.e., Administrative Team).

Objective #2: Coordinate implementation for Year Three of the SAMHSA Children's Mental Health Initiative Cooperative Agreement for the ACCESS Initiative, as delineated in the SAMHSA application and subject to post-award changes as determined by the Coordinating Council, principle investigators, project director and program staff.

Objective #3: As part of the execution of the SAMHSA Cooperative Agreement, secure assurances from the state of its commitment to the sustainability of the ACCESS Initiative.

Objective #4: Prioritize funding cultural competence staff and/or consultation as delineated in the SAMHSA application. Continue to track agency progress on implementation of cultural competence plans and support efforts to address

issues raised in the Surgeon Generals' Report Mental Health: Race, Culture and Ethnicity.

Objective #5: Support integration strategies with juvenile justice stakeholders to assure alignment of Quarter Cent for Public Safety funded programs with implementation of the ACCESS Initiative.

Goal #6: Broaden scope of program performance evaluation activities.

Objective #1: Utilize the Quarter Cent Administrative Team as a resource to conduct oversight of CCMHB and Quarter Cent for Public Safety Fund supported juvenile justice involved program operations and performance.

Objective #2: Participate in the planning and implementation of the Juvenile Research Center study (of Parenting with Love and Limits) of performance outcomes for the CCMHB/Quarter Cent funded PLL program.

Objective #3: As part of the implementation of the SAMHSA Cooperative Agreement, collaborate with the University of Illinois in the ACCESS Initiative evaluation.

## COMMUNITY ENGAGEMENT & ADVOCACY

Goal #7: Reduce the stigma associated with mental illness, substance abuse and developmental disabilities by sponsoring projects and events designed to address discrimination related to stigma, as well as to promote acceptance, dignity, and social inclusion.

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

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

Goal #8: Advocate for positive change in state funding and policy decisions affecting the local system of care for persons with mental or emotional, substance abuse disorders or developmental disabilities.

Objective #1: Support, through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHA), the National Association of County Behavioral Health and Developmental Disabilities Directors, the Illinois Council on Developmental Disabilities, the Illinois Association of Rehabilitation Facilities (IARF), the ARC of Illinois, the Illinois Alcohol and Drug Dependence Association (IADDA), the Community Behavioral Health Association (CBHA), and other appropriate bodies efforts to strengthen the local systems of care.

Objective #2: Collaborate with the ACCESS Initiative to promote effective methods to engage consumer groups, families, and youth in advocacy.

Goal #9: Maintain an active needs assessment process to identify current issues affecting consumer access, treatment and recovery.

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

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

## RESOURCE DEVELOPMENT & COLLABORATION

Goal #10: Collaborate with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability on co-funded programs.

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

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

Goal #11: Continue to coordinate implementation of Champaign County Quarter Cent for Public Safety Fund grant awards with CCMHB resources serving youth involved with the juvenile justice system.

Objective #1: Continue support for the Memorandum of Understanding with the Champaign County Board to maintain CCMHB management of the Quarter Cent for Public Safety Fund and amend as necessary.

Objective #2: In collaboration with the ACCESS Initiative, strengthen coordination between programs serving youth involved with the juvenile justice system to reduce recidivism.

Objective #3: Assess viability of CCMHB involvement in other juvenile delinquency prevention programs, such as Juvenile Detention Alternatives Initiative, in partnership with the ACCESS Initiative.

Goal #12: Ensure compliance with existing Memoranda of Understanding (MOU), e.g. support initiatives extending from the agreements, and enter into new agreements as may be necessary to respond to local service issues or state funding adjustments.

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

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

~~Objective #2: Maintain support and involvement in the Champaign County Drug Court and support access to treatment for eligible clients.~~

~~Objective #3: Participate in the creation of a specialized mental health court in Champaign County. To the extent possible, redirect funding to support the service component of the specialty court.~~

~~Objective #4: Amend the terms and conditions of the MOU with the Champaign County Board of Health to reflect changes in budget and policy which prohibit the continuation of the co-funded project.~~

Goal #13: Promote new approaches for developing services and reducing operating costs.

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

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

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

Objective #4: As practicable, implement Medicaid claiming (Part 77 & Part 132 *in particular*), including a redirection of capacity and conversion of fee for service rates to the Medicaid rates as necessary.

Objective #5: Support and assist with affiliations and mergers of providers as a means to streamline the delivery of services and enable administrative cost savings through economies of scale.





## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

#### BRIEFING MEMORANDUM

**Date:** September 21, 2011  
**Memo To:** Members, Champaign County Mental Health Board (CCMHB)  
**From:** Peter Tracy  
**Subject:** Severe Cuts to Emergency Housing

The purpose of this memorandum is to make the Board aware of significant reductions in state funding for shelter and emergency housing programs. This information should be considered as we move into the FY13 funding and allocation cycle.

