



Mental Health and Mental Retardation Services, Inc.

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TO THE CITIZENS OF SOUTH KANE COUNTY:

Enclosed is our Three-Year Plan for 2007-2009 for delivery of services to the mentally ill, developmentally disabled and substance abuse populations in south Kane County. INC's board of directors and staff continue to serve the residents of south Kane County and support the system of local services and providers.

We ask you to review this material and please feel free to direct comments to INC staff in regard to the plan.

Respectfully submitted,

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MENTAL HEALTH & MENTAL RETARDATION SERVICES, INC.

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FORWARD

The year 2007 marks the beginning of a new three-year planning cycle for the community mental health board (CMHB) Mental Health and Mental Retardation Services, Inc., better known as INC or 708 INC in the south Kane County area. The Three-Year Plan traditionally lays out long-term goals for the planning authority and short-term, or one-year, objectives. Annual updates are done the two following years.

Prior to setting new goals and objectives, we will take a brief look at the social service delivery landscape as it relates to services for those with mental illness, developmental disabilities or substance abuse issues. We will also take a critical look at setting priorities for making future decisions for local funding to meet needs. Changing conditions may warrant changes, over time, of services purchased or subsidized by INC. In order to ensure such planning stays true to INC's mission, we repeat our mission/purpose as stated in our by-laws:

To initiate and coordinate programs of service for mental health, including services for the alcoholic, the drug-addicted and developmentally disabled within any political subdivision which is providing funds to the Corporation under the Community Mental Health Act as provided by the Illinois Community Mental Health Act (H.B. 708, June 26, 1963, and as may subsequently be amended).

The INC board of directors and its staff take this mission very seriously in the execution of its duties.

Knowing that our "larger" authority comes from state statutes that established the Illinois Community Mental Health Act, the act reads:

Any county, city, village, incorporated town, township, public health district, county health department, multiple-county health department, school district or any combination thereof, in consultation with and being advised by the Department of Human Services, shall have the power 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, persons with a developmental disability and for the substance abuser, for residents thereof and/or to contract therefore with any private or public entity which provides such facilities and services, either in or without such county, city, village, incorporated town, township, public health district, county health department, multiple-county health department, school district or any combination thereof.

PART ONE

INC'S OVERVIEW OF THE SYSTEM AND IT'S PARTNERS

Mental Health and Mental Retardation Services, Inc. (INC) is the umbrella organization for seven townships in southern Kane County. The residents of Aurora, Batavia, Big Rock, Blackberry, Kaneville, Sugar Grove and Virgil Townships have voted, by referendum, to establish community mental health (708) boards and have levied a tax upon themselves. These combined tax levies, under the direction of the Board of Directors of Mental Health and Mental Retardation Services, Inc., are used to support services to the residents of these seven townships and provide a small, full-time planning and operating staff to monitor and evaluate them as well as take note of need for additional services. As discussed earlier, this plan will take a brief look at INC and its partners, as these relationships have been covered in greater detail in previous plans.

INC

Mental Health and Mental Retardation Services, Inc. is the largest local funder of mental health, developmental disability and substance abuse services for south Kane County. INC currently funds 21 different agencies delivering services locally. All grants are program-specific. Several grants have been converted to fee-for-service (FFS) within the past 18 months. For some programs, the switch to FFS has demonstrated greater need. For others, it documented some unused capacity. Either way, fiscal accountability has been increased and adjustments to funding can be considered.

With the assistance of the Association of Community Mental Health Authorities of Illinois (ACMHAI), INC recently surveyed its funded agencies that provide Medicaid-qualified services. It confirmed that most of INC's funding, like many of its small and medium-sized counterparts throughout the state, is currently used for services not eligible for Medicaid reimbursement. Often this is by design, as in INC's case. In partnerships with local providers, INC attempts to make the best use of its local funds, often by targeting populations other than the Medicaid-eligible, such as the working poor, as well as low-to- moderate income households. INC has also chosen to fund services that the state does not consider a priority.

