



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, NOVEMBER 14, 2012

Community Elements
1801 Fox Drive
Champaign, IL

4:30 p.m.

1. Call to Order - Dr. Deborah Townsend, President
2. Roll Call
3. Citizen Input
4. CCDDDB Information
5. Approval of CCMHB Minutes
 - A. 10/17/12 Board meeting*
Minutes are included in the packet. Action is requested.
6. President's Comments
7. Executive Director's Comments
8. Staff Reports
9. Board to Board Reports
10. Agency Information
11. Financial Information--None
12. New Business--None

13. Old Business

- A. Three-Year Plan with One Year Objectives*
Decision Memorandum and new Three-Year Plan is included in the Board packet. Action is requested.
- B. Program Year 2014 Allocation Criteria*
Decision Memorandum detailing criteria to be used to evaluate CCMHB and Quarter Cent for Public Safety Fund applications for the 2013 program year allocation cycle is included in the Board packet. Action is requested.
- C. CCDDDB Allocation Criteria
Included in the Board packet for information only is a copy of the CCDDDB allocation criteria Decision Memorandum.
- D. Disability Resource Expo Update
A written report on the Expo including a summary of the evaluations is included in the Board packet

14. Board Announcements

- A. Mental Health First Aid Training
- B. Reception for Jan Anderson and Mary Ann Midden

15. Adjournment

**Board action*

5.A.

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
BOARD MEETING**

Minutes—October 17, 2012

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

DRAFT

4:30 p.m.

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

MEMBERS EXCUSED: Thom Moore

STAFF PRESENT: Peter Tracy, Executive Director; Lynn Canfield, Nancy Crawford, Mark Driscoll, Tracy Parsons

STAFF EXCUSED: Stephanie Howard-Gallo

OTHERS PRESENT: Annette Becherer, Developmental Services Center (DSC) Juli Kartel, James Warren, Community Elements (CE); Katie Sissors, Center for Women in Transition (CWT); Beth Chato. League of Women Voters (LWV); Debra Medlyn, NAMI; Gail Raney, Prairie Center Health Systems (PCHS); Brenda Yarnel, Sue Suter, United Cerebral Palsy

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:

The League of Women Voters (LWV) representative, Beth Chato introduced herself to the Board. The National Alliance on Mental Illness (NAMI) member/representative, Debra Medlyn introduced herself to the Board, as well.

CCDDB INFORMATION:

The CCDDB met earlier in the day. Mr. Tracy invited Board members to attend the *Speak Up and Speak Out Summit* scheduled for October 30-31, 2012 in Springfield, IL.

APPROVAL OF MINUTES:

Minutes from the September 19, 2012 Board meeting were included in the packet for review.

MOTION: Dr. Gullerud moved to approve the minutes from the August 21, 2012 Board meeting. Mr. Gleason seconded the motion. A vote was taken and the motion passed unanimously.

PRESIDENT'S COMMENTS:

Dr. Townsend expressed her appreciation to everyone for the successful Developmental Disabilities Expo held on October 13, 2012 at Lincoln Square.

EXECUTIVE DIRECTOR'S COMMENTS:

Mr. Tracy provided a brief wrap-up of the Developmental Disabilities Resource Expo.

STAFF REPORTS:

Written staff reports from Mr. Driscoll and Ms. Canfield were included in the Board packet. Mr. Parsons distributed a written report at the meeting.

Mr. Tracy announced Ms. Jonte Rollins was nominated for the "40 under 40" leadership group with the News-Gazette. Ms. Shandra Summerville has been selected to serve on the board of the National Federation of Families. Mr. Tracy provided a brief overview of sessions he attended in Minnesota with other local community members regarding Youth Violence Prevention.

BOARD TO BOARD:

Ms. Jan Anderson attended the Board meeting of Family Service in September.

Dr. Townsend announced the Children's Advocacy Center (CAC) will be up for accreditation again in 2013. She attends their regular monthly meetings

AGENCY INFORMATION:

Ms. Juli Kartel from Community Elements announced the agency received a prestigious national award for the Parenting with Love and Limits (PLL) program. Mr. James Warren was acknowledged for his work with the program.

FINANCIAL INFORMATION:

Approval of Claims:

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

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

NEW BUSINESS:

United Cerebral Palsy Presentation:

Ms. Sue Suter and Dr. Brenda Yarnell provided an overview of the United Cerebral Palsy organization and its presence in Champaign County.

Psychologists Rx Authority:

A Decision Memorandum recommending the CCMHB send a letter of support regarding legislation to grant clinical psychologists authority to prescribe medications was included in the Board packet for action.

MOTION: Mr. McClellan moved to authorize staff to acknowledge the support of the CCMHB for RxP legislation (SB3329). Ms. Midden seconded the motion. A voice vote was taken and the motion passed unanimously

FY14 Allocation Criteria Discussion:

A Briefing Memorandum on the FY14 Allocation criteria was included in the Board packet. The Memorandum's intent is to provide a criteria used as guidance by the Board in assessing applications for CCMHB funding. A final version of the criteria will be presented for action at the November Board meeting.

OLD BUSINESS:

Draft Three-Year Plan Input:

A memorandum soliciting community input on the draft Three-Year Plan was included in the Board packet for discussion and comment.

Disability Resource Expo Update:

Ms. Barb Bressner, Board members and staff members shared their observations regarding the Disabilities Resource Expo held on October 13, 2012 at Lincoln Square.

BOARD ANNOUNCEMENTS:

The November 14, 2012 Board meeting will be held at Community Elements located at 1801 Fox Drive in Champaign at 4:30 p.m.

ADJOURNMENT:

The business meeting adjourned at 5:45 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 are subject to CCMHB approval.*

Mark Driscoll

Associate Director for Mental Health & Substance Abuse Services

Staff Report – November 14, 2012 Board Meeting

Summary of Activity

Three-Year Plan with Objectives for FY 2013: Included under Old Business is a Decision Memo and final copy of the Three-Year Plan (2013 - 2015) with Objectives for FY 2013 for action by the Board. Comments on the draft plan were received from two agencies and were supportive of the plan as written. No changes have been made to the plan since it was released as a draft at the September meeting.

Contract Amendments: The transfer of Frances Nelson Health Center (FNHC) from Community Health Improvement Center (CHIC) to Promise Healthcare is said to have occurred on November 1, 2012. Pending receipt of formal notification and documentation of the transfer from the agencies, I have drafted correspondence and an amendment to transfer the CCMHB contract for mental health services at FNHC to Promise Healthcare. The letter to CHIC addresses the transfer and responsibilities associated with reporting and submission of the FY 2013 audit. The letter to Promise Healthcare addresses the amendment and establishing a presence on the online system including registration of the agency and creation of the application (program and financial plan).

A few more agencies requested and were granted extensions on the due date for submission of their audits. The three agencies – The Center for Women in Transition, Prairie Center Health Systems, and Don Moyer Boys and Girls Club – received 30 day extensions although all expected their audit to be in well before the new deadline.

C-U Mental Health Public Education Committee: The Committee held its fall event on October 25th at Parkland College in support of National Depression Screening Day. The educational event with free screenings included the video “The Truth about Suicide: Real Stories about Depression in College” and a panel presentation. Panelists included representatives from NAMI, Community Elements Crisis program, The Pavilion, Bi-Polar Depression Support Alliance, and Parkland College Counseling Office. Some of the panelists chose to share personal stories dealing with depression and suicide. Over 20 students attended the lunch hour presentation.

Quarter Cent Administrative Team: The Quarter Cent Administrative Team met in mid-October. The celebration event recognizing the success of the Community Elements PLL Front End team was recounted for those not able to attend. The Community Elements team was cited by Dr. Sells as the first in the country to reach this stage of development for implementation of the PLL model. During the 2013 allocation process, the team chose not to recommend all available funds be allocated and requested ACCESS research options for targeting truancy as a delinquency prevention measure. Three proposals to use the unallocated funds for truancy related services were presented to the team at the meeting. Action was deferred to allow time for review. A special meeting will be held but has not been scheduled. The meeting continued with reports on PLL first quarter activity, strengthening the relationship between PLL and ACCESS, and review of the RPC Court Diversion recidivism data.

Quarterly Report Activity: First quarter reports were due by the last Friday of October. Leading up to the due date some technical assistance on the system was provided and a few lost passwords changed. A few agencies needed a little extra time to file the reports and the system remained open an extra week to accommodate them. The reports are being reviewed and utilization data posted to the tracking files. Monthly fee for service billings are being processed as received.

The PLL-Extended Care first quarter review led by Ellen Souder of the Savannah Family Institute was held on October 18th. Being early in the program year, discussion of referrals and engagement rates was a primary focus. Ms. Souder also identified additional supports SFI could provide the team such as peer to peer support and plans for webinar on family engagement that multiple sites can participate in at once.

Other Activity: At the Continuum of Care meeting, Ed Bland, Executive Director of the Housing Authority of Champaign County provided an overview of the preference point system used to rank applicants for housing placement. Questions and discussion of how the point system assigns points particularly for persons that are homeless followed the presentation. At the Council of Service Providers to the Homeless meeting, an update on plans for the Emergency Family Shelter was provided. For this winter, the shelter will have a have maximum capacity of 20 people. United Way has committed financial resources and created a part-time coordinator position to support the pilot project. At the Birth to 6 Council, an announcement was made the Council had been awarded a \$10,000 collaboration planning grant. Samantha King of the Junior Women's League informed the Council it had submitted the successful application to Illinois Action for Children. The grant will be used to strengthen linkages between and build capacity within early childhood programs to improve school readiness. The meeting the various committees created annual work plans. At the Mental Health Agencies Council, Lynn and I reported on current CCMHB and CCDDDB activities including the opportunity for public comment on the boards respective three year plans and the allocation criteria. Agencies were also reminded of upcoming due dates for first quarter reports and audits. Tracy Parsons shared information on the ACCESS Think Tank event planned for early November. Agencies were asked about status of state payments, with a few exceptions payments had been received for all of FY 2012 but no payments had yet been made on FY 2013 contracts.

Lynn Canfield, Associate Director for Developmental Disabilities Staff Report –November 14, 2012

CCDDB Three Year Plan and FY14 Allocation Criteria: Included in the CCDDB packet are a revised version of a Three Year Plan for fiscal years 2013-2015 with Objectives for FY13 and a Decision Memorandum requesting board action. One suggestion emerged from distribution of this document to a wide variety of interested parties and has been included in the final version; this was to track the impact of managed care service delivery statewide and locally. Also included in the packet is the CCDDB FY14 Allocation Criteria Decision Memorandum. Very detailed feedback was provided by two funded agencies and a stakeholder, and a majority of their suggestions incorporated. Changes to the draft presented at the October 17th meeting can be found italicized in the present version.

FY13 Agency Contracts and Reports: I have reviewed first quarter FY13 reports submitted for DD programs, entered data into our tables, and engaged in discussion with several agencies regarding progress so far and/or clarification of reports as needed. Charleston Transitional Facility has shared a copy of their contract with DSC for day services and has shifted to monthly billings, as both of their contracts with the CCDDB are now Fee for Service. Shandra Summerville will be looking at the Cultural and Linguistic Competency Plan progress reports, a new requirement this fiscal year.

The Mental Health Agencies Council met on October 23. Mark Driscoll talked about October 26 deadline for quarterly reports, how to upload CLCP reports, variance reports for second and fourth quarters, and audit reports due at the end of October. We also touched on Expo wrap up. Tracy Parsons shared details of the November 8 and 9 Think Tank at Eastland Suites. Discussion of state payments, with updates from CSCNCC, Family Service, Prairie Center, Children’s Advocacy Center, and DSC. Announcements: Depression Screening at Parkland, with video focused on those of college age; Crisis Nursery’s fundraising event October 24.