#### Background:

The State of Illinois is targeting disproportional funding cuts on safety net programs in Champaign County for homeless people and people in need of transitional living assistance. At this point in time, local service providers for these populations are anticipating an aggregate reduction in funding of about \$225,000.

The problems related to people who are homeless or in transitional settings are multifaceted. There is a mental health and substance abuse component and that is why the Mental Health Board is involved as a funder. There is also a public safety component to this problem, and that is why local governments also need to be an active partners.

Make no mistake or underestimate the seriousness of this situation. We have service providers who are at risk of dismantling or eliminating transitional and/or homeless programs. We have providers who are at risk of going out of business.

Ms. Sheila Ferguson (Community Elements – TIMES Center) and Mr. John Sullivan (Center for Women in Transition) are here tonight to provide current information regarding programs funded by the CCMHB. This information should be considered as grist for the mill in our FY13 funding prioritization discussions in October and November.



## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

#### BRIEFING MEMORANDUM

**Date:** September 21, 2011  
**Memo To:** Members, Champaign County Mental Health Board (CCMHB)  
**From:** Peter Tracy  
**Subject:** Food Purchase Policies

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

#### Background:

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

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

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

**DRAFT**  
**2011-2012 MEETING SCHEDULE with SUBJECT**

The schedule provides the dates of board meetings for the Champaign County Mental Health Board. The subjects are not exclusive to any given meeting as other matters requiring Board review or action may also be addressed or may replace the subject listed. Study sessions may be scheduled throughout the year and held after the board meeting.

9/21/11	Regular Board Meeting Release Draft Three Year Plan 2010-2012 with FY 2012 Objectives Study Session: Diet and Mental Health
10/19/11	Regular Board Meeting
11/16/11	Regular Board Meeting Approve Three Year Plan with One Year Objectives
12/14/11	Regular Board Meeting Allocation Decision Support – PY 2013 Allocation Criteria
1/18/12	Regular Board Meeting Election of Officers
2/22/12	Regular Board Meeting Liaison Assignments
3/21/12	Regular Board Meeting Approve Annual Report
4/18/12	Regular Board Meeting Program Summaries Review and Discussion
5/23/12	Regular Board Meeting Allocation Decisions Authorize Contracts
6/20/12	Regular Board Meeting Approve Draft Budget

**DRAFT**  
**ALLOCATION TIMELINE AND PROCESS**

The following is a tentative schedule for the CCMHB/Quarter Cent for Public Safety allocation process for Program Year 2013 (July 1, 2012 – June 30, 2013).

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



## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

#### BRIEFING MEMORANDUM

**Date:** September 21, 2011  
**Memo To:** Members, Champaign County Mental Health Board (CCMHB)  
**From:** Peter Tracy  
**Subject:** Budget Documents – FY12