State of Illinois

The State of Illinois, in order to maximize Medicaid reimbursement, has concentrated on the Medicaid population and Medicaid eligible services. To the credit of the Department of Human Services (DHS), that state department has been instrumental in working with ACMHAI and its members to establish the procedure by which local mental health authorities who do fund Medicaid services can receive Medicaid reimbursement. The year 2006 saw the first instance of a community mental health board receiving the 50% match for local funds. This will be of limited benefit currently in Kane County, but hope is that, in the future, developmental disability and substance abuse services may also qualify for reimbursement. In the interim, state funding remains static due to state-wide budgeting problems. Few or no cost-of-living adjustments are expected for agencies providing community services.

Kane County

Three positive developments occurred on a county-wide basis during 2006 in the mental health arena. First, through the diligent efforts of the chief judge, county prosecutor's and public defender's offices, National Alliance for the Mentally Ill (NAMI), INC and the three state-funded provider agencies, the Kane County Mental Health Court came into existence. With a two-year federal grant, Kane County initiated an effort to divert the mentally ill who are accused of a misdemeanor crime, from incarceration into treatment. As with any short-term grant, sustainability will be an issue after the initial period, but hopefully the savings in jail costs will offset the moderate cost of the court to the county.

Last year also witnessed the start of a fledgling county-wide partnership of mental health service providers. The newly-formed Kane County Mental Health Coordinating Council, consisting of some 15 agencies, departments and organizations, was an outgrowth of the I-PLAN process for the Kane County Health Department. The Council will address the issues of awareness of mental illness and its treatment as well as some of the systemic issues regarding mental illness in the county. As the largest of the three community mental health authorities in Kane County, and the only one with staff time available, INC staff devoted substantial staff time to a process leading toward development of a better county-wide mental health system. The Kane County Health Department and its executive director are to be commended in coordinating this effort.

The third county-wide development just recently announced is that the Kane County Paratransit Coordinating Council has been awarded about \$2.4 million to develop

a paratransit system for Kane County. It is hoped that this will help alleviate the obvious need for more transportation services for clients receiving INC-funded services.

Aurora and South Kane

INC continues to partner with numerous entities, other than its funded agencies, in the south Kane County area. The Funders Consortium consists of Aurora Township, City of Aurora (CDBG), Communities In Schools (CIS) and United Way of the Fox Valley. While each funder has its own priorities and guidelines, the use of a universal application and hearing process has streamlined the process for requesting funds. Each funder has had its own set of challenges over the past few years, from tight budgets to changes in key staff. Focuses and priorities sometimes change, causing a ripple effect between funders, as well as agencies.

Of note, is United Way's conversion to Community Impact Funding. Funding is to be targeted to the root causes of social ills, as opposed to the symptoms. As a result, there will likely be some shift from services and agencies that have been traditionally funded, to other more targeted services or populations. Where there is a crossover between INC funding and funding by other members of the consortium, we will try to be considerate of those shifts. This may not always be feasible and will be affected by our own internal evaluation of INC-funded services.

INC is also proud of many ongoing working relationships with other organizations: Companeros en Salud (service to the Latino population), Aurora Substance Abuse Roundtable (substance abuse issues including youth residential and detox), Kane County Affordable Housing Coalition (affordable housing), Funders Consortium Health

Service Providers (physical health/mental health), Aurora Housing Roundtable (affordable housing), Aurora University and University of Illinois (mental health needs assessment), Kane County Continuum of Care (homelessness), United Way (homelessness and prisoner re-entry), Aurora Cares Corp (violence reduction), Advocates Network (developmental disability services), Waubensee Community College and Aurora University (career development), Community Resource Team (networking) and many more, in addition to the agencies/organizations listed previously. It is through all these relationships that the INC board and staff can work collaboratively with other parts of our community system.

