

Solicitation name: Justice and Mental Health Collaboration Program

Applicant: Macon County, IL

APPLICATION FOR

		2. DATE SUBMITTED 04/01/2010	APPLICATION IDENTIFIER
1. TYPE OF SUBMISSION Application Non-Construction		3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER
		4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER
5. APPLICANT INFORMATION			
Legal Name Macon County		Organizational Unit Macon Co. State's Attorney	
Address (city, state, and zip code) 253 E. Wood Decatur, Illinois 62523-1265		Name and telephone number of the person to be contacted on matters involving this application Mary Bolton (217) 424-1400	
6. EMPLOYER IDENTIFICATION NUMBER (EIN)		7. TYPE OF APPLICANT County	
8. TYPE OF APPLICATION New		9. NAME OF FEDERAL AGENCY Bureau of Justice Assistance	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE Number: 16.745 CFDA Title: Criminal and Juvenile Justice and Mental Health Collaboration Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Justice Mental Health Collaboration - Planning and Implementation Project	
12. AREAS AFFECTED BY PROJECT Macon County, Illinois			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICT(S) OF	
Start Date: 10/01/2010	Ending Date: 09/30/2012	a. Applicant IL17	b. Project IL17,IL15,IL18
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$250,000	Program is not covered by E.O. 12372	
b. Applicant	\$62,500		
c. State	\$0		
d. Local	\$0		
e. Other	\$0		
f. Program Income	\$0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. Total	\$312,500	N	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.			
a. Typed Name of Authorized Representative Jay Dunn		b. Title Chairman of Board	c. Telephone number (217) 424-1470
d. Signature of Authorized Representative		e. Date Signed	

Program Abstract
Macon County, Illinois

Macon County, Illinois is applying for a **Planning and Implementation Grant** to develop a Mental Health Court and conduct preliminary mapping of the local criminal justice system and how persons with mental illness can be intercepted. The need is great; one-third of the inmates in the Macon County jail have a history of mental illness. Local data indicate that one person in ten with mental illness is currently involved in the criminal justice system. The current reality is that most mentally ill persons who commit crimes go to jail or prison. The system does not divert them from the path to punishment.

The **target population** consists of individuals with DSM-IV Axis I disorders who are charged with criminal offenses. The Mental Health Court will serve those with co-morbid substance use disorders. Persons charged with sex offenses and those with primary personality disorder diagnoses will not be considered for the project. There are about 145 persons in this target group, but not all are appropriate or could benefit from this program. The new Mental Health Court will serve a maximum of 25 participants at any one time. Over the span of the grant, the court will serve at least **75 persons**.

Macon County is a Midwestern industrial community with a struggling economy. With an estimated population of 108,328, its rates of unemployment, crime and poverty are far higher than average.

We are currently receiving a Planning Grant and have launched a small pilot Mental Health Court model. This application proposes to build on our pilot by developing a **half-day per week Mental Health Court**. To complement the court we will map each of the five **Sequential Intercept points** and develop improved responses on a system-wide basis. In addition to reporting on all required BJA outcomes, we will **measure the savings** created by intercepting persons early in their involvement in criminal justice and monitor increases in their ability to function.

Macon County has a history of **strong collaborative efforts**, particularly in criminal justice and behavioral health. All major players—judiciary, prosecution, supervision, defense attorneys, law enforcement, consumers, advocates and treatment providers—are on board. More than 30 governmental agencies, nonprofit organizations and businesses and 160 individuals participate in our planning effort.

We are requesting \$250,000 in federal grant funds over the next two years to implement a Mental Health Court and conduct systems mapping. The project is already developing plans for **long-term sustainability**. Our goal is not to capture a particular grant, but to design and create a permanent program.

Program Narrative

1. Statement of the Problem

Macon County, Illinois, is developing an effective approach to the overrepresentation of persons with mental illness in its criminal justice system. Many pieces are in place. With a strong collaborative effort, a multidisciplinary planning group has engaged hundreds of citizens, conducted a preliminary assessment of problems, and launched a pilot mental health court.

Macon County is a Midwestern industrial community with a struggling economy. With an estimated population of 108,328, its unemployment tracks higher than the nation and state. In January 2010, our unemployment rate of 14.4% ranked the county 334th of 372 U.S. urbanized areas. The county has a very high crime rate, with 16.3 felonies per thousand of population. This compares with an average of 10.0 felonies per thousand for the five nearby urbanized downstate counties (Champaign 11.6, McLean 8.1, Peoria 9.1, Rock Island 8.2, and Sangamon 8.8).

