

ST. CLAIR COUNTY  
MENTAL HEALTH BOARD

ONE YEAR STRATEGIC PLAN  
FY 2010  
&  
THREE YEAR PLAN  
FY 2010 – FY 2012



The mission of the St. Clair County Mental Health Board 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 needs of the citizens of St. Clair County.

Approved: October 22, 2009

## **ST. CLAIR COUNTY MENTAL HEALTH BOARD MEMBERS**

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Elaine Rogers Cueto, Senior Vice President

Ann Martz Barnum, Vice President

Elliott D. McKinney, Secretary

Brad Harriman

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John "Skip" Kernan

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## **ST. CLAIR COUNTY MENTAL HEALTH BOARD STAFF**

Dana Rosenzweig, Executive Director

Debbie Humphrey, Program Director

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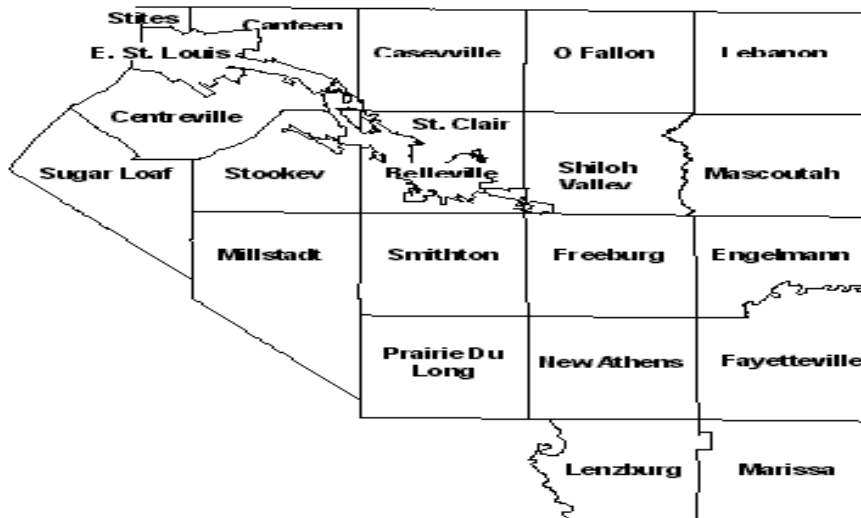
Cheryl Prost, Consultant

# ST. CLAIR COUNTY BOARD MEMBERS

Mark Kern, Chairman

District 1	Carl A. Gomez	District 16	June Chartrand
District 2	Willie McIntosh	District 17	Curtis M. Jones
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District 15	John W. West		

St. Clair County Townships



The St. Clair County Mental Health Board's Guiding Principles are as follows:

The Board promotes a range of coordinated mental health services to make a positive difference in the mental health of the people who reside in St. Clair County.

The Board desires to assure that the highest standards are maintained for the delivery of all services and programs.

The Board believes that St. Clair County consumers of mental health services are central to all aspects of service delivery.

The Board as steward of St. Clair County's mental health tax funds is committed to sound fiscal management and expects sound fiscal management in organizations that receive Board funding.

The Board emphasizes and facilitates intergovernmental and interagency collaboration, cooperation and networking.

The Board is committed to providing leadership of a coordinated mental health service system with ongoing communications among funders, service providers, advocates, recipients and residents.

## **Introduction**

This document represents the St. Clair County Mental Health Board's Three Year Plan for the period July 1, 2009 to June 30, 2012, with One Year Objectives for FY 2010. The Mental Health Board is a governmental unit of St. Clair County, Illinois. The legal obligations for the Board are set forth in the Community Mental Health Act, Illinois Compiled Statutes, Chapter 405, Act 20. The following document meets all statutory requirements, provides a review of planning activities and addresses objectives for the utilization of Board resources.

On any level, how needs are determined and the distribution of resources are core issues for planners and the establishment of priorities is the most difficult task of planning. Differences in perceptions regarding needs, shortages in available funding and the personnel involved in the planning process all effect planning outcomes. The Board is very cognizant of the reality that the unmet mental health needs of our community will continually exceed collective financial resources available. Effective planning is, therefore, critical to ensure the most effective use of Board resources in response to community needs. In addition, increasing demands on the Board's resources require a plan or allocation of funding which is consistent with the Board's commitments and values.

The Board presently contracts with 18 service providers and funds 41 programs and initiatives. Funded program services in Fiscal Year 2010 will once again exceed \$2 million following final service allocations.

## **Current Environment – State FY 2010 Budget**

It is difficult to pursue local planning without looking in the rear view mirror and seeing the unfolding chain reaction, multi-car accident that is the state's FY 2010 budget wreck. Fiscal Year 2010 has brought about even more challenges for the community system that was seen in a tumultuous FY 2009. It has already been a turbulent budget year and is far from over. Continuing drama has marked this year's budget. A "doomsday budget" was initially passed, followed by the restoration of numerous programs (especially children's services) some through a "six month" contract.