Quarter Cent Administrative Team Meeting: We met on October 17 for discussion of PLL, the possibility of funding a truancy program, collaboration between PLL and ACCESS, and recidivism data from RPC’s Court Diversion program. An off-cycle meeting will be held, within one month, to continue discussion with stakeholders regarding new programming.

Other Activity: At a brunch in celebration of our most successful event yet, we not only explored remedies for the thornier issues but also acknowledged the outstanding efforts of several Steering Committee members. Peter Tracy and I are arranging a November meeting with Dr. Ordal and others who have an interest in nutrition and health/behavioral health; please contact me at lynn@ccmhb.org if you wish to be included. Stephanie Howard Gallo attended the Speak Up, Speak Out conference and passed along an intriguing online resource which focuses on “Autism and Aspergers and ADHD and life”: <http://www.wrongplanet.net>. I continue to attend meetings of the Community Response Group and the Metropolitan Intergovernmental Council. The October PUNS report on the DHS DDD website

appears to include updates and is summarized below. While increases are slight, a recent and relatively large PUNS draw holds the potential for up to 29 unserved/underserved County residents to receive Medicaid Home and Community Based-Services Waiver awards. Champaign County detail is attached and summarized below.

Unmet DD Service Needs in Champaign County:

2/1/11: **194** residents with emergency need; of **269** in crisis, **116** recent or coming HS graduates.
4/5/11: **198** with emergency need; of **274** in crisis, **120** recent or coming grads.
5/12/11: **195** with emergency need; of **272** in crisis, **121** recent or coming grads.
6/9/11: **194** with emergency need; of **268** in crisis, **120** recent or coming grads
10/4/11: **201** with emergency need; of **278** in crisis, **123** recent or coming grads.
12/5/11: **196** with emergency need; of **274** in crisis, **122** recent or coming grads.
1/9/12: **no change** from 12/5/11 report.
5/7/12: **222** with emergency need; of **289** in crisis, **127** recent or coming grads.
6/4/12: **no change** from 5/7/12 report.
9/10/12: **224** with emergency need; of **288** in crisis, **131** recent or coming grads.
10/10/12: **224** with emergency need; of **299** in crisis, **134** either graduated within the last ten years or are expected to graduate within the next three.

The majority of existing supports are in Education, Speech and Occupational Therapy, and Transportation. The most frequently identified desired supports are Personal Support, Transportation, Occupational Therapy, Support for in-center activities, Support to work in community, Speech Therapy, Behavioral Supports (includes behavioral intervention, therapy, and counseling), 24 hour Residential, Other Transportation, Respite, Physical Therapy, Intermittent Residential, and Assistive Technology.



County: Champaign

Reason for PUNS or PUNS Update

New	156
Annual Update	95
Change of category (Emergency, Planning, or Critical)	16
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	6
Person is fully served or is not requesting any supports within the next five (5) years	143
Moved to another state, close PUNS	5
Person withdraws, close PUNS	16
Deceased	3
Other, supports still needed	2
Other, close PUNS	32

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.	8
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.	20
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.	10

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).	29
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.	3
4. Person is living in a setting where there is suspicion of abuse or neglect.	4
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.).	7
6. Other crisis, Specify:	135

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.	31
2. Person has a care giver (age 60+) and will need supports within the next year.	7
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.	27
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	5
6. There has been a death or other family crisis, requiring additional supports.	3
7. Person has a care giver who would be unable to work if services are not provided.	21
8. Person or care giver needs an alternative living arrangement.	10
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	134
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.	8
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

October 10, 2012

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:	31

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.	71
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.	53
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	2
14. Other, Explain:	15

EXISTING SUPPORTS AND SERVICES

Respite Supports (24 Hour)	20
Respite Supports (<24 hour)	21
Behavioral Supports (includes behavioral intervention, therapy and counseling)	95
Physical Therapy	69
Occupational Therapy	119
Speech Therapy	148
Education	190
Assistive Technology	36
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	12
Nursing Services in the Home, Provided Intermittently	3
Other Individual Supports	20

TRANSPORTATION

Transportation (include trip/mileage reimbursement)	124
Other Transportation Service	54
Senior Adult Day Services	2
Developmental Training	71
"Regular Work"/Sheltered Employment	79
Supported Employment	41
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	13
Other Day Supports (e.g. volunteering, community experience)	10

RESIDENTIAL SUPPORTS

Community Integrated Living Arrangement (CILA)/Family	4
Community Integrated Living Arrangement (CILA)/Intermittent	4
Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	31
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	8
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
Skilled Nursing Facility/Pediatrics (SNF/PED)	3
Supported Living Arrangement	2
Shelter Care/Board Home	1
Children's Residential Services	6



PUNS Data By County and Selection Detail

October 10, 2012

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)	241
Respite Supports (24 hours or greater)	87
Behavioral Supports (includes behavioral intervention, therapy and counseling)	144
Physical Therapy	88
Occupational Therapy	170
Speech Therapy	147
Assistive Technology	73
Adaptations to Home or Vehicle	31
Nursing Services in the Home, Provided Intermittently	7
Other Individual Supports	45
TRANSPORTATION NEEDED	
Transportation (include trip/mileage reimbursement)	239
Other Transportation Service	99
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	167
Support to engage in work/activities in a disability setting	167
RESIDENTIAL SUPPORTS NEEDED	
Out-of-home residential services with less than 24-hour supports	86
Out-of-home residential services with 24-hour supports	120



ACCESS Initiative Staff Update

Month of: October 2012 **Staff Name:** Regina Crider **Infrastructure Area(s):** Family Engagement

Committee/Working Group Activity – Please list any committee or working group meetings hosted by you. Also provide a short update (upcoming tasks, celebrations, etc.).

Family Advisory Board
Reconstruction Working
Group

- **New Business:**
 - Facilitator Shandra Summerville began discussing training and board development needs for the new FAB.

October 13, 2012

Strategic Meetings/Community Presentations – Please list any strategic meetings you attended. Provide information regarding who was in attendance, the nature of the meeting, next steps, and outcomes. Please list any community presentations you made on behalf of ACCESS. Provide information regarding your audience, purpose of the presentation, and collateral materials distributed.

Meeting

Family Run
Organization

October 1, 2012

Meeting to discuss state wide plans to establish a Family Run Organization. Developing a job description for a consultant.

Meeting

FAB Application
Training

October 9, 2012

Training to answer questions and assist parents who are interested in applying to serve on the FAB.

Community Coalitions/Committees/Working Groups – Please list any community coalition/committee/working group meetings you attended as an ACCESS representative. Provide information regarding the nature of the meeting, your role as an attendee, next steps, and outcomes.

NA

Progress in Work Plan Activities – Please highlight current work plan activities and progress made toward completion of these goals.

GOAL 1: Building a sustainable and replicable service delivery system and infrastructure

Activity/Strategy 6: Coordinating Council/ Governance Development	FAB members are taking an active role in the CC by presenting about the activities and decisions made by the FAB.	October: launched FAB recruitment.
Activity/Strategy 7: Workforce Development	NA	NA

Goal 2: Increasing access to trauma- and justice-informed services and supports that reflect SOC values and principles

NA

Goal 3: Increasing youth, family, and community leadership and engagement across all levels

Activity/Strategy 1: Training for Families/Caregivers	NA	NA
Activity/Strategy 2: Youth – Training Topics	Developing a FAB/YAB committee. Focus on joint activities the FAB/YAB members can do together.	October: Decided to postpone the first family event until January.

GOAL 4: Extending the capacity of organizations, agencies, informal supports and systems

NA

GOAL 5: Promoting authentic cross system/ collaboration and communication

Develop partnerships and collaborations with family/parent organizations to increase the visibility of the ACCESS Initiative	FACC	October: Grace Mitchell
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GOAL 6: Expanding the community's capacity to understand mental health

NA

GOAL 7: Encouraging rigorous evaluation

Activity/Strategy 1: Continuous Quality Improvement

P3Network - surveying parents experiences, thoughts, concerns etc.

October: none for this month

ACCESS Initiative Staff Update

Month of: October 2012 **Staff Name:** Ratisha Carter **Infrastructure Area(s):** Youth Engagement

Committee/Working Group Activity – Please list any committee or working group meetings hosted by you. Also provide a short update (upcoming tasks, celebrations, etc.).

Youth Advisory Board Meeting

Actions/Decisions:

- We will have a Youth Advisory Board Team-Building Retreat on October 16th.
- Members of the Youth Advisory Board should prepare to take on a leadership role at the Youth MOVE meeting and the Think Tank
- Piper and Justin joined our meeting to showcase their poetry for the Youth MOVE meeting
- All Youth Advisory Board members should have a monthly calendar and be accountable for knowing the dates/time of the meetings

October 3, 2012
(included Athena Ferguson-Youth MOVE Coordinator & Youth Advisory Board)

Task(s): Collect T-shirt sizes & follow-up with the youth who were interested in going to the Wes Moore event at Parkland College.

Youth Advisory Board Meeting

Cancelled due to lack of participation

October 17, 2012

Youth MOVE Meeting

This meeting will be held monthly for all youth to participate. We revisited the youth's favorite activity from the past which is our acronym guide

October 10, 2012
(Meeting included Sarah Kim, Youth Advisory Board,

**Youth Advisory Board
Team Building Retreat**

for adults to understand youth's language, texting codes, and slang. The meeting also consisted of a dinner and learning about the ACCESS Initiative, Youth MOVE and the Youth Advisory Board. We also had a couple of poetry performances by local youth. The turnout was great! We had 25 youth in attendance.

Celebration: Our T-Shirts are finally here and they are awesome!!!!

Actions/Decisions:
n/a

Task(s): Each member of the Youth Advisory Board filled out a worksheet that focused on getting acquainted with each other. We have a few new youth who were not familiar with the past members of the Youth Advisory Board. This activity along with their natural bonding exercised their social skills in a fun way.

Shandra Summerville, Peer Partners, and Youth MOVE members)

October 16, 2012
(included Youth Advisory Board Peer partners)

**Youth MOVE Illinois
Conference Call**

Actions/Decisions:
Youth MOVE Illinois will contract a Director and Coordinator for the remaining time of this fiscal year.

Task(s): Everyone should join a committee and send updates about their area along with pictures this month. Mahli will be calling everyone for their one-on-one calls.

October 15, 2012
(Meeting included representatives from Youth MOVE Sub- Chapters across Illinois)

**Think Tank-Youth Track
Meeting**

Actions/Decisions:

Task(s): We created a detailed task sheet that included individual tasks and deadlines. Some of the tasks included contacting youth groups, creating portions of the activities, ordering materials, and gathering a list of participants.

- Created Evaluation
- Structured the activities for the Think Tank
- Created a community outreach list

Weekly Meetings on Mondays
(included: Peer Partners, Athena Ferguson-Youth MOVE Coordinator, and Charre-Program Assistant)

TAG Meeting

- Created formal invitations, letters, and flyer for youth, youth groups, agencies, and faith-based organizations
- Mailed formal letters
- Created a supplies list
- Updated attendance list

Actions/Decisions: Discussed the TAG program and the curriculum for educating teens about healthy relationship and risky sexual behaviors. We were trying to make a decision on if this was appropriate for our youth in services. After discussing it with Karen, it was decided that this was not a good fit right now and we should revisit it in the future.

October 24, 2012
(Meeting included Athena Ferguson-Youth MOVE Coordinator & Corbin from TAG –Planned Parenthood)

Task(s): Ratisha & Karen discussed the curriculum to determine if it was a good fit.

Volunteer Help

Actions/Decisions: Sarah will assist with the Youth MOVE meeting

October 25, 2012
(Meeting included Sarah Kim)

Task(s): Assign various tasks for Sarah to complete for her semester assignment for grad school. She will be volunteering hours throughout the semester.

