



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

Champaign County Mental Health Board (CCMHB)

WEDNESDAY, JANUARY 18, 2012

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

4:30 p.m.

1. Call to Order - Deborah Townsend, President
2. Roll Call - Stephanie Howard Gallo
3. Citizen Input
4. CCDDDB Information
5. Approval of CCMHB Minutes
 - A. 11/16/10 Board meeting*
Minutes are included in the packet. Action is requested.
6. President's Comments
7. Executive Director's Comments
8. Staff Reports
Staff Reports from Mark Driscoll and Lynn Canfield are included in the Board packet. An ACCESS Initiative Progress Report to DHS has been submitted by Tracy Parsons.
9. Board to Board Reports
10. Agency Information
11. Financial information
 - A. Acceptance of Claims

12. New Business

A. Election of Officers*

Nomination and election of Board President and Vice President/Secretary is needed. Action is requested.

B. CCMHB/CCDDB/Quarter Cent NOFA

Included in the Board packet is a copy of the Notice of Funding Availability.

C. Draft Financial Site Visit Protocol

Included in the Board packet for discussion is a draft of the Financial Site Visit Protocol.

D. Draft 2013 Contract Boilerplate

Included in the Board packet for discussion is a draft of the boilerplate to be used for FY 2013 contracts. Substantive changes to the boilerplate are italicized.

E. ACCESS Initiative Contract Extension*

A Decision Memorandum is included in the Board packet. Action is requested.

F. CCMHB Appointments

The County Board has reappointed Dr. Deloris Henry and Ms. Aillinn Dannave to the CCMHB. Letters are included in the Board packet for information only.

G. Cultural and Linguistic Competence Plan

FY2013 application materials include specific instructions and a template for the Cultural Competence Plan along with a copy of a quarterly monitoring tool. These documents are included in the packet for information only.

13. Old Business

14. Board Announcements

15. Adjournment

**Board action*

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
MONTHLY BOARD MEETING**

Minutes—November 16, 2011

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

4:30 p.m.

MEMBERS PRESENT: Jan Anderson, Aillinn Dannave, Bill Gleason, Ernie Gullerud, Deloris Henry, Mary Ann Midden, Thom Moore, Deborah Townsend

MEMBERS EXCUSED: Mike McClellan

STAFF PRESENT: Peter Tracy, Executive Director; Lynn Canfield, Mark Driscoll, Stephanie Howard-Gallo, Jonte Rollins

STAFF EXCUSED: Nancy Crawford, Tracy Parsons, Shandra Summerville, Karen Simms

OTHERS PRESENT: Sheila Ferguson, Community Elements; Laura Bennett, Developmental Services Center (DSC); Shelley Battaglia, Center for Women in Transition (CWT); Barb Bressner, Consultant

CALL TO ORDER:

Dr. Townsend, Board President, called the meeting to order at 4:30 p.m.

ROLL CALL:

Roll call was taken and a quorum was present.

ADDITIONS TO AGENDA:

None.

CITIZEN INPUT:

None

CCDDB INFORMATION:

The CCDDB met earlier in the day. The CCDDB adopted a new Three-Year Plan and FY13 allocation criteria.

APPROVAL OF MINUTES:

Minutes from the October 19, 2011 Board meeting were included in the packet for review.

MOTION: Ms. Anderson moved to approve the minutes from the October 19, 2011 Board meeting. Ms. Dannave seconded the motion. A vote was taken and the motion passed unanimously.

PRESIDENT'S COMMENTS:

Dr. Townsend asked for input from Board members regarding Mr. Tracy's performance evaluation. Discussion ensued regarding the December Board meeting. It was in agreement among Board members to cancel the December Board meeting due to a lack of agenda items. The CCMHB will have their next meeting on January 18, 2012.

EXECUTIVE DIRECTOR'S COMMENTS:

Mr. Tracy provided Board members a verbal report on audit reports received from the agencies. Mr. Tracy reported letters of contract termination had been sent to agencies that have not sent their audits. They will have until November 30, 2011 to submit them to the office. A financial site review protocol is being reviewed by staff

Mr. Tracy attended the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) conference in Albany, NY last month and he has joined their Developmental Disabilities Committee.

McHenry County is moving forward with pursuing a 377 Referendum. Mr. Tracy and Mr. Morrissey from Developmental Services Center (DSC) will meet with the McHenry County 708 Board staff and Board members on December 12th to provide them with information and guidance.

STAFF REPORTS:

Reports from Ms. Canfield, Mr. Driscoll, and Mr. Parsons were included in the packet. Ms. Rollins provided updated information for the ACCESS Initiative report.

BOARD TO BOARD:

No Reports.

AGENCY INFORMATION:

None.

FINANCIAL INFORMATION:

Approval of Claims:

A copy of the expenditure approval list was included in the Board packet for review.

MOTION: Ms. Midden moved to accept the claims report as presented in the Board packet. Ms. Anderson seconded the motion. The motion passed unanimously.

NEW BUSINESS:

Anti-Stigma Campaign in Champaign County:

A Briefing Memorandum describing the rationale behind our involvement in Roger Ebert's Film Festival and the relationship with the CCDDDB and the CCMHB's efforts to address the problems associated with the very serious issue of stigma pertaining to mental illness, substance abuse disorders, and developmental disabilities in our community was included in the packet.

OLD BUSINESS:

Three-Year Plan with One-Year Objectives:

A draft Three-Year Plan with updated objectives for 2012 was included in the packet, with comments attached. A Decision Memorandum was included as well and final action on the Plan was requested.

MOTION: Dr. Gullerud moved to approve the Three-Year Plan (2010 – 2012) with Fiscal Year 2012 Objectives as presented. Ms. Dannave seconded the motion. A voice vote was taken and the motion passed unanimously.

Program Year 2013 Allocation Criteria:

A Decision Memorandum was included in the Board packet for final action. A draft of the allocation criteria was presented for review and comment at the October 2011 meeting.

MOTION: Dr. Gullerud moved to approve the FY13 Allocation Decision Support Criteria for CCMHB funding as presented. Ms. Dannave seconded the motion. A voice vote was taken and the motion passed unanimously.

CCDDB Allocation Criteria:

The CCDDB Allocation Criteria that was approved at the CCDDB meeting earlier today was included in the Board packet for information only.

IARF Position on Closure of State Facilities:

Copy of testimony delivered by an advocate from Champaign County at the hearing on Jacksonville Developmental Center was included in the packet, along with IARF's recommendations to the commission on Government Forecasting and Accountability (COGFA), for information only. Governor Quinn's response to ACMHAI's position letter was also included.

Disability Resource Expo:

A report from Ms. Bressner was included in the packet. Summaries of evaluations by exhibitors, participants, and Pride Room vendors were also included in the packet.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The business meeting adjourned at 5:30 p.m.

Respectfully

Submitted by: _____ Approved by: _____
Stephanie Howard-Gallo Deborah Townsend
CCMHB/CCDDB Staff CCMHB President

Date: _____ Date: _____

**Minutes are in draft form and subject to CCMHB approval.*

Mark Driscoll

Associate Director for Mental Health & Substance Abuse Services

Staff Report – January 18, 2012 Board Meeting

Summary of Activity

Contracts: Community Elements requested an amendment to redirect funds from the Non-Medicaid Initiative contract to the Psychiatric Services contract. The Non-Medicaid Initiative was a new contract this year. The intent of the program was to use U of I School of Social Work graduate student interns supervised by Community Elements to provide counseling and case management to non-Medicaid clients. However, Community Elements has not had any students respond to the opportunity this program presents for a paid internship. As a result, Community Elements asked that \$25,000 of the \$30,132 contract be redirected to shore up the Psychiatric Services program which continues to experience slow payments and reductions in state contract amounts. In response to the request and some clarification, an amendment has been issued.

In my November staff report I reported on plans to issue an amendment to the Catholic Charities contract. The amendment would redirect funds to a new entity being established to deliver government funded services – The Center for Youth and Family Solutions. In preparing the amendment at that time, I found that information required to fully complete the transfer was not yet available. After the first of the year the local Catholic Charities office was able to provide the additional information. The amendment has now been issued.

In December, ACMHAI notified all members about the importance of remaining current with payroll tax obligations. Non-payment of payroll tax can expose individual board members and staff responsible for ensuring payment is made to liens for the unpaid amounts plus penalties. In response to the notice, Peter Tracy and I contacted the not for profit agencies under contract with CCMHB about the issue and whether they were current with payroll taxes. The call was scripted to assure all agencies heard the same statement and question. All agencies responded as being up to date with payments. A record of the call was placed in each agency file.

Working as a team, the boilerplate for the 2013 contracts have been reviewed and updated. The draft boilerplate includes a specific reference to payment of payroll taxes. Copies are included in the Board packet for review and discussion.

Another document included in the packet is the Financial Site Visit Protocol. This is another team effort that has been worked on periodically for some time. Copies of the draft document are included in the Board packet for review and discussion.

CCMHB/CCDDB 2013 Application Process: I reworked the Notice of Funding Availability for 2013 contracts that was published in the News-Gazette on December 11, 2011. Access to the online system for the 2013 application cycle began at 8:00 a.m. on January 6th and will close on February 17th. Lynn Canfield posted the NOFA and applications instructions to several locations on the system for easy access by agency staff. Before posting the instructions Lynn and I took

time to review and edit the document. In advance of the system going live, Lynn and I, with technical assistance from our consultant, cloned all prior year funded program applications for the new application cycle. This gives agencies reapplying for the same program the ability to edit the existing application. Agencies have the opportunity to submit new applications as well. Also new to the system this year is a downloadable format for the Cultural Competence Plan. The format was prepared by Shandra Summerville. Technical assistance on use of the system and application forms is available throughout the application period.

System enhancements have been made to the administration of the system and data management. The quarter report demographic form has been modified to allow agencies to submit comments separate from data. This allows for aggregation of the quarterly data within the system. Aggregation of the zip code data is now possible on the system too.

United Way: The Community Impact Committee will be doing preliminary reviews of applications for United Way funding. The Committee has divided into teams with each asked to review a set group of proposals. Many of the applications assigned to the team I am on involve agencies and/or programs the CCMHB is also funds. Comments and observations from the teams will be shared with the panel review teams in advance of the on-site reviews they will conduct of each request. In December, the United Way-DMBGC Blue Ribbon Task Force completed its work. The work of the task force was facilitated by the Boys and Girls Clubs of America. A final report with recommendations has been presented to the DMBGC Board of Directors.

Champaign County Continuum of Care: At the Continuum of Care meeting, Mr. Robert Palmer of Housing Action Illinois reported on past legislative accomplishments including restoration of funds for the Emergency Shelter Grant Program (ESGP). The Department of Commerce and Economic Opportunity (DCEO) is holding an ESGP application workshop in January. The program operates on a reimbursement basis and will have a grant period that is retroactive active to July 1, 2011. TIMES Center and The Center for Women in Transition are past grantees of the program and if successful with their applications can restore some funds previously thought to be cut. The Council of Service Providers to the Homeless (CSPH) meets immediately following the Continuum of Care. That group received an update on efforts of CU@HOME to house chronically homeless individuals.

Other Activity: Community Elements is seeking to renew accreditation by CARF that expires in April 2012. As part of the process CARF solicited input from CCMHB. I completed the short survey as requested and attached a few supporting documents. I have started attending meetings of the Champaign-Urbana Campus Community Coalition. The group is comprised of representatives of various organization involved in alcohol, tobacco and drug prevention. The Coalitions' focus is on youth and young adults. At each Child and Adolescent Local Area Network (CA LAN) meeting an agency presents an overview of services available. At the December meeting it was my turn. I took the opportunity to provide an overview of our mission, how to access information about the CCMHB and CCDDDB, and to share information on current funded programs as well as the application and contract award process.

Lynn Canfield, Associate Director for Developmental Disabilities Staff Report – January 18, 2012

FY2013 Applications and FY2012 Second Quarter Reports: The application sections of our web-based system were opened on Friday, January 6, and the deadline for submission of all required forms and postmark on Authorization and Cover Form is Noon, Friday, February 17. Agency representatives are strongly encouraged to log in as soon as possible and carefully read the new application instructions; there are only a few changes to the familiar application forms, but they require agency attention. In addition, detailed instructions and template for the Cultural and Linguistic Competence Plan (CLCP) have been added this year. At the bottom of this document is a sample of how agencies will be expected to report each quarter on progress in the development and implementation of CLCP goals. These materials are new and intended to guide organizations' efforts toward cultural responsiveness. Agency second quarter reports for the current fiscal year are due on Friday, January 27. That section of the web-based system has been opened so that required reports can be submitted at any time prior to the deadline.

Online Application and Reporting System: Mark Driscoll and I met with the developer by teleconference in December and in person in January for orientation to system enhancements, solutions to particular issues, user manual format, and review as we took the system live on January 6. With the developer present, we made small revisions to two of the required application forms, cloned agency FY12 forms, including those not selected for funding, confirmed open and close dates for registration/application, uploaded the remaining application instruction documents, and checked for accuracy throughout the system. We had a brief discussion of a new product which might make submission and filing of documents required for contracts much easier to track by all parties. Mark and I continue to answer agency user questions about the system, although not always without difficulty, and the developer is available when we are stumped as well as for correction of system problems.

Agency Meetings and Correspondence: In an ongoing collaboration, CCMHB/CCDDB staff met with financial officers from three agencies to review the draft financial site visit protocol in order to improve our understanding prior to testing the process. The most recent draft is included in the board packet and incorporates input from that meeting. CCMHB/CCDDB staff also collaborated on changes to the FY2013 contract boilerplate which address these and other areas; a copy of the contract with those changes italicized is included in the board packet. I participated with Peter Tracy in calling funded agencies to confirm that they are current with payment of payroll taxes. As required for DSC's contract file, Patty Walters submitted and I reviewed additional documentation regarding specific impacts of gaps in service which resulted from changes in state funding. I had several conversations with providers and stakeholders about the Ligas Consent Decree Implementation Plan, and I continue to invite dialog about unmet needs.

The Mental Health Agencies Council met on November 22. Peter Tracy gave an update on our activities and led a discussion on Anti Stigma Alliance memorandum, event planning, campaign leading up to the event, possible outcome measures. Shandra Summerville distributed a draft of the Cultural and Linguistic Competence Plan instructions and template, with numerous examples, requesting agency input and offering training prior to the FY13 application deadline. After the meeting, I shared these documents with directors of funded agencies who had not been present, requesting their input. PACE's director was interested in further discussion with Shandra regarding diversity as it relates to disability. Mark Driscoll and I worked with Shandra on subsequent revisions, which she finalized with input from the ACCESS team and Project Director. The instructions and template document is now part of our online application system, and a quarterly monitoring document has been similarly reviewed, revised, and incorporated there.

Parenting with Love and Limits: I sat in on the conference call reviewing Extended Care's second quarter results. The many positive outcomes include low referral attrition rate, no therapist attrition, initial good results with the '8% tool' for youth released without detention, cases dismissed due to PLL involvement, and good video supervision. Concerns specific to this community include parents' resistance to participation, to which the team has responded by rallying extended family to close the gap. The research piece doesn't include data on why some families don't graduate, but we are interested.

Ebertfest and Anti-Stigma Alliance planning: Barbara Bressner and I have begun discussion of the event and of pulling together the committee, perhaps bringing in individuals with a strong interest in anti-stigma messaging. Roger Ebert's pick for the festival, currently embargoed, might also work for our community event, but we have yet to obtain a copy for the committee to screen for appropriateness for families with children. In case it is not the best option, we can return to the list of films considered two years ago and observations made by Alliance members on each, and we can begin looking at newer films as well. Ebertfest is set for April 25 through 29, with our community event on Sunday, April 29.

Other Activity: October 13, 2012 has been selected for the Sixth Annual Disabilities Resource Expo. Some Pride Room vendors have already let us know their preferences for the next event, including extended hours. We will resume workgroup meetings on behavioral health and nutrition when Dr. Ordal returns to the country. At the mid-November Metropolitan Intergovernmental Council, there was discussion of AirTran's announcement of stopping service to Bloomington and of the potential for high speed rail from Chicago to Champaign to St. Louis; scheduled updates and status reports were the main topics. I attended a meeting of the advisory board of The Autism Program at UIUC. This was primarily an overview of the program's achievements during its first five years and comparison with community needs assessment; announcements of interest included that April Keaton, an LCSW who had worked with TAP, joined the Kevin Elliott Counseling group and will lead a Social Thinking Group there for children aged 8-12 who experience social struggles which may or may not be related to a diagnosis.

Unmet DD Service Needs in Champaign County:

From February 7, 2011 PUNS update:

- **194** individuals in Champaign County were identified with “emergency need.”
- **269** Champaign County residents identified as in need of service within a year; **116** of these are recent or coming graduates.

From April 5, 2011:

- **198** individuals in Champaign County were identified with "emergency need."
- **274** in crisis (need service within a year), of whom **120** are recent or coming grads.

From May 12, 2011:

- **195** individuals in Champaign County were identified with “emergency need”
- **272** in crisis (need service within a year), of whom **121** are recent or coming graduates.

From June 9, 2011:

- **194** individuals in Champaign County were identified with “emergency need”
- **268** individuals in crisis, of whom **120** are recent or coming graduates

From October 4, 2011:

- **201** Champaign County residents were identified as having “emergency need”
- **278** Champaign County residents were identified as in need of service within a year, of whom **123** are recent or coming graduates.

From December 5, 2011 PUNS update:

- **196** Champaign County residents were identified as having “emergency need”: 1 less in ‘needs immediate support to stay in their own home/family home (short term)’; 1 less in ‘care giver needs immediate support to keep their family member at home (long term)’; 1 less in ‘person has been committed by the court or is at risk of incarceration’; and 2 less in ‘Other crisis’.
- **274** Champaign County residents were identified as in need of service within a year, of whom **122** are recent or coming graduates. Consistent with this, the majority of existing supports are in Education, with Speech and Occupational Therapy following.

Desired supports include (in order) Transportation, Personal Support, Occupational Therapy, Support to work in community, Support for in-center work/activities, Speech Therapy, Behavioral Supports, 24 hour Residential, Respite, Physical Therapy, Other Transportation, Intermittent Residential Support, and Assistive Technology.



County: Champaign

Reason for PUNS or PUNS Update

New	165
Annual Update	94
Change of category (Emergency, Planning, or Critical)	14
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	4
Person is fully served or is not requesting any supports within the next five (5) years	126
Moved to another state, close PUNS	3
Person withdraws, close PUNS	1
Deceased	2
Other, supports still needed	5
Other, close PUNS	19

EMERGENCY NEED(Person needs in-home or day supports immediately)

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	9
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	17
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	4
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	6

EMERGENCY NEED(Person needs out-of-home supports immediately)

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	28
2. Death of the care giver with no other supports available.	4
3. Person has been committed by the court or is at risk of incarceration.	1
4. Person is living in a setting where there is suspicion of abuse or neglect.	3
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	6
6. Other crisis, Specify:	118

CRITICAL NEED(Person needs supports within one year)

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	27
2. Person has a care giver (age 60+) and will need supports within the next year.	6
3. Person has an ill care giver who will be unable to continue providing care within the next year.	3
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	24
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	7
6. There has been a death or other family crisis, requiring additional supports.	4
7. Person has a care giver who would be unable to work if services are not provided.	15
8. Person or care giver needs an alternative living arrangement.	11
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	122
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	2
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	7
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	1
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	5
14. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment supports in the next year.	3
15. Person is losing eligibility for Intermediate Care Facility for People with Developmental Disabilities supports in the next year.	1
16. Person is losing eligibility for Medically Fragile/Technology Dependant Children's Waiver supports in the next year.	1
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	1



PUNS Data By County and Selection Detail

December 05, 2011

20. Person wants to leave current setting within the next year.	5
21. Person needs services within the next year for some other reason, specify:	29

PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)

1. Person is not currently in need of services, but will need service if something happens to the care giver.	73
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	1
4. Person wishes to move to a different geographic location in Illinois.	2
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	1
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	2
8. Person or care giver needs increased supports.	44
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	2
14. Other, Explain:	17

EXISTING SUPPORTS AND SERVICES

Respite Supports (24 Hour)	20
Respite Supports (<24 hour)	20
Behavioral Supports (includes behavioral intervention, therapy and counseling)	87
Physical Therapy	61
Occupational Therapy	110
Speech Therapy	139
Education	176
Assistive Technology	31
Homemaker/Chore Services	3
Adaptions to Home or Vehicle	5
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	6
Medical Equipment/Supplies	10
Nursing Services in the Home, Provided Intermittently	1
Other Individual Supports	17

TRANSPORTATION

Transportation (include trip/mileage reimbursement)	113
Other Transportation Service	47
Senior Adult Day Services	2
Developmental Training	65
"Regular Work"/Sheltered Employment	77
Supported Employment	40
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	12
Other Day Supports (e.g. volunteering, community experience)	6

RESIDENTIAL SUPPORTS

Community Integrated Living Arrangement (CILA)/Family	5
Community Integrated Living Arrangement (CILA)/Intermittent	4
Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	30
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	3
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
Skilled Nursing Facility/Pediatrics (SNF/PED)	2
Supported Living Arrangement	1
Shelter Care/Board Home	1
Children's Residential Services	7



Child Care Institutions (Including Residential Schools)	5
Other Residential Support (including homeless shelters)	8
SUPPORTS NEEDED	
Personal Support (includes habilitation, personal care and intermittent respite services)	225
Respite Supports (24 hours or greater)	89
Behavioral Supports (includes behavioral intervention, therapy and counseling)	135
Physical Therapy	79
Occupational Therapy	166
Speech Therapy	139
Assistive Technology	65
Adaptations to Home or Vehicle	29
Nursing Services in the Home, Provided Intermittently	5
Other Individual Supports	37
TRANSPORTATION NEEDED	
Transportation (include trip/mileage reimbursement)	226
Other Transportation Service	79
VOCATIONAL OR OTHER STRUCTURED ACTIVITIES	
Support to work at home (e.g., self employment or earning at home)	6
Support to work in the community	150
Support to engage in work/activities in a disability setting	149
RESIDENTIAL SUPPORTS NEEDED	
Out-of-home residential services with less than 24-hour supports	70
Out-of-home residential services with 24-hour supports	108

COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN AND THEIR FAMILIES PROGRAM

Child, Adolescent and Family Branch
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

GRANTEE PROGRESS REPORT – SUGGESTED FORMAT

Project Number: **5 SM059053-02**

Project Name: The ACCESS Initiative (Champaign County IL)

Reporting Period: Mid Year Progress Report

(Reporting progress March 1, 2011 – September 30, 2011)

I. Goals of the Project

To work with the Champaign County Mental Health Board and other local stakeholders to secure funding that supports transformations in policies, procedures, and practices that support:

1. Building a sustainable and replicable service delivery system and infrastructure that reflects SOC, trauma, and justice informed values and principles
2. Providing families and youth access to trauma- and justice-informed services and supports that reflect SOC values and principles by prioritizing the expansion and the utilization of high fidelity Wraparound and Community Advocacy.
3. Increasing youth, family, and community leadership and engagement across all levels (i.e., structural, systems, organizational, and practice) demonstrated through the establishment of a vibrant and dynamic Youth and Family Leadership structure.
4. Extending the capacity of organizations, agencies, informal supports, and systems to strategically improve outcomes for youth and families through the adoption of more evidence informed and trauma and justice informed policies, procedures, and practices with the goals of reducing disparities and number of youth who have adverse and sustained contacts with the juvenile justice, child welfare, and alternative school systems
5. Promoting authentic cross system^z collaboration and communication in an effort to create a seamless service and support array that will effectively meet the needs of youth with social, emotional, and behavioral challenges and their families.
6. Expanding the community's capacity to understand mental health, to meaningfully participate in our system of care transformation effort, and to access healing and restorative options for youth, families, providers, and the community.
7. Encouraging rigorous evaluation with a commitment to continuous quality improvement to meet and/or exceed our local benchmarks, IPP indicators, and National Evaluation requirements.