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

#### Background:

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

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

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

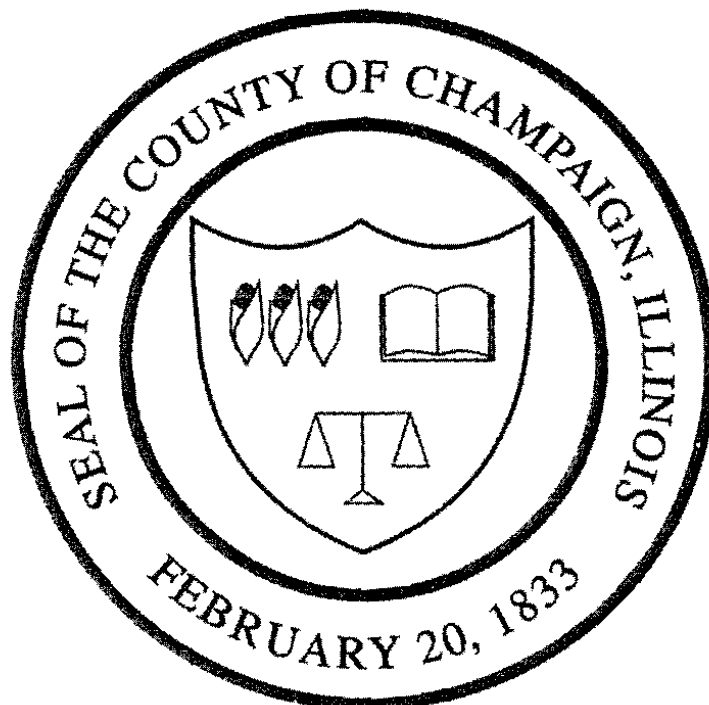
**CHAMPAIGN COUNTY BOARD  
FY2012 BUDGET REVIEW**

**DEPARTMENT BUDGET:** Mental Health & DD Boards

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

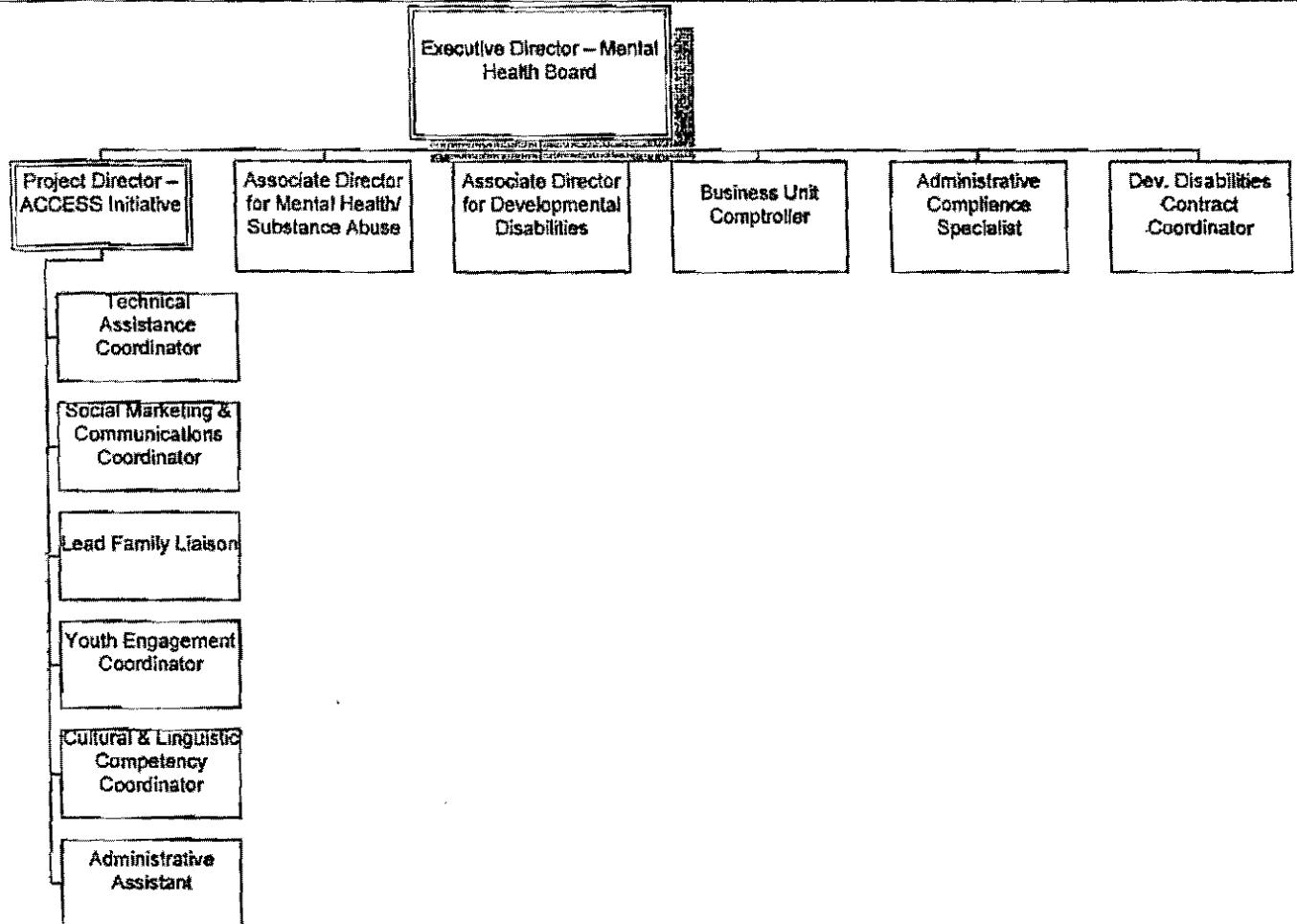
**BUDGET REVIEWERS:** Jon Schroeder, Ron Bensyl

<b><u>BUDGET DOCUMENTS:</u></b>	<b><u>Attachment Page #</u></b>
090-053 Mental Health Board	1
108-050 Developmental Disability Board	8
109-053 Delinquency Prevention Grants	14
685-053 Drug Courts Program Grant	17



