

APPROVED



ONE-YEAR UPDATE
TO THE (2007-2009)
THREE-YEAR STRATEGIC PLAN

MENTAL HEALTH AND MENTAL
RETARDATION SERVICES, INC.
(708)



Mental Health and Mental Retardation Services, Inc.

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November 26, 2007

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TO THE CITIZENS OF SOUTH KANE COUNTY,

Enclosed is our 2008 One-Year Plan update to the 2007-2009 Three-Year Plan for delivery of service to the populations in south Kane County with mental illness, developmental disabilities and substance abuse disorders. INC's board of directors and staff continue to serve the residents of south Kane County and look for ways to support and improve the local system of services and providers.

Please review this material and feel free to direct comments to INC staff regarding the plan.

Respectfully submitted,

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FORWARD

The year 2008 represents the second year of the 2007-2009 three-year planning period. This year's plan update is being developed earlier than has historically been the case, as specified in last year's objectives. Acceleration of the planning process will facilitate the ability of provider agencies to address the needs and priorities identified in the plan as they apply for funding for the following fiscal year. Planning and funding alignment gives both funder and provider time to plan for thoughtful and efficient use of taxpayer dollars.

Also included in the Plan for 2008 is a multi-perspective analysis of fiscal year 2007-2008 program funding. INC has reviewed current year funding using five criteria which will be discussed later in the plan. After years of grant-in-aid funding to agencies, INC has transitioned to funding specific programs and services, with some services even being purchased on a fee-for-service basis. As a result, the analysis is on a program-by-program basis, which will assist in development of long-term goals as well as short-term objectives.

What you will not find included in this plan is the annual overview of the human services systems (mental health, developmental disabilities and substance abuse). INC staff will reserve the option for a complete overview with the next three-year plan, in 2010.

To be sure that our planning stays focused on INC's mission/purpose, we quote from INC's bylaws:

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 Corporate 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).

Knowing that our ultimate authority comes from the state statute that established and guides our seven local community mental health 708 boards, the Illinois County Mental Health 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: Funding Analysis

Why Analyze the Funding?

INC has been funding human service agencies since the early 1970's. The referendum, that established the local mental health authorities who contract with INC to manage the funds, was passed largely through the efforts of local mental health, developmental disability and substance abuse provider agencies in south Kane County. Resources developed through this effort have historically been allocated to the initial agencies to help supplement and subsidize their services. In recent years, the INC Board has diversified programs and services it funds to include prevention programs, which are intended to lessen the need for more intense services. INC board and staff have also attempted to address changing needs and populations in our community.

Realizing that much of INC's funding for agencies, programs and services has been historically driven, INC staff suggested that the board analyze all programs it is currently funding. A second reason for the review of current spending is that the "tax cap", which limits increases in the mental health tax levy, has severely impaired the ability to serve a growing and changing population in south Kane County. Limited increases in funding hamper the ability to serve a growing population. Both history and growth make an analysis of current funding a worthwhile effort.

Before reviewing the criteria used in this analysis, it should be noted that no one criteria would be considered a reason to discontinue or drastically change a currently funded program. Decisions to alter funding will be based on a number of criteria. Changes would be made in consultation with the affected provider agency, over a period of time, in order to allow for program funding adjustments.

Criteria

INC staff conducted the initial analysis using data available through regular client statistics, funding applications, current contracts with providers and their own knowledge of the system. Some aspects of this analysis can be considered subjective. Human services and people, in general, do not always fit in nice neat categories with labels. With many services, while one family member may be the targeted individual, success means the entire family benefits. Although INC's annual report shows over 17,000 individuals receiving services, perhaps three or four times that number actually benefit from the services, as well as society as a whole.

The INC Board has reviewed the service matrix prepared by staff. The summary data by criteria is included below. It should be noted that the only funds included in this analysis are actual cash funds. The analysis does not include rental subsidies in INC-owned buildings, whose use is much less flexible than cash funds.