Have there been any changes in the goals of the project? If so, please describe and provide a rationale for the changes in goals.

As we shift from planning to implementation, we have continued to narrow our goals and our implementation strategies.

For example, we integrated Positive Youth Development goals into our overall family and youth leadership goal, because PYD seemed more like a strategy to support youth leadership than a specific, unique 'goal.' We've condensed our prior goals into reflect all the original priorities along with the addition of an explicit service delivery goal.

Describe progress toward achievement of the goals as articulated in your application or based on any changes that have been made. Information about progress includes identifying milestones or critical events and any performance targets that were achieved.

Goal #1: <i>Build a sustainable infrastructure that reflects SOC, trauma, and justice informed values and principles.</i>		
Activity	Status/Updates	Challenges
1. Continue building, reviewing, and updating our sustainability plan. Identify an additional 10% matching funds (both cash and in kind)	We are continuing to develop our sustainability plan, yet we have not reached our goal of securing a 10% match. We have increased the in-kind contributions from our partner agencies (space, staff participation in meetings, conferences, etc., providing CEU's and other related costs). So while the % of in-kind contributions has remained constant, the value of those contributions has increased.	We have not yet formalized our sustainability plan, but it has been an ongoing priority.
2. Continue to utilize training, technical assistance to broaden and deepen the community's, stakeholders', youth and families' understanding of Systems of Care and trauma and justice informed values and principles. (Create learning cohorts, utilizing first adaptors, and mentor coaches)	We continue to utilize local, regional, and national training and expertise. We completed our coordinated comprehensive plan that will support our SOC implementation.	We continue to struggle to broaden our network of engaged providers. We anticipate as we promote our first adaptor model and bring in national trainers that we will begin to engage a broader network of stakeholders.
3. Organize and create a cross-system System of Care Conference that will lead to the development of cohorts in local agencies and organizations dedicated to broadening the community's understanding of Systems of Care values of principles.	The planning for this conference is a part of the training and technical assistance plan. An inter-agency working group will begin this planning process in November 2011.	

Goal #1: Build a sustainable infrastructure that reflects SOC, trauma, and justice informed values and principles.

<p>Ideally each cohort will identify strategies for their organization or agency to become more trauma and justice informed.</p>		
<p>4. Continue to work with local agencies to fully integrate Cultural Competency in all other plans. 25% of organizations or agencies that partner with ACCESS will have its cultural competency goals clearly articulated in their policies and procedures.</p>	<p>95% of all agencies funded by the Champaign County Mental Health Board submitted a CLC plan. Their plans were also scored, and those scores were a part of our funding decisions. The CLC committee is currently working on finalizing a template that the agencies can use to help standardize the CLC planning process. Included in this template are tips to help agencies understand how to reflect their CLC priorities explicitly in their plans.</p>	
<p>5. Continue to develop MOU's with Community Partners and Informal support network providers.</p>	<p>We have a draft of the MOU that is currently being reviewed. Presently we are using our agency contacts as our agreement, but we will begin to establish MOU's with partners who do not have a formal fiscal arrangement with us.</p>	

Goal #2: Provide families and youth access to trauma- and justice-informed services and supports that reflect SOC values and principles by prioritizing the expansion and the utilization of high fidelity Wraparound and Community Advocacy.

<u>Activity</u>	<u>Updates/Activities</u>	<u>Challenges</u>
<p>1. Expand the availability of evidence-informed community advocacy.</p>	<p>Girls Advocacy was funded as a direct support for girls who need advocacy services and/or intensive short term case management supports.</p>	
<p>2. Expand the availability of high fidelity wraparound supports.</p>	<p>We have contracted with Karl and Kathy Dennis to provide our wraparound training and have developed a wraparound coaching model. We have trained 23 individuals in wraparound and are using several measures, including the wraparound team facilitator review, to help provide feedback to our services and supports staff about their adherence to the practice model.</p>	
<p>3. Identify a trauma informed treatment model that may effectively meet the needs of youth in our community.</p>	<p>The trauma learning community identified SPARCS as one of the trauma treatment models that will be implemented in our community beginning November 2011.</p>	

4. Hire a service and support team charged with implementing our wraparound services	13 potential members of our service and support staff attended and completed our first training. We hired 3 Supervisors, 2 Peer Partners, and 6 Access Coordinators.	We did have some attrition once services began. The staff struggled to balance the paperwork and other administrative requirements.
5. Solidify training requirements for front-line providers, supervisions, and staff; develop a certification process for those who demonstrate competencies as wraparound and/or Peer Partners.	We began this process with family, provider, and youth input. Families directly shaped all the elements of our service delivery staff training. They constructed the training format, our staff trainee assessment form, and prioritized learning activities. We will continue to solicit their input and participation in the development of our manual.	However, this is a currently identified priority and will be completed by January 2012.

<i>Goal #3: Increase youth, family, and community leadership and engagement across all levels (structural, systems, organizational, and practice)</i>		
<u>Activity</u>	<u>Status/Updates</u>	<u>Challenges</u>
1. Continue to broaden and deepen family and youth opportunities to engage in meaningful work within the System of Care by increasing the availability of jobs for youth and families with our service delivery network.	We have hired both families and youth to be a part of our service delivery process and are currently working with other service providers to increase workforce opportunities for families.	
2. Work with partner agencies to include youth and families in their governing bodies; and find meaningful ways of including youth and family input into their planning and decision making process.	This process is just beginning; however two youth service agencies have created positions for parents; and have now appointed parents to their boards.	
3. Maintain and deepen participation and involvement of youth and families on the Coordinating Council.	"Talk it Out", organized by our CLC Coordinator, and is designed to support meaningful youth and family voice. It has increased and deepened family involvement on the Coordinating Council.	We still need to identify strategies to increase youth engagement with the Council.
4. Create a local Youth Move Chapter with its requisite programming and host a Youth Move/Youth Leadership Conference (with other Youth MOVE chapters and Youth Leadership groups throughout the State).	The youth engagement specialist will continue to work with the McHenry County and the Statewide Youth MOVE Coordinator on our local initiative. Collectively, they held the first Statewide Youth MOVE Conference in April 2011. We also provided funds to support the activities of a local Youth MOVE chapter. This funding yokes the Youth Engagement Specialist to our local Youth MOVE Chapter.	

5. Work through the Youth Network and the Youth Engagers to expand understanding of positive youth development principles and practices in the community and with the child serving organizations and systems.	The 4 funded youth service organizations that will be implementing our Universal Screening Initiatives will help us reprioritize our commitment to positive youth development. They have identified developmental assets™ (based on Positive Youth Development (PYD) principles) as one of their screening tools and will fully integrating PYD and Developmental Assets throughout their programming.	There was not an intentional strategy to build and sustain the youth network. However this is once again a priority.
6. Develop and pilot a Positive Youth Development (PYD) training module for agencies to help them better understand the needs of youth.	The youth service agencies that will be implementing our Universal Screening along with several of our partner agencies; will develop a PYD training module in collaboration with the Youth Advisory Board.	

Goal #4: *Extend the capacity of organizations, agencies, informal supports, and systems to strategically improve outcomes for youth and families through the adoption of more evidence informed, trauma and justice informed policies, procedures, and practices, with a goal of reducing disparities and the number of youth who have adverse and sustained contacts with the juvenile justice, child welfare, and alternative school systems*

<u>Activity</u>	<u>Status/Updates</u>	<u>Challenges</u>
1. Consult with THRIVE and other trauma informed Systems of Care; disseminate and pilot Trauma Assessment for providers	We have consulted with THRIVE and reviewed several Trauma Assessments in both the Evaluation Collaboration Team and the Trauma Learning Community. We have decided to create our own tool after reviewing all the measures. Our tool will be based on Fallots and include the core principles from Sanctuary.	
2. Work with 2 local agencies to adopt a trauma informed organizational model (i.e. Sanctuary)	The trauma learning community has decided to adopt Sanctuary™ as an organizational model. Sanctuary™ will be implemented through a network and in 6-8 organizations/agencies	Implementation will begin in March-April 2012 Funding and leadership shifts within our partner agencies necessitate a slower, more intentional implementation.
3. Expand Trauma focused treatments and supports. Training will be offered to providers interested in Trauma focused-CBT, SITCAP, and other trauma informed treatment practices)	The trauma learning community decided to support and adopt Trauma focused CBT and SPARCS (Structural Therapy for Adolescents with Chronic Stress). We have 15 individuals registered for our SPARCS training, and they are a blend of professionals and paraprofessionals attending the training.	We wanted to make this training opportunity available to therapists of color; however few had the ability to take advantage of this opportunity. We will be more strategic about

		recruiting African American clinicians for our Trauma Focused CBT training in Spring 2012.
4. Realign Fiscal Strategies to support a broader service array and expanded evidence based practices and programs	We began our first wave of realigning our local funding to better support programs and services that embrace system of care values and principles. We also created flexible funds in an effort to broaden and deepen our service delivery pool. Specifically, we are hoping flex funds can be used to help families find and utilize culturally responsive practices.	This has been challenging because of historical funding relationships. We also wanted to maintain our commitment to supporting small community based/culturally responsive agencies while supporting our SOC expansion.

Goal #5: *Promote authentic cross system/ collaboration and communication in an effort to create a seamless service and support array that will effectively meet the needs of youth with social, emotional, and behavioral challenges and their families.*

Activity	Status/Updates	Challenges
1. Revisit the Coordinating Council membership and identify more “representative” stakeholders.	The by-laws development process allowed for this critical reflection. A nomination process is currently underway, and we anticipate this will help broaden our Coordinating Council.	
2. Continue to build upon the MIS system, refine as needed.	We have contracted with a developer who is building our customized MIS and data reporting system. We have also contracted with a service to manage our CANS data, and we have a data service for our Universal Screening data. Our developer will be integrating these other databases into the MIS system.	
3. Continue to expand ACCESS-ALL to include broader community input and participation.	ACCESS-ALL has been redesigned, and we hope that we can be revitalized into a collaborative work space.	
4. Host at least bi-monthly cross-system trainings, conferences, and workshops that include youth, families, and providers and are designed to build our capacity to be trauma and evidence informed.	This is a part of TA plan we have not fully executed or planned all the activities it will include.	

7. Develop and expand our partnership with Local, State, and National Black Male and Faith Based policy initiatives	This has been done an individual (and not a systemic) basis because we have been so focused on launching and implementing our service delivery process.	
---	---	--

Goal #6: Expand the community's capacity to understand mental health, to participate meaningfully in our system of care transformation effort, and to access healing and restorative options for youth, families, providers, and the community.

<u>Activity</u>	<u>Updates/Activities</u>	<u>Challenges</u>
1. Expand our volunteer and natural support network in a coordinated fashion – increase participation in Timebanks and identify additional funding to (20%) support Timebank.	Timebanks™ is just beginning. They have completed their policy and procedure manual and begun their recruitment process.	
2. Develop and implement strategic social marketing for youth, families, and faith based network and community organizations to increase youth, family, and community participation in ACCESS.	The faith based network has begun to explore these issues but has not yet developed a plan.	Sustaining the interest of individuals in the faith based network and broadening the network has been a challenge.
3. Use Public Education and targeted Social Marketing campaigns to mobilize and prioritize the issue of addressing racial disparities.	This is one of the key priorities of the social marketing and communications committee. In October there was a large social media launch that is focused on public education. One of the aims is to work with the community to understand disparities and the best practices to address those issues.	
4. Fully implement a Universal Screening Tool that will be used throughout the community	In July we funded 4 agencies to pilot our Universal Screening process. Those agencies, along with a working group, have identified 2 screening tools: The Developmental Assets Survey and the Strengths and Difficulties Inventory. In addition to the 4 agencies we have, other agencies will participate in this process.	
5. Identify a coordinator charged with organizing our community wide prevention and intervention campaigns.	We restructured this requirement and instead funded a full time coordinator for our Universal Screening process.	

Goal #7: Encourage rigorous evaluation with a commitment to continuous quality improvement to meet and/or exceed of our local benchmarks, IPP indicators, and National Evaluation requirements.

<u>Activity</u>	<u>Updates/Activities</u>	<u>Challenges</u>
1. Continue to work with stakeholders, providers, youth, and families to review evaluation priorities and implement these in an ongoing fashion.	The Evaluation Collaboration Team (ECT) continues to meet regularly to identify the needs and priorities of agencies, youth, and families.	Youth participation in the ECT began to wane. In an effort to remedy this problem, staffs from the ECT have standing meetings with the Youth Advisory Board to identify their Evaluation priorities.
2. Continue to recruit families into the National Evaluation to work closely with the Social Marketing Coordinator to disseminate our outcome data widely throughout the community.	This process is currently underway and effective. We attribute this success in part to having the family evaluation liaison attend the Family ACCESS Connection Events	A bottleneck with the enrollment process resulted in forms evaluation deadline. We have streamlined our intake and enrollment to help address this challenge.
3. Implement local evaluation activities as reflected in and designed with the Evaluation Collaboration Team (e.g., organizational assessment, ongoing fidelity assessment) and Continuous Quality Improvement (CQI) processes.	This process is fully underway and constantly being refined with input from our collaborative partners.	
4. To implement the National Evaluation and maintain all necessary reporting and communication with ICF Macro.	This process is successfully underway. See the evaluation report.	

Describe efforts to complete Strategic Planning requirements, including Logic Model, Cultural and Linguistic Competence Plan, Social Marketing Plan, Sustainability Plan. Identify the status of these plans (e.g., in process, completed, revised) and time lines for completion or updates.

We have recently completed a coordinated plan that encompasses our Cultural and Linguistic Competence, Social Marketing, Evaluation, Training and Technical Assistance, Youth, and Family workplans. This comprehensive/coordinated plan is designed as a ‘road map’ that will direct our efforts. The Social Marketing and Communications Plan was completed and adopted by the Social Marketing Committee in August 2011, the Training and Technical Assistance Plan was completed and approved in September 2011, and the Cultural and Linguistic (CLC) Plan is being refined by the CLC Committee.

While a 'stand alone' sustainability plan has not yet been finalized, the key components of our sustainability plan are included in the comprehensive plan, which includes workforce development, training, infrastructure building tasks, resource development, and targeted strategies to strengthen our relationships with key system partners. Because of local and Statewide changes that are having a dramatic effect on our youth serving systems (and agencies), it has been difficult to finalize our sustainability plan. However, after having conversations with the State, our fiscal and fiduciary agent, and key partner agencies, we anticipate that we have a better awareness and that the sustainability plan will be finalized after our next year's Champaign County Mental Health Board's funding process.

Services for Children who have Serious Emotional Disturbance

Please check if you are primarily delivering services to youth who meet the following criteria or who are involved in the following systems:

- | | | |
|--|--|---|
| <input type="checkbox"/> Young Children (Birth-5) | <input checked="" type="checkbox"/> X Juvenile Justice | <input type="checkbox"/> Primary Care |
| <input type="checkbox"/> Transition Age Youth | <input checked="" type="checkbox"/> X School Based | <input type="checkbox"/> Developmental Disability |
| <input checked="" type="checkbox"/> X Child Welfare | <input type="checkbox"/> Substance Abuse | <input checked="" type="checkbox"/> X GLBTQI |
| <input checked="" type="checkbox"/> X Other_Youth
Disproportionately
Represented in Our Child
Serving Systems | | |

We anticipate, based on our current enrollment data, that we will begin targeted efforts to reach and address the needs of transition aged youth in our next phase of service delivery implementation. Transition aged youth is a constant and emerging priority.

ACCESS Service Delivery

A core component of Systems of Care (SOC) is the creation and utilization of a centralized coordinated service delivery process and the utilization of high fidelity wraparound. The pilot implementation of our service delivery model began in June 15, 2011 and will end September 30, 2011.

General Updates

We are working on expanding our referral network and slowly increasing access points into the service delivery system.

A new round of hiring and training will begin in October. Once we are fully staffed, we will continue to expand our referral network.

Referrals

Referrals were accepted from 4 partnering agencies in our pilot phase June 2011-September 2011:

Champaign Unit # 4 Schools; Urbana Unit #116 Schools; youth who either completed PLL or were not eligible for PLL and were referred from probation and court services and the juvenile detention center. We have received a total of 47 referrals since June.

Family ACCESS Connection Events (FACE's)

All families referred to ACCESS are invited to a FACE that orientates them to the ACCESS service delivery model, steps of the enrollment process, evaluation, and other ACCESS supports and activities. There have been a total of 9 FACE's held since June. A total of 28 families were in attendance, and 27 of those families agreed to continue with the enrollment process.

Enrolled Youth/Families

We have successfully enrolled 16 youth/families in services. 4 began services but could not complete because of IDOJJ commitments, 1 relocated out of county, and 1 youth was opened through a sibling who was also enrolled.

Non-Engaged Youth/Families (Families who were referred to services but could not complete the enrollment process)

A total of 16 youth did not engage in ACCESS services. 1 youth was sentenced to IDOJJ before enrollment occurred, 5 youth/families declined services, 10 could not be served because they moved out of county/ or could not be contacted because we could not identify their correct address/phone number. In our initial group of referred youth, we received a lot of referrals from one school's attendance department. We received the bulk of our referrals from this provider at the end of the school year, with the awareness that this population of youth were highly mobile. In September, after the full school enrollment process has begun, we have been re-engaging some of the families' we could not reach over the summer.

Youth/Families Currently being Engaged * (Some of these families have attended a F.A.C.E.)

We are currently in the process of engaging 13 youth/families in services, 9 of whom are waiting for assessments to determine eligibility.

ACCESS Evaluation

A total of 16 youth have been sent to our Evaluation Team. Thus far no families have declined contact by our evaluation team and/or family and youth networks.

Indicate the number of children newly enrolled in services this period (Note: Include children who have been enrolled even if they are no longer receiving services):

15 Males

1 Females

Indicate the total number of children served to date (Note: Include both currently enrolled children and children who are no longer receiving services): (same as above)

15 Males

1 Females

How does your enrollment effort reflect the ethnic/racial diversity of the entire geographic area defined in your application? Describe activities/strategies you are implementing to address this issue.

Our target population is youth who are disproportionately represented in child serving systems. Subsequently, our enrollment data reflects our target population. 92% of the youth currently receiving services and supports through ACCESS are African American. 100% of your target meets the criteria and would be qualified as low SES. All are Medicaid eligible and are eligible to receive free and reduce lunch.

Our targeted social marketing, recruitment, and promotional efforts have been key tools that have made our outreach efforts effective in reaching out to this target population.

Families and youth worked in conjunction with the Social Marketing and Communications Coordinator to create our Engagement and Intake Process. A key component of the Intake process is an event (designed by families) called a: Family ACCESS Connection Event (F.A.C.E.) These events help explain ACCESS evaluation process, our services and supports, introduce families to ACCESS team members, and ACCESS expectations. 96% of families who attend a group F.A.C.E. have successfully enrolled in ACCESS.

Have barrier to enrollment been identified and if so how are they being addressed?

Presently, our most significant barrier for enrollment is the challenge of youth lacking a prior mental health diagnosis. Because many of our families have multiple demands on their time, they have frequently missed appointments or have been resistant to having an assessment at our local Community Mental Health agency which frequently has a 3-6 week waiting list for an assessment and is sometimes viewed as not being culturally responsive.

We have tried a number of strategies: scheduling assessments internally, scheduling assessments 'at families' homes,' and looking for partnerships with our local Community Mental Health providers who might be more culturally responsive. Thus far we had not had found a consistent effective strategy.

II. Child and Family Services/Supports

Are there any mandated services, as identified in the Guidance for Applicants (GFA) that have not been implemented? Please identify the service(s), describe and explain the barriers, and provide information about what is being done to address.

Presently, we have access to all the required mandated services. However, while all the services

are available, they all have limited capacity.

Our greatest area of growth was community based services and supports; and the development of our wraparound services. Our primary service model is wraparound. Central to this model is cross-system coordinated service planning and individualized services and supports. Thus far, we have not had significant problems implementing wraparound services and supports. Instead, our community partners have been eager to participate on wraparound teams. One school district implementing PBIS and our local child welfare office have agreed to a shared wraparound process.

Our biggest challenge has been in securing enough staff to meet the demand. It is also a challenge to shift the services and support array to be more responsive to the needs of youth and families in our community by promoting trauma and evidence informed practices and programs.

Currently, we have contracted with 3 programs that provide community based counseling and short term case management services in the community, school, and a variety of locations. The three agencies funded to provide short-term case management are Community Elements (school and community counseling services); and Girls Advocacy and Talks Mentoring (short term case management for girls or boys). We have also increased our collaborations with an Evidence Based Family Therapy program (Parenting with Love and Limits), our youth crisis provider, our child welfare agency, local community mental health providers, and primary health providers.

We will be forming a clinical care review team who will be involved in broadening our service array and network.

As mentioned above, securing effective, timely, and culturally responsive diagnostic and evaluation services has been our major challenge. Many of our initial referrals were youth who had not yet had a diagnosis. We had 17 youth who were not able to move through our enrollment process because we could not determine their eligibility and/or level of care. Securing an assessment at our local Community Mental health agency sometimes was an extremely protracted process – often 4 weeks long.

Presently, we only have two (commonly used) child psychiatrists who take Medicaid. Families have continued to express concerns and perceive them as not being culturally responsive. They also have limited availability. One provider is only available 1 day per week. We continue to work with our community mental health agencies to address this issue. We are hopeful that the sustainability work group will identify a long term strategy toward its resolution.

Initially, we thought that families who needed an assessment needed to have this completed before they could be formally enrolled. Unfortunately, it took some of our families 4-8 weeks to get an assessment completed which delayed our ability to effectively serve them. Unfortunately, some of these youth were sentenced to Illinois Department of Juvenile Justice for an evaluation while awaiting an assessment. As the problem grew, we attempted to circumvent it by using our interim Clinical Coordinator as an assessment resource. However, our Clinical Coordinator did not anticipate the volume of assessments that would be required, and it began to interfere with their private practice.

After evaluating our options we are using the following strategies to address the issue:

- We have continued to engage in discussions with our local community mental health partners, and 1 agency has trained staff person funded through our Mental Health Board who can assess families enrolled in ACCESS without having them complete their formal intake process.
- We are working with another community mental health agency to prioritize our referrals.
- We are hiring and utilizing staff that can assist with our assessment process.
- We have implemented a pre-referral checklist and are asking our partner agencies to assist with securing assessments/diagnosis for youth they are referring to our program.
- We are also doing a better job of educating staff in making sure they carefully review a youth's mental and medical history to see if there was a diagnosis in their records, we have also encouraged our services and supports staff to use our crisis services and supports more effectively, and we using the CANS earlier in our process to identify youth who might need an assessment versus those who could benefit from a less intense level of service/support.

Describe any needs assessments (i.e., systematic approach to gathering data on the needs of a population to be served) that have been done. What was learned from the needs assessment(s)? How does the service system address basic need, recreational services, respite care, mentoring and crisis services in addition to traditional mental health services?

Describe any access barriers and how they are being addressed.

While we have had no formal assessment process, our process is incredibly responsive. We are constantly listening to families and youth who are involved in our process, engaged in regular conversations with our stakeholders which keep us abreast of trends, and fully engaged with the community that we are serving. We are constantly assessing needs, and we acquiring a great deal of information about needs and gaps in services through our wraparound process.

Currently, our wraparound plans have also revealed a need for more group based services: specifically we need a group for youth whose parents have a chronic illness and a group for youth who have been significantly impacted by local community violence.