*Mental Health Board*

**MENTAL HEALTH BOARD – 090-053**



**MISSION STATEMENT**

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

**BUDGET HIGHLIGHTS**

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

*Mental Health Board*

**FINANCIAL**

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



*Mental Health Board*

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

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

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

*Mental Health Board*

**EXPENSE PER CAPITA**

**Actual Dollars**

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

**FTE HISTORY**

2008	2009	2010	2011	2012
5	5	5	6	5

**ALIGNMENT to STRATEGIC PLAN**

*CB Goal 1 – Remain a financially solvent County government.*

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

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

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

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

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

*Mental Health Board*

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

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

**DESCRIPTION**

The Champaign County Mental Health Board (CCMHB) has been established under Illinois Revised Statutes (Ch. 91-1/2, Sections 301-314, inclusive) in order to "construct, repair, operate, maintain and regulate community mental health facilities to provide mental health services as defined by the local community mental health board, including services for the developmentally disabled and for the substance abuser, for residents of Champaign County." The CCMHB is responsible for planning, coordinating, evaluating, and allocating funds for the comprehensive local system of mental health, developmental disabilities, and substance abuse services for Champaign County. It is our intent to promote family-friendly community support networks for the at-risk, underserved and general populations of Champaign County; to increase support for the local system of services from public and private sources; and to further develop the systematic exchange of information about local services and needs between the public/private service systems and the CCMHB. In order to accomplish these purposes, the Champaign County Mental Health Board must collaborate with the public and private sectors in providing the resources necessary for the effective functioning of the community mental health system.

**OBJECTIVES**

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

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

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

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

## *Mental Health Board*

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

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

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

**Objective #8:** Expand cultural competence efforts: Prioritize funding cultural competence staff and/or consultation as delineated in the SAMHSA application. Continue to track agencies' progress on implementation of cultural competence plans and support efforts to address issues raised in the Surgeon General's Report Mental Health: Race, Culture and Ethnicity.