When the state FY 2010 budget was approved in mid-July the legislature took the unprecedented step of sending lump sum budget amounts to the Governor, giving him the responsibility to make it last as long as possible and make cuts where necessary. Sometime between November and January an additional review of revenues will allegedly take place. The result will be more cuts, more revenue, or a combination of the two. It's certain that even with an upswing in the economy in the next six months severe revenue problems are going to continue. Worse, the outlook for FY 2011 that begins in July 2010 is just as devastating as FY 2010.

In order to try to "cure" the \$12 million budget hole without raising new revenue, the legislature fires authorized pension bond sales to free up \$3.5 billion. This action was designed to fund human services and other needs. The bonds will be paid back over five years.

With interest calculated to be \$395 million per year, the actual payback in each of the next five years will be in the neighborhood of \$770 million.

To address the large volume of unpaid bills, it was announced that more than \$3 billion in unpaid bills will be delayed until sometime in the future, depending on when adequate revenues will be available. The critical question is what might happen to this backlog if new revenues are not approved either in the fall or in January. The \$3 billion backlog is the largest in the state's history. The budget gives the Governor flexibility to direct spending to areas of need, including more than \$1 billion in reserves by state agencies and lets the governor make at least 1\$ billion in spending cuts.

It is estimated that there is still an approximate \$5 billion revenue gap for FY 2010 that will have to be addressed in some form or another. The legislative veto session is scheduled to begin in October, but since an extraordinary majority of votes is required to enact a bill with an immediate date until January 1 it is not expected that the deficit will be taken up at that time.

The state will face an unprecedented crisis if there are no new revenues approved before the end of FY 2010 as it will have to factor in the \$3 billion in backlogged bills and the \$3 billion in federal stimulus funds that were one time only. Add to that the mandate pension contribution for FY 2011 and the payment needed to fund this year's pension bonds the outlook is grim, at best.

The other issue that remains from 2009 is the continued slow vendor payments by the State. Many agencies are forced to extend lines of credit and the hardship is becoming more difficult for many to bear. Here's the reality of what we do know for FY 2010 regarding state contracts, as broken out by funding category.

#### **Mental Health:**

Statewide the Department issued reduced provider contracts by \$30 million, but did so by making the majority of the cuts in those agencies who failed to meet their billing quotas. Whether these reductions hold will remain to be seen.

#### **Developmental Disabilities:**

Initially, all grants were eliminated to achieve necessary savings state wide. However, the plan changed and all grants were continued at a six month funding level. The State will now attempt to convert the grant programs into Medicaid Waiver to capture Federal funding and keep the same dollars in place. This is a very ambitious plan and wrought full of issues that will be difficult to resolve in the brief time frame. Even in theory, a questionable decision and in practice even more problematic.

### **Substance Abuse:**

The Department of Substance and Alcohol Abuse was one of the hardest hit state agencies in the Governor's original "doomsday budget." Their budget was reduced by nearly 76%, but later actions restored some of the funding and the final reduction was approximately 30%. DASA was left with the largest reduction within human services. Lacking a strong consumer advocacy base, drug treatment services usually enjoy the least amount of support in tight financial times.

## **Establishment of FY 2010 Funding Principles**

In order to determine FY 2010 funding commitments the Board has established priorities for the best use of its financial resources. Given a review of the current services and resources, the Board hereby establishes the following principles to assist in the decision making process:

1. Given adequate resources, and assuming the Providers remain in contract compliance, the Board will annualize currently funded services before considering any new programs.
2. Fee for Service remains the Board's preferred contracting methodology.
3. In considering any new initiatives, the Board does not wish to support programs that are primarily funded by the State of Illinois. Board funds are not intended to supplement inadequate rates.
4. For existing contracts, Fee for Service contracts will receive primary consideration for increases to base amounts via review of actual costs and/or ability to increase service delivery.
5. Increases to grant contracts will be considered based on availability of funds and review of contract compliance.

## **Establishment of FY 2010 Funding Priorities**

1. Priority populations for FY 2010 will be seniors, children and consumers involved in the criminal justice system.
2. Those persons displaced from services due to state budget reductions, who are at high risk of danger/harm.

\* Any new funds will be tied to targeted initiatives as defined by the Board. During the second half of the fiscal year (January – June) an analysis will once again be made of dollars that may be available for expenditure for one time capital, training and one-time specialty initiatives.