Current Response System. Persons with mental illness are far more likely than others to be involved in the criminal justice system. According to a 2008 study by the Macon County Sheriff's Department, 33% of the inmates in the Macon County jail had a history of mental illness. Local data indicate that one person in ten with mental illness is currently involved in the criminal justice system. The Public Defenders office has more than doubled its budget for fitness assessments, from \$5,000 to \$12,500, in five years. The number of involuntary psychiatric hospitalization cases filed has risen steadily every year, from 63 in 2001 to 157 in 2008.

The presence of the Decatur Manor Health Care Center creates additional pressure on our criminal justice and mental health systems. Decatur Manor is the only Institution for Mental Disease in the southern half of Illinois and routinely draws admissions from throughout Illinois.

Among its current residents are 38 with criminal histories, including 26 assessed as being high risks by the Illinois Department of Public Health.

Insufficiency of Current System. The current reality is that most mentally ill persons who commit crimes go to jail or prison. The system does not divert them from the path to punishment. Persons with mental illness cycle in and out of the criminal justice system, receive inappropriate sentences, are placed at risk of victimization and at times present threats to public safety. We lack adequate baseline data at each of the five Sequential Intercept points. We do not have a systematic method of identifying and responding to persons with mental illness in the criminal justice system. The need is particularly acute in the criminal courts.

Components in Place. The Macon County criminal justice system has a history of cooperating with mental health and human service providers. Several components are in place:

- The **collaborative structure** is fully functional with a Planning Committee, a Case Coordination Team, and a large group of Cooperating Stakeholders. We have obtained **broad support** from all relevant groups and interests in the community.
- Heritage Behavior Health Center, the community's largest mental health and substance abuse agency, has deployed two **full-time personnel in the county jail** to screen inmates for mental illness and provide interventions.
- We launched a **pilot Mental Health Court** with six individuals and are tracking their progress. Some initial referrals were inappropriate for the project, demonstrating the need for tighter criteria and improved admission protocols.
- In mid-2010, local law enforcement officers and other first responders will complete **Critical Incident Training** to enhance their capabilities to identify and respond appropriately to calls involving persons with possible mental illness.

Gaps in Resources and Components Needed. While we are growing our current system, it has three major gaps:

- **Protocols.** The Planning Committee is currently developing protocols and procedures covering eligibility criteria, admissions and terminations, mental health screening, risk assessments, case planning, participant tracking and data collection. However, these protocols are not yet in place; they will be completed by September 30, 2010.
- **Staff.** Successful interventions and case management require dedicated personnel. Our project cannot function effectively with the current caseload ratios of 50:1. During implementation we will bolster our staff.
- **Data.** Macon County needs to collect more data and manage it better. Our data management system, File Trail™, needs modifications in order to track performance measures and outcomes at the individual and program-wide levels.

Why Federal Funding Is Needed. We need grant funding to accomplish two ends:

- Develop a Mental Health Court that can demonstrably improve public safety, provide appropriate care, and save money
- Provide financial resources until local resources can support the program

2. Project/Program Design and Implementation

Efforts to Date. The project's Planning Committee has met regularly since October 2008, when it was authorized by the Macon County Justice Council, an interagency collaboration of law enforcement, criminal justice and mental health/human service agencies. The Planning Committee quickly initiated discussions on creating a behavioral health court. In 2009 we applied for and received a **JMHP Planning Grant**. With this grant, the **circle of stakeholders**

expanded significantly to encompass faith-based groups, human service agencies, private attorneys, counseling agencies, and additional consumers and advocates.

Consistent with its goals and objectives, the Planning Committee formed **work groups** to assess the current response at each intercept point. The Planning Committee hosted a day-long **Kick-Off Conference**, attended by 160 individuals and featuring speakers from the Mental Health Court in Winnebago County, Illinois, and the Illinois Department of Human Services' Division of Mental Health. In January 2010, the Planning Committee launched a **pilot project** for its proposed Mental Health Court, selecting and tracking a small group of individuals.