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

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

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

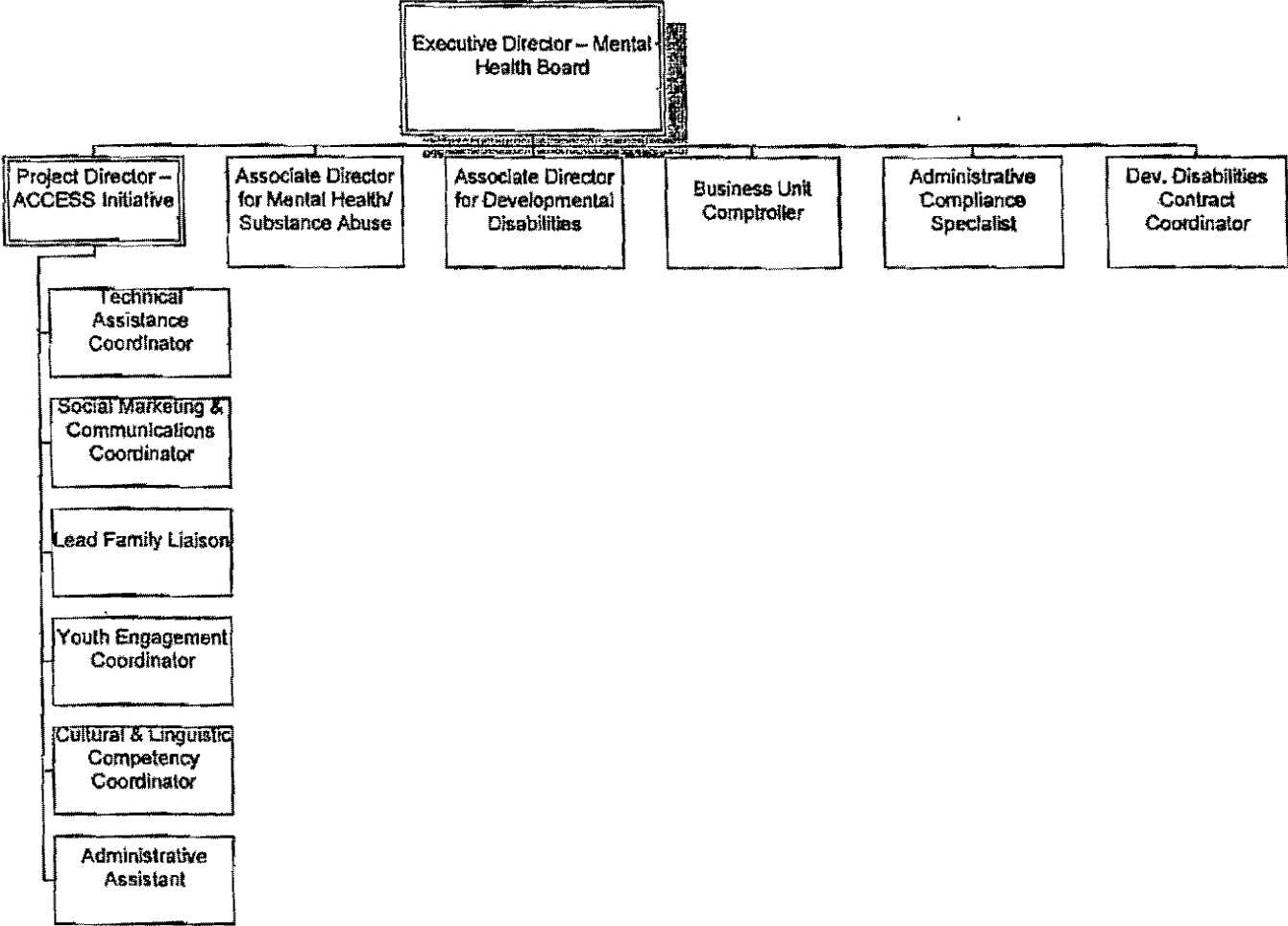
*Mental Health Board*

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

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

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

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



**MISSION STATEMENT**

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

**BUDGET HIGHLIGHTS**

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

**FINANCIAL**

Fund 108 Dept 050		2010 Actual	2011 Original	2011 Projected	2012 Budget
311	19	\$3,442,260	\$3,585,739	\$3,549,882	\$3,673,507
313	19	\$1,536	\$0	\$1,500	\$0
314	10	\$3,782	\$0	\$3,000	\$0
315	10	\$3,155	\$0	\$1,000	\$0
		\$3,450,733	\$3,585,739	\$3,555,382	\$3,673,507
361	10	\$4,297	\$0	\$4,000	\$4,000
363	10	\$0	\$0	\$0	\$0
369	90	\$1,000	\$0	\$0	\$0
		\$5,297	\$0	\$4,000	\$4,000
		<b>REVENUE TOTALS</b>	<b>\$3,456,030</b>	<b>\$3,585,739</b>	<b>\$3,559,382</b>
					<b>\$3,677,507</b>
513	2	\$0	\$0	\$0	\$0
533	7	\$287,604	\$334,182	\$337,191	\$292,575
533	33	\$0	\$0	\$0	\$0
533	88	\$0	\$0	\$0	\$0
533	89	\$0	\$0	\$0	\$0
533	92	\$3,207,895	\$3,251,557	\$3,212,691	\$3,382,807
		\$3,495,499	\$3,585,739	\$3,549,882	\$3,675,382
		<b>EXPENDITURE TOTALS</b>	<b>\$3,495,499</b>	<b>\$3,585,739</b>	<b>\$3,549,882</b>
					<b>\$3,675,382</b>

**FUND BALANCE**

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

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

**EXPENSE PER CAPITA**

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

## **ALIGNMENT to STRATEGIC PLAN**

*CB Goal 1 – Remain a financially solvent County government.*

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

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

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

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

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

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

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

## **DESCRIPTION**

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



## **OBJECTIVES**

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

**Objective #2:** Expand cultural competence efforts: Continue to track agencies' progress on implementation of cultural competence plans and support efforts to address issues raised in the Surgeon General's Report Mental Health: Race, Culture and Ethnicity. Emphasize person-centered or consumer-driven planning efforts, promoting self-directed and culturally appropriate individualized service plans within the five categories of services and populations described below.