PART TWO

POPULATIONS OF SOUTH KANE COUNTY

In previous One and Three-Year Plans, we extensively discussed the individual populations of south Kane County. We started with our mandated populations: persons in need of mental health services, persons in need of developmental disability services and persons needing substance abuse services. We also looked at specific sub-populations within our residents: youth, seniors, Latinos and residents of our West Towns area. We will just briefly cover these specific subsets in this plan as the change from year to year is minimal.

Persons in Need of Mental Health Services

The State of Illinois continues to focus its funding on services for the seriously mentally ill. During the past year they have also focused on providing services to Medicaid-eligible residents in order to capture Federal reimbursement. While the state is to be applauded for finally taking advantage of these funds, local planners and providers see a narrowing of the state's target population. This can result in more Illinois residents not only falling into the gap of those who do not qualify for Medicaid, but also do not have enough disposable income or insurance to purchase mental health services on their own. Local funding allows provider agencies to fill these gaps.

Another area of mental health need frequently expressed by mental health consumers and their families, is the shortage of both transitional and permanent

residential housing for those with mental illness. Residential services, in the view of many providers and concerned parties such as NAMI, are drastically under-funded by the state.

As mentioned earlier, two positive developments in Kane County have been the formation of the Kane County Mental Health Court and the Kane County Mental Health Coordinating Council. The county's recognition, that the mental health of its residents is important to the quality of life here, is welcome and seen as a positive change of both the public and political viewpoints on mental illness.

Persons in Need of Developmental Disability Services

Advocates Network of Kane and Kendall Counties, a parent-based DD advocacy group, in conjunction with a dozen other organizations, including INC, recently sponsored a forum that was, in part, focused on the continuing needs of the DD population. The forum speakers discussed housing, employment, transportation and community support services. The forum was well attended. Local government officials, from villages up to the state legislature were in attendance. The message was clear: our family members are in need of additional services and every level of government can help. It is not just the state's job to meet resident's needs.

Advocates Network continues to campaign to educate not just government officials, but the public at large, about the need for more funding, both local and state, for more services. Due to the longer life expectancy of persons with developmental disabilities today, long-term, supported housing will undoubtedly be one of the biggest needs in the coming decades.

Additional needs are documented in the survey conducted recently by DayOneNetwork. The Prioritization of Urgency of Need for Services (PUNS) survey indicated that there are at least 151 residents having unmet needs for services in INC's service area, 29 of whom are considered emergencies. In DayOne's catchment area of Kane and Kendall County, 470 people are waiting for service.

Persons In Need of Substance Abuse Services

INC staff and local substance abuse providers, convening informally as the Aurora Substance Abuse Roundtable, meet regularly to share information and to review the substance abuse treatment system in south Kane County. It was from these discussions that the need for a local residential treatment center for adolescents was identified. Subsequent discussions between INC and Gateway Foundation produced tentative plans for this type of facility on INC-owned property.

As the Roundtable reviews the current system of providers and services, growth in Kane and neighboring counties has highlighted the need for a continuum of substance abuse services to be located here in Kane County, as opposed to sending Kane County residents to DuPage, Lake or Cook counties for treatment. The Roundtable is currently discussing the lack of publicly-funded detox services and its effect on local emergency rooms.

Youth

INC's major partners in providing services for youth continue to be Communities In Schools, Family Counseling Service, Conley Outreach Community Services and

TriCity Family Services. The ability to deliver much-needed services in or near a school setting continues to be very effective. INC's continued investment in programs like Family Nurturing and Big Brothers Big Sisters shows its commitment to our youth.

Seniors

Baby-boomers are starting to retire in this decade. We have no reason to expect this group of seniors' needs will be any less than in the past, but they may be different. We continue to research senior programs that target all seniors, whether isolated, in groups, in clustered living or those living in their caregivers' homes.