Our evaluation team has conducted some initial baseline family, youth, and stakeholder interviews. We will also be reconvening our care coordination team and forming a clinical review/coordination team and anticipate that those bodies will help us identify gaps in our service and support array in a proactive and responsive way.

Both the youth and family advisory board will be hosting focus groups with families and youth in our service and support delivery system to better assess the current needs of youth and families in our community. However, our intake and wraparound process have also provided data about needs and gaps in our service array. Thus far we have an ongoing need for respite services and targeted group based counseling services. We are working to develop a respite plan that will effectively meet the needs of youth and families in our community. We have explored a variety of options. However, in the interim we will be paying for respite services through our wraparound flex funds, and we are developing a process for recruiting and training respite providers.

III. System Level Coordination/Infrastructure and Management Structure

Identify management team members, listing participants by name, agency or constituency being represented, and their role on the team. Identify any changes in the composition of the team since the previous report.

- Co-Principal Investigator: Dr. Constance Williams, Child and Adolescent Services Illinois Department of Human Services Division of Mental Health.
- Co-Principal Investigator (local level): Mr. Peter Tracy, Executive Director of the Champaign County Mental Health and Developmental Disabilities Boards.
- Project Director: Mr. Tracy Parsons, ACCESS Initiative
- State Liaison Position-To Be Hired
- Co- Lead Evaluators – Dr. Mark Aber and Dr. Nicole Allen, University of Illinois Champaign-Urbana.
- Evaluation Coordinator – To be begin December 2011
- Interim Clinical Coordinator (May 2011-August 2011)- Ms. Audrey Peppers, Evolve Counseling Center
- Lead Family Contact : Ms. Adrienne Spires, ACCESS Initiative
- Social Marketing Coordinator- Ms. Jonte Rollins, ACCESS Initiative
- CLC Coordinator-Ms. Shandra Summerville, ACCESS Initiative
- Youth Engagement Specialist – Mr. Shawn Lampkins, ACCESS Initiative
- Training and Technical Assistance Coordinator – Ms. Karen Simms, ACCESS Initiative

What authority does the Governance Council have? Does the Governance Council approve budget and strategic plans? Are families and youth represented on the Governance Council? Do family members and youth have authority to vote on budget issues?

As our implementation process has continued to evolve, the Coordinating Council (CC) decided to prioritize completing its bylaws, defining its role, and its relationship to the community at large as their priority. Subsequently, CC engaged in a 3 month 'retreat' to finalize its bylaws and other working agreements. Through this process the bylaws were created, adopted, and ratified. The bylaws and other agreements give the Coordinating Council authority to review and approve budgets and strategic plans that have been formed in working groups and committees. They define the-relationship of the CC to our broad-based governance system, the Champaign County Mental

Health Board, and the Administrative Team. An outside facilitator was hired to conduct the retreat and other business needed to coordinate the meetings.

The Coordinating Council consists of at least 51% Youth and Families. Before each meeting there is a meeting called “Talk It Out” that consists of the information that will be disseminated during the meeting. This meeting allows youth and families to adequately prepare for discussion that will take place during the coordinating council meeting. These meetings have also been a space for parents to strategize how they would like to shape family involvement for the ACCESS Initiative.

COORDINATING COUNCIL ROSTER		
Stakeholder	Parents	Youth
Andre Arrington (Boys and Girls Club)	Gwendolyn Hartfield	Miguelles Gaines
Juli Kartel, Community Elements (MHC)	Ladine Shelby	Aushenette Pirece
Don Owens (Urbana Schools)	Paulette Kennedy	Keosha Gaines
Mary Vita Rosemarino (Youth Services)	Hope Malik	
Julia Rietz (State’s Attorney)	Melissa Neely	Isaiah Williams
	Nicole Shorty	

Identify and include any new or additional public policy, including memoranda of understanding and/or legislation, developed since the last report.

While there are several new initiatives being considered by the Illinois Legislature, two new reform efforts seem most aligned with our transformation efforts:

- HB 83 states that the court may commit a youth to the Department of Juvenile Justice (DJJ) only if such commitment is the least restrictive alternative that is appropriate for the youth.
- The Illinois Department of Children and Family Services (IDCFS) has provided over 1 million dollars in funding to 6 universities to implement a statewide field support initiative for the Supervisory Training to Enhance Practice (STEP) program that is meant to expand the utilization and understanding of trauma and evidence based practices in the Child Welfare system.

List any optional services (as suggested but not mandated in the GFA) being provided. How are these services being funded, managed and supervised?

We have 3 core services as part of our service array: Girls Advocacy, Talks Mentoring, Intensive Mentoring, Case Management (MHJJ), and Restorative Circles.

Girls Advocacy, and Men of Force are funded with match funds from the Champaign County Mental Health Board, private, and/or University funds. Girls Advocacy and Restorative Circles are managed and supervised by faculty at the University of Illinois Community Psychology/ Psychological Services Center. Men of Force is an intensive mentoring and social skill building program for boys, and is a program of Talks Mentoring.

The Champaign County Mental Health Board, which provides our match, also funds our Universal Screening and Early Intervention services. Presently, we are piloting a Universal Screening process in 4 community based youth services organizations. However we have already garnered interest from other agencies/organizations that are interested in participating in our screening process.

The Mental Health Juvenile Justice program (MHJJ) is a statewide model program funded by the State of Illinois. It is a part of our local juvenile justice reform efforts which provides intensive short term case management, linkage, and referrals for youth involved with the juvenile justice system who meet the S.E.D. criteria. Our largest community mental health providers supervises and manages our local MHJJ program staff.

Other optional services are paid for via collaborations with our partner agencies. Presently we have not had to spend any of our flexible funds.

Describe linkages with universities, research projects, media, or other entities not directly involved in providing services to the enrolled population.

Currently we have linked with the University of Illinois at Urbana-Champaign (UIUC) through their Community Psychology Department, Psychological Services Center, and the School of Social Work. These collaborations have supported the project in a number of ways: Professors and Students from the Psychology Department coordinate our evaluation efforts; the Psychological Service Center is available to assist with training, assessments, and programming; and we utilize interns from the School of Social Work.

A student at UIUC who has been involved with our Youth Advisory Board has also been organizing an 'authorized' student organization that could work to support the goals of our local Youth MOVE chapter and Youth Advisory Board.

Additionally, UIUC School of Social Work is in a consortium with other Universities in Illinois receiving funding to launch and implement evidence based trauma initiative through the Illinois Department of Child and Family Services. These efforts will be coordinated through our local child welfare offices. We have begun preliminary discussions with the staff housed at UIUC on local training collaborations and other partnerships.

Illinois State – School of Social Work has also provided us with Interns and other opportunities for collaboration/consultation.

Describe any other linkages that have been instituted that address the development of infrastructure in your community. Infrastructure includes governance, workforce development, youth and family involvement and financing strategies.

See above.

IV. Cultural and Linguistic Competence

The ACCESS Initiative targets youth aged 10-18 with serious, significant, and ongoing social, emotional, and/or behavioral challenges that are affecting them in the home, school, and/or community. We also prioritize referrals for youth with multiple system involvement who are at risk for juvenile justice system involvement. We are building an infrastructure that is responsive to youth who are over represented in systems to reduce the disproportional rate of youth involved in the juvenile justice system, child welfare, and alternative school settings.

There has not been a change in the target population since the application.

Youth and their families have been represented at all levels regarding the working groups and committees. Families are being engaged in a meaningful way that is culturally responsive for every individual family. Families referred for services attend an event called F.A.C.E. (Family ACCESS Connection Event). The purpose of this event is to let families know what is expected when they officially enroll in services. The paperwork is clearly explained, and families are able to choose the Care Coordinator and Peer Partner that they would like to work with.

Describe efforts being made for staff of the site to reflect the diversity of the site community and any staff changes since the last period's report due to these efforts.

The Administrative Staff and the Coordinating Council represent the population of focus for the project. There have been some staff changes: Lead Family Contact is no longer employed with the ACCESS Initiative; The Youth Engagement Specialist is no longer employed with the ACCESS Initiative. An Interim Youth Engagement Specialist that has been in place for a couple of months to continue with the work of the youth network.

Share examples of efforts being made to include diverse populations in site activities (i.e.: appropriate translation of material, etc...).

- Meetings are being held in community locations.
- Notices about Champaign County Mental Health Board Meetings are publicized so that members of the population of focus will be able to attend.
- Bebe Moore Campbell Minority Mental Health Awareness (MMHA) Activities- while planning for MMHA the idea for a book club was generated in the hopes that it could serve as a venue for community conversations about the stigma of mental illness.

- There is an agreement with a local Bilingual Consultant to provide translation and interpreter services for youth receiving services.
- A Language Access Plan is being developed in order to ensure access to linguistically appropriate services.
- Collaboration with a sign-language interpreter to look over the Language Access protocol to ensure that accessibility for the deaf and hard of hearing community.
- Youth help update the Acronym guide for youth and families and service providers to include popular texting jargon. It is will be updated every 3 months and will be available both electronically and in paper format.
- Children's Mental Health Awareness Activities were publicized in local barbershops, beauty shops, and faith based organizations.
- Youth who were detained in the Juvenile Detention Center were able to participate in Children's Mental Health Awareness activities.
- The CLC Coordinator serves on the Anti-Racism and Diversity Committee of the Human Services Council of Champaign County as a representative of the ACCESS Initiative. As a result of the work and collaboration, a monetary incentive was proposed for agencies to promote cultural awareness, and the budget was approved. This proposal was implemented as a result of the ACCESS Initiative's goal to build Cultural Competence as a value in social service agencies.

Share examples of how services and supports are culturally and linguistically appropriate for your population.

- Wrapteam meetings are held at times and locations that are accessible to families enrolled in the ACCESS Initiative.
- Young adults serve as Peer Partners along with the Care Coordinators for youth enrolled services.
- Meetings are held for youth and families who serve on the Coordinating Council to prepare them for upcoming meetings.
- High Fidelity Wraparound has been implemented as a practice model to engage youth and their families; and community stakeholders as a part of care coordination.
- Families who served in the family network were hired as Care Coordinators for youth and families receiving services.

What barriers have been identified in this effort and how are they being addressed?

- Because we began our implementation with a pilot, the community at large has not been widely educated about our service delivery process. This was done to control the flow of referrals, but it has resulted in some community members feeling left out of the process. However partner agencies and providers have been informed about the service delivery process in one-on-one meetings and orientations.
- The ratings used with cultural competency plans were not clearly defined for agencies funded to do work for the ACCESS Initiative. Individual meetings and consultations were held with partners to outline clear expectations of a cultural competency plan. A universal

cultural competence template is being developed for funded agencies. Training will be provided to agencies about Cultural Competence.

- Cultural Brokers still have not been identified to help assist with cultural dialogs. There will be a Disparities Learning Collaborative to address and build the voice for cultural brokers in the community.
- There has not been a Community Wide Cultural Competence Training or sufficient communication about the CLC expectations of system partners. The CLC Coordinator attended California Brief Multicultural Competence Scale Training along with a Mental Health System Stakeholder from the local community mental health center. The CLC Coordinator will become a certified trainer of the Model in order to provide community training.
- Membership for the CLC committee has declined in this reporting period. Since the attendance of stakeholders was limited, there will be targeted recruitment for the CLC that will include members of diverse populations.
- There is still not a clear shared understanding about Cultural Competency and how it should be implemented as a value. There have been community events to engage decision makers and to raise awareness about System of Care values and principals.

V. Family Involvement

Describe how family members are driving the implementation of the cooperative agreement activities (i.e., governance body, systems planning, budget development, policy development, service planning, education and training, national and local evaluation, social marketing and planning for sustainability).

Families are involved in every working group, committee, planning activity, evaluation, and training activity.

Every key decision and key implementation strategy included family input and family voices.

- Families were involved in our first round of hiring. They identified core training elements, were involved in the hiring process, and attended the selection process.
- A working group comprised of families designed our Family ACCESS Connection Events which our family led orientations (by families for families).
- Families have been actively involved in our Trauma Learning Community, and they played essential roles in identifying the 2 trauma informed evidence based practice models that we will use and our trauma organizational model.
- Universal Screening Working - (families from two of our partner agencies, Mahomet Area Youth Club and SOAR, reviewed each of the screening tools, and provided feedback.
- Families helped define, plan, and implement a number of our Children's Mental Health Awareness Week activities.
- Families are active members of all of our working groups and committees: Social Marketing, Training and Technical Assistance, Evaluation Collaboration Team, Social Marketing, Parents Promoting Presence (P3), and the Family Advisory Board.
- Families serve as 'community interviewers' and there is an official Evaluation Family Liaison.

- Parent Orientations were held bi-monthly: two were held in rural areas, and 2 parent orientations were held for families enrolled in ACCESS and receiving services.
- Hosted regional networking with meetings with Regional Family Representatives.

Have barriers to family involvement been identified? If so, how are they being addressed?

- We have not been able to sustain parent involvement/engagement in our family network. This year over 60 families participated in 1 family activity. We have not found a way to sustain maintain their interest. However, this has been identified as a priority, and the interim Lead Family Contact will host a series of listening sessions in an effort to re-engage these families.
- We have not made efforts to build a network of families. There are a number of family organizations in the community, but we have not found a strategic way to get connected to those networks. We need to keep the network of families engaged.
- We hired Peer Partners but did not hire Family Partners and instead hired Families to serve as Wraparound Facilitators. As we began to implement our service delivery model, we realized that the Facilitator role and the Family Partner roles needed to be distinct and our families wanted/need Family Partners too. We will be hiring Family Partners in our next round of hiring.

VI. Youth Guided

Describe how youth are involved in the implementation of the grant activities (i.e., governance body, systems planning, budget development, policy development, service planning, education and training, national and local evaluation, social marketing and planning for sustainability).

Youth are formally involved in all of our working groups and committees. Youth have participated in our two primary trainings: CANS and the trauma informed care training.

We also have hired 2 youth as a formal part of our service delivery team as Peer Partners. They have been working with the Youth Engagement Specialist, participating in online trainings sponsored by the Research Training Center, and they participated in the Medicaid Waiver call which focused on the role of peer specialist.

In addition to their formal involvement on our committees and working groups, the Youth Advisory Board (YAB) and the Peer Ambassadors have been involved in the planning for our Statewide Youth MOVE Chapter.

While youth are formally identified as members on all ACCESS committees and working groups, their participation waned while they focused on their own planning and process.

Some activities the youth and Youth Engagement Specialist have been engaged with are:

- Increasing our partnership between the ACCESS's Youth Advisory board, DCFS's Youth Advisory Board, and our Regional Planning Office (that has restorative justice programming).
- Participating in online web-based training sponsored by Youth MOVE National, focusing on youth led advocacy.

- Organizing and implementing a summer youth led leadership training for 25 youth. Most of the training was youth led, and the entire training was organized and developed by the Youth Advisory Board.
- The youth have continued to work and refine their logic model.
- Increasing targeted efforts to address the needs of youth in our more rural areas through collaboration with youth services provided in Rantoul, IL.
- Partnering with a Restorative Circles trainer to train youth to lead Restorative Circles.
- Engaging in facilitator training to broaden their skills so that they can be more 'youth led' and available to assist with community meetings/conversations if needed.

Have barriers to youth involvement been identified? If so, how are they being addressed?

The biggest barrier to youth to involvement has been the lack of coordination of efforts to formally engage a larger network of youth to be involved meaningfully in our work. Specifically, voices of youth who have been impacted by systems or whose experiences were reflective of our service and support delivery system were not actively and consistently present on the Youth Advisory Board. Subsequently, the YAB became insular in its focus and began to develop priorities that were not fully reflective of the needs of youth in our service community.

Some Youth service providers in our community expressed concerns that they were left out of 'our process' because of the Youth Advisory's Board's limited focus and it was not reflected to our overall strategic goals.

Strategies used to address the barriers are:

- A change in leadership in the Youth Area.
- Conversations with youth to educate them about ACCESS's goals, the needs of youth in our community, and to work with them to lead focus groups to hear from youth themselves about how the YAB and ACCESS may more effectively reach their needs.
- Reengagement of youth providers in our network.
- Restructuring the role of the Peer Partners so that they have a more direct role with the YAB. They will also be involved in implementing activities that youth who are receiving services identify.

VII. Social Marketing/Public Education Campaign

Has your social marketing/public education plan been completed or revised since the last report? Describe any changes.

The Social Marketing and Communications (SMC) Committee worked on developing and expanding the ACCESS Initiative SMC Plan during the months of May-July. ACCESS staff, Coordinating Council members, family members, youth, Anti-Stigma Alliance members, system partners, community members (including faith-based), and youth service workers contributed to strategically outlining all ACCESS social marketing and public education activities for Program Years 3-6. The plan includes a variety of campaigns, activities, and events to:

- Promote mental wellness and reduce stigma associated with mental illness and multiple system involvement.
- Educate the community about ACCESS guiding principles, goals, services, and supports.
- Increase community partnerships and participation in ACCESS.
- Increase family and youth involvement in ACCESS services, supports, and leadership opportunities.
- Maintain uniformity and alignment of ACCESS communication efforts

The plan was officially approved on August 4, 2011. The SMC Committee will meet quarterly to review and update the SMC Plan. SMC members will coordinate and implement the plan's activities through smaller work teams that will meet on a more frequent basis.

SMC Coordination Team- guides SMC Team's efforts to ensure vital information, data, and core messages are communicated to targeted audiences in the most effective, honest, and authentic and open ways.

- The Coordination team is diligently working on developing an implementation timeline for all SMC efforts to be completed during October 2011-September 2012 (PY 3).

SMC Media Team- coordinates all efforts for website, social networks, blogs, podcasts, radio, television, etc.

- The SMC media team is currently working on the October launch campaign for the official ACCESS website and other social network related pages.

SMC Communications Team –coordinates ACCESS promotions, print communications, presentations, and community outreach efforts.

- The Communications team is in the early development stages of the ACCESS Communications Policy section of the ACCESS Policy and Procedures Manual.

SMC Events Team-coordinates campaigns, recognition banquets, conferences, etc.

- The Events team will convene their first meeting in early October 2011.

Who were your targeted key audiences this period? What were your key messages and strategies and how did you select them?

Youth and Families receiving ACCESS services and supports were the targeted audience for the reporting period of April 1, 2011-September 30, 2011.

We also kept some focus on key stakeholders and community partners during this reporting period.

Strategies/Key Messages

- Increase or reinforce knowledge of Cultural Competency, Family-Driven, and Youth-Guided SOC values.
- Increase or reinforce community knowledge and awareness of ACCESS Initiative services and supports.
- Increase community partnerships and participation of external audience members in ACCESS committees, workgroups, events, and activities.
- Increase family and youth involvement in ACCESS committees, workgroups, events, and activities.
- Increase family and youth enrollment in ACCESS Initiative services.
- Educate families about their rights and the consumer feedback process.

The Strategy of educating the community about the project and initial development stages continued into this reporting period. This strategy was selected by the ACCESS Initiative Admin Team and the SMC Committee.

A new strategy initiated this reporting period was to educate families and youth about ACCESS services and supports. This strategy was selected by the ACCESS' SMC Committee and the ACCESS Service Delivery Workgroup.

Share some of your campaign successes since the last report.

During this reporting period, the following Social Marketing successes have occurred:

1. ACCESS Service Delivery Family Engagement Events Working Group
 - Product of the Phase 1 Service Delivery Workgroup
 - The purpose of the group was to create the format for a series of family events that would orientate families referred to ACCESS Initiative services to the steps of the enrollment process.
 - The group was comprised of ACCESS staff, family members, youth, and juvenile probation staff.
 - Outside of official workgroup meetings, the SMC Coordinator also met with and solicited input from other ACCESS Initiative team members and community partners through the planning process.
2. Family ACCESS Connection Events (FACE)

- These events serve as the informational/orientation for youth and families referred to ACCESS Services and Supports.
 - Desired outcomes for each event will be:
 - Enrollment of Families in ACCESS Initiative services and networks.
 - Continuous feedback and analysis of local families' resource and support needs.
 - Local families gain information about the ACCESS Initiative Services and activities.
 - A total of 9 FACE²s were held between June 30, 2011 and September 30, 2011.
3. The ACCESS Initiative beta website was created at www.access-initiative.org. ACCESS Initiative contact information, meeting minutes, updates, calendars, and list serve membership requests can all be found in this location.
 4. ACCESS Initiative staff members participated in the planning and implementation of "Beyond Obstacles II: Systemic Change" held on April 12, 2011. This event was hosted by our community's local Department of Children and Family Services Community Action Team- Saving our Families Together Today (S.O.F.T.T.). This half-day event included a phenomenal presentation by a local service provider who shared her experiences growing up as an Illinois Department of Children and Family Services ward. Following the amazing presentation, participants broke out into groups according to their discipline (child welfare, education, higher education, mental health, and juvenile justice). Participants in each group discussed how their job or system contributes to the issue of disproportional numbers as it relates to African American children/families. Each group identified at least two "systematic" and/or systemic barriers that they have observed or experienced. There were 67 participants who represented the three major systems, service providers, family members, and the faith-based community.
 5. The ACCESS SMC Social Media Team was initiated and began meeting during this reporting period.
 6. Planning and Development of the Official ACCESS Initiative website was completed during this reporting period. The team established goals to guide website efforts. Additional social media outlets (LinkedIn, Facebook, Twitter, RSS feeds, and text messaging) will be used as support to the website and will always direct users back to the ACCESS site. The website and other social media outlets will serve the following purposes:
 - Get information out about ACCESS services, activities, and networks
 - Donations
 - Recruit volunteers and potential partners
 - Keep current partners connected and building relationships outside of meetings

- Provide education about local system structures and issues that relate to them (Juvenile Justice, Child Welfare, Education)
 - Provide education about mental health, trauma, and disparities
 - A method to collect information from the community
 - Community updates
 - Training and technical assistance and resources
7. Planning began for the ACCESS Social Media Launch Campaign. The overall objective for the campaign will be to create awareness about ACCESS and educate the community about how to stay connected through the ACCESS website and social media supports. The campaign will run from October through December, 2011.

What efforts have you made in planning for the next National Children’s Mental Health Awareness Day?

ACCESS Initiative celebrated Children’s Mental Health Awareness Week (CMHAW) May 1-7, 2011 with a special emphasis on Children’s Mental Health Awareness Day on Tuesday, May 3, 2011. This week was dedicated to increasing public awareness about the triumphs and challenges in children’s mental health and emphasizing the importance of family and youth involvement in the children’s mental health movement. The theme for C CMHAW was “Promoting Healthy Minds & Building Family Resilience.” The following is a breakdown of the events and activities:

- Sunday, May 1
 - Anti-Stigma Alliance Free Viewing of Louder Than A Bomb (Virginia Theater)
 - Children's Mental Health Awareness Art and Poetry Show (*125 voters*)
- Tuesday, May 3 Children's Mental Health Awareness Day
 - Children’s Mental Health Awareness Day Community Leadership Luncheon (*64 attendees*)
 - Moving Beyond Survival Mode: Promoting Mental Wellness and Resiliency as a Way to Cope with Urban Trauma Community Forum (*36 attendees*)
- Thursday, May 5
 - Teen S.P.E.A.K. Poetry Showcase (*99 attendees*)
- Friday, May 6
 - Black Chamber of Commerce 1st Friday Networking Event (*44 attendees*)
- Saturday, May 7
 - ACCESS Resilience Walk/Success For Summer Family Resource Fair (*48 attendees*)

The ACCESS Initiative Children's Mental Health Awareness Committee will begin planning for CMHAW 2012 campaign activities and events in January 2012.

Have barriers to the implementation of the public social marketing/ public education efforts been identified, and if so, how are they being addressed?