Meeting about Youth Engagers (conference call only due to distance)

Actions/Decisions: Wait until the Think Tank event is completed before talking to Youth Engagers. Some of the goals may be aligned.

October 30, 2012
(Meeting included James Sawyer-National Technical Assistance for Youth Engagement Specialists)

Task(s): Continue to research and brainstorm the direction we would like to take in forming this Youth Engagers Council.

Strategic Meetings/Community Presentations – Please list any strategic meetings you attended. Provide information regarding who was in attendance, the nature of the meeting, next steps, and outcomes. Please list any community presentations you made on behalf of ACCESS. Provide information regarding your audience, purpose of the presentation, and collateral materials distributed.

Social Media Team Meeting(s)

Weekly Meetings

*Every Friday
11:00PM-1:00PM*

All ACCESS Initiative social media related projects

National federations of Families Poster Presentation Meeting	<i>Meeting included Shandra Summerville</i>	October 1, 2012 & October 9, 2012	Continued discussing our goals for the poster presentation and prepared for the CLC part for the Youth MOVE meeting which will be included in our Poster Presentation
Wes Moore Event Meeting	Meeting included Tracy Dace	October 2, 2012	Informational about the Wes Moore event and received a copy of his book
Technical Assistance Meeting(s)	Weekly Meetings	Every Wednesday 3:30PM-5:00PM	Primary focus is the Think Tank-Youth Track Planning
FACE Meeting(s)	Weekly meetings	Every Thursday 5:00PM-7:00PM	Participated as a presenter-informed families about Youth MOVE, my role at the ACCESS Initiative, and recruitment process
Family- to-Family Radio Show	Participants included Ulanda Hunter & Mark Fleenor	October 19, 2012	Radio Show Co-host
Staff Meeting(s)	Weekly meetings	Thursdays 8:30AM-10:00AM	Staff updates
Evaluation/National Technical Assistance Meeting	Bi-weekly	Every 2 nd & 4 th Monday of the month	Conference call with National Technical Assistance & Evaluation updates

Community Coalitions/Committees/Working Groups – Please list any community coalition/committee/working group meetings you attended as an ACCESS representative. Provide information regarding the nature of the meeting, your role as an attendee, next steps, and outcomes.

Progress in Work Plan Activities – Please highlight current work plan activities and progress made toward completion of these goals.

Ex. GOAL 1: Building a sustainable and replicable service delivery system and infrastructure

Youth Representation on ACCESS Initiative governance board (Coordinating Council)	4 Youth Representatives/members participate Monthly	Goal: Have individual talks with each youth about attendance and participation
		Completion: Ongoing

Goal 2: Increasing access to trauma- and justice-informed services and supports that reflect SOC values and principles

ACCESS Youth Advocacy Education Events/Family Engagement Events	Regina and I decided to revisit in January due to the schedule conflicts in November and December. We would like more time to plan.	Progress: on hold Goal: Revisit planning in December Completion: To be continued...
ACCESS Youth Orientations	Held monthly 30 minutes prior to the Youth MOVE meeting. The orientation focuses on informing youth from the FACE events and others from recruitment about Youth MOVE and how to get involved.	Ongoing

Goal 3: Increasing youth, family, and community leadership and engagement across all levels

Maintain the Youth Advisory Board: Bi-Weekly Meetings	Worked on various projects that support the ACCESS initiative and Youth MOVE	Goal: continue to meet consistently Completion: Ongoing
Youth MOVE Meetings: Monthly Meetings	Hold a monthly meeting that focuses on mental health, teen related issues, building social and life skills, and other ACCESS Initiative related topics.	ongoing
Develop Youth Engagers network	Continued conversations with	Progress: Did research on the

	James Sawyer (National Technical Assistance)	<p>similar councils/coalitions in other states. Ratisha created a list of goals that she would like to get out of the council</p> <p>Goal: See what the outcomes from the Think Tank will be since it may align with our goals.</p> <p>Completion: To be continued...</p>
National Federations of Families Conference	Worked on Poster Presentation (Being culturally and linguistically responsive in meeting preparation for youth and families)	<p>Progress: continuing to gather our information to begin to put the pieces together for the poster</p> <p>Goal: Get more youth involvement by meeting with S'Tyy and Delisha (presenting with us)</p> <p>Completion: To be continued...</p>

GOAL 4: Extending the capacity of organizations, agencies, informal supports and systems

GOAL 5: Promoting authentic cross system/ collaboration and communication

GOAL 6: Expanding the community's capacity to understand mental health

Youth-Guided Media Outreach (Twitter, Facebook, You-Tube)	Updated social media sites- local & Youth MOVE State-wide	<p>Progress: Athena created FB and Twitter games that we will host in order to increase popularity of our pages and get youth familiar with them</p> <p>Goal: Continue to update and transfer pictures, connect with youth in our community</p>
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Completion: Ongoing

GOAL 7: Encouraging rigorous evaluation

ACCESS Initiative Staff Update

Month of: October 2012 **Staff Name:** Allison Brown **Infrastructure Area(s):** Evaluation

Committee/Working Group Activity

TA & Training	Weekly Committee	Every Wednesday 3:30pm – 5:30pm	Assisted with planning and development of Think Tank in November, 2012
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Strategic Meetings/Community Presentations.

Evaluation Staff Meetings	Weekly Evaluation Team meetings	Every Thursday 10:30am-12:00pm	Regular team meeting to update and discuss all evaluation activities
Community Interviewer Meetings	Weekly Community Interviewer	Every Mon 1:00-2pm	Regular team meeting to update and discuss interviewer issues and activities
ACCESS Admin Meeting	Bi-weekly meetings	Every 2nd & 4th Monday of the month 1:00 – 3:00 pm	Meeting of ACCESS and Evaluation administrative staff to discuss issues and updates
ACCESS National TA Conference call	Monthly meetings	2nd Monday of the month 1:30 – 3:00 pm	Conference call with National Technical Assistance

Evaluation Site Liaison TA Meeting	Monthly meetings	Every 3 rd Monday of the month 12:00pm-1:00pm	Conference call with National Evaluation TA Site liaison
Evaluation Collaboration Team Meeting	Quarterly meetings	Every 3- 4 months Will meet again in November, 2012	Evaluation Collaboration Team (ECT) Meeting to engage community participation in Evaluation activities; Development of special workgroups
FACE Meeting(s)	Weekly meetings	Every Thursday 5:00PM-7:00PM	Parent Liaison /Community Interviewer informed families about evaluation study and process
AICC Monthly Meeting	Monthly ACCESS Initiative Coordinating Council meeting	Every 3 rd Thursday of the Month	Presentation of evaluation monthly updates

Community Coalitions/Committees/Working Groups

Progress in Work Plan Activities

GOAL 1: Building a sustainable and replicable service delivery system and infrastructure

GOAL 2: Increasing access to trauma- and justice-informed services and supports that reflect SOC values and principles

GOAL 3: Increasing youth, family, and community leadership and engagement across all levels

GOAL 4: Extending the capacity of organizations, agencies, informal supports and systems

GOAL 5: Promoting authentic cross system/ collaboration and communication

GOAL 6: Expanding the community's capacity to understand mental health

GOAL 7: Encouraging rigorous evaluation

National Evaluation	Ongoing /daily Evaluation staff	<ol style="list-style-type: none"> 1. Recruiting new families into National Evaluation 2. Conducting baseline, 6-month and 12-month community interviews of families
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Local Evaluation	Ongoing/daily Evaluation staff	<p>enrolled in National Evaluation</p> <ol style="list-style-type: none"> 3. Entering EDIF/CIUF, TRAC NOMS, quarterly IPP data 4. Assisting with planning to enter Services and Costs data <ol style="list-style-type: none"> 1. Continued to recruit organizations and to conduct Organization Assessment Survey of local agencies 2. Preparing to launch Interagency Network Tool 3. Created local database/datasets for families not enrolled in national evaluation
Continuous Quality Improvement	Ongoing/daily Evaluation staff	<ol style="list-style-type: none"> 1. Assisted with program evaluation (i.e, survey, focus groups) of Youth Leadership Academy 2. Development of Observational Measurement Tool 3. Evaluation of referral date and turnaround time from referrals to enrollments 4. Planning Wraparound Fidelity Index 5. Provided training to new ACCESS staff on completing forms (e.g. TRAC NOMS, EDIFs) 6. Maintaining contact with ACCESS staff regarding TRAC NOM audits
Required Reporting	Ongoing as required	<ol style="list-style-type: none"> 1. Quarterly tracking and entry of TRAC IPP 2. Preparation of Annual report to the State of Illinois
ACCESS Initiative Community Internship	Sept 2012 – May 2013	Recruited 2 community interns (Univ of Illinois students) to work with ACCESS Initiative staff on special projects across 2 semesters

ACCESS Initiative Staff Update

Month of: September 2012 Staff Name: Shandra Summerville Infrastructure Area(s): CLC

Committee/Working Group Activity – Please list any committee or working group meetings hosted by you. Also provide a short update (upcoming tasks, celebrations, etc.).

CLC Committee	Actions/Decisions: Review the Draft of ACCESS Initiative CLC and provide draft copy to Coordinating Council in November.	
Pastors for ACCESS Workgroup	Actions/Decisions: Task(s): <ul style="list-style-type: none"> • Mental Health First –Aid Training for Pastors and faith based organizations- Pastor Larry Lewis attended the Mental Health First Aid Training 	October, 2012
Natural Supports	Decisions/Tasks <ul style="list-style-type: none"> • Working with TA Committee to Complete work for think tank 	October, 2012

Strategic Meetings/Community Presentations – Please list any strategic meetings you attended. Provide information regarding who was in attendance, the nature of the meeting, next steps, and outcomes. Please list any community presentations you made on behalf of ACCESS. Provide information regarding your audience, purpose of the presentation, and collateral materials distributed.

Social Media Team	Weekly Meetings	Every Friday 11-1pm	Building Collaboration with the “C-U Make some Noize”
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TA Committee Meetings	<i>Weekly Meetings</i>	<i>Every Wed 3:30-5:00pm</i>	<i>Planning for upcoming Trainings, ACCESS radio show programming, ACCESS Think Tank.</i>
Woman to Woman Trauma and Healing Conference Planning	<i>Presentation and Co-Sponsorship</i>	October 12-13, 2012	Partnership and Sponsorship for upcoming Trauma Conference that would build upon the Faith Based Partnership in Rantoul, IL
CLC Consultations and Meeting	Francis Nelson Lynn Canfield	October	Quarterly Reporting Questions
National Federation of Families	Sandra Spencer Teka Dempson	October 17	Board Notification and Orientation
Co			

Community Coalitions/Committees/Working Groups – Please list any community coalition/committee/working group meetings you attended as an ACCESS representative. Provide information regarding the nature of the meeting, your role as an attendee, next steps, and outcomes.

Human Services Council of Champaign County- Chair of Anti-Racism and Diversity Committee --	Meets Monthly Next Meeting November 15, 2012	Planning for Community Cultural Competence Training
Community Conversations	CUAP, IBARJ, and Champaign Community Coalition	Planning for the Next Community Conversations that will focus on Community Healing.

Progress in Work Plan Activities – Please highlight current work plan activities and progress made toward completion of these goals.