In addition, Planning Committee members: (1) visited counties that have implemented JMHP projects and/or Mental Health Courts; (2) received consultation from the Justice Center; (3) used the Planning and Implementation Guide process to define its target group, goals and procedures; (4) processed and analyzed input from the Kick-Off Conference; and (5) attended two conferences of the Mental Health Court Association of Illinois.

Proposed Approach. The project's approach rests on three posts: (1) the Sequential Intercept model; (2) community involvement; and (3) long-term sustainability.

The Planning Committee uses the **Sequential Intercept** model to guide its efforts. This model fits neatly into our planning structure. It considers a series of five filters, or intercept points, where persons with mental illness can be identified and "intercepted," i.e., intervened with to offer treatment and prevent deeper penetration into the system.

Macon County has a history of **strong collaborative efforts**, particularly in criminal justice and behavioral health. Along with the Justice Council, the county has active collaborations in such areas as juvenile justice, domestic violence, and joint prosecution of targeted offenders. The

county's collaborative approach has drawn praise from the U.S. Attorney's Office, the Illinois Department of Human Services and others.

The project is already developing plans for **long-term sustainability**. Our goal is not to capture a particular grant, but to design and create a permanent program.

Purpose, Goals and Objectives. The project's purposes are as follows:¹

- To increase **public safety**—by reducing criminal activity and lowering the high incarceration rates for people with mental illnesses who become involved in the criminal justice system
- To increase **treatment engagement**—by brokering comprehensive services and supports, rewarding adherence to treatment plans and imposing sanctions for non-adherence
- To improve the **quality of life**—by ensuring that program participants are connected to needed community-based treatments, housing, and other services that encourage recovery
- To use **resources effectively**—by reducing repeated contacts between people with mental illnesses and the criminal justice system and by providing treatment in the community when appropriate, where it is more effective and less costly than in correctional institutions

As its centerpiece, this application proposes to target federal resources at developing a half-day per week Mental Health Court. To complement the court we will map each of the five intercept points and develop improved responses on a system-wide basis. The Planning Committee has established three goals for the project, each with a set of objectives:

- Goal 1: Develop and Implement a Mental Health Court

Objective A: Complete current pilot project and project design within 3 months

¹ Adapted from *Mental Health Courts, A Primer for Policymakers and Practitioners*. A report prepared by the Council of State Governments Justice Center Criminal Justice/Mental Health Consensus Project, New York, New York, for the Bureau of Justice Assistance Office of Justice Programs, U.S. Department of Justice, page 14.

Objective B: Begin full implementation and participant tracking within 6 months

Objective C: Begin reporting performance measures within 9 months

- Goal 2: Measure the Effectiveness of the Mental Health Court

Objective A: Complete an evaluation of Mental Health Court within 15 months

Objective B: Identify long-term cost savings of Mental Health Court within 18 months

Objective C: Achieve sustainability for Mental Health Court within 24 months

- Goal 3: Conduct Preliminary Mapping of All Five Intercept Points

Objective A: Conduct systems mapping to provide overviews of decisions and processes at each intercept point within 12 months

Objective B: Obtain recommendations for improved responses within 15 months

Objective C: Plan for expansion to one or more intercept points within 18 months

A detailed workplan with activities, time frames and responsibilities for each objective is contained in the Project Timeline.

Analysis of Target Population. The Mental Health Court will serve a maximum of 25 participants at any one time. Over the span of the grant, the court will serve about 75 persons.

The target group consists of individuals with DSM-IV Axis I disorders who are charged with criminal offenses. Disorders within this definition include Schizophrenia, Schizoaffective Disorder, Bipolar I Disorder, Major Depression and Psychotic Disorder NOS. The Mental Health Court will serve those with co-morbid substance use disorders. We expect that up to 70% of participants will have co-occurring substance use disorders. Persons charged with sex offenses and those with primary personality disorder diagnoses will not be considered for the project.

Although 33% of inmates in the county jail have a history of mental illness, about 15% have serious and persistent mental illnesses within the target definition, according to a 2010 analysis.

The Planning Committee estimates that at any given time, Macon County has about 145 persons who could qualify under these guidelines. Within this target population are many residents of the 150-bed Decatur Manor Health Care center. To promote long-term success, the project will have a carefully-designed screening, assessment and admission process, described below.