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

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

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

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

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

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

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

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

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

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

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

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

*Delinquency Prevention Grants*

**DELINQUENCY PREVENTION GRANTS – 109-053**

**BUDGET HIGHLIGHTS**

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

**FINANCIAL**

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

**FUND BALANCE**

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

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

## *Delinquency Prevention Grants*

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

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

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

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

*Delinquency Prevention Grants*

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

**OBJECTIVES**

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

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

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

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

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

**PERFORMANCE INDICATORS**

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



### *Drug Courts Program Grant*

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

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

#### **OBJECTIVES**

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

#### **PERFORMANCE INDICATORS**

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



**CHAMPAIGN COUNTY BOARD  
FY2012 BUDGET REVIEW**

**DEPARTMENT BUDGET:** ACCESS Initiative

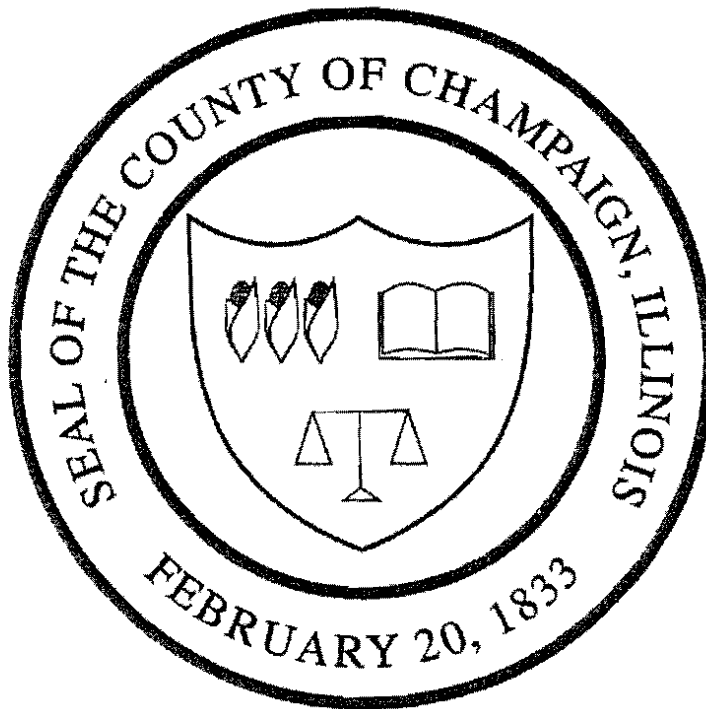
**DATE/TIME of REVIEW:** Tuesday, August 30<sup>th</sup> - 5:15pm  
Putman Meeting Room, Brookens

**BUDGET REVIEWERS:** Pius Weibel, Brad Jones

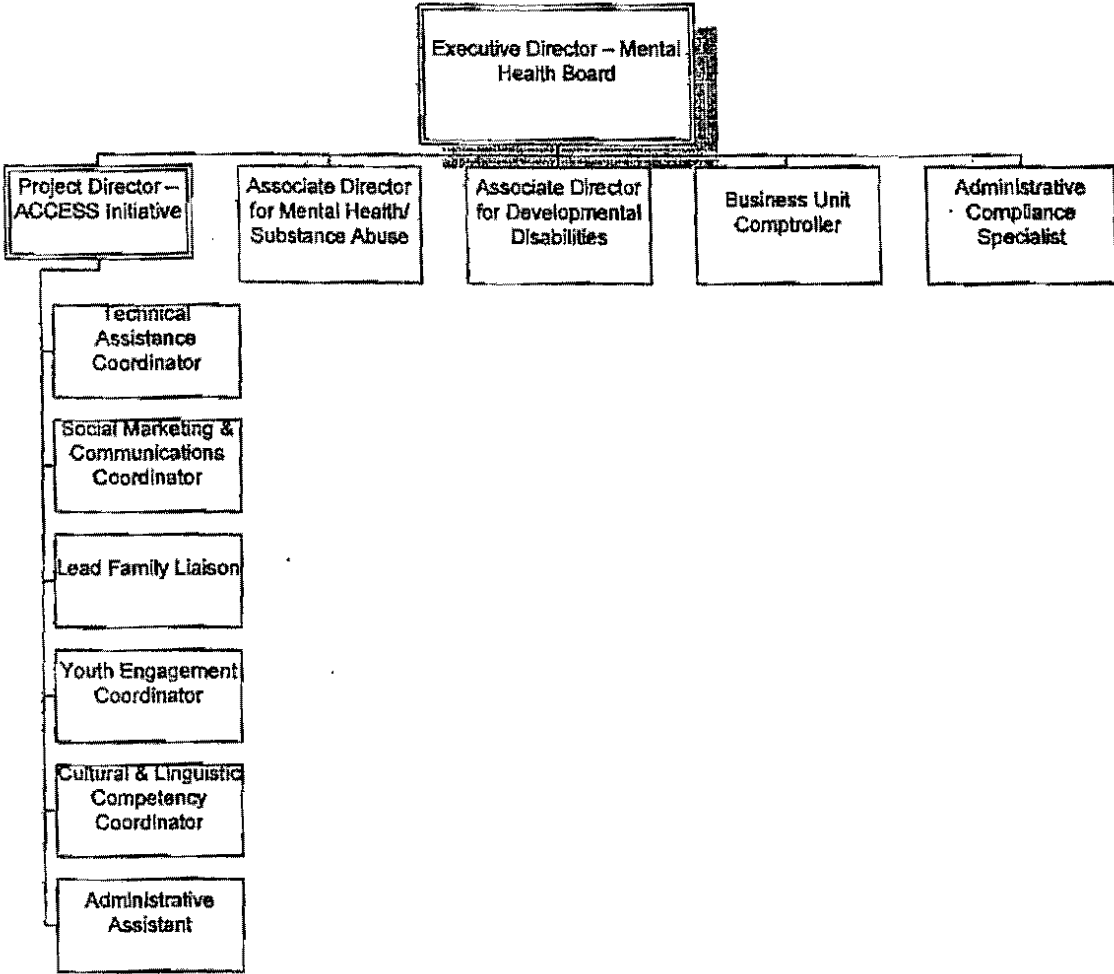
**BUDGET DOCUMENTS:** **Attachment Page #**