- Community expectations regarding transparency, accountability, and data sharing has have been a challenge and somewhat of a barrier during this reporting period. Developing effective communication procedures for internal and external audiences has been challenging. Deciding what information needs to be communicated, to whom, and the frequency of that communication has been hard to regulate. The ACCESS SMC Coordinator has started to address this issue with the Committee, ACCESS families and youth, and community partners through the changes made to the SMC Plan. Changes include the ACCESS website and social media supports, creation of the ACCESS Digest Monthly Report, restructuring of the ACCESS ALL Monthly Community Meeting, and implementation of the ACCESS Quarterly Newsletter.
- Due to the fact that our project focuses on racial disparities, we continue to have to be more strategic in our social marketing efforts due to our County's political climate. This issue will begin to get addressed through the ACCESS Trauma Learning Community and ACCESS Disparities Learning Community. The ACCESS Admin Team and Coordinating Council will continue to identify ways to address this ongoing barrier.

VIII. Evaluation

Describe how the evaluation (both local and national) is being implemented. Are there any areas of concern or difficulty in implementing the evaluation? What steps are being taken to address these areas?

The central focus of Year 2 was ongoing planning and infrastructure development to ensure a high quality implementation of the national evaluation, local evaluation activities, and mechanisms to ensure continuous quality improvement (CQI). In collaboration with the Evaluation Collaboration Team (ECT), co-lead evaluators have maintained the necessary supports to pursue the local and national evaluation (e.g., hiring staff; pursuing IRB approval; conducting literature and instrument searches). All evaluation activities have been and will be pursued with ECT input and guidance. The following describes accomplishments in the second half of Year 2 of the Evaluation Team and plans for ongoing activities.

Evaluation Collaboration Team

An Evaluation Collaboration Team (ECT) was formed in Year 1 to facilitate local and national evaluation planning and implementation. The ECT is responsible for crafting local evaluation

priorities with evaluation staff and providing input on all facets of the evaluation. The ECT has over 20 volunteer members of the team including youth, families, systems and community stakeholders with about 12 to 15 attending a given meeting (an open invitation has been extended to anyone with an interest). Bi-weekly meetings were held until May, 2011 at which point the ECT pursued a different structure. Specifically, in response to waning attendance (likely due to the growth of ACCESS committee meetings across a variety of topics), the ECT moved to a Quarterly meeting as an Advisory body and to ad-hoc working groups focused on the particular tasks of the committee open to ECT members and other stakeholders with a vested interest in the particular area of evaluation (e.g., particular organizational leaders attended meetings to develop the organizational assessment). Bi-weekly meetings typically included an average of eleven stakeholders including youth and parents. In Year 3, evaluation staff will also regularly attend YAB meetings to directly engage youth in the evaluation process including the National Evaluation, Local Evaluation, and Youth-Led Projects that help evaluate the Youth Logic Model they developed.

Parent/Youth Engagement in Evaluation

Our Parent Evaluation Liaison and the co-Lead Evaluators have worked on creating and delivering accessible trainings for youth, family, and community partners. This includes a focus on making evaluation accessible by focusing on the evaluation processes, terminology, and logic modeling. To date, four trainings have been provided, three for youth and one for parents.

Local Evaluation

Key Stakeholder Interviews

The ECT decided to begin the evaluation process with a series of qualitative interviews with youth, caregivers, and key systems stakeholders (e.g., service providers, criminal justice officials). The purpose of these interviews was to construct an initial description of the “lay of the land” of the current helping response and to assess early perceptions of the emerging System of Care. This information aims to support ongoing development of the local System of Care and to provide a venue through which various stakeholders can share their vantage points regarding local strengths, challenges, and needs.

Thirty-five stakeholders were interviewed in-person, for approximately two hours each, from September 2010 to April 2011. Nineteen parents and eleven youth completed in-person interviews, between 45 and 90 minutes each, from October 2010 to June 2011. Transcription and analysis of the stakeholder interviews was completed in May 2011. Transcription and analysis of parent and youth interviews was nearing completion in September 2011. Both sets of analyses identify perceptions of the ACCESS Initiative, and challenges related to systems-involvement in Champaign County.

Provider/Responder Baseline

The ECT continued work to develop an assessment tool to examine the baseline perceptions of front-line service providers and responders (e.g., probation officers) with regard to the degree to which their beliefs and practices reflects the core principles of a trauma and social justice-informed System of Care, the degree to which their organizational climate/culture within which they work supports/facilitates/values system of care implementation, and their inter-organizational ties. The goal is to build upon existing tools (e.g., Fallot’s Trauma Informed Care in Youth-Service Settings:

Organizational Self-Assessment) to create a locally relevant measure. This tool will be implemented to assess providers and their respective organizations. Developing this tool has been challenging given the wide range of topics on which one can assess organizational and provider realities. As the local System of Care has further refined its priorities and strategies (e.g., in addition to pursuing a trauma-informed System of Care, stakeholders have also decided to incorporate a social-justice framework in the development of the ACCESS Initiative), it has become clearer how to focus this assessment. As with all facets of the evaluation, the ECT has and will continue to guide decisions regarding the content of the measure, how assessment is done, and how information is disseminated (e.g., whether to craft individualized reports for each participating organization).

National Evaluation

As the ACCESS Initiative service delivery infrastructure has been developed, the Evaluation Team has worked with ACCESS Initiative staff to build in procedures for implementing the National Evaluation Descriptive and Longitudinal Studies. This has involved procedures for collecting Enrollment and Demographic Information Forms (EDIFs) for the national evaluation descriptive study, conducting TRAC NOMs interviews, and recruiting and securing families' enrollment in the national evaluation longitudinal study.

In April and May 2011, as the ACCESS Initiative worked to finalize the processes for enrollment of youth and families into the System of Care, the evaluation team recruited, selected, and trained five community interviewers to conduct interviews for the National Evaluation longitudinal study. The lead evaluators implemented the SAMHSA CMHS-developed interviewer training over five half-day sessions. To further prepare, interviewers then conducted multiple practice interviews using the QuickSAT software. In June, the Evaluation Team further developed procedures for managing the flow of information from service staff to the evaluation team, informing / recruiting families into the longitudinal study, assigning interviewers to new cases, and scheduling and tracking interviews. Also in May, the Evaluation Team developed and implemented training to prepare ACCESS coordinators to: (1) complete the Enrollment and Demographic Information Form (EDIF) for all enrolled families; (2) conduct TRAC NOMs interviews; (3) introduce the National Evaluation to families and youth as they participate in the pre-service engagement and enrollment activities, and (4) secure from service recipients, and share with the evaluation team, service recipients' consents to be contacted and informed in detail about the evaluation.

The close collaboration between the evaluation and service delivery staff has paid dividends. Through September 2011, all families enrolled in the ACCESS-Initiative System of Care grant funded services who were eligible to participate in the National Evaluation and who were available to participate (several youth were sent out of town to the Illinois Department of Juvenile Justice and were not available) did so (n=14).

Local Meetings

It has continued to be the Evaluation Staff's aim to attend all meetings of the ACCESS Initiative so that we have representation in the various workgroups and advisory bodies (Family & Youth) shaping the local System of Care. In this way, we remain aware of the activities of the Initiative, document activities, look for ways to maximize the relevance of the local evaluation, and provide

technical assistance regarding research and evaluation. This included, for example, interviewing ACCESS potential services and support staff, identifying assessment instruments, determining the best universal screening tools, gathering research literature on evidence-based practices, and interviewing potential vendors for processing CANS data. The Co-Lead Evaluators attended meetings of the ACCESS Initiative Administrative Team and Coordinating Council to a) serve as non-voting ex officio members to support local implementation of the ACCESS Initiative and b) to inform local evaluation planning. Throughout the spring and summer the Evaluation Team participated in regular meetings of the Management Information System subcommittee to discuss various strategies for collecting data for the Services and Costs study. The goal is to obtain service-event data on each service provided to each youth and family from each partnering agency as well as to account for services provided through flexible funds.

All ACCESS staff members have used a minutes template developed by the Evaluation Staff to record meeting activity. Evaluation Staff also use this template to make meeting notes as they relate to evaluation activities. We have IRB approval to observe meetings and will put formal observations in place in coming months as groups have developed routine practices and defined their roles, so that observations do not interfere with natural group development. These observations will track group processes like decision-making with attention to the role of youth and families in such processes. The aim is to provide regular feedback to groups so they can engage in conscious processes to maximize inclusion of all perspectives.

Technical Assistance/Training

Evaluation staff attended all local training and held monthly meetings with their National Evaluation liaison. In addition, the co-lead evaluators attended two national conferences through the 2011 TA Partnership Conference in Chicago, IL and the 24th Annual Children's Mental Health Research & Policy Conference in Tampa, Florida. These events were invaluable as they introduced the evaluators to the efforts of other communities, available tools to support evaluation activities, and networking opportunities with evaluators from other communities.

How are the results and data being disseminated, with whom, and how is it being used for policy development?

A full report of key stakeholder interview findings was shared with the ECT and ACCESS staff. Both groups helped the evaluation team interpret and frame findings for broader audiences. The full report, as well as three newsletter (brief) reports targeted to inform the work of the ACCESS Coordinating Council and all ACCESS partners and fashioned to be more easily and effectively consumed by a broad audience, were completed in August 2011 and will be shared with these bodies at their meetings in September and October 2011. Multiple formats are being employed to disseminate findings. Hard copies of newsletters are mailed to targeted partners and distributed at meetings. Electronic copies of newsletters are distributed via email to targeted partners, and both full reports and newsletters are posted on the Evaluation pages of the ACCESS Initiative web site. Initial drafting of reports of parent and youth interview findings began in September 2011. Final versions will be disseminated in the same manner as those from the stakeholder interviews. Reports of stakeholder findings detail the primary themes identified in the interviews and capture stakeholders' perceptions of a) the "lay of the land" with regards to service systems in Champaign

County, b) hopes for the ACCESS Initiative, and c) System of Care principles and thoughts on how stakeholders' work could come into closer alignment with the principles. The findings have guided plans for future evaluation efforts as well as ACCESS staff work plans (e.g., for committee and work group activities) and ACCESS Initiative policy directions (e.g., shaping service engagement / delivery processes and policies). The ECT and Evaluation Staff will continue to work with the Social Marketing Coordinator and Social Marketing Work Group to disseminate evaluation findings and to coordinate that dissemination with other information sharing efforts of the Initiative.

Evaluation Staff continues to work closely with ACCESS Staff and regularly attend the ACCESS Coordinating Council and ACCESS All (Full Partnership) meetings. As National Evaluation findings become available, the goal is to provide feedback at least quarterly and in accordance with the processes provided by the National Evaluators.

In addition, the plan is to work with the ECT to analyze and interpret data and to create dissemination plans. This would involve preparing ECT members to participate as presenters (including youth, family/caregivers, providers, and responders as appropriate), creating print and web-based media in which evaluation findings are presented in a concise, compelling, and consumable way, finding multiple relevant venues to share findings (e.g., ACCESS Coordinate; ACCESS All; Family Advisory Board; Youth Advisory Board; local agencies/groups; funders; key stakeholders).

Have barriers to the implementation of the evaluation efforts been identified and how are they being addressed? Have you been able to work with your national evaluation liaison to address these barriers?

In March 2011, we lost our full-time Evaluation Coordinator. The co-lead evaluators, graduate research assistants, and community interviewers have successfully managed to pick up the coordinator's responsibilities while we have launched a national search for a new coordinator. In the summer of 2011 we interviewed candidates and in September made a job offer. Our new coordinator will start working on the project in December, 2011. As we have begun enrolling youth and their caregivers in the National Evaluation, numerous questions related to the details of the evaluation implementation have arisen. Our National Evaluation liaison, Laura Polk (as well as Connie Maples), has been a terrific resource to us through this period, providing timely and helpful information and clarification.

How has the evaluation contributed to sustainability efforts within your community?

Given we are in the relatively early stages of data collection, we cannot yet document the relationship between the evaluation and sustainability, but it is our hope that this connection will be evident as we have more data in hand. To date, the Evaluation Staff has taken a participatory approach assisting with logic model development and strategic planning as appropriate. The solid relationships that the Evaluation Staff has with the implementers and partners of the ACCESS Initiative are expected to continue and should provide a firm foundation for evaluation findings to support local efforts.

IX. Technical Assistance and Training

Describe training activities which have occurred in your community since the last report.

In addition to our monthly Community TA Call, coordinated by Frank Rider, our community promotes and encourages wide participation in any local trainings and/or national trainings, conference calls, and/or webinars.

This includes participation in monthly affinity calls with the TA partnership i.e.: Family Driven Care, Youth Guided Care, the Fatherhood Affinity Call, the Social Marketing Call, etc. We regularly engage our community partners to participate in the TA Partnerships affinity calls.

We also have had community participation in the following webinars/conference calls:

Bureau of Justice Assistance NTTAC

- Improving Outcomes for Women Involved with Juvenile Justice System - June 14, 2011
- Dealing with Gang Members - May 10, 2011

TApartnership/Georgetown Learning Series

- Designing a Recovery-Oriented Care Model for Adolescents and Transition Age Youth with Co-Occurring Substance Use and Mental Health Disorders - May 19, 2011 (with participants from the Youth Advisory Board)
- Schools as Partners in Systems of Care: Approaches to Building and Sustaining School-Based Mental Health Supports and Programs (with Representatives from 2 Youth Programs and 2 School Districts) – September 14, 2011
- Charting the Road Ahead: Using Screenings and Risk and Needs Assessments in Juvenile Justice Systems (hosted by our local Community Mental Health Agency attended by representatives from local juvenile justice organizations) – April 11, 2011

CLASP (Center on Law and Public Policy)

Spotlight on Poverty (hosted by our local Family Advocacy Center) - June 3, 2011 (webinar)

The National Wraparound Initiative

Functional Behavioral Analysis and Wraparound – (Urbana Schools) - August 24th

Strengthening Practice Through Directive Supervision – April 14th

Integrating Wraparound and Schools – March 29th (a collaboration meeting with stakeholders from the Juvenile Justice, Child Welfare, the Community, and the Urbana Schools Administration)

Summer System of Care Training – The Administrative Team along with 2 members from the Family Advisory Board and our Youth Advisory Board attended the Summer System of Care Conference. Team members participated in the Pre-Leadership Training, the Services and Cost Post Conference Training, The Youth Leadership Pre and Post Conference Trainings, and the LGBTQ2-SI - July 19-21st.

SAMSHA Special TA Opportunities:

Impact of Race and Gender: Girls Juvenile Justice Symposium - September 12-13, 2011
Family Driven Juvenile Justice Care - September 14, 2011

The Trauma Learning Community Also Engaged in a Series of Learning Events

- Several Members completed the Trauma Focused CBT Introductory Training
- NCTSN Webinar/Calls Series
- THRIVE's Trauma Training Series

OTHER STRATEGIC TRAININGS:

1. ACCESS Services and Support Team Training: April 30th to June 4th, 2011. As a truly collaborative effort, a working group of the Technical Assistance Committee organized and shared the facilitation of the basic training for 10 candidates being considered for care coordination and peer support staff positions; ~~and~~ 4 staff were being considered for our Supervisor positions. In addition to the trainees, individuals from the working group (most notably, ~~we had~~ 3 parents from our Family Advisory Board, and 5 staff from our local family advocacy center) attended the training. The 48-hour training covered a range of topics from confidentiality and mandated reporting, to youth guided and family driven care, to the fundamentals of wraparound. Presenters from various community-based, local mental health agencies 'donated' their time to aid in the successful training of the staff.
2. Wraparound Training with Karl and Kathy Dennis: April 30, 2011. The ACCESS Initiative offered a Wraparound Training by Karl and Kathy Dennis designed for the service delivery staff trainees with invited community guests (a total of 23 participants). The training highlighted the history and evolution of Wraparound. Filled with stories from the Dennis's over 30 years of experience developing wraparound in Illinois and across the nation, the presentation was designed to help participants understand Wraparound on both the practice and systems change levels.
3. CANS Training Part I: May 31, 2011. Dr. John Lyons, author of the Child and Adolescent Needs and Strengths (CANS) and the Family Advocacy Support tool, offered a full day training on the CANS which explained the structure and the function of the CANS and certified participants to administer the CANS. The training involved 62 participants from at least 11 partner agencies representing a variety of cross-system stakeholders which included community members, family members, probation and court service staff, private practice clinicians, child welfare workers, mental health providers, youth service providers, and researchers.
4. CANS Training Part II: June 1, 2011. Dr. John Lyons, author of the Child and Adolescent Needs and Strengths (CANS) and the Family Advocacy Support tool, provided a full day training on the CANS to "train the trainer" so that local providers could train others to use the CANS and support the broad cross-system implementation of the CANS. The training involved 31 participants from at least 9 partner agencies representing a variety of cross-system stakeholders including community members, family members, probation and court service staff, private practice clinicians, child welfare workers, mental health providers, youth service providers, and researchers.

5. SAMHSA's Center for Trauma and Justice training: June 24, 2011. The ACCESS Initiative, in collaboration with Community Elements (the local mental health center), provided a full-day training with presenters from the National Center for Trauma and Justice to 54 participants from at least 12 agencies with a broad spectrum of cross-system stakeholders (youth, families, education, community mental health, juvenile detention, youth services, and community based services). Training provided an overview of trauma-informed care, recovery, and neurobiology and concluded with action planning for the local community. The training attendees represented a broad spectrum of cross-system stakeholders that included youth and family members.

How were these training activities used? Who completed these training activities? Were they effective in meeting community goals? (See Above)

X. Sustainability: *Has your sustainability plan been developed/revised during this period? If so, please describe and provide rationale.* Our sustainability plan is still under development. Tracy Parsons (Project Director) and Peter Tracy (co-Principal Investigator) have developed a strategy to engage stakeholders fully in our sustainability initiative. Several Informational meetings/events have been held to bring key systems leaders to ACCESS networking, training, and leadership events.

Describe how you meet match requirements and how you document the use of match funds. Have you adhered to requirements of the Office of Management and Budget (OMB) Circular A-133 related to Federal Audits? Our local Children's Mental Health Board provides all of our cash match funds. The funds awarded through the Mental Health Board are used to support programs designed to broaden our service and support array; and also to build our infrastructure. Funded agencies submit quarterly financial reports that we use to monitor our match funds.

List percentages of your match funds which come from the following public or private sources in the table below:

Source	Percentage	Cash Match	In-Kind
Child Welfare	.1%		x
Mental Health	.5%	x	x
Education	.5%		x
Juvenile Justice	1%	x	x
Substance Abuse	.1%		x
Health			
Foundations			
Other (Please Describe) [Champaign County Mental Health Board- Tax Revenue]	97.8	x	x
TOTAL	100%		

XI. Lessons Learned

Please describe lessons learned or accomplishments your community has experienced this reporting period that you would like to share with others.

In the implementation of our service delivery model, our community engaged in intensive planning. We made every effort to adhere closely to the articulated needs and priorities. However the Administrative staff and those involved in the planning were separate from the agencies charged with implementing our service and support delivery model. Therefore we attempted to fund an agency; and hired an interim clinical director (who had limited system of care experience) to delivery high fidelity wraparound and our community's service delivery model. Because of our community's fiscal and our structural realities, we attempted to remain relatively 'hands off' with the day to day operations and only provide training supports. Unfortunately, we quickly learned that this model would not be viable. We had to be involved and engage youth, families, and other stakeholders involved in the full implementation process in order to maintain fidelity to our community's vision and the practice model. We have had to restructure some of our positions and redesign our administrative structure to accommodate these changes.

We also learned more about the qualities and qualifications of the service delivery team. In our first round of hiring we 'over prioritized' the selection of candidates who had been impacted by the system. That resulted in a team that was extremely committed to serving families but with significant gaps in the knowledge and skill level to be successful in their roles. Given the complexities of the issues and needs of families in our service delivery system, we realized that we needed to look for the same characteristics that we look for in our first round of hiring, namely, some professional or service level experiences.

Finally, we learned about the complications of funding too many new initiatives that required planning and staff support. Because we have attempted to include family, youth, and stakeholder voices in all of our decisions, our implementation process has been slower than many of our funded agencies have been comfortable with. We wanted them to spend time planning and collaborating, and because historically they were only evaluated on performance many felt uneasy with the planning process (which sometimes required a few stops and starts to implement a new process). We should have been much more intentionally about identifying our funding priorities and more explicit about timelines and deadlines.

Are there any other areas that you would like to work on in the future? Is there a plan in place for your community to address this/these area(s)?

If you have any questions regarding the preparation of this progress report please feel free to contact your Government Project Officer. They can be reached at (240) 276-1980 or via the Contact Us tab on the website (www.systemsofcare.samhsa.gov).