Collaborating Agencies and Responsibilities. The project has three levels of collaboration: (1) Planning Committee; (2) Case Coordination Team; and (3) Cooperating Stakeholders. The **Planning Committee** functions similar to a Board of Directors. The **Case Coordination Team** oversees the delivery of services to system-involved individuals. The **Cooperating Stakeholder** group includes all other entities that have an interest in JMHP: consumers, service providers, emergency responders, clergy, business persons, advocates and relatives. They give advice and input to the project, and some of them will serve on treatment teams for individual participants.

Resources for Delivery of Needed Services. The structure of the multi-agency Case Coordination Team will **ensure delivery** of needed services. The Case Coordination Team will establish and monitor individual case plans and track progress. The makeup of the team will vary with individual cases, but it will always include the judge, prosecutor, defender, probation officer and treatment provider. Others will be added depending on individual circumstances; for example, a representative of Veterans Affairs could join the team when a veteran is participating.

Screening and Assessment of Potential Participants. During the Planning Grant period (October 1, 2009 to September 30, 2010) the Planning Committee is designing processes for screening, assessment and admission. It is creating processes using four elements:

- A simple-to-administer **screening process** to identify possible mental illness, to be used on every inmate admitted to the county jail, by the Public Defender and by private defense counsel. We are testing the Brief Jail Mental Health Screen² for this purpose.
- Detailed **assessments** for persons indicating possible mental illness. Court Services will administer the Level of Service Inventory-Revised (LSI-R) to assess risks of reoffending. The LSI-is normed and has predictive validity for supervision and modes of treatment.
- **Entry decisions** by the Case Coordination Team. The Team will review assessments, diagnostic information, criminal history, and evidence of treatment compliance. It will solicit input from victims, families, advocates and law enforcement. In making its decision, the Team will be guided by the need for public safety and likelihood of success.

Community-Based Mental Health Services. The primary treatment provider, Heritage Behavioral Health Center, has a history of serving persons with co-occurring mental illness and substance use disorders. It is fully equipped and accredited to treat mental illnesses, substance use disorders, or both. The other major provider, St. Mary's Hospital Behavioral Health Department, is also experienced in treating mental illness and co-morbid substance use disorders.

At the time of release from the program and final disposition by the court, each participant must have a **continuing care plan**, developed with and approved by the Case Coordination Team. Heritage will use the Daily Living Activities assessment (DLA-20) to evaluate mental health functional deficits and specify areas requiring continued care. As a minimum this plan will address housing stability, income from benefits or employment, and aftercare needs.

² Policy Research Associates (2005)

Relationships with Existing Plans and Programs. Macon County has a large number of criminal justice and mental health initiatives that will coordinate with this project:

- The **Justice Council**, which generated and authorized this project, meets monthly to review all criminal justice initiatives (including JMHP) and address gaps in the system.
- The **Illinois Mental Health Juvenile Justice project** assesses juvenile offenders for mental illness and diverts them into treatment as an alternative to punitive incarceration. Its key partners are identical to those in this proposed project.
- The **Redeploy Illinois** project, piloted in Macon County, reduces incarceration for nonviolent juvenile offenders with community-based interventions based on principles of restorative justice.
- **Macon County Alternatives** offers diversion for certain drug offenses. Where addictions are extant with mental illnesses, defendants will be served in a blended program.

Other relevant programs include a DOJ-funded Domestic Violence program, a DOJ Weed and Seed Community, Heritage's Oasis Drop-In Center for street people, a Disproportionate Minority Contact project, enhanced DUI enforcement and prosecution, and several re-entry projects.

Ancillary Social Services. All major social service agencies in the county are involved in this project as Cooperating Stakeholders. Many have indicated, via attached letters of support, their commitment to participate with the Mental Health Court. This support gives the Case Coordination Team instant access to referrals for needs ranging from basic necessities such as food and shelter to specialized services such as adult literacy and employment assistance.

With involvement of advocacy and service agencies, the project will also serve mentally ill persons with other disabilities (developmental, physical and learning). Decisions concerning

admission to the program will be made in concert with agencies serving persons with disabilities and based on whether the particular individual could benefit from the program. As an example, when assessing persons with developmental disabilities, we will invite a caseworker from the service coordination unit for developmentally disabled to join the Case Coordination Team.

3. Capabilities/Competencies

Collaboration Structure. The project has three levels of collaboration: (1) Planning Committee; (2) Case Coordination Team; and (3) Cooperating Stakeholders.