641-053 ACCESS Initiative Grant

1



**ACCESS INITIATIVE GRANT – 641-053**



**BUDGET HIGHLIGHTS**

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

**FINANCIAL**

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

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

### **FUND BALANCE**

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

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

### **ALIGNMENT to STRATEGIC PLAN**

*CB Goal 1 – Remain a financially solvent county government.*

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

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

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

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

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

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

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

### **DESCRIPTION**

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

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

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

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

### **OBJECTIVES**

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

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

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

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

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



**Reaching Out For Answers: Disability Resource Expo**  
**Board Report**  
**September, 2011**

The 5<sup>th</sup> Annual "Reaching Out For Answers: Disability Resource Expo" will be held on Saturday, October 22, 2011 from 9:00 a.m. to 2:00 p.m. at Lincoln Square Village in Urbana. The Expo Steering Committee and its 7 active sub-committees has been hard at work planning for the 2011 Expo.

**Exhibitors:** There are currently 70 exhibitors who will be sharing important information and resources with Expo attendees.

**Marketing/Sponsorship:** For the third year in a row, we are producing a Resource Book, so that attendees can take this valuable information with them for future use. We will be printing 1,500 of these books, which will be distributed not only at the Expo, but throughout the coming year through various provider agencies. Local businesses and organizations have the opportunity to advertise in this book, and this covers the cost of production.

Fundraising this year has been a bit challenging. To date, sponsors have pledged \$16,220, with another \$6,130 in in-kind donations. This is nearly \$5,000 behind our cash total from last year, but about \$1,000 ahead of in-kind donations.

Four billboards will be going up at the end of Sept. to promote the Expo. We will be distributing 8,000 brochures, 16,000+ school flyers, 550 posters, 75 MTD bus posters, and will have 200 yard signs circulated throughout the county. We will, also, be utilizing radio and newspaper media.

**Entertainment:** We have a wonderful line-up of entertainment again this year, including Ministry In Motion, a signing choir; Barking Angels Service Dogs; Michael Powers One-Man-Band; and the AMBUCS Amtryke presentation. We'll be giving away some great prizes, including Ebertfest tickets.

**PRIDE Exhibit Area:** We will, again, have artwork, crafts and more available for purchase from some wonderfully talented local entrepreneurs in the Pride Area.

**Children's Activity Area:** The Children's Activity area is always a very busy and fun place to visit, and this year will be no exception. We will have bounce houses, games, crafts, prizes, balloon animals, and much more for the youngsters to enjoy.

**Accessibility:** As always, we try hard to ensure there are no obstacles preventing folks, whatever their disability, to obtain information and enjoy their day with us. Exhibitor information will be available in large print, braille and disk. We will have sign language interpreters, and personal assistants all there to provide greater access to our participants.

**Volunteers:** We couldn't do this huge event without the help of a lot of wonderful, hard-working volunteers. Lincoln's Challenge will be helping us out again, as will a number of students and special interest groups.



## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

Champaign County Mental Health Board (CCMHB)  
and  
Champaign County Developmental Disabilities Board (CCDDB)

Study Session

**WEDNESDAY, SEPTEMBER 21, 2011**

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

***The Study Session will begin 10 minutes after the CCMHB adjourns their meeting.***

1. Call to Order
2. Roll Call
3. Presentation - Diet and General Health, Diet and Behavioral Health

Dr. George Ordal has been a member of the Department of Biochemistry, College of Medicine at UIUC since the Fall of 1973 and has a longstanding interest in the role of diet and fitness in promoting health. He has read widely in this area, especially in recent years. He has served on the board of the Mental Health Center/Community Elements for over fifteen years and is delighted to interact with members of the CCDDB and the CCMHB on this subject. The available evidence from reviews, including those forwarded by our board members and staff, indicates that what promotes physical health also promotes mental health.

4. Adjournment

## **BRIEFING MEMORANDUM**

**DATE:** September 21, 2011  
**TO:** Members, Champaign County Developmental Disabilities Board  
Champaign County Mental Health Board  
**FROM:** Lynn Canfield, Associate Director for Developmental Disabilities  
**SUBJECT:** Diet and General Health, Diet and Behavioral Health

### **Background:**

Following discussion of Dr. Tieraona Low Dog's article "The Role of Nutrition in Mental Health" at the November 16, 2010 CCMHB meeting, related articles and projects were brought to my attention. I contacted George Ordal, Howard Berenbaum, and Charles Morton for more information about their work and inquired about projects at UIUC Kinesiology and Social Work. Dr. Ordal, Professor of Biochemistry with UI School of Medicine, forwarded articles of interest and notes on two books and met with me several times for discussion of nutrition and general health. Dr. Ordal introduced myself and a colleague to research challenging the prevailing wisdom regarding nutrition and health. Although some reading assignments remain, we were easily persuaded of the dangers of fructose and the positive effects of Omega-3 fatty acids. The discussion has been fascinating and has changed my own diet radically.