Revised 1/19/07

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

12/08/11

PAGE 1

VENDOR NO	VENDOR NAME	TRN B TR	TR N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
25	CHAMPAIGN COUNTY TREASURER			3		461731	12/08/11	090-053-533.50-00	RENT-GENERAL CORP FACILITY/OFFICE RENTALS	DEC OFFICE RENT VENDOR TOTAL	2,006.33 2,006.33 *
41	CHAMPAIGN COUNTY TREASURER			210		461492	11/30/11	090-053-513.06-00	HEALTH INSUR FND 620 EMPLOYEE HEALTH/LIFE INS	NOV HI & LI VENDOR TOTAL	2,727.00 2,727.00 *
88	CHAMPAIGN COUNTY TREASURER			80		460991	11/18/11	090-053-513.02-00	I.M.R.F. FUND 088 IMRF - EMPLOYER COST	IMRF 11/4 P/R	1,287.21
				83		461496	11/30/11	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 11/18 P/R VENDOR TOTAL	1,287.54 2,574.75 *
161	CHAMPAIGN COUNTY TREASURER			6		461747	12/08/11	090-053-533.92-00	REG PLAN COMM FND075 CONTRIBUTIONS & GRANTS	DEC SENIOR SERVICES VENDOR TOTAL	2,169.00 2,169.00 *
176	CHAMPAIGN COUNTY TREASURER			82		461331	11/23/11	090-053-513.04-00	SELF-FUND INS FND476 WORKERS' COMPENSATION	INSWORK COMP 10/7,21 P VENDOR TOTAL	115.58 115.58 *
179	CHAMPAIGN COUNTY TREASURER			5		461751	12/08/11	090-053-533.92-00	CHLD ADVC CTR FND679 CONTRIBUTIONS & GRANTS	DEC CHILD ADVOCACY VENDOR TOTAL	3,090.00 3,090.00 *
188	CHAMPAIGN COUNTY TREASURER			105		460996	11/18/11	090-053-513.01-00	SOCIAL SECUR FUND188 SOCIAL SECURITY-EMPLOYER FICA	FICA 11/4 P/R	945.93
				109		461499	11/30/11	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER FICA	FICA 11/18 P/R VENDOR TOTAL	5,065.24 6,011.17 *

*** FUND NO. 090 MENTAL HEALTH

*** DEPT NO. 053 MENTAL HEALTH BOARD

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

12/08/11

PAGE 2

VENDOR NO	VENDOR NAME	TRN B	TR	TRNS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
572	ABSOPURE WATER	11/29/11	03 VR	53- 441		461501	11/30/11	090-053-522.02-00	OFFICE SUPPLIES	80530882151629 10/1	20.85
		11/29/11	03 VR	53- 441		461501	11/30/11	090-053-533.51-00	EQUIPMENT RENTALS	80530853145034 10/3	9.00
										VENDOR TOTAL	29.85 *
4944	ART MART	11/09/11	05 VR	53- 428		460652	11/10/11	090-053-533.89-00	PUBLIC RELATIONS	FOOD VLNTRS-7 10/26	35.00
										VENDOR TOTAL	35.00 *
7982	BEST INTEREST OF CHILDREN, INC.	12/07/11	02 VR	53- 17		461772	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC INTAKE SPECIALS	2,500.00
		12/07/11	02 VR	53- 17		461772	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC WRAP FLEX FUNDS	3,333.00
		12/07/11	02 VR	53- 17		461772	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC COMMUNITY HOME	8,921.00
										VENDOR TOTAL	14,754.00 *
13375	CENTER FOR WOMEN IN TRANSITION	12/07/11	02 VR	53- 4		461785	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC WOMEN IN TRANSI	5,579.00
										VENDOR TOTAL	5,579.00 *
15500	CHAMPAIGN-URBANA AREA PROJECT	12/07/11	02 VR	53- 18		461790	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC RESTORATIVE JST	3,750.00
		12/07/11	02 VR	53- 18		461790	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC TIMEBANKS	5,083.00
										VENDOR TOTAL	8,833.00 *
18046	COMCAST CABLE	11/22/11	03 VR	53- 439		461364	11/23/11	090-053-533.29-00	COMPUTER/INF TCH SERVICES8771403010088314 NO		56.60
		12/07/11	01 VR	53- 1		461799	12/08/11	090-053-533.29-00	COMPUTER/INF TCH SERVICES8771403010088314 DE		28.30
										VENDOR TOTAL	84.90 *
18203	COMMUNITY CHOICE	12/07/11	02 VR	53- 7		461800	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC SELF DETERMINAT	1,875.00
										VENDOR TOTAL	1,875.00 *

*** FUND NO. 090 MENTAL HEALTH

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

12/08/11

PAGE 3

VENDOR NO	VENDOR NAME	TRN DTE	TR B CD	TR NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
18209	COMMUNITY ELEMENTS	12/07/11	02 VR 53-	8		461801	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC CRISIS ACCESS	15,749.00
		12/07/11	02 VR 53-	8		461801	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC ADULT RECOVERY	12,578.00
		12/07/11	02 VR 53-	8		461801	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC EARLY CHILDHOOD	9,542.00
		12/07/11	02 VR 53-	8		461801	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC PSYCHIATRIC SRV	3,433.00
		12/07/11	02 VR 53-	8		461801	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC MH NON MEDICAID	2,511.00
		12/07/11	02 VR 53-	19		461801	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC PLL FRONT END	19,111.00
										VENDOR TOTAL	62,924.00 *
18230	COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY	12/07/11	02 VR 53-	9		461802	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC 1ST CALL	6,873.00
										VENDOR TOTAL	6,873.00 *
19346	CRISIS NURSERY	12/07/11	02 VR 53-	10		461805	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC BEYOND BLUE	5,833.00
										VENDOR TOTAL	5,833.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC	12/07/11	02 VR 53-	11		461810	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC FAMILY DEVL P CT	17,650.00
		12/07/11	02 VR 53-	11		461810	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC DT/EMPLOY	24,630.00
										VENDOR TOTAL	42,280.00 *
22730	DON MOYER BOYS & GIRLS CLUB	12/07/11	02 VR 53-	20		461816	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC SMART MOVES	3,333.00
										VENDOR TOTAL	3,333.00 *
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR	12/07/11	02 VR 53-	12		461820	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC REFUGEE SUPPORT	1,000.00
										VENDOR TOTAL	1,000.00 *
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY GRANTS	12/07/11	02 VR 53-	13		461824	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC 1ST CALL	5,045.00

*** FUND NO. 090 MENTAL HEALTH

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

12/08/11

PAGE 4

VENDOR NO	VENDOR NAME	TRN DTE	B TR N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
***	FUND NO. 090	MENTAL HEALTH									
27922	FRANCES NELSON HEALTH CENTER	12/07/11	02 VR 53-	13		461824	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC SELF HELP CENTE	2,369.00
		12/07/11	02 VR 53-	13		461824	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC SENIOR COUNSELN	11,861.00
										VENDOR TOTAL	19,275.00 *
27922	FRANCES NELSON HEALTH CENTER	12/07/11	02 VR 53-	14		461830	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC MH COUNSELING	12,398.00
										VENDOR TOTAL	12,398.00 *
41852	LAN #24 CONSORTIUM	12/07/11	01 VR 53-	27		461871	12/08/11	090-053-533.93-00	DUES AND LICENSES	LAN DUES 2012	25.00
										VENDOR TOTAL	25.00 *
43860	LOUIE'S BBQ	11/16/11	04 VR 53-	436		461099	11/18/11	090-053-533.89-00	PUBLIC RELATIONS	5 LUNCHES-EXPO 11/7	160.00
										VENDOR TOTAL	160.00 *
44570	MAHOMET AREA YOUTH CLUB	12/07/11	02 VR 53-	21		461880	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC TEEN SUCCEED	1,483.00
										VENDOR TOTAL	1,483.00 *
45436	MARTIN GRAPHICS & PRINTING SERVICES INC	11/16/11	04 VR 53-	437		461104	11/18/11	090-053-533.89-00	PUBLIC RELATIONS	INV 82350 10/4	1,205.99
		11/16/11	04 VR 53-	437		461104	11/18/11	090-053-533.89-00	PUBLIC RELATIONS	INV 82351 10/4	424.21
		11/16/11	04 VR 53-	437		461104	11/18/11	090-053-533.89-00	PUBLIC RELATIONS	INV 82381 10/5	857.00
		11/16/11	04 VR 53-	437		461104	11/18/11	090-053-533.89-00	PUBLIC RELATIONS	INV 82518 10/17	500.00
		11/16/11	04 VR 53-	437		461104	11/18/11	090-053-533.89-00	PUBLIC RELATIONS	INV 82775 10/24	1,600.00
		11/16/11	04 VR 53-	437		461104	11/18/11	090-053-533.89-00	PUBLIC RELATIONS	INV 82779 10/24	2,070.00
		11/16/11	04 VR 53-	437		461104	11/18/11	090-053-533.89-00	PUBLIC RELATIONS	INV 83200 11/11	1,352.25-
										VENDOR TOTAL	5,304.95 *
51600	NEWS GAZETTE	11/16/11	04 VR 53-	435		461114	11/18/11	090-053-533.89-00	PUBLIC RELATIONS	AC 65730 10/31	2,321.25
										VENDOR TOTAL	2,321.25 *

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

12/08/11

PAGE 5

VENDOR NO	VENDOR NAME	TRN DTE	B TR N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH											
56750	PRAIRIE CENTER HEALTH SYSTEMS	12/07/11	02 VR 53-	15		461898	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC DRUG COURT	13,750.00
		12/07/11	02 VR 53-	15		461898	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC YOUTH SVCS	8,333.00
		12/07/11	02 VR 53-	15		461898	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC PREVENTION	4,713.00
		12/07/11	02 VR 53-	22		461898	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC PLL EXTENDED CA	19,111.00
										VENDOR TOTAL	45,907.00 *
59434	RAPE, ADVOCACY, COUNSELING & EDUC SVCS	12/07/11	02 VR 53-	16		461909	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC RACES	1,263.00
										VENDOR TOTAL	1,263.00 *
67290	SOAR PROGRAMS	12/07/11	02 VR 53-	23		461916	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC SOAR YOUTH PRGM	1,483.00
										VENDOR TOTAL	1,483.00 *
67867	SPOC LLC	11/16/11	05 VR 28-	66		461134	11/18/11	090-053-533.33-00	TELEPHONE SERVICE	INV 1081462 10/14	34.93
		12/07/11	03 VR 28-	2		461918	12/08/11	090-053-533.33-00	TELEPHONE SERVICE	INV 1082430 11/16	4.45
		12/06/11	93 VR 28-	84		461918	12/08/11	090-053-533.33-00	TELEPHONE SERVICE	INV 1082430 11/16	24.84
										VENDOR TOTAL	64.22 *
69540	STEVIE JAY BROADCASTING	11/16/11	04 VR 53-	434		461138	11/18/11	090-053-533.89-00	PUBLIC RELATIONS	2042000030001 10/31	500.00
										VENDOR TOTAL	500.00 *
71626	TALKS YOUTH DEVELOPMENT INC NFP	12/07/11	02 VR 53-	26		461923	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC MEN OF WISDOM	5,353.00
										VENDOR TOTAL	5,353.00 *
75515	UIF/WILL AM-FM-TV	11/29/11	03 VR 53-	443		461579	11/30/11	090-053-533.89-00	PUBLIC RELATIONS	INV 2011-12948 11/3	720.00
										VENDOR TOTAL	720.00 *

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

12/08/11

PAGE 6

VENDOR NO	VENDOR NAME	TRN B TR DTE N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
76921	UNIVERSITY OF ILLINOIS - PSYCHOLOGICAL SERVICES									
		12/07/11 02 VR 53- 24	24		461937	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC RETORATIVE CIRC	3,071.00
		12/07/11 02 VR 53- 24	24		461937	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC GIRLS ADVOCACY	2,917.00
									VENDOR TOTAL	5,988.00 *
78120	URBANA NEIGHBORHOOD CONNECTION CENTER									
		12/07/11 02 VR 53- 25	25		461940	12/08/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC COMM STUDY CENT	1,483.00
									VENDOR TOTAL	1,483.00 *
78550	VERIZON WIRELESS-MENTAL HEALTH BOARD									
		12/07/11 01 VR 53- 2	2		461943	12/08/11	090-053-533.29-00	COMPUTER/INF TCH SERVICES	38635688701 11/20DE	65.66
		12/07/11 01 VR 53- 2	2		461943	12/08/11	090-053-533.33-00	TELEPHONE SERVICE	38635688701 11/20DE	80.09
		12/07/11 90 VR 53- 448	448		461943	12/08/11	090-053-533.29-00	COMPUTER/INF TCH SERVICES	38635688701 11/20NO	48.12
		12/07/11 90 VR 53- 448	448		461943	12/08/11	090-053-533.33-00	TELEPHONE SERVICE	38635688701 11/20NO	40.05
									VENDOR TOTAL	233.92 *
78873	VISA CARDMEMBER SERVICES									
		11/09/11 05 VR 53- 425	425		460791	11/10/11	090-053-522.02-00	OFFICE SUPPLIES	7790 STAPLES 9/21	365.77
		11/09/11 05 VR 53- 425	425		460791	11/10/11	090-053-533.89-00	PUBLIC RELATIONS	7790 WALMART 9/27	50.00
		11/09/11 05 VR 53- 425	425		460791	11/10/11	090-053-533.89-00	PUBLIC RELATIONS	7790 YAYA 9/27	239.80
		11/09/11 05 VR 53- 425	425		460791	11/10/11	090-053-533.89-00	PUBLIC RELATIONS	7790 ORTL TRDNG 9/2	64.00
		11/09/11 05 VR 53- 425	425		460791	11/10/11	090-053-522.02-00	OFFICE SUPPLIES	7790 SCHNUCKS 10/3	29.87
		11/09/11 05 VR 53- 425	425		460791	11/10/11	090-053-533.89-00	PUBLIC RELATIONS	7790 INK SPOT 10/6	280.72
		11/09/11 05 VR 53- 425	425		460791	11/10/11	090-053-533.89-00	PUBLIC RELATIONS	7790 S&S WRLDWD 10/	99.41
		11/09/11 05 VR 53- 425	425		460791	11/10/11	090-053-533.89-00	PUBLIC RELATIONS	7790 GOOGLE 10/6	1,656.58
		11/09/11 05 VR 53- 425	425		460791	11/10/11	090-053-533.89-00	PUBLIC RELATIONS	7790 ORTL TRDNG 10/	99.29
		11/09/11 05 VR 53- 425	425		460791	11/10/11	090-053-522.02-00	OFFICE SUPPLIES	7790 STAPLES 10/7	285.70
		11/09/11 05 VR 53- 425	425		460791	11/10/11	090-053-533.89-00	PUBLIC RELATIONS	7790 HOBY LOBY 10/1	49.92
		11/09/11 05 VR 53- 425	425		460791	11/10/11	090-053-533.89-00	PUBLIC RELATIONS	7790 PRJCT TE 10/12	40.50
		11/09/11 05 VR 53- 425	425		460791	11/10/11	090-053-522.02-00	OFFICE SUPPLIES	7790 DAY TIMER 10/1	83.39
		11/09/11 05 VR 53- 425	425		460791	11/10/11	090-053-533.89-00	PUBLIC RELATIONS	7790 MEIJER 10/17	9.61
		11/09/11 05 VR 53- 425	425		460791	11/10/11	090-053-533.89-00	PUBLIC RELATIONS	7790 SCHNUCKS 10/18	16.88

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

12/08/11

PAGE 7

VENDOR NO	VENDOR NAME	TRN DTE	TR N CD	TR NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
***	FUND NO. 090		MENTAL HEALTH								
	11/09/11	05	VR	53- 425		460791	11/10/11	090-053-522.02-00	OFFICE SUPPLIES	7790 STAPLES 10/18	50.27
	11/09/11	05	VR	53- 425		460791	11/10/11	090-053-533.89-00	PUBLIC RELATIONS	7790 POSTERSNS 10/2	306.10
	11/09/11	05	VR	53- 425		460791	11/10/11	090-053-533.89-00	PUBLIC RELATIONS	7790 WALMART 10/20	9.74
	11/09/11	05	VR	53- 425		460791	11/10/11	090-053-533.89-00	PUBLIC RELATIONS	7790 WALMART 10/21	25.58
	11/09/11	05	VR	53- 425		460791	11/10/11	090-053-533.89-00	PUBLIC RELATIONS	7790 MEIJER 10/24	39.56
	11/09/11	05	VR	53- 425		460791	11/10/11	090-053-533.89-00	PUBLIC RELATIONS	7790 EINSTEIN 10/6	166.76
	11/09/11	05	VR	53- 425		460791	11/10/11	090-053-533.95-00	CONFERENCES & TRAINING	7790 EINSTEIN 10/19	167.74
	11/09/11	05	VR	53- 425		460791	11/10/11	090-053-533.89-00	PUBLIC RELATIONS	7790 SCHNUCKS 10/22	36.26
	12/07/11	90	VR	53- 450		461952	12/08/11	090-053-522.02-00	OFFICE SUPPLIES	7790 10/25 STAPLES	51.03
	12/07/11	90	VR	53- 450		461952	12/08/11	090-053-522.02-00	OFFICE SUPPLIES	7790 10/27 STAPLES	48.18
	12/07/11	90	VR	53- 450		461952	12/08/11	090-053-533.84-00	BUSINESS MEALS/EXPENSES	7790 11/1 ORGL PANC	168.05
	12/07/11	90	VR	53- 450		461952	12/08/11	090-053-522.06-00	POSTAGE, UPS, FED EXPRESS	7790 11/8 USPS	19.74
	12/07/11	90	VR	53- 450		461952	12/08/11	090-053-522.02-00	OFFICE SUPPLIES	7790 11/6 STAPLES	146.85
	12/07/11	90	VR	53- 450		461952	12/08/11	090-053-533.95-00	CONFERENCES & TRAINING	7790 11/16 EINSTEIN	143.84
	12/07/11	90	VR	53- 450		461952	12/08/11	090-053-533.84-00	BUSINESS MEALS/EXPENSES	7790 11/10 ORGL PAN	59.88
	12/07/11	90	VR	53- 450		461952	12/08/11	090-053-522.02-00	OFFICE SUPPLIES	7790 11/16 EINSTEIN	13.55
										VENDOR TOTAL	4,824.57 *
78978	WDWS/WHMS/WUJIL RADIO										
	11/16/11	04	VR	53- 433		461162	11/18/11	090-053-533.89-00	PUBLIC RELATIONS	ID 2821-00003 10/31	900.00
	11/16/11	04	VR	53- 433		461162	11/18/11	090-053-533.89-00	PUBLIC RELATIONS	ID 2821-00002 10/31	902.00
										VENDOR TOTAL	1,802.00 *
78980	WPGU-FM										
	11/29/11	03	VR	53- 442		461587	11/30/11	090-053-533.89-00	PUBLIC RELATIONS	INV 31281 10/30 EXP	300.00
										VENDOR TOTAL	300.00 *
81610	XEROX CORPORATION										
	11/16/11	04	VR	53- 432		461169	11/18/11	090-053-533.85-00	PHOTOCOPY SERVICES	INV 116778876 11/3	292.69
										VENDOR TOTAL	292.69 *
602880	BRESSNER, BARBARA J.										
	11/09/11	05	VR	53- 429		460804	11/10/11	090-053-533.89-00	PUBLIC RELATIONS	REIM EXPO 8/3-10/22	599.10

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

12/08/11

PAGE 8

VENDOR NO	TRN B TR	TRN DTE N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
616400	11/16/11	04 VR 53-	438		461175	11/18/11	090-053-533.89-00	PUBLIC RELATIONS	REIM EXPO EXP 11/1-VENDOR TOTAL	222.98 822.08 *
616400	11/29/11	03 VR 53-	440		461613	11/30/11	090-053-533.95-00	CONFERENCES & TRAINING	LODGE 5/27 UTICA VENDOR TOTAL	110.64 110.64 *
644010	11/16/11	04 VR 53-	431		461214	11/18/11	090-053-533.95-00	CONFERENCES & TRAINING	1700 ML 10/23-25 NY	943.50
644010	11/16/11	04 VR 53-	431		461214	11/18/11	090-053-533.95-00	CONFERENCES & TRAINING	LODGE 10/23-25 ALBN	307.80
644010	11/16/11	04 VR 53-	431		461214	11/18/11	090-053-533.95-00	CONFERENCES & TRAINING	MEALS 10/23-25 ALBN VENDOR TOTAL	143.00 1,394.30 *

MENTAL HEALTH BOARD
 MENTAL HEALTH BOARD
 MENTAL HEALTH BOARD
 DEPARTMENT TOTAL 285,636.20 *
 FUND TOTAL 285,636.20 *

*** FUND NO. 090 MENTAL HEALTH

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

12/08/11

PAGE 11

VENDOR NO	VENDOR NAME	TRN B TR	DTE N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
***	FUND NO. 109	DELINQ PREVENTN GRNT FUND									
***	DEPT NO. 053	MENTAL HEALTH BOARD									
161	CHAMPAIGN COUNTY TREASURER							REG PLAN COMM FND075			
	12/07/11 02 VR 109-	1				461747	12/08/11	109-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC COURT DIVERSION	11,775.00
										VENDOR TOTAL	11,775.00 *
22730	DON MOYER BOYS & GIRLS CLUB										
	12/07/11 02 VR 109-	2				461816	12/08/11	109-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC AI JUMP PROGRAM	5,833.00
										VENDOR TOTAL	5,833.00 *
										DEPARTMENT TOTAL	17,608.00 *
										FUND TOTAL	17,608.00 *

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

12/08/11

PAGE 12

VENDOR NO	VENDOR NAME	TRN B TR	TRN DTE N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
-----------	-------------	----------	--------------	----------	-------	--------------	------------	----------------	---------------------	------------------	--------------------

*** FUND NO. 641 ACCESS INITIATIVE GRANT

*** DEPT NO. 053 MENTAL HEALTH BOARD

25	CHAMPAIGN COUNTY TREASURER			5		461731	12/08/11	641-053-533.50-00	FACILITY/OFFICE RENTALS	DEC OFFICE RENT	1,597.70
									RENT-GENERAL CORP	VENDOR TOTAL	1,597.70 *

41	CHAMPAIGN COUNTY TREASURER			210		461492	11/30/11	641-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	NOV HI & LI	2,181.60
									HEALTH INSUR FND 620	VENDOR TOTAL	2,181.60 *

88	CHAMPAIGN COUNTY TREASURER			80		460991	11/18/11	641-053-513.02-00	IMRF - EMPLOYER COST	IMRF 11/4 P/R	915.15
				83		461496	11/30/11	641-053-513.02-00	IMRF - EMPLOYER COST	IMRF 11/18 P/R	918.11
									I.M.R.F. FUND 088	VENDOR TOTAL	1,833.26 *

96	CHAMPAIGN COUNTY TREASURER			270		461741	12/08/11	641-053-533.95-00	CONFERENCES & TRAINING	TD 1594 SUMMERVILLE	249.00
				271		461741	12/08/11	641-053-533.95-00	CONFERENCES & TRAINING	TD 1595 PARSNS,TRAC	285.00
				272		461741	12/08/11	641-053-533.18-00	NON-EMPLOYEE TRAINING,SEMTD	1596 DACE, TRACY	308.00
				273		461741	12/08/11	641-053-533.18-00	NON-EMPLOYEE TRAINING,SEMTD	1597 GROSS,VEONI	308.00
				274		461741	12/08/11	641-053-533.18-00	NON-EMPLOYEE TRAINING,SEMTD	1598 HUNTER, U.	308.00
				275		461741	12/08/11	641-053-533.18-00	NON-EMPLOYEE TRAINING,SEMTD	1599 JACKSN, L.	308.00
				276		461741	12/08/11	641-053-533.18-00	NON-EMPLOYEE TRAINING,SEMTD	1600 MASSA, LISA	308.00
				277		461741	12/08/11	641-053-533.18-00	NON-EMPLOYEE TRAINING,SEMTD	1601 NEELY, M.	436.00
									T & A ADVANCES	VENDOR TOTAL	2,510.00 *

176	CHAMPAIGN COUNTY TREASURER			82		461331	11/23/11	641-053-513.04-00	WORKERS' COMPENSATION	INSWORK COMP 10/7,21 P	122.76
									SELF-FUND INS FND476	VENDOR TOTAL	122.76 *

188	CHAMPAIGN COUNTY TREASURER			105		460996	11/18/11	641-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 11/4 P/R	672.51
-----	----------------------------	--	--	-----	--	--------	----------	-------------------	--------------------------	---------------	--------

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

12/08/11

PAGE 13

VENDOR NO	VENDOR NAME	TRN B TR DTE N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
***	FUND NO. 641	ACCESS INITIATIVE GRANT								
11/28/11	04 VR 188-	109	461499	11/30/11	641-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 11/18 P/R	VENDOR TOTAL	674.68	
									1,347.19 *	
7982	BEST INTEREST OF CHILDREN, INC.									
11/16/11	04 VR 641-	283	461011	11/18/11	641-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT YOUTH MOVE		4,537.00	
11/16/11	04 VR 641-	283	461011	11/18/11	641-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV YOUTH MOVE		4,537.00	
								VENDOR TOTAL	9,074.00 *	
11920	CAPITAL PIZZA INC D/B/A PAPA JOHNS									
11/09/11	05 VR 641-	269	460664	11/10/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	FACE MTG 9/8		16.91	
11/09/11	05 VR 641-	269	460664	11/10/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	YAB MTG 9/10		39.91	
11/09/11	05 VR 641-	269	460664	11/10/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	YAB MTG 9/10		48.39	
11/09/11	05 VR 641-	269	460664	11/10/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	UNIV PRVTN 9/16		39.95	
11/09/11	05 VR 641-	269	460664	11/10/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	YAB MTG 9/21		28.91	
11/29/11	03 VR 641-	291	461519	11/30/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	3603980 9/30 YAB MT		52.90	
11/29/11	03 VR 641-	291	461519	11/30/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	3603985 10/5 YAB MT		39.42	
11/29/11	03 VR 641-	291	461519	11/30/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	3603986 10/5 YAB MT		7.95	
11/29/11	03 VR 641-	291	461519	11/30/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	3603996 10/7 YAB MT		117.83	
								VENDOR TOTAL	392.17 *	
18046	COMCAST CABLE									
11/16/11	04 VR 641-	282	461041	11/18/11	641-053-533.85-00	PHOTOCOPY SERVICES	8771403010217756 NO		74.90	
								VENDOR TOTAL	74.90 *	
18209	COMMUNITY ELEMENTS									
11/16/11	04 VR 641-	285	461042	11/18/11	641-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT SCHOOL BASED		6,870.00	
11/16/11	04 VR 641-	285	461042	11/18/11	641-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV SCHOOL BASED		6,870.00	
								VENDOR TOTAL	13,740.00 *	
20925	D & D CAB SERVICE									
11/16/11	04 VR 641-	280	461043	11/18/11	641-053-533.07-00	PROFESSIONAL SERVICES	OCT CAB-YAB MEMBERS		525.00	
								VENDOR TOTAL	525.00 *	