Ex. GOAL 1: Building a sustainable and replicable service delivery system and infrastructure		
Activity/Strategy 6: Coordinating Council/ Governance Development		
Activity/Strategy 7: Workforce Development		
Goal 2: Increasing access to trauma- and justice-informed services and supports that reflect SOC values and principles		

Goal 3: Increasing youth, family, and community leadership and engagement across all levels		
Activity/Strategy 2: Youth – Training Topics		
GOAL 4: Extending the capacity of organizations, agencies, informal supports and systems		
Faith Based Representation was certified to be a Mental Health First Aid Responder		
GOAL 5: Promoting authentic cross system/ collaboration and communication		
N/A		
GOAL 6: Expanding the community's capacity to understand mental health		
1b. Faith Community/ Community-Wide Mental Health and Trauma Educational Series – targeted components of the Community Education Series	Faith Based workgroup are formed	On-Going
Community Conversations in order to continue dialog about the impact of mental health and other issues	Community Conversation Work Group was formed	October will be the next Community Conversation
GOAL 7: Encouraging rigorous evaluation		
Activity/Strategy 1: Continuous Quality Improvement	1e. Develop a CLC Monitoring tool that will insure that evaluation and practice are maintaining culturally and linguistically responsive.	Organizations will receive written recommendations and feedback by December 2, 2012mui

IPP Accomplishments – All DDB/CCMHB Reported on CLC Plans First Quarter Benchmarks

-Overall Recommendations

1. Ensure that there is clear accountability for the actions that have been reported
2. Annual Cultural Competence or Diversity Training should be noted
3. Clear outcomes for increasing services to under-represented and underserved populations.

There will be individual written recommendations that will be provided for agencies how to strengthen their plans by December 2, 2012.



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

DECISION MEMORANDUM

DATE: November 14, 2012
TO: CCMHB Members
FROM: Mark Driscoll
SUBJECT: Approve Three-Year Plan (2013 - 2015) with FY 2013 Objectives

The Three Year Plan (2013 – 2015) with FY 2013 Objectives has been finalized and is attached for the Board’s consideration and action. An initial draft was presented at the September 19th Board meeting and then distributed to agencies and other interested parties. A brief report and opportunity to discuss the plan was provided at the October meeting. During the public comment period we received two comments on the plan from local providers. One provider expressed support for maintaining access to services in Rantoul and rural Champaign County. The other provider gave a broad positive comment on the plan and had no changes to recommend. While the comments did not result in changes to the plan the input is appreciated.

The draft plan released to the Board in September has not been modified. A final copy of the Three Year Plan is attached. Action is requested.

Decision Section

Motion: Approve the Three-Year Plan (2013 – 2015) with Fiscal Year 2013 Objectives as presented.

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

THREE-YEAR PLAN

FOR

**FISCAL YEARS 2013 - 2015
(12/1/12 – 11/30/15)**

WITH

ONE YEAR OBJECTIVES

FOR

**FISCAL YEAR 2013
(12/1/12 – 11/30/13)**

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

WHEREAS, the Champaign County Mental Health Board has been established under Illinois Revised Statutes (Ch. 91-1/2, Sections 301-314, inclusive) in order to "construct, repair, operate, maintain and regulate community mental health facilities to provide mental health services as defined by the local community mental health board, including services for the developmentally disabled and for the substance abuser, for residents (of Champaign County) and/or to contract therefore..."

WHEREAS, the Champaign County Mental Health Board is required by the Community Mental Health Act to prepare a one- and three-year plan for a program of community mental health services and facilities;

THEREFORE, the Champaign County Mental Health Board does hereby adopt the following Mission Statement and Statement of Purposes to guide the development of the mental health plan for Champaign County:

MISSION STATEMENT

The mission of the CCMHB is the promotion of a local system of services for the prevention and treatment of mental or emotional, developmental, and substance abuse disorders, in accordance with the assessed priorities of the citizens of Champaign County.

STATEMENT OF PURPOSES

1. To plan, coordinate, evaluate and allocate funds for the comprehensive local system of mental health, developmental disabilities, and substance abuse services for Champaign County.
2. To promote family-friendly community support networks for the at-risk, underserved and general populations of Champaign County.
3. To increase support for the local system of services from public and private sources.
4. To further develop the systematic exchange of information about local services and needs between the public/private service systems and the CCMHB.

In order to accomplish these purposes, the Champaign County Mental Health Board must collaborate with the public and private sectors in providing the resources necessary for the effective functioning of the community mental health system.

CHILDREN, ADOLESCENT, AND FAMILY FOCUSED PROGRAMS AND SERVICES

Goal #1: Identify children at-risk of developmental delay and intellectual disability and support early intervention services and family supports.

Objective #1: Support use of evidence based/informed models for provider programs serving families with children age birth to five, and require collaboration and coordination by providers to limit duplication of effort.

Objective #2: Participate in collaborative bodies such as the Champaign County Birth to Six Council whose mission focuses on serving families with young children.

Objective #3: Collaborate with the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability on issues of mutual interest associated with early intervention services and programs.

Goal #2: Identify youth at risk of social, emotional, and/or behavioral health issues and, using evidence based/informed services, engage in a process of healing and positive development.

Objective #1: Continue development and implementation of the SAMHSA Children's Mental Health Initiative Cooperative Agreement for the ACCESS Initiative system of care delineated in the SAMHSA application, including cultural competence development and support, subject to post-award changes as determined by the Coordinating Council, principle investigators, project director, and ACCESS team and partners.

Objective #2: Begin discussions with ACCESS Initiative partners whose systems benefit from the youth and family interventions delivered through the ACCESS Initiative system of care to identify innovative means for sustaining system change.

Objective #3: Support continued implementation of the Parenting with Love and Limits (PLL) program based on positive evaluation and feedback from community partners and stakeholders.

Objective #4: As practicable, leverage resources of juvenile justice system stakeholders and units of local government benefitting from the outcomes of youth and families engaged in PLL.

Objective #5: Maintain collaboration with juvenile justice system stakeholders on implementation and evaluation of the Quarter Cent for Public Safety Fund supported services and PLL and the integration of Quarter Cent funded services and PLL with the ACCESS Initiative.

Objective #6: Monitor evaluation of the ACCESS Initiative through engagement with evaluators on progress, including interim outcomes of the local and national evaluation, and through participation in the ACCESS Evaluation Collaboration Team.

Goal #3: Support adults' and families' access to services and programs, including evidence based/informed behavioral health practices to increase positive outcomes for consumers.

Objective #1: Continue participation and support for Champaign County Specialty Courts serving persons with substance use disorders and/or mental health disorders.

Objective #2: Support a continuum of services for persons with a mental health, substance use disorder, and/or developmental disability in response to reduced state supported services.

Objective #3: Promote wellness for people with mental illnesses, substance use disorders, and/or developmental disabilities to prevent and reduce early mortality as embodied in the "10x10 Wellness Campaign."

Objective #4: Encourage training of staff across the service spectrum on use of evidence based/informed practice and associated outcome measurement.

COMMUNITY ENGAGEMENT & ADVOCACY

Goal #4: Address stigma associated with a person's or family members' mental illness, substance use disorder, and/or developmental disability through broad based community education efforts to increase community acceptance and positive self-image.

Objective #1: Continue support for and involvement in the signature anti-stigma and community education events Reaching Out for Answers – Disability Resource Expo, Roger Ebert's Film Festival, and the ACCESS Initiative Children's Mental Health Awareness Week.

Objective #2: Participate in other community based activities such as walks, forums, and presentations to raise awareness.

Goal #5: Stay abreast of emerging issues affecting the local systems of care and consumer access to services and be proactive through concerted advocacy efforts.

Objective #1: Monitor implementation of the Affordable Care Act by the State of Illinois and advocate for increased service capacity sufficient to meet consumer demand through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHA) and other state and national associations.

Objective #2: Track state implementation of class action suit settlements involving persons with developmental disabilities or mental illness, e.g. Ligas vs. Hamos Consent Decree and Williams vs. Quinn Consent Decree, and proposed closure of state facilities, and advocate for the allocation of state resources sufficient to meet needs of clients returning to home communities.

Objective #3: Continue broad based advocacy efforts at the state and local levels to respond to continued reductions in state funding and increasing delays in payment for local community based mental health, substance use disorder, and developmental disability services and to the broader human services network under contract with the State of Illinois.

Objective #4: In collaboration with the United Way of Champaign County, monitor implementation of the regional 211 information and referral system and its impact on local utilization of funded information and referral services.

Objective #5: Assess impact on local systems of care for persons with mental illness, substance use disorder and/or developmental disabilities of the State of Illinois and provider networks movement to a regional service delivery model.

RESOURCE DEVELOPMENT & COLLABORATION

Goal #6: Increase investment in programs and services through promotion of collaborative and innovative approaches.

Objective #1: Through participation in the Association of Community Mental Health Authorities of Illinois (ACMHAI), seek input and feedback on innovative approaches for resource development or cost containment.

Objective #2: Partner with other local entities for a coordinated response to needs of at-risk populations.

Objective #3: Consider non-financial support to agencies to offset state funding reductions and control costs.

Objective #4: Support and assist with affiliations and mergers of providers as a means to streamline the delivery of services and enable administrative cost savings through economies of scale.

Objective #5: Encourage development of collaborative agreements between providers to increase or maintain access and coordination of services for consumers residing in Rantoul and rural Champaign County.

Goal #7: Sustain the collaborative working relationship with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB).

Objective #1: Implement the Intergovernmental Agreement between CCMHB and CCDDB.

Objective #2: Coordinate integration, alignment, and allocation of resources with the CCDDB to ensure the efficacious use of resources within the developmental disability service continuum.

Objective #3: Assess alternative service strategies that empower consumers and increase access to needed but underutilized services.

Goal #8: Reduce involvement of target populations in the criminal justice system.

Objective #1: Collaborate with juvenile justice system partners on implementation of services supported with Quarter Cent for Public Safety Fund, Board resources, and the ACCESS Initiative to reduce youth contact and involvement with the criminal justice system.

Objective #2: Continue participation in the Champaign County Specialty Court Steering Committee and support for Champaign County Drug Court and Champaign County Mental Health Court.

Objective #3: Using established oversight committees, review performance and evaluation reports including data on recidivism.

Objective #4: Support continuation of Champaign County Drug Court services funded through the Department of Justice Bureau of Justice Assistance Enhancement Grant award and the pursuit of non-CCMHB funding to sustain the enhanced services.

ORGANIZATIONAL DEVELOPMENT, ADMINISTRATION, AND ACCOUNTABILITY

Goal #9: Set priorities for funding through an annual review and allocation process to ensure access to core mental health, substance use disorder, and developmental disability services by consumers.

Objective #1: Draft priorities based on current service needs and operating conditions including consideration of changes in state funding and payment practices, commitments to implementation of the ACCESS Initiative, and obligations established through Memoranda of Understanding and Intergovernmental Agreements.

Objective #2: Solicit input from the service network and community at large on proposed funding priorities prior to adoption.

Objective #3: Utilize a competitive application process to evaluate proposals in relation to annual priorities.

Goal #10: Maintain program and fiscal accountability of service providers and programs under contract with Board.

Objective #1: Evaluate program performance on a quarterly and annual basis.

Objective #2: Implement the Audit and Financial Accountability policy.

Objective #3: Maintain the on-line application and reporting system and provide enhancements as necessary.

Objective #4: Evaluate provider administrative expenses and cost allocation plans to ensure maximum investment in consumer services.

Goal #11: Respond to State funding reductions for mental health, substance use disorder and developmental disability services through administrative efficiencies at the Board level enabling maximum investment in community service grants and contracts.

Objective #1: Continue the administrative services agreement as defined in the Intergovernmental Agreement the Board and the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability.



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

DECISION MEMORANDUM

DATE: November 14, 2012
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Peter Tracy, Executive Director
SUBJECT: FY14 Allocation Priorities and Decision Support Criteria

BACKGROUND

Against the backdrop of the ongoing State of Illinois budget crisis, it will be our job to again determine how best we can use our local funding to address the needs of people with mental illnesses, substance use disorders, and developmental/intellectual disabilities. But at what point does the immediacy of a crisis become the status quo? The onset of the budget crisis for disabilities services in Illinois was the FY09 contract year (July 1, 2008 through June 30, 2009). After six (6) years of "crisis", perhaps it is time to acknowledge what we have been describing as a crisis is actually our new reality. Why pretend?