## FY 2010 ALLOCATIONS BY PROVIDER, PROGRAM, AND AMOUNT

Provider	Program	Amount	Service Area
ARCH	Residential	7,000	SA
Big Brothers/Big Sisters	Children's Counseling	54,134	MI
Call for Help	Residential	34,071	MI
	Suicide & Crisis	94,427	MI
Cerebral Palsy of SWI	Client & Family Support	23,832	DD
CCBD	Case Management	86,723	MI
Chestnut Health Systems	Outpatient	273,907	MI
CBMHC	Residential	114,442	MI
	Parenting for Success	42,559	MI
	Drug Court	4,500	SA
	Case Management	40,000	MI
Court Services	Psychological Consultant	20,000	MI
Cuneo	Consultant	60,000	MI
DDS	Case Coordination	134,751	DD
Epilepsy SWI	Case Management	42,206	DD
Family Hospice	Heart Links	33,628	MI
Gateway Foundation	Outpatient	79,783	SA
	Drug Court	4,500	SA
Illinois Center for Autism	Employment Training	190,196	DD
Promise Center (1)	Respite	100,585	DD
PSOP	Senior Counseling	62,918	MI
St. Clair ROE	Case Management	53,225	MI
SAVE	Vocational Development	152,271	DD
	Supported Employment	48,469	DD
	Residential	68,396	DD
Second Chance	Case Management	40,808	MI
TASC	Assessment	21,400	SA
	Drug Court	4,500	SA
Violence Prevention Center	Children's Counseling	54,005	MI
	<b>TOTAL</b>	<b>\$1,947,236</b>	

(1) – A contract was not executed for these funds and is pending dependent on the action taken by the Division of Developmental Disabilities regarding conversion to Medicaid waiver.

## **GOALS and OBJECTIVES**

Following an inventory of the mental health service delivery system and an analysis of available revenues, the following recommendations are being made for inclusion in the Board's FY 2010 – 2012 Three Year Plan and the FY 2010 One Year Strategic Plan.

### **Three Year Goals**

1. To use the levy to attract additional state and federal funds for needed services.
2. To ensure services are accessible and available to all county residents in need of such services.
3. To assure that local tax funds are used in a reasonable manner.
4. To provide public education to improve awareness of effective treatment and reduce the stigma of mental illness.
5. Increase coordination and collaboration among mental health, substance abuse and developmental disability services with other community services and systems to advance systems integration and approaches that will seek to improve continuity and create a more effective continuum of care.
6. Assist in establishing and expanding Mental Health and Drug Courts in St. Clair County.
7. Expand the Disaster Mental Health Council to meet all emerging needs.

### **FY 2010 One Year Objectives**

#### **Goal #1**

In conjunction with the Illinois Department of Health and Family Services, add substance abuse billing to the Local Funds Initiative.

**FY 2010  
One Year  
Objectives**

**Goal # 2**

To direct any additional FY 2010 Board funding for specific program enhancements for targeted initiatives and priority populations.

*Targeted Initiatives*

Criminal Justice/Mental Health Court Services – A case manager position will be added to participate in the Data Link project.

Agency: Comprehensive Behavioral Health Center

Estimated Cost: \$40,000

Community Education/Peer Support – Additional funding will be tied to anti stigma and peer recovery services/activities.

Agency: LINC

Amount: \$8,500

Mental Health and Aging – An advanced practice nurse will be added one day per week at the Wellness Center at Programs and Services for Older Persons.

Agency: Chestnut Health Systems

Estimated Cost: \$21,000

Vocational Development – Increased resources will be used to expand community slots for selected consumers.

Agency: SAVE

Estimated Cost: \$30,000

\* There remains a balance of \$70,013 of uncommitted community services for FY 2010.

**FY 2010  
One Year  
Objectives**

**Goal # 2**

*Continuation Funding*

To provide continuation contracts for selected FY 2010 funded services at current funding amounts. Cost: \$1,877,236

**FY 2010  
One Year  
Objectives**

**Goal # 3**

Continue monitoring activities to include quarterly site visits of funded agencies and include Performance Reviews, Case File Reviews, Quality Assurance, and Utilization Review.

**FY 2010  
One Year  
Objectives**

**Goal #4**

1. Continue fiscal and planning support for the Consumer Network, Mental Health and Aging and Children's Mental Health conferences.
2. Provide support in the planning of other community education and public awareness initiatives and events for mental health, developmental disabilities and substance abuse.

**Goal # 5**

**FY 2010  
One Year  
Objectives**

1. Continue to provide facilitation and support(s) to advance a Mental Health "System of Care" through the St. Clair County Youth Coalition.
2. Increase coordination and collaboration of mental health service delivery with the St. Clair County juvenile and adult justice systems through the Redeploy Illinois and Drug Court initiatives.
3. Continue collaboration and coordination with mental health and senior service system providers through the St. Clair County Mental Health and Aging Network and the St. Clair County Office on Aging.
4. Encourage the establishment of other networks with community providers that will enhance service and system coordination and collaboration.

**Goal # 6**

**FY 2010  
One Year  
Objectives**

Continued support of the Disaster Mental Health Council by retaining the Disaster Mental Health Consultant and providing annual professional training via a fall conference.