The Planning Committee conducts planning, oversees implementation, and guides expansion of the project. The Planning Committee is essentially the “board” of the project. The members’ responsibilities are described in the Memorandum of Understanding (Attachment 5) and summarized below:

- **Circuit Judge** – Chair Planning Committee, provide leadership to Mental Health Court and the overall JMHP effort
- **State’s Attorney’s Office** – Lead agency for JMHP grant; Assistant State’s Attorneys perform staff work for Planning Committee
- **Macon County Sheriff’s Department and Decatur Police Department** – Advocate for public safety; operate county jail (Sheriff’s Department)
- **Public Defender** – Represent and advocate for rights of the accused
- **Consumer Representative** – Represent interests of participants; Evaluation Team
- **Heritage Behavioral Health Center (Heritage)** – Treatment provider
- **Court Services/Probation** – Supervise and monitor participants
- **Macon County Mental Health Board** – Prioritize community mental health needs

- **Mental Health Association of Macon County** – Advocacy; Evaluation Team
- **St. Mary’s Hospital** – Treatment provider

The **Case Coordination Team** manages individual case plans and progress, and determines admissions and discharges. It is chaired by the Circuit Judge and includes case-level personnel: Assistant State’s Attorney, Assistant Public Defender, Probation Officer, advocates and treatment providers. It receives input from law enforcement, victims, family members and relevant human service and advocacy organizations.

The **Cooperating Stakeholder** group includes all entities that have an interest in JMHP: service providers, emergency responders, clergy, businesses, advocates, relatives and individual citizens. They give advice and input to the project, and some will serve on treatment teams for individual participants. The project has more than 50 Cooperating Stakeholders (Attachment 5).

Consumers, Advocates and Family Members. Consumers, advocates and family members play strong roles. A consumer and the Mental Health Association of Macon County sit on the Planning Committee. Consumers, family members and advocates are well represented among Cooperating Stakeholders. The project evaluation will be led by consumers and advocates.

Project Timeline. The timeline with goals, objectives, activities, completion dates and responsible parties is contained in Attachment 5.

Potential Barriers. Three potential barriers exist:

- **Decreases in state mental health funding** will exclude many persons from treatment and hospitalization as the state limits its coverage. Our strategy to overcome this obstacle is twofold: (1) securing local funding for the Mental Health Court; and (2) focusing on individuals with reasonable chances for success. Those with less likelihood of success may be jailed or hospitalized. In either case, public safety prevails over other goals.

- With funding cuts, mental health and criminal justice agencies will have to stretch their **limited personnel**. To address this barrier, we will cross-train the Case Coordination Team using brief presentations that will be interspersed with daily work activities.
- **High unemployment** is associated with mental illness, crime and homelessness, creating pressure on law enforcement. As a strategy, we will demonstrate how intercepts can save time by decreasing mentally ill individuals' contact with law enforcement.

5. Impact/Outcomes, Evaluation, Sustainment, and Plan for Collecting Data for Performance Measures

Budget. Our proposed budget sets aside **8.2% for data collection and analysis** (see detail in Attachment 2). This includes data entry salary and benefits, and software licensing and modifications to capture individual and project-wide performance measures. In addition, Macon County will be in the Illinois Mental Health Court Association's DataLink system.

Process for Data Collection and Reporting. Our data system will be fully capable of tracking data on individuals and the project. File Trail™ will maintain data on participants – assessments, admission and termination decisions, court actions, diversions, case plans and compliance, referrals, incarcerations, offenses, dispositions and recidivism. These data will be aggregated to generate project-wide reports. Outputs not related to participating individuals (e.g., partnerships, training, and services available) will be tracked using Microsoft Excel. To assure that data is current and complete, we will designate part-time staff to perform data entry.

Participant data will be reported to the Case Coordination Team, which will analyze reports and adjust case plans as appropriate. Aggregated data will be reported monthly to the Planning Committee in order to tie performance to specific outputs and outcomes.