Our raison d'être is to plan, fund, monitor, and evaluate disabilities systems of care in Champaign County. For the last six years we have been making funding decisions primarily in response to what has been characterized as a crisis. If we shift our thinking and redefine the State of Illinois funding and payment (or lack thereof) problems as our new reality rather than a temporary problem, would this result in a change in our priorities?

The challenge for the Champaign County Mental Health Board (CCMHB) will be to change the constructs of our thinking and refocus to address the realities of our new environment. This may well be a seminal year for disabilities programs and services in Illinois.

Statutory Authority

Funding policies of the Champaign County Mental Health Board (CCMHB) are predicated on the requirements of the Illinois Community Mental Health Act (405 ILCS 20 / Section 0.1 et.seq.). All funds shall be allocated within the intent of the controlling act as codified in the laws of the State of Illinois. The purpose of this memorandum is to recommend and confirm service and program priorities for the FY14 (July 1, 2013 through June 30, 2014) funding cycle. CCMHB Funding Guidelines require annual review and update of decision support criteria and priorities in advance of the funding cycle application process.

Expectations for Minimal Responsiveness

Applications that do not meet these thresholds are “non-responsive” and will be returned to the applicant. All agencies must be registered using the on-line system. The application(s) must be completed using the on-line system.

1. Eligible applicant – based on the Organization Eligibility Questionnaire.
2. Compliance with the application deadline. Late applications will not be accepted.
3. Application must relate directly to mental health, substance abuse or developmental disabilities programs and services.
4. Application must be appropriate to this funding source and shall provide evidence that other funding sources are not available to support this program/service.

FY14 Decision Support and Priorities

The on-going state funding reductions for mental health, substance use disorders, and developmental and intellectual disabilities and regionalization proposals indicate the next funding cycle should be focused on retrenching and to the extent possible maintenance-of-effort. With this in mind, the following is suggested for consideration. **Mental Health and Substance Abuse Services for Youth with Serious Emotional Disturbance (SED) Involved in Juvenile Justice and other child serving systems –**

Alignment between Quarter Cent for Public Safety funding, CCMHB funding, and other federal, state and/or local funding streams to accomplish the following objectives:

(a) Parenting with Love and Limits (PLL) – Maintenance of Parenting with Love and Limits (PLL) as a means of assuring clinical efficacy and attainment of desired outcomes for ACCESS Initiative youth and families, as well as other youth involved in the juvenile justice system.

(b) ACCESS Initiative – Sustainability planning for the post-cooperative agreement phase of the project, in partnership with the Illinois Department of Human Services (IDHS), implementation of the Substance Abuse and Mental Health Services Administration (SAMHSA) Children’s Initiative (by subcontract from the IDHS).

(c) Quarter Cent for Public Safety – Full compliance with the MOU and support of development of a system of care which includes integrated planning with PLL and ACCESS Initiative.

Developmental Disabilities Programs and Services - Full compliance with the terms and conditions of the Intergovernmental Agreement between the CCMHB and the Champaign County Developmental Disabilities Board (CCDDB). This agreement defines the FY14 allocation for developmental disabilities programs and services, as well as the expectation for integrated planning by the Boards.

Specialty Courts – Full compliance with the terms and conditions of the Memorandum of Understanding between the CCMHB and the Champaign County Board pertaining to the Champaign County Drug Court. Access to substance abuse programs, services, supports and incentives for Champaign County Drug Court clients shall be prioritized as an area of emphasis. Implementation of Champaign County Mental Health Court and access to appropriate programs and services for participants is also included under this section.

Integration of Physical and Behavioral Health Programs and Services – To the extent possible, support the activities of the Regional Integrated Behavioral Health Network process as delineated in PA 097-0381. While we agree with the philosophical concepts

of this legislation which includes facilitating the integration of behavioral healthcare with primary healthcare, the regionalization of the public behavioral health system may well present barriers for the CCMHB and other local funders limited by geographic boundary considerations. In addition, the CCMHB should continue to explore local (i.e., Champaign County) opportunities for behavioral health and primary care integration.

Support of Projects Consistent with the 10 X 10 Wellness Campaign - Encourage applications which promote wellness and improved physical health of people with serious and persistent mental illness and other disabilities.

Gaps in Core Services Related to Unfunded Clients – Applications which identify and document specific cohorts of unfunded clients with substance use, mental illness, or developmental / Intellectual disability service needs will be considered a high priority for CCMHB and CCDDDB FY14 funding. For the purposes of this memorandum, “unfunded” means people who are not eligible for Medicaid or Medicare, or any other third party payer.

Overarching Decision Support Considerations

The FY14 CCMHB allocation process will require all applications to address the overarching criteria listed below. Assessment of all FY14 applications will focus on alignment with these overarching criteria.

1. Underserved Populations - Programs and services that promote access for underserved populations identified in the Surgeon General’s Report on Mental Health: Culture, Race, and Ethnicity and the consultation with Carl Bell, M.D.
2. Countywide Access - Programs and services that promote county-wide access for all people in Champaign County. Zip code data is mandated.
4. Budget and Program Connectedness - Applications that clearly explain the relationship between budgeted costs and program components receive additional consideration. “What is the Board buying?” is the salient question that must be answered in the proposal, and clarity is required.

Secondary Decision Support and Priority Criteria

The process items included in this section will be used as discriminating factors which influence final allocation decision recommendations. The CCMHB uses an on-line system for agencies interested in applying for funding. An agency must complete the one-time registration process including the Organization Eligibility Questionnaire before receiving access to the on-line application forms.

Approach/Methods/Innovation: Applications proposing evidence based or research based approaches, and in addition address fidelity to the specific model cited. Applications demonstrating creative and/or innovative approaches to meet defined community need will receive additional consideration.

Staff Credentials: Applications that address and highlight staff credentials and specialized training will receive additional consideration.

Process Considerations

The criteria described in this memorandum are to be used as guidance by the Board in assessing applications for CCMHB funding, however, it is not the sole consideration taken into account in finalizing funding decisions. Other considerations would include the judgment of the Board and its staff, opinion about the provider's ability to implement the program and services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCMHB funds, applications must reflect the goals and objectives stated in the Three Year Plan as well as the operating principles and public policy positions taken by the Board. The final funding decisions rest with the CCMHB and their judgment concerning the most appropriate and efficacious use of available dollars based on assessment of community needs, equitable distribution across disability areas, and decision-support match up.

The CCMHB allocation of funding is a complex task predicated on multiple variables. It is important to remember that this allocation process is not a request for proposals

(RFP). Applicants for funding are not responding to a common set of specifications, but rather are applying for funding to address a wide variety of mental health, developmental disability and substance abuse treatment needs in our community. In many respects our job is significantly more difficult than simply conducting an RFP. Based on past experience we can anticipate the nature and scope of applications will vary significantly and will include treatment, early intervention and prevention models. For these reasons, a numerical rating/selection methodology is not applicable and relevant to our particular circumstances. Our focus is on what constitutes a best value to our community based on a combination of cost and non-cost factors, and will reflect an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCMHB.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCMHB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- Technical assistance available to applicants will be limited to process questions concerning the use of the on-line registration and application system, application forms, budget forms, application instructions and CCMHB Funding Guidelines.
- Applications which include excessive information beyond the scope of the application format will not be reviewed and at the discretion of staff may be disqualified from consideration. Letters of support for applications are discouraged and if submitted will not be considered as part of the allocation and selection process.
- The CCMHB and CCDDB retains the right to accept or reject any or all applications, and reserves the right to refrain from making an award when it is deemed to be in the best interests of the county.
- The CCMHB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCMHB deems such variances to be in the best interest of Champaign County.

- Applications and submissions become the property of the CCMHB and as such, are public documents that may be copied and made available upon request after allocation decisions have been made. Materials submitted will not be returned or deleted from the on-line system.
- 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.
- If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services that are agreeable to both parties. Failure to submit required information may result in cancellation of the award of a contract.
- The execution of financial contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of Champaign County.
- The CCMHB reserves the right to further define and add additional application components as needed. Applicants selected as responsive to the intent of this on-line application process will be given equal opportunity to update proposals for the newly identified components.
- All proposals considered must be received on time and must be responsive to the application instructions. The CCMHB is not responsible for lateness or non-delivery of mail or messenger. Late applications shall be rejected.
- The contents of a successful application will be developed into a formal contract, if selected for funding. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCMHB reserves the right to withdraw or reduce the amount of an award if there is misrepresentation of the applicant's ability to perform as stated in the application.
- The CCMHB reserves the right to negotiate the final terms (i.e., best and final offer) of any or all contracts with the applicant selected and any such terms negotiated as a result of this application process may be renegotiated and/or

amended in order to meet the needs of Champaign County. The CCMHB also reserves the right to require the submission of any revision to the application, which results from negotiations conducted.

- The CCMHB reserves the right to contact any individual, agency or employer listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- Final Decision Authority – The CCMHB will make the final decision concerning all applications for funding, taking into consideration staff recommendations, defined decision support criteria, best value, availability of funds and equitable distribution of funds between disability areas.

Decision Section:

Motion: Move to approve the FY14 Allocation Decision Support Criteria as described in this memorandum.

_____Approved

_____Denied

_____Modified

_____Additional Information Needed



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

DECISION MEMORANDUM

DATE: November 14, 2012
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Peter Tracy, Executive Director
SUBJECT: FY14 Allocation Decision Support Criteria for CCDDB Funding

Overview:

Against the backdrop of the ongoing State of Illinois budget crisis, it will be our job to determine again how best to use our local funding to address the needs of people with I/DD. But at what point does the immediacy of a crisis become the status quo? The onset of the budget crisis for disabilities services in Illinois was the FY09 contract year (July 1, 2008 through June 30, 2009). After six (6) years of “crisis”, perhaps it is time to acknowledge what we have been describing as a crisis is actually our new reality. Why pretend?

Our raison d’etre is to plan, fund, monitor, and evaluate disabilities systems of care in Champaign County. For the last six years we have been making funding decisions primarily in response to what has been characterized as a crisis. If we shift our thinking and redefine the State of Illinois funding and payment (or lack thereof) problems as our new reality rather than a temporary problem, would this result in a change in our priorities?

The challenge for the Champaign County Developmental Disabilities Board (CCDDB) will be to change the constructs of our thinking and refocus to address the realities of our new environment. This may well be a seminal year for disabilities programs and services in Illinois.

Statutory Authority

Funding policies of the Champaign County Developmental Disabilities Board (CCDDB) are predicated on the requirements of the County Care for Persons with Developmental Disabilities Act (55 ILCS 105/ Section 0.01 et. seq.). All funds shall be allocated within the intent of the controlling act as codified in the laws of the State of Illinois. The purpose of this memorandum is to recommend and confirm service and program priorities for the FY14 (July 1, 2013 through June 30, 2014) funding cycle. CCDDB Funding Guidelines require annual review and update of decision support criteria and priorities in advance of the funding cycle application process.

Upon approval by the Board, this memorandum shall become an addendum to the CCDDDB funding guidelines incorporated in standard operating procedures.

Expectations for Minimal Responsiveness

Applications that do not meet these thresholds are “non-responsive” and will be returned to the applicant. All agencies must be registered using the online system. The application(s) must be completed using the online system.

1. Eligible applicant – based on the Organization Eligibility Questionnaire.
2. Compliance with the application deadline. Late applications will not be accepted.
3. Application must relate directly to developmental disabilities programs and services.
4. Application must be appropriate to this funding source and provide evidence that other funding sources are not available to support this program/service.