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

12/08/11

PAGE 14

VENDOR NO	VENDOR NAME	TRN B	TR	TRN NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 641 ACCESS INITIATIVE GRANT											
22730	DON MOYER BOYS & GIRLS CLUB	11/16/11	04 VR 641-	284		461047	11/18/11	641-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT PEER PARTNERS	7,129.00
		11/16/11	04 VR 641-	284		461047	11/18/11	641-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT FAM SUPRT PARTN	10,540.00
		11/16/11	04 VR 641-	284		461047	11/18/11	641-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV PEER PARTNERS	7,129.00
		11/16/11	04 VR 641-	284		461047	11/18/11	641-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV FAM SUPRT PARTN	10,540.00
										VENDOR TOTAL	35,338.00 *
25950	FAMILY ADVOCACY OF CHAMPAIGN COUNTY	11/16/11	04 VR 641-	286		461057	11/18/11	641-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT WRAPAROUND	5,121.00
		11/16/11	04 VR 641-	286		461057	11/18/11	641-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV WRAPAROUND	5,121.00
		11/16/11	04 VR 641-	286		461057	11/18/11	641-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT FAM SUPERVISION	4,537.00
		11/16/11	04 VR 641-	286		461057	11/18/11	641-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV FAM SUPERVISION	4,537.00
										VENDOR TOTAL	19,316.00 *
26724	FIREOWL CONSULTING SERVICES	11/29/11	03 VR 641-	289		461540	11/30/11	641-053-533.07-00	PROFESSIONAL SERVICES	CNSLTNG FES 7/13-9/ VENDOR TOTAL	3,360.00 3,360.00 *
30418	GREEN TRANSPORTATION SERVICE LLC	11/16/11	04 VR 641-	279		461069	11/18/11	641-053-533.07-00	PROFESSIONAL SERVICES	CAB-YAB 9/11-10/21 VENDOR TOTAL	109.75 109.75 *
32008	HASLER, INC.	11/16/11	04 VR 641-	281		461071	11/18/11	641-053-533.51-00	EQUIPMENT RENTALS	14853094 10/31AUG-O VENDOR TOTAL	140.85 140.85 *
58118	QUILL CORPORATION	11/29/11	03 VR 641-	290		461567	11/30/11	641-053-522.04-00	COPIER SUPPLIES	INV 8035614 11/14	139.98
		11/29/11	03 VR 641-	290		461567	11/30/11	641-053-522.02-00	OFFICE SUPPLIES	INV 8035614 11/14	180.72
		11/29/11	03 VR 641-	290		461567	11/30/11	641-053-522.04-00	COPIER SUPPLIES	INV 8052936 11/14	209.97
										VENDOR TOTAL	530.67 *

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

12/08/11

PAGE 15

VENDOR NO	VENDOR NAME	TRN B TR	TRN DTE N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
63561	SEABOAT INC										
		11/29/11	03 VR 641-	292		461571	11/30/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	10/11 CD CNSL 15	111.31
		11/29/11	03 VR 641-	292		461571	11/30/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	10/15 YAB 8	77.14
		11/29/11	03 VR 641-	292		461571	11/30/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	11/3 PARNT MTG 12	82.23
										VENDOR TOTAL	270.68 *
63581	SEARCH INSTITUTE PRESS										
		11/09/11	05 VR 641-	260		460758	11/10/11	641-053-533.95-00	CONFERENCES & TRAINING	INV 203280 10/6	478.59
		11/09/11	05 VR 641-	260		460758	11/10/11	641-053-533.95-00	CONFERENCES & TRAINING	INV 203281 10/6	972.60
										VENDOR TOTAL	1,451.19 *
67867	SPOC LLC										
		11/16/11	05 VR 28-	66		461134	11/18/11	641-053-533.33-00	TELEPHONE SERVICE	INV 1081462 10/14	44.91
		12/07/11	03 VR 28-	2		461918	12/08/11	641-053-533.33-00	TELEPHONE SERVICE	INV 1082430 11/16	4.45
		12/06/11	93 VR 28-	84		461918	12/08/11	641-053-533.33-00	TELEPHONE SERVICE	INV 1082430 11/16	31.74
										VENDOR TOTAL	81.10 *
71000	SUPPORTECH COMPUTERS INC										
		11/09/11	05 VR 641-	268		460768	11/10/11	641-053-533.07-00	PROFESSIONAL SERVICES	INV 3061 10/17 NOV	416.67
										VENDOR TOTAL	416.67 *
78301	URBANA SCHOOL DISTRICT #116										
		11/09/11	05 VR 641-	267		460778	11/10/11	641-053-533.18-00	NON-EMPLOYEE TRAINING,SEMM.SUITS	PBIS 8/10-1	784.38
										VENDOR TOTAL	784.38 *
78552	VERIZON WIRELESS-MNTL HLTH BD/ACCESS										
		11/16/11	04 VR 641-	278		461150	11/18/11	641-053-533.33-00	TELEPHONE SERVICE	AC 286369166-01 11/	657.91
										VENDOR TOTAL	657.91 *
78873	VISA CARDMEMBER SERVICES										
		11/16/11	04 VR 641-	288		461160	11/18/11	641-053-533.18-00	NON-EMPLOYEE TRAINING,SEM1939	FED OF FAM 11/	553.50-
		11/16/11	04 VR 641-	288		461160	11/18/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	1939 SCHNUCKS 10/12	21.65

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

12/08/11

PAGE 16

VENDOR NO	VENDOR NAME	TRN B	TR	TRNS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 641	ACCESS INITIATIVE GRANT										
11/16/11	04 VR 641-	288		461160	11/18/11	641-053-522.02-00	OFFICE SUPPLIES	1939 STAPLES	10/29	28.88	
11/16/11	04 VR 641-	288		461160	11/18/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	1939 WALMART	10/31	28.01	
11/16/11	04 VR 641-	288		461161	11/18/11	641-053-533.18-00	NON-EMPLOYEE TRAINING, SEMI	1939 FED FAM	10/11	3,000.00	
11/16/11	04 VR 641-	288		461161	11/18/11	641-053-533.95-00	CONFERENCES & TRAINING	1939 FED FAM	10/11	1,000.00	
11/16/11	04 VR 641-	288		461161	11/18/11	641-053-533.18-00	NON-EMPLOYEE TRAINING, SEMI	1939 AIR CONTN	10/2	460.80	
11/16/11	04 VR 641-	288		461161	11/18/11	641-053-533.95-00	CONFERENCES & TRAINING	1939 AMRN AIR	10/20	801.60	
11/16/11	04 VR 641-	288		461161	11/18/11	641-053-533.18-00	NON-EMPLOYEE TRAINING, SEMI	1939 AMERCN AR	10/2	2,154.00	
11/16/11	04 VR 641-	288		461161	11/18/11	641-053-533.18-00	NON-EMPLOYEE TRAINING, SEMI	1939 AMERCN AIR	11/	407.80	
11/16/11	04 VR 641-	288		461161	11/18/11	641-053-533.95-00	CONFERENCES & TRAINING	1939 FED OF FAM	11/	150.00	
11/16/11	04 VR 641-	288		461161	11/18/11	641-053-533.18-00	NON-EMPLOYEE TRAINING, SEMI	1939 FED OF FAM	11/	800.00	
11/16/11	04 VR 641-	288		461161	11/18/11	641-053-522.44-00	EQUIPMENT LESS THAN \$1000	1939 SUPPORTECH	10/	419.97	
11/16/11	04 VR 641-	288		461161	11/18/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	1939 WALMART	10/5	39.01	
11/16/11	04 VR 641-	288		461161	11/18/11	641-053-533.95-00	CONFERENCES & TRAINING	1939 WALMART	10/6	124.33	
11/16/11	04 VR 641-	288		461161	11/18/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	1939 WALMART	10/19	97.78	
11/16/11	04 VR 641-	288		461161	11/18/11	641-053-533.07-00	PROFESSIONAL SERVICES	1939 HLADY INN	10/2	174.72	
11/16/11	04 VR 641-	288		461161	11/18/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	1939 RYANS	10/29	104.99	
11/16/11	04 VR 641-	288		461161	11/18/11	641-053-534.37-00	FINANCE CHARGES, BANK FEES	1939 LATE FEE	11/1	35.00	
11/16/11	04 VR 641-	288		461161	11/18/11	641-053-534.37-00	FINANCE CHARGES, BANK FEES	1939 INTRST CRG	11/	179.06	
								VENDOR TOTAL		9,474.10 *	
81610	XEROX CORPORATION										
11/16/11	04 VR 641-	287		461169	11/18/11	641-053-533.85-00	PHOTOCOPY SERVICES	058118858	11/1 OCT	1,225.20	
								VENDOR TOTAL		1,225.20 *	
								MENTAL HEALTH BOARD	DEPARTMENT TOTAL	106,555.08 *	
								ACCESS INITIATIVE GRANT	FUND TOTAL	106,555.08 *	
								REPORT TOTAL	*****	705,033.28 *	

Public Notices 599

MECHANIC'S LIEN

Notice is hereby given that on or after January 11, 2012 the following vehicle will be sold by Don's 24 Hour Towing P.O. Box 6802, Champaign, IL 61826 to enforce a lien existing under Illinois law for labor, services, skill expended for repairs/storage at the request of the owner:

OWNER: Cedric Fleming Champaign, IL VEHICLE:

1987 Chevrolet Caprice Classic

VIN# 1G1BU51H5HX188914

LIEN AMOUNT:

\$1,975.00

#1105739 12/11/11

Notification of Funding Availability Champaign County Mental Health Board (CCMHB)/ Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB)/ Quarter Cent for Public Safety Juvenile Justice Post Detention (Quarter Cent Fund)

The three separate funding sources listed above are utilizing a web-based registration and application system for submission of funding requests for the contract year beginning on July 1, 2012 and ending on June 30, 2013. The web-based system will be accessible to applicants beginning on January 6, 2012. All applicants shall register (if not previously registered) and log-in to access the application forms, allocation decision support criteria, and instructions. Due date for applications will be February 17, 2012 at noon, and final decisions shall be made no later than June 30, 2012.

For technical assistance regarding the web-based application system contact:

Ms. Stephanie Howard-Gallo, CCMHB/CCDDB

217/367-5703

stephanie@ccmhb.org

1105613 12/11/2011

PUBLIC NOTICE ADVERTISING DEADLINES

Public Notices 599

www.hacc.net or by contacting:

Housing Authority of Champaign County 205 West Park Avenue Champaign, Illinois 61820 mattg@hacc.net 1105714 12/11/11

The Jamaica Board of Education is accepting bids for the installation of 24 lights with new conduit and wiring. Interested individuals may view specifications at the Jamaica Unit office. For more information, call 217/288-9306.

1105463 12/10, 12/11



All employment advertising in this newspaper is subject to the city of Champaign Human Rights Ordinance and similar state and local laws, making it illegal for any person to cause to be published any advertisement which expresses limitation, specification or discrimination as to race, color, creed, class, national origin, religion, gender, age, marital status, physical or mental handicap, personal appearance, sexual preference, family responsibilities, political affiliation, prior arrest or conviction record, source of income, or the fact that such person is a student. Specification in employment classifications are made only where such factors are bonafide occupational qualifications necessary for employment. We try to ensure that all employment ads are genuine offers of legitimate work. This newspaper does not knowingly accept employment ads from employers covered by the Federal Wage and Hour Law, if they pay less than minimum wage for non-farm employment or if they do not pay time and a half for work in excess of 40 hours in a work week, if required by law. Nor will this newspaper knowingly accept ads which discriminate against persons because of gender or against persons over 40 years of age in violation of the Age Discrimination in Employment Act, and similar state and local laws. Contact the Wage and Hour Division office at 528 S. 5th St., Springfield, IL 62701.

Please read your ad the first day it is published. The News-Gazette will be responsible for only the first incorrect insertion of an advertisement for people on carrier-delivered routes and for the first two incorrect insertions for people on mail routes.

Accounting/Bookkeeping 601

Accounting/Bookkeeping 601

Accounting Clerk

JSM Management has opening for full time accounting clerk. Responsibilities include: a/p, payroll data entry, account reconciliation & filing. Offering full benefit package including, vacation, insurance and 401(k). Qualifications: 2 yrs experience & associate degree in accounting preferred. Send resume along with salary requirement to:

JSM Management, Human Resources 505 S. Fifth Champaign IL 61820

Bookkeeper

Must be proficient in QuickBooks. Part or full time. Apply online at: catchalex.com.

Each issue of At Home

in Central Illinois magazine highlights beautiful area homes and gardens and is full of home improvement ideas, cooking, entertaining and enjoying home life in central Illinois. Look for it at area bookstores, grocery stores and retail outlets.

Each issue of At Home

in Central Illinois magazine highlights beautiful area homes and gardens and is full of home improvement ideas, cooking, entertaining and enjoying home life in central Illinois. Look for it at area bookstores, grocery stores and retail outlets.

NO ROOM IN YOUR CLOSETS?

Get cash and space by having a garage sale.

Call 351-5288

or go online at

www.news-gazette.com to place your ad.

NewsTalk 1400 WDWS-AM

has the largest and most experienced news staff in Central Illinois. Tune in for local and national news, entertainment, interviews, comprehensive weather programming, and University of Illinois sports.

www.news-gazette.com

Clerical 604

Banking-Branch Manager

As a Branch Manager, you will be part of a successful and growing retail banking organization. You will have responsibility for the branch's results, working with the guidance of bank branch's benchmarks for customer growth and retention, revenue, and market share.

This job is located in Champaign. Hours are generally 8am - 5pm, plus a Saturday rotation.

You will manage a personal banker and a teller supervisor, as well as oversee the operations of the branch as a whole. As part of your job duties, you will successfully grow business through some cold calling and calling on current clients as well as participating in community events and organizations on behalf of the bank.

Job Requirements

- Knowledge of banking regulations and practices consistent with that normally obtained through a degree in finance, business, marketing or a similar field.
• Approximately one to three years of experience in banking or a related field, thorough knowledge of bank regulations, and proficiency in using computer software for typical office applications are preferred.

Experience in consumer lending is a plus.

Please send resume, cover letter and 3 references and inform us of your salary expectations to

Champaign.il@manpower.com



810 W Springfield, Champaign T: 217 352 7875

www.manpower.com

Drivers

Available Dec Driving Pos Home Daily/Avg per loc Driver assist with Weekends & H required Great Pay & B



CDL-A - w/I Req/OTR Exp. 800-879-5



G&D Integ

Due to our growth, we are hiring

LOCAL DR

in the Champe for evening shifts usually 10-12 hours sh

We Offer:

- Paid orient weekly; Comp benefits; 18 p off first year; 40 a current 40% Home Daily; Paid after 40 h much more!

ASK ABOUT REFERRAL B

Class "A" CDL 100,000 verifiat with previo months or 2 current verifiab ence required v Mat Endorseme

If you are inter joining our driv please call 8564 for more tion or apply on

www.gdintegra

Yum-O

Look for deliciou every Wednes The News-G

General



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

BRIEFING MEMORANDUM

Date: January 18, 2012
To: Members, Champaign County Developmental Disabilities Board (CCDDB)
Members, Champaign County Mental Health Board (CCMHB)
From: Peter Tracy
Subject: Financial Site Visit Protocol and Checklist

The purpose of this memorandum is to update the members of the CCDDB and the CCMHB concerning the status of our efforts to improve and ensure an adequate level of financial accountability. As everyone is aware, these are extraordinary times. The State of Illinois fiscal crisis has had a profound impact on the community based systems for developmental disabilities, mental health and substance abuse programs and services. In other areas of Illinois, community based not-for-profit providers have gone out of business as the result of budget cuts, slow payment and other funding problems/issues.

To address these issues we have taken steps to tighten our financial monitoring and fiscal accountability policies and procedures. Last year we made adjustments in our financial audit requirements and specifications to assure outside and independent oversight of all CCDDB and CCMHB providers. This year we have decided to beef up our monitoring and oversight capabilities to include an on-site Financial Site Visit Protocol and Checklist.

I would like to thank Michael Smith, President of the CCDDB for taking the time to meet with staff and discussing how we can best assure an appropriate level of financial accountability to the taxpayers of Champaign County. In addition, several providers/contractors were represented in a conversation with staff about the Financial Site Visit Protocol and Checklist. Ms. Wanda Burnett, CFO for Community Elements, Ms. Danielle Mathews, CFO and Executive VP for Support Services for Developmental Services Center, and Mr. Andy Kulczycki, Executive Director of Community Service Center of Northern Champaign County all took time out of their busy schedules to meet with us to provide suggestions and information which was helpful in the completion of this project. Thank you all very much!

Some of the information gleaned from this process will be used to modify our fiscal policies and procedures, along with our contracting process. We have modified our contract boilerplate and audit specifications to incorporate a number of new items which we believe will strengthen our processes.

It is our intent to share this information with both the CCDDB and CCMHB today to keep you fully informed and to make sure we are on the right track. Additional ideas and suggestions from both Boards are welcome.

DRAFT

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD

Financial Site Visit Protocol and Checklist

In order to assure an appropriate level of financial accountability and full compliance with the terms and conditions of service contracts, the Champaign County Mental Health Board (CCMHB) and the Champaign County Developmental Disabilities Board (CCDDB) require quarterly financial reporting specific to each contract and an annual financial audit in full compliance with specifications defined in the contract. In addition, random on-site financial reviews may be conducted at the discretion of the Executive Director in consultation with the Associate Directors using the following protocol and checklist.

Pre - Site Review Protocol

1. *Scheduling* - CCMHB/CCDDB staff will schedule a meeting with appropriate agency staff or representative (e.g. contracted fiscal agent or agency board member) to complete the financial review process. A minimum of five working days' notice will be given of the scheduled review. Date and time scheduled will be at the mutual convenience of the Board and Agency. A list of required documents will be sent to the agency.
2. *Documents* – The provider will gather the documents required for the review and make them available to CCMHB/CCDDB staff at the start of the site-visit. A checklist is then used to standardize the review process of the documents.
3. *Financial Test* – The provider will prepare a list of the numbers of all checks written between the start and end of a defined period. From these, a random group of 10 checks will subject to the financial test review.

Site Review Protocol

1. CCMHB/CCDDB Financial Forms and Supporting Document Checklist - On-site review of required documents.
 - a. _____ Agency has Board-approved financial procedures in place that include separation of duties for preparation of payment authorization, approval of authorization and check signatories.
 - b. _____ Board review of financial statements at Agency Board meetings. Source Document – Board meeting minutes dated _____
 - c. _____ Board Minutes with motion approving CCMHB/DDB grant applications for current year. Minutes Dated _____
 - d. _____ Board minutes with motion approving budget for Fiscal Year under review. Minutes Dated _____
 - e. _____ Copy of most recent Audit management letter and verification the agency has fulfilled its response to any findings or issues cited in the most recent Auditor's issuing of a Management Letter.
 - f. _____ Demonstration of tracking of staff time (e.g. time sheets).
 - g. _____ Proof of payroll tax payments for one quarter. Payment Dates _____
 - h. _____ Form 941 or IL-941 or UC3. Compare payroll tax amounts and alignment to period. Dated _____
 - i. _____ W-2s and W-3. Compare to the gross on 941. Dated _____
 - j. _____ Proof of 501-C-3 status (IRS Letter), if applicable. Collect **once** for CCMHB/CCDDB file.
 - k. _____ IRS 990 Form or AG990-IL. Will confirm that 501-C-3 status is maintained. Dated _____
 - l. _____ Secretary of State Annual Report. Dated _____
 - m. _____ Discussion of comparison of budgeted with annual expenses.
(Prior to site visit, CCMHB/DDB staff will have compared the budgeted expenses submitted with grant application to actual expenses reported quarterly. A 5% variance is allowable. Anything over 5% will require an explanation by the agency personnel.)

Comments on Financial Review/Findings:

2. Financial Test Requirements - In advance of the on-site review, CCMHB/CCDDB staff will have requested a minimum of ten agency expenditures from among the total set incurred during a specific period. Using a randomized method, staff will select ten expenditures for examination and ask that three additional expenditures be made available in case any of the ten fail.

For all thirteen expenditures, the agency will make available the voucher, invoice for proper amount and date, and any supporting documentation, including the cancelled check and when applicable, staff time sheets.

An error rate of 10% (1 voucher) will cause examination of agency procedures; the CCMHB/CCDDB Executive Director may determine the course of action.

Any deficiencies found by the Board will be delivered in writing to the Agency. The Agency will be required to respond with a corrective plan of action.

Deficiencies may result in payment adjustment or the repayment of funds if deemed appropriate by the Board.

3. Exit Interview – Following completion of the review of (a) financial forms and supporting documents and (b) completion of the financial test process, a summary of findings will be presented to Agency staff.

Post Site Visit Process

A final report of the site visit will be completed and, along with the checklist, shall be placed in the Agency's contract file.

If there are deficiencies, a Notice of Deficiency (NOD) letter shall be sent to the Agency, and this will trigger a requirement for the Agency to respond with a Plan of Correction (POC).

The POC will be reviewed, and the disposition will be determined by CCMHB/CCDDB staff.