- **Core Services**

The Community Mental Health Act charges mental health authorities with purview over the areas of mental health, developmental disability and substance abuse services. Realizing that local authorities can use some latitude in defining each of these categories, our analysis indicates that approximately 62% is allocated to mental health (MH) services, 18% for developmental disability (DD) services and 12% for substance abuse services, our three core service areas. Another 9% is allocated for miscellaneous services, which include outreach, career development, advocacy, information and referral.

INC staff were not surprised to find that over 91% of INC's funding is allocated to core services. The answer to the obvious question is not so simple. Is this the desired division of limited resources?

- **Type of Services**

Clinical staff of one of INC's funded agencies was consulted for divisions in type of service. Funding for some programs has been split between types for a more meaningful analysis.

Our analysis indicates that 14.2% of INC funding goes towards Prevention and Education. Advocacy, Evaluation and Treatment represents 56.2%. Crisis services are funded at 5.6% and Residential funding is 9.4%. Aftercare and Maintenance comprise 9.7% of INC funding. The remaining 4.9% is funding for Miscellaneous, Outreach and Information and Referral programs. The numbers confirm INC's commitment to prevention, treatment, crisis and residential services. While Aftercare / Maintenance and Outreach / I&R are no less important, treatment services are clearly given funding priority.

- **Age**

For this breakdown, we tried to identify the targeted recipient and their age category. As with the analysis of Core Services, we found a category was needed here for programs with no clear-cut individual recipient, or ones in which the entire family unit was the target.

The Mixed/Family age category received approximately 35% of this breakdown, with programs targeting children and adolescents at 33% and adult-only service programs a close 31%. Services for seniors (65+) comprised only 1.4% of the total funded services, verifying the perception that only a small portion of services are dedicated to a portion of the population that is the fastest growing. While this seems extremely low, we have to keep in mind that seniors are also included in programs serving other adults.

- **Tiers – Primary, Secondary & Tertiary**

Core services of MH, DD and SA are considered Tier One Services according to The Mental Health Act. Tier Two programs are those which support the core services. All other ancillary services are considered Tier Three. Tier 1 programs represent 78% of all INC-funded services.

Tier 2 is 19% and Tier 3 is just 3%. Similar to our Core Services breakdown, it was encouraging to see that 97% of INC funding is spent on the most important services.

- **INC funding as % of Program Budget**

In response to inquiries from INC Board members, INC staff included a brief look at the percentage of each program that is funded by INC. Comments indicate that board members wish to see that INC dollars are significant enough in a program to have an effect. Either in capacity or quality of service, “Do INC dollars make a difference?”

Programs range from 100% INC-funded (programs initiated by INC over the years) to as little as .04%. Some of the very low percentage programs can be explained because INC’s service area represents only a small part of an agency’s total service area. Other programs use INC funds to supplement a program’s funding. This allows the agency to provide additional services not paid for by the main funding entity, usually the State of Illinois.

Programs that are fully funded represent about a tenth of INC’s funded programs. On the other end of the spectrum, 12 programs had INC funding of less than 1% of program costs. The balance of INC-funded programs range between 1% and 38% of agency program budgets. INC staff will continue to ask “What difference do INC dollars make in this program?” and look to our agency partners for meaningful answers.

PART TWO: Other Data Considered

Agency Waiting Lists & Needs

INC-funded agency directors were asked to supply information regarding waiting lists for services as well as what they saw as unmet needs in the service system. While waiting lists for services at provider agencies vary greatly, delays in receiving treatment services can range from several days or weeks, to months, for a first appointment. Although psychiatric emergencies are handled in a timely manner, a lack of available skilled psychiatric services can often mean a wait of two weeks or more for a full mental health assessment. Even a two-week wait for services can produce a 78% lack of follow-through in a client seeking therapy. Waiting lists for residential services, both MI and DD, continue to be very long, due to limited state-funded residential placements. Ten of the 21 agencies responded with the following needs, concerns and figures to help diminish the waiting lists and provide better services to the community:

- Need for more mentorship, after school activities, services for children and adolescents.
- Need for more Spanish-speaking counselors and therapists.
- Need for more psychiatric services for assessment, evaluation and medication recommendations.
- Need for additional funding without expansion of programs in order to give raises for staff.
- Need for additional funding for DD residential, day treatment and in-home support services.
- Need for additional funding for sexual abuse counselors for women exiting the corrections system.
- Need for funds to promote services in programs, where capacity does exist, in order to increase both the number served and revenues.
- Need additional support for sliding fee scale for uninsured or underinsured residents.