Latinos

Latinos represent a significant portion (34% overall, 40% under the age of 18) of Aurora's residents. We continue to express to our provider agencies the need to serve our entire population including those that speak only Spanish. However, it is not enough to just tell them to "do better" without giving them some tools to do so. Neither is it fair.

A year ago, INC contracted with Bridging the Gap to help develop social service careers among local bi-lingual, bi-cultural high school students. Now in its second year, the program has four students enrolled in schools of social work at the college level.

Within the last year, INC offered Spanish language training to staff from INC-funded agencies. Over 20, mostly clinical, staff have developed or improved their Spanish language skills. INC staff will conduct an analysis at the end of the current session to determine its effectiveness and whether such training warrants further funding. We will also look for other ways to assist our agencies to better serve this population.

West Towns

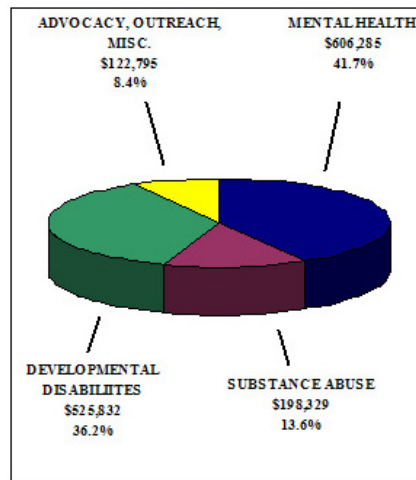
While the rise in interest rates and the corresponding reduction in new home sales have slowed down the housing market recently, growth still seems to be alive and well in our West Towns areas of Big Rock, Blackberry, Kaneville, Sugar Grove and Virgil townships. If growth projections hold true, the INC service area could grow by 50,000 – 60,000 residents in the next 20 years. Growth, not only of homes and retail buildings, but also in the number of people to serve, will be the focus of provider agencies in the West Towns area for decades to come.

PART THREE

INC SELF ASSESSMENT

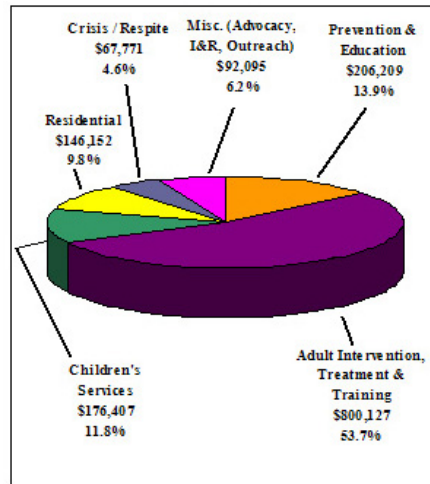
Different Ways to Look at It

In discussing current INC-funded services/agencies, particularly with new board members or persons who have not been familiar with INC, the explanation of exactly what INC funds starts with the three major classifications laid out in the Community Mental Health Act: persons with a mental illness, developmental disability or suffering from substance abuse. Then, knowing that INC funds some services whose primary definition doesn't fall into one of these three categories, these get consolidated into a fourth, miscellaneous, category. This would be a classification by population, more or less, as represented on this chart in INC's annual report.



When we break down the same services, but into more clinical categories, we are talking in terms of prevention, education, intervention, treatment, etc. It also

differentiates between services for children and those provided for adults. In recent years, this has also been included in the annual report.



Some local mental health authorities look at their services yet another way. They attempt to break them down into a “tier” system where “first tier” would be core services, such as services to the seriously mentally ill, profoundly developmentally disabled and substance abuse services for the severely addicted. A “second tier” would be services for individuals less severely or profoundly affected by their conditions, but in need of assistance to function on a daily basis. A “third tier” would be any other ancillary or support services. This method of analyzing INC’s current funding could be used to give a new perspective, not just of current funding, but in considering possible changes.

What Does It Mean?

While the numbers and categories are what they are, it really doesn’t get to the real questions: Why does INC fund what it does? Are these priorities what INC sees as needing to be funded in today’s world?