FY14 Decision Support and Priorities

Upon approval by the CCDDDB, the items included in this section will be heavily weighted in the decision of which applications should receive funding during the FY14 contract year (July 1, 2013 through June 30, 2014). These items are closely aligned with CCDDDB planning and needs assessment processes, intergovernmental agreements, memoranda of understanding, and the recommendations of consultants hired by the board.

1. The following **six categories of services and populations** of persons with intellectual/developmental disabilities (I/DD) represent the current priorities of the I/DD system of care. Person-centered planning efforts may be undertaken within all categories.

(a) **Vocational** services/supports for people with I/DD.

- assessment, exploration and enhancement of vocational interests and abilities
- support for the acquisition of job tasks and problem-solving skills
- assistance in establishing a vocational direction/objective *and developing work opportunities* consistent with *identified interests and preferences*
- access to supported and/or customized employment opportunities
- promotion of competitive employment outcomes
- blended and/or transitional programs incorporating increased community integration
- *promotion of self-directed and culturally appropriate individualized services and supports via person-centered planning process*

(b) Individualized **residential service options** for people with I/DD, particularly for those at risk of homelessness or displacement from home community and for those seeking return to their home community.

- emergency residential support for families
- assisted living for medically fragile individuals
- *behavioral support planning for successful outcomes for individuals*
- *levels of community residential support ranging from intermittent to 24 hour*
- in-home supports and respite services

- emphasis on transition from unnecessary segregation to full community integration, via a range of supports and services (e.g., live-in staff, emergency crisis response system *to address health and safety issues*) in most-integrated settings which may include home ownership, supportive and transitional housing, and *group and individual living arrangements and which are consistent with identified preferences*
- efforts to accommodate Ligas class members transitioning from ICFs/DD or family homes
- *promotion of self-directed and culturally appropriate individualized services and supports via person-centered planning process*

(c) **Flexible family support** for people with I/DD and their families to enhance their ability to live together.

- family respite, recreational activities, mutual support options, transportation assistance
- assistive technology, home modification/accessibility supports, information and education
- other diverse supports which allow consumers and their families to determine care and treatment
- *promotion of self-directed and culturally appropriate individualized services and supports via person-centered planning process*

(d) **Comprehensive services for young children** with developmental delays.

- an array of Early Intervention services addressing all areas of development
- coordinated, home-based, and taking into consideration the needs of the entire family
- early identification of developmental delays through consultation with child care providers, pre-school educators, and medical professionals
- *promotion of self-directed and culturally appropriate individualized services and supports via person-centered/family driven planning process*

(e) **Adult day programs** for people with I/DD who may also have behavioral support needs and/or significant physical limitations.

- speech therapy, occupational therapy, fitness training, personal care support
- support for the development of independent living skills, social skills, communication skills, and functional academics skills
- community integration and vocational training, per consumer preferences
- *promotion of self-directed and culturally appropriate individualized services and supports via person-centered planning process*

(f) Supports for full **social and community integration** to strengthen personal networks.

- facilitation of social, friendship, and volunteering opportunities
- access to community education programs, fitness and health promotion activities, mentoring opportunities, and by other creative means
- *promotion of self-directed and culturally appropriate individualized services and supports via person-centered planning process*

2. Applications highlighting an improved understanding of I/DD through support of sustainable **consumer advocacy and family support organizations**, especially those comprising persons who have I/DD, their parents, and others in their networks of support. *Self-advocacy will play a critical role in person-centered service delivery and effective system change locally and statewide; fostering consumer and family networks and their collaborations with agency providers is key.*

3. Applications that support efforts to **reduce stigma** associated with I/DD may describe various approaches which share the goals of increasing community awareness and challenging negative attitudes and discriminatory practices.

4. **Gaps in Core Services for Unfunded Clients:** *Applications which identify and document specific cohorts of unfunded clients with substance use, mental illness, or developmental/intellectual disability service needs will be considered a high priority for CCDDDB FY14 funding. For the purposes of this memorandum, “unfunded” means people who are not eligible for Medicaid or Medicare, or any other third party payer.*

Overarching Decision Support Considerations

The FY14 CCDDDB allocation process will require all applications to address the overarching criteria listed below. Assessment of all FY14 applications will focus on alignment with these overarching criteria.

1. **Underserved Populations** - Programs and services that promote access for underserved populations identified in the Surgeon General’s Report on Mental Health: Culture, Race, and Ethnicity and the consultation with Carl Bell, M.D.
2. **Countywide Access** - Programs and services that promote county-wide access for all people in Champaign County. Zip code data is mandated.
3. **Budget and Program Connectedness** - Applications must clearly explain the relationship between budgeted costs and program components. “What is the Board buying?” is the salient question to be answered in the proposal, and clarity is required.
4. **Innovation** - *Applications demonstrating creative and/or innovative approaches which respond to the defined individual and community need and difficult fiscal environment .*

Secondary Decision Support and Priority Criteria

The process items included in this section will be used as important discriminating factors which influence final allocation decision recommendations.

Approach/Methods: Applications proposing evidence based or research based approaches and addressing fidelity to the model cited.

Evidence of Collaboration: Applications identifying collaborative efforts with other organizations serving or directed by individuals with I/DD and members of their support networks, toward a more efficient, effective, inclusive system of care.

Staff Credentials: Applications highlighting staff credentials and specialized training.

Process Considerations

The criteria described in this memorandum are to be used as guidance by the Board in assessing applications for CCDDDB funding. However, it is not the sole consideration taken into account in finalizing funding decisions. Other considerations would include the judgment of the Board and its staff, opinion about the provider's ability to implement the program and services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCDDDB funds, applications must reflect the Board's stated goals and objectives as well as the operating principles and public policy positions taken by the Board. The final funding decisions rest with the CCDDDB and their judgment concerning the most appropriate and efficacious use of available dollars based on assessment of community needs, equitable distribution across disability areas, and decision-support match up.

The CCDDDB allocation of funding is a complex task predicated on multiple variables. It is important to remember that this allocation process is not a request for proposals (RFP). Applicants for funding are not responding to a common set of specifications, but rather are applying for funding to address a wide variety of developmental disability service needs in our community. In many respects our job is significantly more difficult than simply conducting an RFP. Based on past experience, we can anticipate the nature and scope of applications will vary significantly and will include treatment, early intervention, and prevention models. For these reasons, a numerical rating/selection methodology is not applicable and relevant to our particular circumstances. Our focus is on what constitutes a best value to our community, based on a combination of cost and non-cost factors, and will reflect an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCDDDB.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCDDDB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- Technical assistance available to applicants will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCDDDB Funding Guidelines.
- Applications which include excessive information beyond the scope of the application format will not be reviewed and, at the discretion of staff, may be disqualified from consideration. Letters of support for applications are discouraged and if submitted will not be considered as part of the allocation and selection process.
- The CCDDDB retains the right to accept or reject any or all applications, and reserves the right to refrain from making an award when it is deemed to be in the best interest of the county.
- The CCDDDB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCDDDB deems such variances to be in the best interest of Champaign County.
- Applications and submissions become the property of the CCDDDB and as such, are public documents that may be copied and made available upon request after allocation decisions have been made. Materials submitted will not be returned or deleted from the online system.

- The CCDDDB 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.
- If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services that are agreeable to both parties. Failure to submit required information may result in cancellation of the award of a contract.
- The execution of financial contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of Champaign County.
- The CCDDDB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online application process will be given equal opportunity to update proposals for the newly identified components.
- All proposals considered must be received on time and must be responsive to the application instructions. The CCDDDB is not responsible for lateness or non-delivery of mail or messenger. Late applications shall be rejected.
- The contents of a successful application will be developed into a formal contract, if selected for funding. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCDDDB reserves the right to withdraw or reduce the amount of an award if there is misrepresentation of the applicant's ability to perform as stated in the application.
- The CCDDDB reserves the right to negotiate the final terms (i.e., best and final offer) of any or all contracts with the applicant selected, and any such terms negotiated as a result of this application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCDDDB also reserves the right to require the submission of any revision to the application, which results from negotiations conducted.
- The CCDDDB reserves the right to contact any individual, agency, or employer listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- Final Decision Authority – The CCDDDB will make the final decision concerning all applications for funding, taking into consideration staff recommendations, defined decision support criteria, best value, and availability of funds.

Decision Section:

Motion to approve the FY14 Allocation Decision Support Criteria as described in this memorandum.

_____ Approved

_____ Denied

_____ Modified

_____ Additional Information Needed

B.D.

**Reaching Out For Answers: Disability Resource Expo
Board Report-Expo Summary
November, 2012**

I am very pleased to report that the 6th annual "Reaching Out For Answers: Disability Resource Expo" held on Saturday, October 13, 2012 at Lincoln Square Village in Urbana, was another huge success! Attendance for the entire five-hour event was steady and strong.

The Steering Committee whose responsibility it is to plan this event has just been an amazing group of hard working, highly committed individuals, most of whom have been doing this since the inception of the Expo in 2007. As coordinator of this event, I am truly humbled by all that these exceptional individuals are doing to ensure a better quality of life for individuals with disabilities in our community. A HUGE Thanks from me to each of them for another phenomenal year!

Exhibitors – This years' Expo brought the highest number of exhibitors to date. 77 exhibitors were on hand to share information and resources with attendees. 14 of these exhibitors were new to the Expo this year. 18 percent of the exhibitors this year were for-profit companies, four of whom were recruited from the Abilities Expo in Schaumburg last spring. These exhibitors were able to share some wonderful new technology, such as the Standing Wheelchair, the Action All-terrain Trackchair, and the Mobility Liftkar stair climber. We also welcomed a new equine therapy resource to our community, Healing Horse Stables, and the Parkinson's Support Group, just to name a few.

Champaign County's new Public Safety Awareness Association was on hand to register persons with disabilities in the Premise Alert Program. Representatives of the Champaign and Urbana PD's, County Sheriff's Dept., Fire Dept. and METCAD made attendees aware of the various emergency resources and how they can assist persons with disabilities in the county.

During the final week prior to the Expo, 11 additional exhibitors requested to be a part of the Expo. Due to the late date and space limitations, we were only able to accommodate four of these exhibitors. The remaining seven have been placed on our Exhibitor Contact List, and will be invited to participate in the 2013 Expo. This ever-growing number of potential exhibitors appears to be evidence that Reaching Out For Answers has made a name for itself not only in this community, but throughout the state. This being said, we may at some point, need to consider the potential for continued growth of this event, and the feasibility of remaining at our current location with the space limitations therein.

Please see the attached Exhibitor Evaluation Summary for further information.

PRIDE Room – Vickie Tolf from DSC did an amazing job in coordinating the PRIDE Room this year. Twenty vendors displayed and sold items such as paintings, photography, jewelry, cards, etc. We were pleased to have 14 year old author, Hollee Trent, in the Pride area selling and signing her book, "Broken", which speaks to this young person's perception of stigma and how it relates to individuals with disabilities.

Please see the attached Pride Room Vendor Evaluation Summary for further information.

Entertainment – As in years past, the mayors of Champaign and Urbana kicked off the Expo by reading a proclamation that October was Disability Awareness Month. Participants of the Expo seemed to really enjoy the wonderful array of entertainment this year, which included jazz music by talented pianist, Donnie Heitler; the wonderfully talented youth orchestra, Mo' Betta Music; and magnificent fashion show by Carlton Bruett Designs. Greater Champaign County AMBUCS presented an AMTRYKE to a youngster again this year. Attendees had the opportunity to purchase raffle tickets for two Ebert Film Festival tickets and a therapeutic weighted blanket. They also participated in a drawing for a Kindle Fire. We were pleased to learn that the winner of the Kindle Fire was a special education teacher with the Urbana School District, who plans to use the Kindle with her students.