EXHIBIT A

Financial Test

Invoice, Requisition (if applicable), Additional Documents, Cancelled Check

	VENDOR	DATE	AMOUNT
_____ 1. Payment Voucher (identify)	_____	_____	_____
_____ 2. Payment Voucher (identify)	_____	_____	_____
_____ 3. Payment Voucher (identify)	_____	_____	_____
_____ 4. Payment Voucher (identify)	_____	_____	_____
_____ 5. Payment Voucher (identify)	_____	_____	_____
_____ 6. Payment Voucher (identify)	_____	_____	_____
_____ 7. Payment Voucher (identify)	_____	_____	_____
_____ 8. Payment Voucher (identify)	_____	_____	_____
_____ 9. Payment Voucher (identify)	_____	_____	_____
_____ 10. Payment Voucher (identify)	_____	_____	_____

Comments on Financial Test/Findings:

CCMHB/CCDDB POLICY

Fiscal Requirements for All Applicants

The organization shall be managed in a manner consistent with sound fiscal standards and shall maintain written policies and procedures regarding its fiscal activities,

- (a) Including but not limited to payroll, purchasing, cash management, relevant fee schedules, contracts and risk management.
- (b) An approved provider plan indicating projected levels of expenses and revenues for each CCMHB/CCDDB funded program.
- (c) CCMHB/CCDDB funds are restricted for use in the program(s) described in the contract(s) concerning obligation of funding. For grant-in-aid contracts, CCMHB/CCDDB funds in excess of actual reimbursable expenses by the program are subject to recovery.
- (d) The organization must not deny Champaign County residents access to CCMHB/CCDDB funded services regardless of their ability or inability to pay.
- (e) Organizations will establish and maintain a modified accrual accounting system in accordance with generally accepted accounting principles to include a level of documentation, classification of entries and audit trails.
 - All accounting entries must be supported by appropriate source documents.
 - All fiscal records shall be maintained for five (5) years after the end of each contract(s) term.
 - Amounts charged to CCMHB/CCDDB funded cost centers for personnel services must be based on documented payrolls. Payrolls must be supported by time and attendance records for individual employees.
 - The salaries and position titles of staff charged to CCMHB/CCDDB funded programs must be delineated in a personnel matrix attachment to the contract.
 - The CCMHB/CCDDB may establish additional accounting requirements for any funded programs.
 - CCMHB/CCDDB funds may only be used for expenses that are reasonable, necessary and related to the provision of services as specified in the contract. All allowable expenses that can be identified to a specific CCMHB/CCDDB funded program should be charged to that program on a direct basis. Allowable reimbursable expenses not directly identified to a CCMHB/CCDDB funded program must be allocated to all programs, both funded and non-funded.
 - The following is a listing of non-allowable expenses:
 - (1) Bad debts;
 - (2) Contingency reserve fund contributions;
 - (3) Contributions and donations,
 - (4) Entertainment;
 - (5) Compensation for board members;
 - (6) Fines and penalties;
 - (7) Interest expense;

- (8) Rental income received must be used to reduce the reimbursable expense by CCMHB/CCDDB funds for the item rented;
 - (9) Capital expenditures greater than \$500, unless funds are specified for such purpose;
 - (10) Supplanting funding from another revenue stream. The boards may delay allocation decisions when anticipated funds from other sources may be influenced by their decisions;
 - (11) Expenses or items not otherwise approved through the budget or budget amendment process;
 - (12) Expenses incurred outside the term of the contract;
 - (13) Contributions to any political candidate or party or to another charitable purpose;
 - (14) Excessive administrative costs including:
 - Any indirect administrative cost rate in excess of 20% of the non-administrative portion of the budget;
 - Any indirect administrative costs that exceed those approved in the program/service budget;
 - (15) The CCMHB/CCDDB at their discretion may elect not to allow an expense based on what is deemed to be in the best interest of the county;
- (f) Each agency is required to have an annual audit unless otherwise waived by CCMHB/CCDDB, as of the close of its fiscal year. The audit is to be performed in accordance with generally accepted auditing standards by an independent certified public accountant registered by the State of Illinois. The resultant audit report is to be prepared in accordance with generally accepted auditing standards and “Government Auditing Standards,” issued by the Comptroller General of the United States. The report shall contain the basic financial statements presenting the financial position of the agency, the results of its operations and changes in fund balances. The report shall also contain the auditor’s opinion regarding the financial statements, taken as a whole, or an assertion to the effect that an opinion cannot be expressed. If the auditor expressed a qualified opinion, a disclaimer of opinion, or an adverse opinion, the reason therefore must be stated.
- (g) The following supplementary financial information shall be included in the audit reports: (Failure to do so will make the report unacceptable.)
- Schedule of Operating Income by Program: This schedule is to be developed using CCMHB/CCDDB approved source classification & modeled after the agency plan. Individual sources of income should not be combined. Example: Funds received from several state or federal agencies should not be combined into one classification, such as “State of Illinois” or “Federal Government.”
 - Schedule of Operating Expenses by Program: This schedule is to be developed using CCMHB/CCDDB approved operating expenses categories & modeled after the agency plan. The statement is to reflect program expenses in accordance with CCMHB/CCDDB reporting requirements including the reasonable allocation of administrative expenses to the various programs.

- Auditor's Checklist (see Item 1): The Certified Public Accountant is to complete the Auditor's Checklist and attach to Schedule of Operating Expenses. The Provider may access the document through the on-line system.
 - CCMHB/CCDDB Payment Confirmation: CCMHB/CCDDB payment confirmation made to an agency required by the independent auditor during the course of the audit is to be secured from the CCMHB/CCDDB office.
 - Auditor Opinion on Supplementary Information: The independent auditor should clearly establish his/her position regarding the supplementary financial information presented in the Schedule of Operating Income by Program and Operating Expenses by Program. This can be done either by extending the overall opinion on the basic financial statements or by a supplementary opinion. If the independent auditor determines that the additional procedures necessary to permit a supplementary opinion on the schedules of operating income and expenses would materially increase the audit time, he/she may alternatively state the source of the information and the extent of his/her examination and responsibility assumed, if any.
 - Capital Improvement Funds: If the agency has received CCMHB/CCDDB capital improvement funds during the last year, the audit shall include an accounting of the receipt and use of those funds.
 - Internal Controls: The independent auditor should communicate, in written form, material weaknesses in the agency's internal controls when it impacts on the CCMHB/CCDDB's funding. Copies of these communications are to be forwarded to the CCMHB/CCDDB with the audit report.
 - Filing of Audit Report: The audit report is to be filed with the CCMHB/CCDDB within 120 days of the end of the agency's fiscal year. In order to facilitate meeting filing requirements, agencies are encouraged to contract with certified public accountants before the end of the fiscal year.
 - Request for Exceptions: A request for exceptions to these audit requirements or for an extension of time to file the audit report, must be submitted in writing to the executive director of the CCMHB/CCDDB. In all cases, approval shall be obtained prior to extensions and/or exceptions being implemented.
 - Penalty: Failure to meet these audit requirements shall be cause for termination or suspension of CCMHB/CCDDB funding.
 - Records: All fiscal and service records must be maintained for five years after the end of each budget period, and if need still remains, such as unresolved issues arising from an audit, related records must be retained until the matter is completely resolved.
- (h) At the discretion of the CCMHB/CCDDB, audit requirements may be waived for contracts with consultants, family support groups or other special circumstances. The waiver provision shall be specified in the contract.

DRAFT

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

FY13 Contract

Contract #

Descriptor Code

Contract/Program Name:

Contract Maximum:

This Contract is by and between the **Champaign County Mental Health Board**, hereinafter referred to as the “**Board**,” and _____ hereinafter referred to as “**Provider**,” with principal address at _____

The Board and Provider each agrees:

A. Type of Contract (Check one below)

_____ Grant

Attachments Required: Program Plan _____; Financial Plan _____; Rate Schedule _____; Payment Schedule _____; Other _____ (specify) _____

_____ Purchase of Service / Fee for Service

Attachments Required: Program Plan _____; Financial Plan _____; Rate Schedule _____; Payment Schedule _____; Other _____ (specify) _____

_____ Special Initiative: Grant _____ Fee For Service _____

Attachments Required: Program Plan _____; Financial Plan _____; Rate Schedule _____; Payment Schedule _____; Other _____ (specify) _____

_____ Consultation

Attachments Required: Program Plan _____; Financial Plan _____; Rate Schedule _____; Payment Schedule _____; Other _____ (specify) _____

_____ Capital Improvement

Attachments Required: Program Plan _____; Financial Plan _____; Rate Schedule _____; Payment Schedule _____; Other _____ (specify) _____

_____ Juvenile Justice Post-Detention: Grant _____ Fee For Service _____

Attachments Required: Program Plan _____; Financial Plan _____; Rate Schedule _____; Payment Schedule _____; Other _____ (specify) _____

B. Special Provisions:

C. Contract Boilerplate, all contracts:

1. This Contract shall be effective July 1, 2012 and shall expire on June 30, 2013. Costs incurred prior to the effective date hereof, after the expiration date hereof, or after earlier termination pursuant to the provisions of the Contract, shall not be paid by the Board.

2. Taxpayer Certification:

Under penalties of perjury, the person signing this Contract on behalf of the Provider personally certifies that _____ is the correct Federal Employer Identification Number (FEIN); or, _____ NA _____ is the correct Social Security Number for the Provider doing business as indicated below: (please check one).

(Note: Sole proprietorship must use Social Security Number)

_____ Individual	_____ Sole Proprietorship	_____ Corporation
_____ Not for Profit Corp.	_____ Tax Exempt Org	_____ Partnership
_____ Governmental Entity	_____ Medical Health Care Services Provider Corp	

3. The maximum amount payable under this Contract is \$ _____. The Board reserves the right to decrease the maximum amount payable if:

a. Staff and/or consultants are not hired within 30 days after the effective date of this Contract, or the projected hire date, or if a vacancy occurs. The Provider shall notify the Board in writing *within 15 days* of changes to any staff position *including vacancies funded in whole or in part by the Board*.

b. Line items are not expended according to the schedule as evidenced in expense reports, if an acceptable amendment is not submitted within 30 days following the submission of the expense report.

c. *Unallowable Costs: The Provider's payments shall be subject to reduction for amounts included in any payment theretofore made which are determined by the Board, on the basis of audits or monitoring conducted in accordance with the terms of this contract, not to constitute allowable costs. The Board at their discretion may elect not to allow an expense based on what is deemed to be in the best interest of the county. For additional information including a list of unallowable expenses, refer to the CCMHB Funding Guidelines.*

d. Any funds which are not used or expended at the end of the Contract period in accordance with the terms and conditions of this contract shall be returned to the Board within 45 days after the expiration of this Contract.

4. Payment

The Board shall pay the Provider by and through the Champaign County Treasurer. Method of payment applies as checked in Section A., Type of Contract:

- a. Grant Contracts: Monthly payments will be paid based on the total contract amount divided by the length of the contract in equal installments. However, due to budgetary constraints, May and June payments will be paid together after June 1 of the contract year. If multiple rates or special payment arrangements apply, the Payment Rate Schedule is attached hereto and incorporated by reference.
- b. Purchase of Service/Fee for Service Contracts: The Provider shall submit a Monthly Billing Statement for the services provided at the appropriate rate(s) as stated in the Contract. Statements are due into the CCMHB office no later than the 15th of the month following the end of the month in which the services were delivered.

The Provider shall be paid 1/12 (one twelfth) of the contract maximum for each month during the first five months of the term of this Contract (i.e., July, August, September, October and November). These payments shall be reconciled to actual billings after the November billing is received. If an overpayment has occurred, future payment will be withheld until such time as monthly billing statements justify additional payment. No monthly payment shall exceed the prorated monthly allocation, except when year-to-date billings have fallen short of the allowed maximum available. Balances will not be carried over upon the completion of the Provider's fiscal year.

Obligations of the Board will cease immediately without penalty or further payment being required if in any fiscal year the tax that is levied, collected and paid into the "Community Mental Health Fund" or grant/cooperative agreement revenue and cash flow from the Illinois Department of Human Services is judged by the CCMHB executive director not to be sufficient for payment as delineated in the terms and conditions under this Contract.

The Board shall exercise the right to withhold monthly payments until required reports and/or forms are received and approved.

The Provider agrees that the Board reserves the right to correct any mathematical or computational error in the payment subtotals or total contract obligation by the Board to the Provider.

5. Record Keeping

- a. The Provider is required to maintain books and records relating to the performance of this Contract and necessary to support amounts charged to the Board under this Contract. The books and records shall be maintained for a period of five years from the expiration date and final payment under the Contract.
- b. All books and records required to be maintained under subsection (a) of this paragraph shall be available for review and audit by the Board. The Provider is required to fully cooperate with any audit initiated by the Board.
- c. Failure of the Provider under this Contract to maintain the books and records required by subsection (a) of this paragraph shall establish a presumption in favor of the Board for

the recovery of any funds paid by the Board for which the required books and records are not available.

- d. The Provider shall maintain all such other records as may be required by the Board.
- e. The Provider shall assist the Board in its functions of monitoring and evaluating performance under this Contract. The Provider shall allow Board employees total access to all records, financial and programmatic, relating to this Contract.
- f. The Provider's books of account shall be kept in accordance with the Standards of Accounting and Financial Reporting for Voluntary Health and Welfare Organizations, or other methods which are consistent with generally accepted accounting standards. Accrual accounting is required for all financial reporting.
- g. The Provider shall keep true and accurate financial records reflecting all financial transactions pursuant to this Contract.
- h. The Provider shall maintain time and attendance records for all staff whose salaries are funded in whole or in part pursuant to this Contract consistent with generally accepted business practices.
- i. Except in emergency situations, the Board will attempt to provide to the Provider five days notice of its intent to review financial and programmatic records relating to this Contract, including, but not limited to, those records specified by this paragraph and all other parts of this Contract. Regarding those records related to this Contract, the Provider shall grant complete access to those Board employees or other qualified persons who are authorized by the Board or otherwise by law.

6. Audit Requirements

The Provider shall submit an annual audit report to the Board within 120 days following the completion of the Provider's fiscal year, unless waived or exempt as defined in item c. below. All audited financial statements shall include a "Schedule of Operating Income by CCMHB Funded Program" and "Schedule of Operating Expenses by CCMHB Funded Program". The Schedules shall include total program and CCMHB only funded information. (Please refer to the Financial Plan for format.) Audit requirements are as follows:

- a. The audit is to be performed by an independent certified public accountant registered by the State of Illinois. The resultant audit report is to be prepared in accordance with generally accepted auditing standards and "Government Auditing Standards," issued by the Comptroller General of the United States. The report shall contain the basic financial statements presenting the financial position of the agency, the results of its operations and changes in fund balances. The report shall also contain the auditor's opinion regarding the financial statements, taken as a whole, or an assertion to the effect that an opinion cannot be expressed. If the auditor expressed a qualified opinion, a disclaimer of opinion, or an adverse opinion, the reason therefore must be stated.
- b. The following supplementary financial information shall be included in the audit reports: (Failure to do so will make the report unacceptable.)
 - i. Schedule of Operating Income by CCMHB Funded Program: This schedule is to be developed using CCMHB approved source classification. Detail shall include total program as well as CCMHB funded only. Individual sources of income should not be combined. Example: Funds received from several Local, State or

- Federal agencies should not be combined into one classification, such as “Local Government,” “State of Illinois” or “Federal Government.”
- ii. Schedule of Operating Expenses by CCMHB Funded Program: The Certified Public Accountant should develop the Expenses by Program Statement using CCMHB approved operating expenses categories. Detail shall include total program as well as CCMHB funded only expenses. The statement is to reflect program expenses in accordance with CCMHB reporting requirements including the reasonable allocation of administrative expenses to the various programs. *The Schedule shall exclude any expense charged to the Board from the following listing of unallowable expenses:*
- (1) *Bad debts;*
 - (2) *Contingency reserve fund contributions;*
 - (3) *Contributions and donations,*
 - (4) *Entertainment;*
 - (5) *Compensation for board members;*
 - (6) *Fines and penalties;*
 - (7) *Interest expense;*
 - (8) *Rental income received must be used to reduce the reimbursable expense by Board funds for the item rented;*
 - (9) *Capital expenditures greater than \$500, unless funds are specified for such purpose;*
 - (10) *Supplanting funding from another revenue stream.*
 - (11) *Expenses or items not otherwise approved through the budget or budget amendment process;*
 - (12) *Expenses incurred outside the term of the contract;*
 - (13) *Contributions to any political candidate or party or to another charitable purpose;*
 - (14) *Excessive administrative costs including:*
 - *Any indirect administrative cost rate in excess of 20% of the non-administrative portion of the budget;*
 - *Any indirect administrative costs that exceed those approved in the program/service budget;*
- iii. *Auditors Checklist: The Certified Public Accountant is to complete the Auditors Checklist and attach to Schedule of Operating Expenses. The Provider may access the document through the on-line system.*
- iv. Filing of Audit Report: The audit report is to be filed with the CCMHB within 120 days of the end of the agency’s fiscal year. In order to facilitate meeting filing requirements, agencies are encouraged to contract with certified public accountants before the end of the fiscal year.
- v. Request for Extension: A request for an extension of time to file the Audit Report must be submitted, in writing, to the Executive Director of the CCMHB. *In all cases, approval shall be obtained prior to the due date of the Audit Report.*
- vi. Penalty: Failure to meet these audit requirements shall be cause for termination or suspension of CCMHB funding.

- vii. Records: All fiscal and service records must be maintained for five years after the end of each budget period, and if need still remains, such as unresolved issues arising from an audit, related records must be retained until the matter is completely resolved.
- c. The audit requirement is waived for contracts with the Board with a contract maximum less than \$20,000. Also exempt from the audit requirement are contracts with family organizations, consultants and other specified vendors.
- d. If the Provider does not comply with the requirement to produce an audit as specified by the Board, the Provider shall repay all Board funds allocated for such purpose.
- e. Failure to complete an audit shall be cause for termination or cancellation of any current or subsequent contracts between the Board and the Provider.
- f. For additional information refer to the CCMHB Funding Guidelines.

7. Excess Revenue

At the end date of this Contract, the Provider shall be required to return any funds they have been paid pursuant to this Contract in excess of what is due to the Provider at termination, in accordance with existing Board rules and contractual obligations.

8. Services

- a. In consideration of the mutual promises, covenants, and undertakings of the parties hereto, the Provider agrees to provide services as stipulated in the Program Plan attached hereto and incorporated herein by reference.

Failure to implement services as stipulated in the Program Plan may be cause for termination of the Contract. The Board may at its discretion require corrective action by the Provider including but not limited to repayment of funds.

The Board may, at any time by written notice, negotiate adjustments/changes in the Program Plan. If the change causes an increase or decrease in budgeted costs, the parties shall negotiate an equitable adjustment in the contract maximum. If the parties cannot reach an equitable adjustment after good faith negotiations, either party may terminate this contract.

- b. The Board shall be notified by the Provider in writing at least 120 days in advance of any program closure; significant change to programs, including staff reduction in force which would alter capacity to serve clients or fulfill contract obligations.*
- c. In the event a Provider is considering a corporate merger, consolidation, bankruptcy, or corporate restructuring, ceasing or transferring operations, or the Provider is facing financial insolvency illustrated in part by furlough days, missed payroll or delayed payment of payroll, Provider should provide as much advance notice relative to the occurrence of said event to the Board as possible.*

9. Quarterly Program and Financial Reports:

All programs regardless of type of contract, grant based or purchase of service/fee for service, will submit quarterly program and financial reports using the on-line reporting system. Fee For Service contracts must also meet requirements in subsection a. below.

a. Program Reports

The Provider will submit Quarterly Reports in a format specified by the Board. The report will specify, at a minimum, unit(s) of service volume delivered for the period, client residency by zip code and client demographics. Expected volume shall be written into the Program Plan referenced in Section C. 8. The Quarterly Report covers the prior 3 months activities. The first, second, and third quarter reports are due on or before the last Friday of the month following the completion of each calendar quarter. The fourth quarter report is due on or before the last Friday of the second month following the completion of the fourth quarter. (June 30 year-end, would require the report to be submitted by the last Friday in August.) The Provider will be considered out of contract compliance if the report is not submitted when they are due.

The Quarterly Report shall include the following:

- i. Quarterly Service Report for the quarter;
- ii. Client Zip Code data for the quarter;
- iii. Client Demographics Form for the quarter;
- iv. Performance Measure Outcome Report (Fourth Quarter only) – Submit report on results for the Program Performance Measures for Consumer Access, Consumer Outcomes and Utilization included in the Program Plan referenced in Section C. 8., for the term of the contract.

Fee for Service contracts - The Provider shall submit a Monthly Billing Statement for the services provided at the appropriate rate(s) as stated in the Contract. Statements are due into the Board office no later than the 15th of the month following the end of the month in which the services were delivered.

b. Financial Reports

The Provider will submit a Quarterly Fiscal Report to the Board office using the on-line reporting system. Quarterly Financial Reports are to be cumulative for the current reporting year. The first, second, and third quarter reports are due on or before the last Friday of the month following completion of each calendar quarter (October, January & April). The fourth quarter report is due on or before the last Friday of the second month following the completion of the fourth quarter (June 30 year-end, would require the report to be submitted by the last Friday in August). The Provider will be considered out of contract compliance if these reports are not submitted when they are due.

Variances of 5% or greater to any line item shall require a written explanation submitted with the report. The explanation is to be submitted as an uploaded document to the on-line system.

Payments due to the Provider by the Board pursuant to this Contract shall be withheld if Program and/or Financial Reports are not submitted on a timely basis by the Provider to the Board.

10. Monitoring

All contracts will be monitored by the Board.

a. Site Visits will be conducted on Grant Contracts to verify reported performance and service activity.

b. Record reviews will be conducted on Fee for Service Contracts.

- i. Adjustments to Fee for Service Reimbursement. A minimum sample of (five) or 5% of average monthly cases billed to the Board (whichever is greater) shall be reviewed no less than annually. The Provider shall be subject to adjustment in approved reimbursement if the Board and the Provider staff agree a given unit of service has been erroneously billed. The Board may require repayment of the funds already paid to the Provider for those units found to be in error or may require the Provider to deduct erroneous amounts from future billings. An error rate above 5% in the initial sample may be cause for drawing another sample of cases subject to the same rules of procedure as above.

c. *Financial Monitoring may occur no less than once a year and, in instances where deficiencies are identified, may occur more frequently. A request for information will be sent to the agency allowing adequate time for the information to be available at the time of the financial review.*

11. Employment Status

Unless otherwise specified in the Contract, the Provider does not acquire any employment rights with the Board or Champaign County by virtue of this Contract. Payments made are not subject to income tax withholding and do not entitle the Provider to any benefits afforded employees of the Board or Champaign County.

12. Address Change

The Provider will provide written notice of any change(s) of principal office/ mailing address at least 30 days in advance of the change. Written notice of changes of name, ownership, taxpayer I.D. or taxpayer certification should be provided at least 45 days in advance, and such changes will require new contracts to be written.

13. Disclaimer Notices

The Provider shall include a disclaimer, when issuing statements, published materials, et cetera, that acknowledges the contents, opinions, findings, conclusions or recommendations expressed in the material are those of the author and do not necessarily reflect the views of the Champaign County Mental Health Board or the Champaign County Developmental Disabilities Board. The Provider shall give to the Board a copy of the document(s) issued with the disclaimer.

14. Press Release/Media Notice

The Provider shall notify the Board in writing of its intent to issue the press release or other media event related to a program or service funded by the Board. Copies of any press release or other notice to the media shall be provided to the Board three days in advance of the actual release and/or media notice. The release and/or notice shall include the Disclaimer Notice referenced in Section C. 13.

15. Confidentiality

All records and other information obtained by the Provider concerning persons served under this Contract is confidential pursuant to State and Federal statutes and shall be protected by the Provider from unauthorized disclosure.

16. Termination

- a. Each party reserves the right to terminate this Contract at any time for any reason, upon 30 days written notice to the other party.
- b. This Contract shall be deemed to have been breached by the Provider if it fails to perform any material act mandated by this Contract; and, at that time the Board may terminate this Contract immediately upon notice. The termination shall be effective upon the date notice is mailed in a properly addressed envelope with postage prepaid and deposited in a United States Post Office or post office box or hand delivered to the Provider's principal address listed herein.
- c. Upon termination of this Contract, any equipment exceeding \$500 in value at the time of purchase which was purchased with Board funds shall be returned to the Board within 90 days, unless otherwise agreed to in writing signed by the Executive Director or President of the Board.
- d. Upon termination of this Contract prior to the end date provided by the terms of this Contract, the Provider shall return to the Board all revenues in excess of expenses as of the date of termination. Such return shall be by check payable to the Board, no later than 15 days after completion of the required audit.

17. Severability

In the event any provision of this Contract is declared void, voidable or otherwise unenforceable, then such provision, term or condition shall be severable from this Contract and this Contract shall otherwise be fully effective, binding and enforceable.

18. Meetings and Trainings

The Provider agrees to provide training to meet the training needs of the staff providing services under this Contract.

The Provider agrees to release the appropriate staff and/or administrative representative from duties and budget adequate funds to allow staff to attend trainings and/or meetings provided by the Board.

The Provider agrees to full participation in monthly meetings of the Mental Health Agencies Council (MHAC) meetings sponsored by the Board. The Provider will be represented at MHAC meetings by the executive director or chief executive officer, or appropriate designee.