- Need for a community-wide needs assessment focused on mental health and substance abuse.
- Need for additional outpatient therapy staff.
- Need for additional substance abuse residential services.
- Need for additional funding for DD and MH residential services, vocational and respite services.

Information Gathering

A. DayOne Network is Kane and Kendall Counties’ “front door” for individuals and families needing services for developmental disabilities. They have been conducting a survey of the number of residents in need of, but not currently receiving, DD services (PUNS). In INC’s seven township area, DayOne has documented 146 people in need of services, of which 86 are classified as in an emergency or critical status.

B. A recent University of Illinois study concluded that in Illinois, community mental health and developmental disability services are both badly under funded by the state in comparison with other states. The study arrived at four specific findings and three separate recommendations for state legislators and state DHS administrators.

C. Concern over the projected increase in the number of senior citizens in our population prompted INC staff to hold two recent forums regarding mental health and substance abuse services for seniors. One forum was held with provider agencies who serve seniors and the second was a public forum held for anyone who desired to attend. With input gathered from these forums, the following points of consensus were developed:

- 1) Education and community awareness of senior mental health and substance abuse issues is needed.
- 2) More information is needed about services available specifically for seniors.

- 3) Substance Abuse and Mental Health Services for seniors work best if not delivered with the general adult population.
- 4) Services need to be structured as “wellness”, not mental health or substance abuse, within an appropriate social context.
- 5) Senior population subsets which need to be accessed:
 - a. -Seniors living at home independently
 - b. -Seniors living with caretakers
 - c. -Seniors living in Senior Housing or assisted living facility
- 6) Services needed for caretakers – education, respite, information and referral, support.

PART THREE: Review

INC staff met with the INC Board's Program Committee to review the analysis of INC-funded services, as well as to discuss the consensus points from the senior forums. The group was in accord on general observations and conclusions regarding current INC funding and future INC planning:

- 1) Generally speaking, INC funding is appropriately directed to the core services given the highest priorities, with one possible exception: programs targeted for seniors needing mental health and substance abuse services. This area should receive more consideration in future planning.
- 2) INC funding should be used to either expand the capacity of a program or enhance the services for its participants.
- 3) Positive Outcome Measures should be a key part of the criteria for future INC funding.
- 4) INC funding decisions should be made on the basis of programs addressing the goals of the Three-Year Plan and One-Year Updates, as well as maintaining the stability of the current service system.

Discussions with INC staff, the Program Committee, and the INC Board as a whole will continue as needs of residents of south Kane County grow and change. These ongoing discussions will be included as an aspect of INC plans. Any resident, provider or interested parties are invited to participate. Evaluation of the use of taxpayer resources is both prudent and fiscally responsible.

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 a plan to assist agencies with training for staff.

- Goal 8: Research complementary therapies for persons with mental illness or developmental disabilities.

- Goal 9: Work with mental health providers on further education and prevention efforts regarding suicide in south Kane County.

One-Year Objectives (2008)

- Objective 1: Facilitate collaboration of mental health and substance abuse providers in order to develop a plan to increase service to seniors.

- Objective 2: Execute a land lease with Gateway Foundation for an adolescent residential facility on INC-owned property.

- Objective 3: Document the need for detox services for the publicly-funded residents of south Kane County for presentation to state legislators and the Department of Alcohol and Substance Abuse.
- Objective 4: Assist in community development of an additional scholarship fund for Latino youth seeking to enter the social services field.
- Objective 5: Initiate a strategic partnership whose goal is to develop additional DD and MI residential opportunities.
- Objective 6: Provide two training opportunities for INC-funded agency staff, including one on the subject of suicide prevention.
- Objective 7: Research and report on potential or complementary therapies for persons with mental illness, developmental disabilities or substance abuse issues.