We received a very generous donation of over \$1,000 worth of adaptive games from a mail order company called Flaghouse. These games were the focus of our exhibitor bingo this year, and allowed children to seek out and try out some of these wonderful games at various exhibitor booths. Several of the games became part of our Children's Activity Room, and some were given away as prizes.

Children's Activities – The Children's Activity Room, sponsored again this year by First Federal Savings Bank, was a popular place to be at the Expo. Children enjoyed the bounce houses, balloon animals, face painting, games, prizes and snacks.

Accessibility – Sign language interpreters, personal assistants, additional parking for disability access, and much more was available to assist attendees with accessibility accommodations. Exhibitor's handouts were available to attendees in large print and CD to enable all attendees to have equal access to the materials being distributed at the Expo.

Marketing/Sponsorship – The 2012 edition of the "Reaching Out For Answers: Disability Resource Expo" Resource Book was distributed to attendees of the Expo. A huge thank you to Lynn Canfield who worked diligently to make this book the wonderful resource that it is. Additional copies are still available, and will be distributed throughout the coming year.

We were fortunate this year to have WCIA, WAND and the Daily Illini come out and do stories during the Expo.

An event of this magnitude requires some very heavy-duty promotional efforts, which many were involved in. A big thank you goes out to Jim Mayer, Janice McAteer, Jon Deitrich and Vicki Niswander for their parts in the various interviews, tapings, etc. We are also very appreciative of Josh Laskowski with S. J. Broadcasting for their matching ads and loan of sound system for the event.

Volunteers – Of course, an event of this size could not happen without the strong support of volunteers. Jen Knapp did a magnificent job of coordinating just the right number of volunteers to help with various tasks at the Expo. Thank you, Jen!

Respectfully submitted

Barb Bressner
Consultant

Disability Resource Expo
EXHIBITOR EVALUATION
2012

Expo evaluation forms were given to 77 exhibitors. 52 completed forms (67%) were returned.

The following scale was used for rating: 5-Excellent; 4-Good; 3-Ok; 2-Fair; 1-Poor

Items rated

1. Rate pre-event communication:

- 0 – Poor
- 0 – Fair
- 1 – Ok
- 8 – Good
- 40 – Excellent

Comments:

- Perhaps there could be a way to find out ahead of time what wing our table is on. That way we could park near our destination.
- AWESOME!
- We were shown and told what to do and where to be.
- Appreciate updates & specific info. on the location & expectations
- Great signage throughout town! Very visible
- Not sure-was not involved in pre-event communication
- Great
- Great. My sister tried to find out information through the mall & the newspaper & could not find anything on it.
- Sufficient
- Good publicity of event, too.
- Barb is very organized and helpful!
- Great e-mail and info.
- Very well organized. Good marketing to the community.
- Don't know, I was a last minute fill-in
- She was excellent about keeping in touch with me

2. Rate event-day check-in process:

- 0 – Poor
- 0 – Fair
- 1 – Ok
- 5 – Good
- 45 – Excellent

Comments:

- Very quick and easy
- Little confusing at first, but worked out well
- Easy
- Fast & easy
- Ran very smooth. I like how the tables were labeled.
- Went very smoothly
- Smooth, organized.
- Very easy & quick
- Good early
- I didn't know I was supposed to check-in (1st time) & someone came to find me to provide info.
☺
- Great, Friendly & Helpful.
- Sufficient
- Good organization
- Easy process
- Very smooth
- Easy to do, however, it would have been nice to know ahead of time which end of the building I would be in so I could park closer!
- Very easy

3. Rate "Find-the-Game Scavenger Hunt" activity:

- 0 – Poor
- 1 – Fair
- 12 – Ok
- 7 – Good
- 19 – Excellent

Comments:

- Not too many stopped by to ask.
- I don't know – didn't deal with it much.
- Didn't participate
- No input

- I think our booth could have benefitted from this activity, since we target families w/young children
- Fun!
- I didn't see it in progress but it is a great idea!
- Great idea to put people, esp. students to stop at booths & ask questions
- Not sure it helped generate traffic
- N/A – did not observe
- No one asked me about it, so not sure
- No contact with it.
- Fair enough
- We didn't get any☹
- N/A
- Not sure – People were confused
- Great idea but did not witness involvement
- We did not participate in this activity
- Didn't have a lot of requests
- Most people did Not seem interested.
- Good activity. Didn't see much traffic/questions re: the Hunt.
- Didn't play

4. Rate variety of exhibitors/activities:

- 0– Poor
- 1 – Fair
- 0 – Ok
- 6 – Good
- 44 – Excellent

Comments:

- Excellent! Not to be redundant!
- Great
- Almost overwhelming, but wouldn't suggest reducing
- 5***
- A lot of variety and something for everyone to benefit from
- Excellent!
- It's amazing how many resources there are in this community!
- Huge – great variety.
- Good
- Lots of useful exhibits for individuals, families & professionals
- Good variety

- Good.
- Excellent variety and number of exhibitors. Nice range.
- Great!
- Excellent
- Very well organized. Nice displays.
- I had no idea of how many organizations there were in Champaign-Urbana!

5. **Rate the entertainment you had an opportunity to view/hear:**

- 0 – Poor
- 0 – Fair
- 8 – Ok
- 7 – Good
- 31 – Excellent
- 1 – Excellent +

Comments:

- NA – Didn't see any
- Roving musicians were too loud and stayed in our area too long. We were unable to talk with guests while they were present.
- It's ok
- 5***
- Enjoyed fashion show, and the drum player. Music always helps.
- This year was the very best to date!!
- Love the music – Thanks!
- Booth was near stage. Loved the entertainment.
- The band could have played all day.
- Enjoyable
- Please keep noise away from booths so people can hear us & vice versa.
- N/A
- Outstanding. Loved the Jazz Band
- Awesome
- All music was excellent/Fashion Show Great
- Bands too loud!
- Awesome!
- Too loud for exhibitors
- The jazz band was good

6. Rate the physical setting for the event:

- 0 – Poor
- 0 – Fair
- 1 – Ok
- 12 – Good
- 40 – Excellent

Comments:

- Accessible and clean
- Little crowded
- Great layout
- Good layout
- Great open space
- Excellent!
- Easy to find, good accessibility
- Well organized; easy to locate booths
- Wonderful
- Got to see a great mix of people I normally don't get to see.
- Worked well for us.
- Excellent
- Easy to get around.
- It seemed to be spread out really well
- Great, but need powered entrance doors

7. Rate the Expo overall:

- 0– Poor
- 1 – Fair
- 0 – Ok
- 9 – Good
- 39 - Excellent
- 1 – Excellent +

Comments:

- Nice Event!
- Extremely helpful
- Love this event, always tons of info. and great networking opportunity
- I do a lot of expo's & this was the best by far. Very productive use of my time
- Thanks for letting us be a part of it!
- Improvement from last year. More people came through.
- This is my 3rd year and it has been the best so far.

- Great day!
- This event continues to grow in number and quality. This year the best so far
- Great Day!
- Excellent – Vendors/Exhibitors as well as attendees are well cared for!
- Worth the 2+ hr. trip from Chicago!
- Well done!
- Enjoyed very much ☺
- Nice turnout. Well done.
- Excellent
- Wonderful
- Saw a lot of people who were Happy to see this.

Narrative Questions

8. What did you like best about the Expo?

- The attendance – It is always well attended and the traffic is constant throughout the day.
- Fun
- The easy accommodations for exhibitors and participants
- Appreciate the customer service and support given to presenters
- Entertainment, booths, set-up, everything
- # of exhibitors
- The various exhibitors
- Number of agencies, entertainment
- Very organized! Great turn-out of Exhibitors!
- Variety of vendors. Increased flow of people came through
- The variety of Exhibitors. The Entertainment.
- So many great resources for people with disabilities. Very well organized. Fun for all w/the games & entertainment
- Layout of exhibitors well done. Plenty of room.
- Lots of great (as always) info!
- Busy
- Diverse attendees. Art gallery/PRIDE Room
- Well organized. A lot of great vendors
- Thanks for snacks. Loved/piano – Donnie Heitler
- Great resources for the community.
- Entertainment – Disability Pride Room – range of exhibits
- Flow of the event
- All the different resources
- Meeting all the people. Great variety

- Volunteers were attentive, and it was nice of them to give me a break.
- The variety of people – all ages, disabilities
- Being far from band
- All fine.
- We were more visible.
- Wide variety
- Variety of providers – Networking opportunities
- Information. Networking of agencies
- All the exhibits
- Meeting people with similar interests.
- Layout
- Great variety of representatives
- I enjoyed the music very much. I felt very supported & welcome by volunteers. I also thought there was an excellent variety of service providers present.
- Big turn-out
- Music
- We appreciated the opportunity to learn more about services for people with intellectual disabilities and telling people about our project.
- Great outreach, turnout and vendors.
- Meeting the people!
- Good Traffic, Good Networking, Good Responses
- Good attendance. Great location-easy to get to and find

9. What would you change to improve the Expo in the future?

- Move it up to September?
- No traveling music. Quiet area was by roving musicians!
- Doors need to be electronic to get in easier.
- None at this time
- Nothing
- Group exhibitors together in relation to which service they provide-provider agencies should be grouped together or near each other-funding sources should be near providers.
- Please no wooden chairs, extremely uncomfortable for 6 hrs.
- None
- Maybe expand "Scavenger Hunt" – It's a great idea!
- More engaging entertainment. More musical things/performances
- I would prefer chairs that the seat doesn't have a "scoop" (I don't know any other way to describe the seat.).
- Not a thing---
- Would love more comfortable chairs for vendors-but I can always bring a pillow.

- I can't think of anything.
- More entertainment.
- TOO LONG
- None
- For out of towners it was confusing to know where to park. My GPS took me to the Post Office.
- Automatic door
- Better organization. ASO treatment was ASO, et cetera
- Everything seemed fine.
- Move it to Parkland College.
- I would change the hours. Maybe 9-1 or a 10-2
- Maybe every other year
- More pre-Expo advertising
- It is great as it is.
- Better weather. HaHa
- Better intercom/mic system
- Nothing.
- Every-other-year
- Everything was great and well-organized! We have no complaints.
- Can't think of any.
- Not enough people
- Maybe have a few more wheelchair users coming thru.

10. What other exhibitors might you suggest we invite to future Expos?

- Food therapy – "Girls on the Run"
- I wasn't able to see all of them, but someone who is an interpreter or offers services would be great.
- Can't really think of anyone who isn't already here!
- N/A
- Someone that deals with Lung Diseases.
- The event may be near a maximal number for space available
- ITAC. Chittick Low Vision
- Food vendors
- School districts?
- I believe it was a nice balance.
- Not sure you missed anyone.
- None at this time.
- Not sure you have room for more.
- Don't know
- ?

- We are only learning about the various exhibitors ourselves, so we do not know anyone else who would be a good exhibitor.
- No idea!
- Maybe some outdoor sporting events designed towards people with disabilities (ex. Rowing, hunting, etc.)

11. What other entertainment options would you like to see us bring to the Expo, keeping in mind that we strive to have all entertainment performed by or geared toward persons with disabilities.

- Love the music
- Maybe a display of art or crafts made by those with disabilities.
- Entertainment was great!
- Parkland Pops. Anything musical brings a good atmosphere
- It would be hard to improve on today's entertainment.
- Music is great.
- Moving entertainment – visual – throughout the expo > the traveling musicians just came by.
Thanks!
- Mime. Strolling magician
- Really enjoyed the middle school jazz band 😊
- Face painting for kids. Maybe clown. Wheelchair sports demo, i.e. Rugby, Basketball, etc.
- Salsa dancing
- Story teller
- None
- The entertainment was awesome for all levels of cultures. Great Event.
- What you had was great!
- I loved the music, however, it might have been nice to have more entertainment for the hearing impaired.
- Don't know
- ?
- Again, no idea.
- Nothing, you did a good job with this part of the expo.