19. Personnel

- a. The Provider warrants all personnel who directly provide services under this Contract are fully qualified to carry out their duties, and that all representations concerning Provider personnel (academic credentials, licensing status, work experience, number of staff, etc.) are true and correct. *The provider further agrees to perform in a diligent, efficient, and*

competent manner commensurate with the highest standards of the profession and will devote the time necessary to perform services required under this contract. The Provider shall remain in compliance at all times with the standards prescribed by State and Federal law for the rendering of such services, and shall notify the Board within 5 working days of change in status, suspension, or revocation of licenses of all personnel who provide services under this contract.

- b. The Provider will develop job descriptions and staff development plans for all Board funded (total or partial) positions (including volunteers). Job descriptions will be kept on file at the Provider's site and made available to Board staff upon request.
- c. *The Provider shall not, either through hiring, promotion, or position reclassification, have employees related by blood, adoption, marriage or domestic partnership in any position of direct or indirect supervision or other decision making authority over a related employee.*

20. Licensing, Certification and Accreditation Status

The Provider shall notify the Board in writing within 5 working days following any sanctions imposed by a funding organization or change in status of licenses, certifications and/or accreditations. Change in status includes investigations, audits, plans of correction, suspension, termination, or revocation of licenses, certifications or accreditations. The Provider shall within 5 working days provide the Board with copies of all documents and correspondence between the Provider and the licensing, certification or accrediting body pertaining to the change in status.

21. Subcontracts

This Contract, or any part thereof, shall not be subcontracted, assigned or delegated without prior written consent of the Board.

Professional services subcontracted for shall be provided pursuant to a written contract, and shall be subject to all provisions contained in this Contract. The Provider shall remain responsible for the performance of any person, organization, or corporation with which it contracts.

22. Compliance with State and Federal Laws

- a. This Contract, and all subcontracts entered into pursuant to this Contract, shall be governed by the laws of the State of Illinois and insofar as applicable, by related Federal laws and regulations. The Provider agrees to timely comply with all Local, State and Federal laws, regulations and standards pertaining to the Agency Plan, Program Plan, and/or Financial Plan and all other matters contained in this Contract.

The Provider agrees to pay all state and federal taxes and other levies and charges as they become due, and to defend, indemnify and hold the Board harmless from and against any and all liability resulting from any failure to do so.

The Provider is solely responsible for and must meet all labor, health, safety, and other legal requirements, including payment of all applicable taxes, premiums, deductions, withholdings, overtime and other amounts which may be legally required with respect to the Provider and any persons providing services on behalf of the Provider under this contract.

Failure of the Provider to pay applicable Federal and State payroll taxes, FICA, and other levies or charges as they become due shall result in immediate termination of this contract.

- b. The Provider certifies that it is in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law No. 104-191, 45 CFR Parts 160, 162 and 164, the Social Security Act, 42 U.S.C. §1320d-2 through 1320d-7, in that it may not use or disclose protected health information other than as permitted or required by law and agrees to use appropriate safeguards to prevent use or disclosure of the protected health information.
 - c. The Provider certifies that he/she is in compliance with all applicable Federal, State and Local laws protecting the civil rights of persons.
 - d. The Provider certifies that he/she is in compliance with the State and Federal constitutions, the Illinois Human Rights Act, the United States Civil Rights Act, and Section 504 of the Federal Rehabilitation Act. The Provider, its employees, and subcontractors shall comply with all applicable provisions of the following State and Federal laws and regulation pertaining to nondiscrimination and equal employment opportunity including but not limited to the delivery of services under this Contract and all subsequent amendments thereto:
 - i. The Illinois Human Rights Act, as now or hereafter amended (775 ILCS 5/1 – 101 et seq.);
 - ii. Public Works Employment Discrimination Act “to prohibit discrimination and intimidation on account of race, creed, color, sex, religion, physical or mental handicap unrelated to ability, or national origin in employment agreements for public buildings or public works.” (775 ILCS 10/0.01 et seq.);
 - iii. The United States Civil Rights Act of 1964 (as amended), Section 504 of the Federal Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) and Executive Orders 11246 and 11375 (Equal Employment Opportunity).
23. Surgeon General’s Report on Mental Health: Culture, Race, and Ethnicity
The Provider agrees to a written plan to address issues raised in the report including but not limited to access to services for racial and ethnic minority groups, and the provision of culturally competent services. In addition, the Provider agrees to fully participate in consultations and training events sponsored by the Board on this subject.

24. Liability

- a. The Board assumes no liability for actions of the Provider or the Provider's employees under this contract. The Provider shall indemnify, defend and hold harmless the Board, and its respective agents, employees, officers, directors, successors and assigns (collectively, the "Indemnitees") from, against in and in respect of any damages, claims, allegations, losses, charges, actions, suits, proceedings, judgments, interest, penalties amounts paid in settlement, costs, and expenses (including reasonable and verifiable attorneys' fees) (collectively, "Losses") which are imposed on, sustained, paid by, incurred or suffered by or asserted against any of the Indemnitees directly or indirectly related to, arising out of, or resulting from third party claims relating to (i) the acts, omissions or breach of the Provider, its agents or representatives in connection with the performance of its obligations under this Contract, (ii) any allegations by any federal, state or local government authority that the Provider has in any way misused, misspent, improperly accounted for, or improperly disbursed any funds, including but not limited to any allegations that the Provider has violated any Medicare or Medicaid regulation, statute or ruling, or from any other violation of State or Federal laws and regulations the Provider has certified as being in compliance.
- b. The Provider shall provide to the Board on an annual basis a certificate of liability insurance, as well as a certificate of professional malpractice insurance covering any of its employees or contractors assigned to provide services under this Contract.

25. Miscellaneous

- a. *This contract is complete and contains the entire understanding between the Board and the Provider relating to the subject matter contained herein, including the terms and conditions of the parties' agreement. This contract supersedes any and all prior understandings, representations, negotiations, and agreements between the parties relating hereto, whether written or oral.*
- b. The Provider will seek and receive the Board's written approval through an amendment before making significant programmatic or budgetary changes, utilizing the Contract Amendment form prepared by the Board.
- c. The exhibits applicable to this Contract are incorporated herein by reference on Section A. of the Contract.
- d. The Provider will cooperate with the Board in improving the system of care in Champaign County by participating in the Board's collaboration and networking efforts.
- e. The Provider will cooperate with the Board in activities related to improvement and management of performance and attainment of desired outcomes associated with the services provided under this Contract.
- f. The Provider's governing board must notify the Board of all Provider board meetings with the exception of executive sessions and provide the Board with copies of approved minutes of all open meetings of the Provider's governing board. The Provider will allow a Board liaison designated by the Board to attend the Provider board meetings and have access to the Provider's facilities.
- g. *To assist the Board in its planning function, when the Provider submits grant applications to any local, state, or federal government funding source during the term of this contract, the Provider shall submit in writing what government entity the application was made to, the type, the amount and the focus of the application. The Board reserves the right to request a full copy of the application.*

- h. The Provider shall certify that they do not use CCMHB funds:
 - i. To engage in proselytizing activities with consumers and/or require worship or religious instructional activities as a condition of participation.
 - ii. For direct or indirect medical (physical health) services that are not related to mental health, substance abuse or developmental disabilities.
 - iii. For programs or services under the jurisdiction of public school systems.

26. Other Required Certifications

- a. Drug Free Workplace – The Provider certifies that neither it or its employees shall engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in the performance of this Contract and that the Providers shall comply with all provisions of the Drug-Free Workplace Act (30 ILCS 580/1 – 580/11).
- b. Bribery - The Provider certifies that he/she has not been barred from being awarded a contract or subcontract under Section 50-5 of the Illinois Procurement Code.
- c. Bid-Rigging/Bid Rotating Law - The Provider certifies that he/she has not been barred from contracting with a unit of State or Local government as a result of a violation of 720 ILCS 5/33E-3 & 5/34E-4 of the Illinois Criminal Code of 1961.
- d. Educational Loan – The Provider certifies that it is not barred from receiving State Agreements as a result of default on an educational loan (5 ILCS 385/1 – 385/3).
- e. International Boycott – The Provider certifies that neither it nor any substantially owned affiliated company is participating or shall participate in an international boycott in violation of the provisions of the U.S. Export Administration Act of 1979 or the regulations of the U.S. Dept. of Commerce promulgated under the Act.
- f. Charitable Trust – If the provider is a charitable organization subject to the Charitable Trust Act (760-ILCS 55/1), or the Solicitation for Charity Act (225 ILCS 460/1), the Provider certifies that all information required by the statutes referenced herein has been filed with the Illinois Attorney General.
- g. Dues and Fees – The Provider certifies that it is not prohibited from selling goods or services to the State of Illinois because it pays dues or fees on behalf of its employees or agents, or subsidizes or otherwise reimburses them, for payment of their dues or fees to any club which unlawfully discriminates.
- h. Felony Conviction – The Provider certifies that none of its employees who are servicing this Contract have been convicted of felonies in which the sentence from the said convictions has been completed less than one year before the execution of this Contract (30 ILCS 505/10/3).
- i. Pro-Children Act – The Provider certifies that he/she is in compliance with the Pro-Children Act of 1994 (Public Law 103-227) in that it prohibits smoking in any portion of its facility used for the provision of health, day care, early childhood development services, education or library services to children under 18 which services are supported by Federal or State government assistance (except portions of the facilities which are used for inpatient substance abuse treatment).
- j. Sexual Harassment – The Provider certifies that he/she will prohibit sexual harassment as defined by the Illinois Human Rights Act, 775 ILCS 5/2 – 101(E), and will not tolerate such conduct by its employees. Further, the Provider certifies that he/she has a written sexual harassment policy as required by the Illinois Human Rights Act (775 ILCS 5/2-105 (1994) and shall deliver to the Board a copy of such upon request.

k. Health Care – The Provider agrees to take necessary precautions to guard against contagious and communicable diseases including “Recommendations for Risk Reduction” from the U.S. Center for Disease Control.

27. Assignment

The Provider understands and agrees that this Contract, or any portion of this Contract, may not be sold, assigned, or transferred in any manner and that any actual or attempted sale, assignment, or transfer without the prior written approval of the Board shall render this Contract immediately null, void and of no further effect.

28. Authority to Execute and Bind

This Contract and the exhibits hereto contained shall not be binding and enforceable unless signed by all parties, including the Executive Director of the Board and the President of the Board. The persons executing this Contract on behalf of the Provider acknowledge that they have read and understand the terms herein and hereby warrant that they have the legal authority to execute this Contract and bind the Provider. The Provider's Board President specifically states that he or she has been granted such authority by resolution of the Provider's Board of Directors.

For the Champaign County Mental
Health Board – Recommended by:

For the Provider

CCMHB Executive Director

Provider Executive Director/or CEO
(original signature only)

CCMHB President

Provider Board President
(original signature only)



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

DECISION MEMORANDUM

DATE: January 18, 2012
TO: Members, Champaign County Mental Health Board
FROM: Peter Tracy
SUBJECT: ACCESS Initiative Contract Extensions and New Applications

Purpose:

The ACCESS Initiative contracts for FY12 (July 1, 2011 through June 30, 2012) are currently in the implementation phase. The contract negotiation process for these contracts was complicated by the paradigm shift to a system of care approach, planning for Wraparound processes, and alignment with the ACCESS Initiative Logic Model. In consultation with the Project Director, Mr. Tracy Parsons, I am recommending that we extend FY12 ACCESS Initiative contracts through June 30, 2013.

Analysis:

The Champaign County Mental Health Board allocation process includes the following caveat which allows for extension of the term of contracts:

The CCMHB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years with or without additional procurement.

It is our opinion that it is in the best interest of the ACCESS Initiative project to extend existing contracts listed below for an additional year (i.e., through June 30, 2013). New applications for ACCESS Initiative project and budget/program plan changes in extended contracts will be accepted, but will be competing for funding with all other applications with no special prioritization or decision support designation.

Recommendations:

Amend the following contracts to extend the end-date to June 30, 2013.

- ACCESS Initiative Youth Move – Best Interest of Children
- ACCESS Initiative Service Delivery Home – Best Interest of Children
- ACCESS Initiative Wrap Flex Funds – Best Interest of Children
- ACCESS Initiative Intake Specialist – Best Interest of Children
- ACCESS Initiative School Based – Community Elements
- ACCESS Initiative PLL Front End – Community Elements
- ACCESS Initiative Peer Partners – Don Moyer Boys and Girls Club
- ACCESS Initiative Family Partner – Don Moyer Boys and Girls Club

- ACCESS Initiative UP – Smart moves – Don Moyer Boys and Girls Club
- ACCESS Initiative Teen Succeed – Mahomet Area Youth Club
- ACCESS Initiative Girls Advocacy Program – Psychological Services Center
- ACCESS Initiative Restorative Circles – Psychological Services Center
- ACCESS Initiative PLL Extended Care – Prairie Center Health Systems
- ACCESS Initiative – Soar – Soar Youth Programs
- ACCESS Initiative Men of Force – TALKS Mentoring
- ACCESS Initiative Community Study Center – Urbana Neighborhood Connections

Budget Impact:

This action is budget neutral and limits our commitment to FY12 levels for CCMHB dollars allocated as Federal match. Any additional dollars allocated for ACCESS Initiative Federal Match will require formal approval of the CCMHB through our normal allocation process. Allocation of funding from our contract with the Illinois Department of Human Services will be managed through our Champaign County budget process with approval in November 2012.

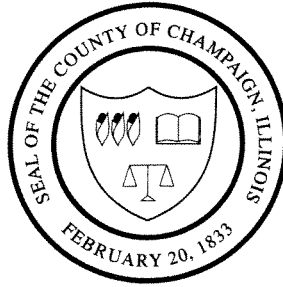
Decision Section:

Motion to approve extension of the term of all contracts listed in the recommendation section of this memorandum through June 30, 2013.

_____ Approved
 _____ Denied
 _____ Modified
 _____ Additional Information needed

C. Pius Weibel
Chair
email: cweibel@co.champaign.il.us

Thomas Betz
Vice-Chair



**Office of
County Board
Champaign County, Illinois**

Brookens Administrative Center
1776 East Washington Street
Urbana, Illinois 61802
Phone (217) 384-3772
Fax (217) 384-3896

January 6, 2012

Dr. Deloris P. Henry
3304 Country Ben Place
Champaign, IL 61822

Dear Dr. Henry:

Congratulations! The Champaign County Board has selected you to serve on the Champaign County Mental Health Board. Your next term will commence on January 1, 2012 and end December 31, 2015.

The Champaign County Board sincerely appreciates your willingness to serve the community and for taking the time to submit your appointment request form. I offer my best wishes that your continued time on the Champaign County Mental Health Board will be productive and beneficial for both yourself and the community.

Sincerely,

A handwritten signature in cursive script that reads "C. Pius Weibel".

C. Pius Weibel, Chair
Champaign County Board

pc: Peter Tracy, CCMHB

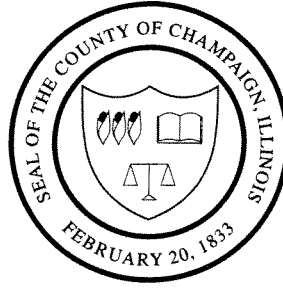
C. Pius Weibel

Chair

email: cweibel@co.champaign.il.us

Thomas Betz

Vice-Chair



**Office of
County Board
Champaign County, Illinois**

Brookens Administrative Center
1776 East Washington Street
Urbana, Illinois 61802
Phone (217) 384-3772
Fax (217) 384-3896

January 6, 2012

Ms. Aillin Dannave
802 Compton Avenue
Champaign, IL 61822

Dear Ms. Dannave:

Congratulations! The Champaign County Board has selected you to serve on the Champaign County Mental Health Board. Your next term will commence on January 1, 2012 and end December 31, 2015.

The Champaign County Board sincerely appreciates your willingness to serve the community and for taking the time to submit your appointment request form. I offer my best wishes that your continued time on the Champaign County Mental Health Board will be productive and beneficial for both yourself and the community.

Sincerely,

C. Pius Weibel, Chair
Champaign County Board

pc: Peter Tracy, CCMHB

Cultural and Linguistic Competence Plan Instructions and Template

This document demonstrates the elements of a Cultural and Linguistic Competence Plan for organizations funded by the CCMHB and the CCDDDB and is structured to reflect the accountability and participation required by all stakeholders. This includes individuals and their families, providers, policymakers, family organizations, community stakeholders, and collaborating agencies.

The Cultural and Linguistic Competence Plan (CLCP) is designed to ensure that services and strategies are implemented within the cultural and linguistic context of the individuals and families to be served. The overarching goal of the CLCP is to ensure that agencies adopt a systemic, systematic, and strategic approach to increasing the cultural responsiveness of services and supports and building sensitivity to and appreciation of diversity and cultural issues throughout the organization.

Examples of specific tasks and responsibilities that should be addressed within six critical domains related to cultural and linguistic competence are: (1) governance and organizational infrastructure; (2) services and supports; (3) planning and continuous quality improvement; (4) collaboration; (5) communication; and (6) workforce development. The CLCP is structured such that specific tasks and action steps from the six domains are provided for all levels of accountability within the agency, including the policy and governance, administrative, practice, and individual and family levels of service. This format also reflects the importance of a team approach and shared responsibilities in working towards the development of a culturally and linguistically responsive organization. Everyone, including the governance body, is responsible for infusing cultural and linguistic competence throughout an organization. This process is not a destination but a journey toward cultural responsiveness for all people.

- **Role/Responsibility:** These sections describe the overarching missions of individuals at each accountability level as they relate to cultural and linguistic competence. These broad descriptions should provide direction for the development of all action steps within the CLC Plan table.
- **Action Steps:** This column explicitly states the measurable and time-sensitive tasks to be completed within a year's time by those responsible at each level of accountability.
- **Time Frame:** This section provides task completion dates and the frequency of tasks conducted more than once. It is recommended that time frames for task completion fall within the same period as the funding request.
- **Person(s) Responsible:** This area should be used to indicate specific individuals within the organization who will be responsible for the implementation of culturally and linguistically responsive practices.
- **Benchmarks:** This section provides observable indicators of progress in reaching or measuring the goal. For instance, a benchmark related to the provision of training on cultural and linguistic competence might be: 100% of the board/staff have received mandated Cultural Diversity training by January, or within 6 months of hiring.

The examples provided in the template below are not requirements, but may be utilized if needed.

ADMINISTRATION/MANAGEMENT LEVEL

Role/Responsibility: Develop an organizational structure, administrative guidelines, and system of evaluation to ensure that services are effective, efficient, accessible, and of high quality. (Example)

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
2.1. Organize a Cultural and Linguistic Competence Committee with authority to monitor service delivery.			
2.2. Assess and modify the physical facility to reflect the population of focus, to be welcoming, clean, and attractive by providing cultural art, magazines, refreshments, etc.			

PRACTITIONER LEVEL

Role/Responsibility:

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
3.1. Read and sign agreement that CLC plan has been read and practices will be implemented within the designated time period.			
3.2. Develop a directory of local providers, organizations, and other community supports.			

CONSUMER/CLIENT/INDIVIDUAL LEVEL

Role/Responsibility: Begin to build the consumer voice in the overall implementation of culturally responsive practices.

Action Steps	Time Frame	Person(s) Responsible	Benchmarks

APPENDIX: GLOSSARY OF TERMS

For the purposes of this document, the cultural and linguistic competence definitions have been adapted from Cross, Bazron, Dennis & Isaac's (1989) *Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed: Volume I* and Goode & Jones (modified 2004), National Center for Cultural Competence, Georgetown University Center for Child & Human Development. These terms are defined as follows:

Cultural Competence is

- 1 a defined set of values and principles which are reflected within the behaviors, attitudes, policies, and structures of agencies, family/youth/consumer organizations, providers, and community stakeholders to result in appropriate and effective services for all;
- 2 the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to diversity and the cultural contexts of the communities served; and
- 3 Integration of the above in all aspects of policy making, administration, practice, service delivery, and systematic involvement of families and individuals, key stakeholders, and communities.

Linguistic Competence is the capacity of an organization and its personnel to communicate effectively and convey information in a manner that is easily understood by diverse audiences. Linguistic competence involves the development of interagency and internal capacity to respond effectively to the behavioral health/disability literacy and communication needs of the populations served and to possess the policy, structures, practices, procedures, and dedicated resources to support this capacity.

Culture - vast structures of behavior, ideas, attitudes, values, habits, beliefs, customs, language, rituals, ceremonies, and practices peculiar (identified) to a group of people... that provides them with a general design for living and patterns for interpreting reality....”

(Wade Noble MD adapted from the TA Partnership)

Competence implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by individuals and families and their communities.

Champaign County Mental Health Board/Developmental Disabilities Board
Cultural and Linguistic Competence Quarterly Monitoring Plan

Instructions:

This tool should be used to build the organization’s Cultural and Linguistic Competence Plan action steps. The purpose of this tool is to measure how Cultural and Linguistic Competence is being infused throughout an organization, by identifying benchmarks of progress in reducing the disparities in underutilization, overutilization, and duplication of services to individuals. This will be submitted quarterly with detail about each level of the organization.

- **Guidelines:** Builds on the actions that the organization will take to introduce cultural competency at all levels.
- **Timeline/Progress for Plan of Action:** All organizations are at different stages of infusing cultural competence into policy and practices. This section gives the timeline of progress made in each of the stated guidelines for the different levels of the organization.
- **Benchmarks:** This section includes observable indicators of progress within each guideline. For instance, a benchmark related to the provision of training on cultural and linguistic competence might be: “100% of board members have completed Cultural Competence training by January, or within 6 months of appointment.”

**Champaign County Mental Health Board/Developmental Disabilities Board
Cultural and Linguistic Competence Quarterly Monitoring Plan**

Governance and Policy Level (Guidelines)	Timeline/Progress for Plan of Action	Benchmark
Develop and review Cultural and Linguistic Competence Plan bi-annually with feedback from management, staff, and individuals served by the organization.		
Develop a policy for timely provision of interpretation services.		
Conduct an annual organizational Cultural Competence Self-Assessment.		
Begin to identify and recruit diverse membership on Board of Directors.		
Complete annual Cultural Competence Training.		

Administrative/Management Level (Guidelines)	Timeline/Progress for Plan of Action	Benchmark
Assess and modify the physical facility to ensure accessibility, to reflect the population of focus, and to be welcoming, clean, and attractive, by providing cultural art, magazines, toys, etc.		
Provide services in community based settings.		
Develop an advisory board that reflects the community's diversity and includes individuals and family to provide consistent feedback about services.		
Develop a plan to recruit and retain a diverse workforce.		
Establish a plan to support, or incentives for, supervisors and workers to prevent burn-out and compassion fatigue (e.g. Mental Health Days, Reflective Supervision, Employee Assistance Program, etc.)		
Complete annual Cultural Competence Training.		

Direct Service (Guidelines)	Timeline/Progress for Plan of Action	Benchmark
Read and Sign the CLC Plan.		
Plan and implement outreach or engagement to promote behavioral health/disability awareness.		

<p>Individuals and their family or identified support system will have a primary decision-making role in the development of their service plan. Ensure that the family's preferences/needs are present in the plan.</p>		
<p>At a minimum, complete Annual Cultural Competence Training.</p>		
<p>Ensure that documentation of an individual's progress is strength based.</p>		
<p>Collect and enter data on race, ethnicity, and primary language of individuals and families in file and within the management information system.</p>		
<p>Plan appointments/meetings that are accessible for individuals and families and that will not conflict with their work.</p>		
<p>Identify natural and informal supports for the individual and their family.</p>		
<p>Individuals and their Families (or identified support) (Guidelines)</p>		
<p>Serve on Advisory Board/Committee to help with the construction of services provided by the organization.</p>		
<p>Identify natural and informal support in the community as a resource for agencies.</p>		
<p>Review information to ensure that it can be easily understood.</p>		
<p>Partner with Direct Service Team to ensure that outreach events are planned with the population that is being served.</p>		