List of Outcome Measures. Our system can provide data to BJA for all performance measures listed on pages 5-9 of the Grant Announcement. The Planning Committee has selected specific outcomes from the BJA list. In addition, the Planning Committee proposed several outcomes and outputs that are vital to our local efforts and will help us gauge success. The outcomes and outputs are listed below each relevant goal. For each outcome/output, the list indicates whether it is from BJA or locally generated:

- Goal 1: Develop and Implement a Mental Health Court
 1. Number of new mental health courts and other court-based diversion programs established (BJA)
 2. Proportion of collaborative members who commit to provide resources for program implementation (BJA)
- Goal 2: Measure the Effectiveness of the Mental Health Court
 1. Percentage of participants who recidivate within one year after completing the program (BJA)
 2. Percentage of program participants who successfully complete the program (BJA)
 3. Disposition of individuals screened and served by new mental health courts and other court-based interception programs (BJA)
 4. Changes in functionality in daily activities, measured at regular intervals (Local)
 5. Percentage of participants intercepted from placement in correctional facilities (Local)
 6. Cost avoidance: changes in law enforcement contacts, incarcerations, hospitalizations, measured pre- and post- participation in Mental Health Court (Local)
- Goal 3: Conduct Preliminary Mapping of All Five Intercept Points

1. Participation of relevant stakeholders (government agencies, community service agencies, mental health advocacy organizations, consumers, and family members) who participate in the strategic, collaborative planning process (BJA)
2. Proportion of government agency and community service agency collaborative members who participate in data gathering activities (BJA)
3. Number of opportunities at each intercept point for appropriate treatment and services (Local)

These outcomes will provide accurate measures of progress and effectiveness. We will gauge the effectiveness of the Mental Health Court as it pertains to our four purposes: public safety, treatment engagement, quality of life, and effective use of resources. Our Goal 2 outcomes and outputs address each purpose: #1 relates to public safety, #2 and #3 pertain to engagement; #4 relates to quality of life, and #5 and #6 pertain to resource issues.

Responsibility for Collection and Analysis. The project staff is responsible for collecting data. The Planning Committee is responsible for analyzing data and making adjustments.

Definition of Variables. The following definitions are offered:

- *Provide resources* (Goal 1, Outcome #2)—commit funds, staff or significant in-kind resources
- *Recidivate* (Goal 2, Outcome #1)—DOJ definition
- *Functionality in Daily Living Activities* (Goal 2, Outcome #4)—The DLA-20 assessment quantifies 20 domains including housing, employment, and incarceration
- *Stakeholder Participation* (Goal 3, Outcome #1)—participation in at least one meeting or submission of input into the system mapping process

Non-Supplanting. None of the activities proposed in this application will in any way supplant or replace funding that would otherwise be available.

Evaluation Process. As with our current Planning Grant, consumers, families and advocates will lead the evaluation process. The evaluation team will consist of advocacy groups (the Mental Health Association and the local NAMI chapter), families and consumers. It will assess progress toward outcomes and accomplishment of activities as delineated in the Project Timeline (Attachment 3). It will verify accuracy of reports by sampling original documentation.

Leveraging Evaluation and Collaborative Partnerships for Long-Term Support. Using the evaluation's expected findings, the Planning Committee will approach several local organizations for financial support as BJA support winds down. Among the potential long-term sources is the Macon County Board. The County Board levies a behavioral health tax which is not at its maximum level and could provide permanent revenue for the Mental Health Court if complemented with other funding streams.

Other potential funders that we will approach include the City of Decatur, Illinois Department of Human Services, Community Foundation of Greater Decatur Macon County Area, Decatur Memorial Foundation, Eastern Star Endowment Fund, St. Mary's Hospital Sisters of the Third Order of St. Francis, and the United Way of Decatur and Mid Illinois. Each of these organizations has been impacted by our community's response to mental illness. We are confident that these organizations will share responsibility for continuing support of the Mental Health Court.

Budget Detail Worksheet and Narrative

The following table presents the Budget Detail Worksheet with Budget Narrative. It is adapted from OJP Form 7150/1 (5/95).

Item	Computation	Federal Request	Match
A. PERSONNEL			
SUBTOTAL		\$78,967	\$62,500

Narrative:

LINE SUMMARY:

Personnel Subtotal:	\$141,467
Federal Grant Request:	\$78,967
Match:	\$62,500

Item	Computation	Federal Request	Match
B. FRINGE BENEFITS			
Social Security			
Illinois Municipal Retirement Fund			
Workers Compensation Insurance			
Unemployment Insurance			
Health Insurance			
	SUBTOTAL	\$35,870	\$0
Narrative:			
LINE SUMMARY:			
Fringe Benefits Subtotal:		\$35,870	
Federal Request:		\$35,870	
Match:			\$0