### **Reading list:**

Eades, M. D., & Eades, M. R. (2009). *The 6-Week Cure for the Middle-Aged Middle: The Simple Plan to Flatten Your Belly Fast!* Crown Publishers.

Hamid, R., & Masood, A (2009). Dietary Lectins as Disease Causing Toxicants. *Pakistan Journal of Nutrition* 8 (3): 293-303 ISSN 1680-5194. Department of Biochemistry, University of Kashmir, Srinagar-190006, Jammu and Kashmir, India.

<http://www.pjbs.org/pjnonline/fin1120.pdf>

Taubes, G. (2008). *Good Calories, Bad Calories: Fats, Carbs, and the Controversial Science of Diet and Health.* Anchor Press.

*American Psychologist.* "Lifestyle and Mental Health" by Roger Walsh, University of California, Irvine College of Medicine. Online First Publication, January 17, 2011.

<http://www.apa.org/pubs/journals/releases/amp-ofp-walsh.pdf>

[http://www.naturalnews.com/031654\\_whey\\_protein\\_fatty\\_liver\\_disease.html#ixzz1GD83oYcP](http://www.naturalnews.com/031654_whey_protein_fatty_liver_disease.html#ixzz1GD83oYcP)

<http://www.drbriffa.com/2011/03/04/low-carbohydrate-diet-very-quickly-effective-for-getting-fat-out-of-the-liver/>

[http://www.naturalnews.com/031233\\_diabetes\\_lifestyle.html#ixzz1DHrHfcAD](http://www.naturalnews.com/031233_diabetes_lifestyle.html#ixzz1DHrHfcAD)

<http://towncenterwellness.com/announcements/dangers-of-wheat-germ-agglutinin-wga/>

[http://www.upi.com/Health\\_News/2011/03/07/Diet-to-prevent-cancer-Alzheimers/UPI-67991299556102/](http://www.upi.com/Health_News/2011/03/07/Diet-to-prevent-cancer-Alzheimers/UPI-67991299556102/), regarding Clinical Epigenetics journal review, Trygve Tollefsbol

**Related comments from participants in the November board meeting and beyond:**

*Autism and Low Iron:* Low ferritin levels, indicating iron deficiency, are found in patients with Restless Legs Syndrome, ADHD, Tourette's syndrome, etc. and possibly contribute to these conditions by changing the metabolism of dopamine and other catecholamines (e.g. epinephrine and norepinephrine). Low ferritin levels, as well as low magnesium and B vitamins, have also been reported in children with Autism Spectrum Disorders. Dr. Charles Morton, Head of Carle Clinic's Department of Pediatrics, orders iron levels for his patients and prescribes iron and Omega 3 supplements for many. He was the featured speaker at CU Autism Network's March meeting, sparking interest in this area among members.

*Depression and Omega 3 Fatty Acids:* While there are still uncertainties about the effect of Omega 3 on depressive symptoms in patients with heart disease and on those with bipolar disorder, an encouraging report was published in July on the largest clinical study (432 participants) of the relationship between Omega 3 and depression. Symptoms improved in those diagnosed with depression unaccompanied by an anxiety disorder; efficacy was comparable to that of conventional antidepressant treatment. The supplement was fish oil with high concentrations of EPA (eicosapentaenoic acid). Pam Klassert, whose Life Skills group at PACE has an interest in growing and preparing healthy food, has recommended the book "The Omega 3 Connection". She also forwarded an article relating diet and other lifestyle factors to mental health; this can be downloaded at <http://www.apa.org/pubs/journals/releases/amp-ofp-walsh.pdf>.

*Impact of Diet and Psychotropic Medications on General Health:* Excessive dietary fructose, particularly through high fructose corn syrup, is implicated in the development of diabetes, obesity, and other health conditions. In recent years, the endocrine and metabolic adverse effects of psychotropic medications have also gained attention. Because traditional behavioral support interventions have included fructose-rich rewards (pop and candy) and medications such as antipsychotics (associated with weight gain and metabolic syndrome), individuals with developmental disabilities and/or serious mental illness are at greater risk. CILA nursing staff and other direct support providers currently focus on education on the prevention and treatment of diabetes and other major illnesses in the populations they serve.

Other feedback included enthusiasm for community garden projects and an interest in the impact of exercise on behavioral health.