In large part, the answer to the first question is historical. In the 30-plus years since its inception, INC has had two major funded agencies. One does mental health and substance abuse services. The other is the major developmental disability provider who also provides needed mental health services. Between these two excellent community agencies, they receive 45% of INC's cash grants and over 59% of INC's total support, when considering rent subsidies. The remaining 55% of the available grant funds are allocated to 19 other agencies. Over the years, the INC board and staff have used local funds to start new services or to fund new agencies, sometimes to the chagrin of those already being funded. This has been done to address unmet needs, as time and opportunities presented themselves. So history and the desire to meet needs, as well as INC's commitment to sustain the system it helped build, has resulted in the current funding pattern.

The second question, "Does this pattern of funding address the needs as the INC board sees it today?", cannot be answered so easily. While doing its best to continually assess the communities' needs and find or initiate services to address them, a thorough analysis of exactly what INC funds has not been done recently. Finding an objective way of doing so will be a challenge.

What Needs to be Done?

The reader will see in Part Four – One-Year Objectives, INC staff is suggesting that during the first year of its Three-Year Plan, we carefully review, analyze and consider modifying, if needed, its funding priorities before the 2008 Plan. We are also proposing that provider agencies, other community funders and the public at-large be

given the opportunity to comment on current services, as well as needs they see in the community. They are INC's partners and their opinions deserve consideration. However, it must be remembered that the final decision, and the fiscal responsibility, rests with the INC board and staff.

Perhaps, after thoroughly reviewing current grants, the board will decide funds are being spent exactly where they are needed. Perhaps the board will feel some adjustments will be needed. There is no way of knowing without looking closely at the situation. As a result, one objective included in this year's plan is to conduct just such an analysis, with the hope of doing so before the 2008 plan.

Plan/Funding Alignment

Under the current application and funding timetable, the INC board approves the yearly plan in January after agencies have already submitted their grant requests. Any chance to respond to the INC board's priorities is then 18 months away. This is a disservice to both provider and funder.

In an effort to bring the planning period (calendar) and funding period (July 1 to June 30 fiscal) into closer alignment, while still leaving time for adjustments, INC staff is suggesting the following change: Have the INC board review and approve the 2008 Plan at its November, 2007, meeting instead of the following January. This will give the agencies approximately six weeks to respond to the plan through their applications, due in January, with funded services starting in July of the same year. This will also allow for quicker response to INC initiatives. A shared plan, created prior to making funding

commitments, will likely produce the desired effect: planner and provider being on the same page.

PART FOUR

GOALS AND OBJECTIVES 2007-09 PLANNING YEARS

THREE YEAR GOALS

- GOAL 1: Develop a plan for expanded mental health and substance abuse services for seniors.**
- GOAL 2: Work with the Gateway Foundation and the State of Illinois to provide adolescent residential services.**
- GOAL 3: Work with substance abuse providers and the State of Illinois to develop a plan for local detox services.**
- GOAL 4: Continue human services career development program for Latino youth.**
- GOAL 5: Develop a long-range plan to increase residential services for adults with developmental disabilities and/or mental illness.**
- GOAL 6: Assist in developing additional local resources for mental health, developmental disability and/or substance abuse services.**
- GOAL 7: Develop plan to assist agencies with training for staff.**
- GOAL 8: Research complementary therapies for persons with mental illness or developmental disabilities.**

ONE-YEAR OBJECTIVES

- Objective 1. Hold a forum on mental health and substance abuse services to seniors.**
- Objective 2. Execute a land lease with the Gateway Foundation for an adolescent residential facility.**
- Objective 3. Develop a proposal for additional DD housing and/or MI housing.**

Objective 4. Work with agency executive directors to determine staff training needs and how INC can assist.

Objective 5. Conduct a multi-perspective analysis of current INC funding.

Objective 6. Adjust INC planning period to better match application/grant period.