Item	Computation	Federal Request	Match	
C. TRAVEL				
BJA Orientation and Conference	4 persons for two conferences in Washington, DC	\$9,900	\$0	
Local Travel	9,942 miles @ \$0.50 per mile	\$4,971	\$0	
SUBTOTAL		\$14,871	\$0	
Narrative:				
We are requesting \$9,900 in federal grant funds for travel to Washington, DC for two BJA-required meetings with four persons attending each meeting. The breakdown for anticipated travel costs:				
	<u>Cost</u>	<u># Persons</u>	<u># Units</u>	<u>Totals</u>
Airfare (round trip)	\$555.00	4	2	\$4,440
Lodging	\$209.00	4	5	\$4,180
Meals	\$64.00	4	5	\$1,280
We are also requesting reimbursement for project staff local travel. We estimate this at 9,942 miles.				
LINE SUMMARY:				
Travel Subtotal:			\$14,871	
Federal Request:			\$14,871	
Match:			\$0	

Item	Computation	Federal Request	Match
D. EQUIPMENT			
	SUBTOTAL	\$0	\$0
Narrative:			
We are not requesting funds for Equipment.			
LINE SUMMARY:			
Equipment Subtotal:	\$0		
Federal Request:	\$0		
Match:	\$0		

Item	Computation	Federal Request	Match
E. SUPPLIES			
	SUBTOTAL	\$0	\$0
Narrative:			
We are not requesting funds for Supplies.			
LINE SUMMARY:			
Supplies Subtotal:	\$0		
Federal Request:	\$0		
Match:	\$0		

Item	Computation	Federal Request	Match
F. CONSTRUCTION			
	SUBTOTAL	\$0	\$0
Narrative:			
We are not requesting funds for Construction.			
LINE SUMMARY:			
Construction Subtotal:	\$0		
Federal Request:	\$0		
Match:	\$0		

Item	Computation	Federal Request	Match
G. CONSULTANTS/CONTRACTS			
File Trail Software – License Fee	3,000 per year * 2 years	\$6,000	\$0
Software Modifications	\$100/hours * 75 hours	\$7,500	\$0
Heritage Behavioral Health Center	\$53,396 per year * 2 years	\$106,792	\$0
SUBTOTAL		\$120,292	\$0
Narrative:			
We will utilize File Trail™ software for tracking. The annual licensing fee is \$3,000.			
We will modify the software to allow it to capture individual and project-wide outcomes. The estimated cost of the modifications is \$7,500.			
We will contract with Heritage Behavioral Health Center for mental health assessment, diagnosis and treatment services. This contract will be for \$53,396 per year for two years. The annual breakdown of costs is as follows:			
Counselor salary (half-time)		\$17,500	
Supervisor/support salary (allocated)		\$15,400	
Fringe Benefits		\$9,342	
Travel		\$999	
Supplies		\$900	
Contractual (allocated costs)		<u>\$9,255</u>	
		\$53,396	
LINE SUMMARY:			
Consultants/Contracts Subtotal:		\$120,292	
Federal Request:		\$120,292	
Match:			\$0

Item	Computation	Federal Request	Match
H. OTHER			
	SUBTOTAL	\$0	\$0
Narrative:			
We are not requesting funds for Other expenses.			
LINE SUMMARY:			
Other Subtotal:	\$0		
Federal Request:	\$0		
Match:	\$0		

Budget Summary

Budget Category	Amount	Federal Request	Match
A. Personnel	\$141,467	\$78,967	\$62,500
B. Fringe Benefits	\$35,870	\$35,870	\$0
C. Travel	\$14,871	\$14,871	\$0
D. Equipment	\$0	\$0	\$0
E. Supplies	\$0	\$0	\$0
F. Construction	\$0	\$0	\$0
G. Consultants/Contracts	\$120,292	\$120,292	\$0
H. Other	\$0	\$0	\$0
I. Indirect Costs	\$0	\$0	\$0
TOTAL PROJECT COSTS	\$312,500	\$250,000	\$62,500
	100.0%	80.0%	20.0%

DATA COLLECTION PLAN DETAIL

We are requesting \$25,611 for our Data Collection Plan. This is 8.2% of our total budget of \$312,500. It consists of the following:

Personnel:

Data Entry Salary \$7,917

Fringes:

Data Entry position \$4,194

Consultants/Contracts:

File Trail Software – License Fee \$6,000

Software modifications \$7,500

\$25,611