Disability Resource Expo
DISABILITY PRIDE
EXHIBITOR EVALUATION
2012

Disability Pride evaluation forms were given to 20 exhibitors. 10 completed forms (50%) were returned.

The following scale was used for rating: 5-Excellent; 4-Good; 3-Ok; 2-Fair; 1-Poor

Items rated

1. Rate pre-event communication:

- 0 – Poor
- 0 – Fair
- 0 – Ok
- 3 – Good
- 6 – Excellent

Comments:

- Everyone responded to phone calls and e-mails very quickly
- Vickie was very helpful w/my setting up and making sure I had everything I needed!
- Don't remember receiving info few days in advance about accommodations for exhibitors, except that we would get lunch vouchers.
- Good. Maybe a little more publicity. I heard about it on WILL Radio, which was a good venue.
- Great communication from Vickie in person and via e-mail.

2. Rate Setting up and support throughout the day:

- 0 – Poor
- 0 – Fair
- 0 – Ok
- 1 – Good
- 8 – Excellent

Comments:

- Everybody was very supportive, always willing to help.
- Excellent
- Everyone was so wonderful & helpful!

- Very good except volunteer directing attendees into Disability Pride room disappeared in early afternoon.
- I was so glad my table and backdrop were ready with my name on them. Also, there were snack bags and food available. Diet drinks were great. Volunteers were helpful.
- Thank you
- It was fine

3. **Rate variety of artists/entrepreneurs in the Disability Pride room:**

- 0 – Poor
- 0 – Fair
- 0 – Ok
- 2 – Good
- 7 – Excellent

Comments:

- The printed silks blew my mind.
- Excellent choice and great variety.
- Fantastic selection.
- Great!

4. **Rate the entertainment if you had an opportunity to view any of it:**

- 0– Poor
- 0 – Fair
- 2 – Ok
- 0 – Good
- 6 – Excellent

Comments:

- The music was very pleasant.
- Too loud, hard to talk with customers or other workers.
- Very good except dark. Spotlights were offered but there was no place to plug them in.
- I was glad I was far down the hall from the music because the band was loud.
- Loved “Mo Betta Music”!
- I was glad there was more for kids.

5. Rate the physical setting for the Disability Pride room:

- 0 – Poor
- 0 – Fair
- 0 – Ok
- 0 – Good
- 2 – Excellent
- 6 – Excellent +

Comments:

- Everything was very well spaced out so you can maneuver around!
- I was really glad to be in the main hallway of the mall. I would not have wanted to be tucked away in the separate Pride Room.
- Doorway needs a ramp.

6. Rate the Disability Pride Room & Expo overall:

- 0 – Poor
- 0 – Fair
- 0 – Ok
- 2 – Good
- 3 – Excellent

Comments:

- A great experience. Met lots of amazing people.
- Great to come out Nov. only to present bus to meet everyone & network
- I like my spot

Narrative Questions

7. What did you like best about the Expo/Disability Pride room?

- The atmosphere was very welcoming
- A wide variety of things
- Table covers were beautiful, plenty of room between tables, lots of really good talent and goods.
- Pride Room was so organized with materials, etc.

8. What would you change to improve the Disability Pride room in the future?

- Marketing. I think we should make flyers, send e-mail blasts, get in the newspapers, offer food vendors maybe?

- Have it open for the exhibitors sooner.
- I would not change anything about the room or the set-up. You have just the right mixture of good, arts, etc.
- Point out-make a sign pointing to door open disability button at South Entrance.
- All should be out in the open instead of tucked away in the dark Pride Room.

9. Do you know of other Disability Pride exhibitors who you might suggest we invite to future Expos?

- No
- Sorry, but no!

14.A



Mental Health First Aid 12-hour Course

Thursday, December 13, 2012 – 8:30am to 5:00pm AND
Friday, December 14, 2012 – 8:30am to 4:30pm

Community Elements
1801 Fox Drive
Champaign, Illinois 61820



REGISTRATION

See below for additional information. To register, please mail this completed form along with your registration fee of \$90.00 per participant to:

Community Elements, Inc.
Attn: Human Resources
1801 Fox Drive
Champaign, IL 61820

Questions? Call 217-398-8080, extension 1285.

Name _____

Address (street, city, state, zip) _____

Phone number, if any _____

E-mail address, if any _____

Occupation and employer name, if any _____

- LUNCH WILL BE PROVIDED EACH DAY. Please note any dietary restrictions on this form.
- Registration is limited to the first 30 participants.
- Cost is \$90 per participant and payment must be received with registration by Friday, December 7th. The registration fee is non-refundable unless the training is cancelled by Community Elements, Inc. If a registered participant is unable to attend, the registration is transferrable to an alternate participant by notifying Community Elements.
- PLEASE NOTE: Certification in Mental Health First Aid will be attained upon the successful completion of the 12-hour training course and evaluation. Participants must attend the entire training to receive certification.



ALGEE, the Mental Health First Aid Action Plan

- Assess for risk of suicide or harm*
- Listen nonjudgmentally*
- Give reassurance and information*
- Encourage appropriate professional help*
- Encourage self-help and other support strategies*

Questions? Call 217-398-8080, extension 1285.

Visit the **EVENTS** page at www.communityelements.org

Mental Health First Aid USA is coordinated by the National Council for Community Behavioral Healthcare, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health.

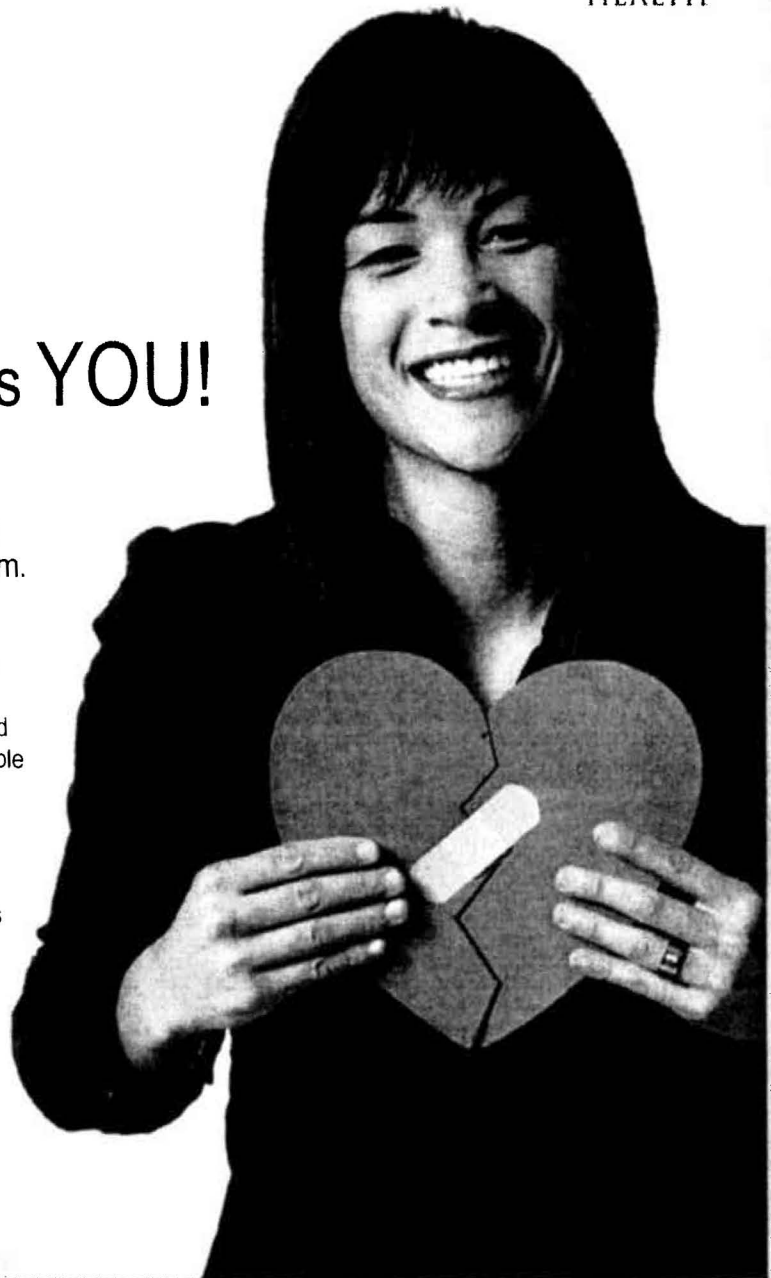


Sometimes, first aid isn't
a bandage,
or CPR,
or the Heimlich,
or calling 911.
Sometimes, first aid is **YOU!**

Someone you know could be experiencing a mental illness or crisis. You can help them.

You are more likely to encounter someone — friend, family member, coworker, neighbor, or member of the community — in an emotional or mental crisis than someone having a heart attack. Mental Health First Aid teaches a 5-step action plan to offer initial help to people with the signs and symptoms of a mental illness or in a crisis, and connect them with the appropriate professional, peer, social, or self help care. Anyone can take the 12-hour Mental Health First Aid course — first responders, students, teachers, leaders of faith communities, human resources professionals, and caring citizens.

Sometimes, the best first aid is you.
Take the course, save a life, strengthen
your community.



This program has been pre-approved for 12 (General) recertification credit hours toward PHR, SPHR and GPHR recertification through the HR Certification Institute. The use of this seal is not an endorsement by the HR Certification Institute of the quality of the program. It means that this program has met the HR Certification Institute's criteria to be pre-approved for recertification credit.



Mental Health First Aid Course – 12-hour public course.

8:30a-5:00p on Thursday, December 13, 2012 AND
8:30a-4:30p on Friday, December 14, 2012

Community Elements, 1801 Fox Drive
Champaign, Illinois, 61820

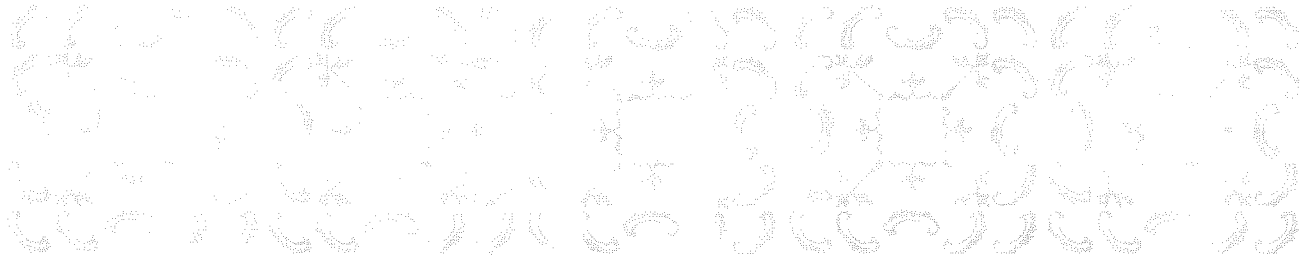
Cost is \$90 – includes lunch and all materials.

Visit the Events page at
www.communityelements.org for more
information.

14.B

Monday, December 10, 2012

4:30 to 6:30 p.m.



*The Champaign County Mental Health Board
Requests the Privilege of your Attendance To Honor:*

Jan Anderson and Mary Ann Midden

*For their commitment & dedication,
as their service to the Board comes to an end.*

Lincoln Square Food Court
Lincoln Square Mall
Urbana, IL
A cash bar will be available.

