



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, APRIL 24, 2013

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

4:30 p.m.

1. Call to Order - Dr. Deloris Henry, President
2. Roll Call
3. Citizen Input
4. CCDDDB Information
5. Approval of CCMHB Minutes
 - A. 3/20/13 Board meeting*
Minutes are included in the packet. Action is requested.
6. President's Comments
7. Executive Director's Comments
8. Staff Reports
A report from ACCESS Initiative is included in the packet. Verbal reports from Ms. Canfield and Mr. Driscoll may be provided at the meeting.
9. Board to Board Reports
10. Agency Information
11. Financial Information*
A copy of the claims report is included in the packet.

12. New Business

A. FY 2014 Application Program Summaries

Discussion of agencies requests for funding. A Briefing Memo, copies of the draft program summaries, and a glossary of terms is included in the Board packet.

B. PLL Recidivism Study

The results of recidivism study for youth involved with the PLL-Extended Care program is included in the Board packet. A presentation and discussion of the study with the research firm Hornby Zeller and Associates is planned for the October 23, 2013 Board meeting.

13. Old Business

A. Criminal Justice & Mental Health Resolution

Briefing Memo with CCMHB resolution on collaboration between the CCMHB and stakeholders in the criminal justice system is included in the Board packet.

B. Disability Resource Expo

Written report is included in the Board packet.

14. Board Announcement

15. Adjournment

**Board action*

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
BOARD MEETING**

Minutes—March 20, 2013

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

DRAFT

4:30 p.m.

- MEMBERS PRESENT:** Astrid Berkson, Aillinn Dannave, Bill Gleason, Ernie Gullerud, Deloris Henry, Mike McClellan, Tom Moore, Julian Rappaport, Deborah Townsend
- STAFF EXCUSED:** Nancy Crawford
- STAFF PRESENT:** Peter Tracy, Executive Director; Lynn Canfield, Mark Driscoll, Stephanie Howard-Gallo, Tracy Parsons
- OTHERS PRESENT:** Sue Wittman, Bruce Barnard, Kathy Kessler, Community Elements (CE); Beth Chato. League of Women Voters (LWV); Bruce Suardini, Gail Raney, Prairie Center Health Systems (PCHS); Patty Walters, Developmental Services Center (DSC); Ryan Santens, Psychological Services Center (PSC); Cassandra Woolfolk, Center for Youth and Family Solutions (CYFS); Patti Petrie, Champaign County Board
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CALL TO ORDER:

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

ROLL CALL:

Roll call was taken and a quorum was not present.

ADDITIONS TO AGENDA:

None.

DRAFT

CITIZEN INPUT:

James Kilgor, Belden Fields and Bobbie Trist from the Champaign-Urbana Citizens for Peace and Justice each spoke regarding the need for more effective mental health support in the criminal justice system.

CCDDB INFORMATION:

The CCDDB met earlier in the day. In September, the CCMHB and the CCDDB will host a public hearing on intellectual disabilities and developmental disabilities in order to gather information on community needs.

Mr. Tracy reported the Association of Community Mental Health Authorities of Illinois (ACMHAI) has sent a letter to Tony Records, Court Monitor for Ligas regarding building capacity that need residential placement in Champaign County.

APPROVAL OF MINUTES:

Minutes from the February 20, 2013 Board meeting were included in the packet for review.

MOTION: Dr. Townsend moved to approve the minutes from the February 20, 2013 Board meeting. Ms. Dannave seconded the motion. A vote was taken and the motion passed unanimously.

PRESIDENT'S COMMENTS:

Dr. Henry thanked staff for all of the information in the Board packet.

EXECUTIVE DIRECTOR'S COMMENTS:

Mr. Tracy reported the final evaluation report on the Parenting with Love and Limits (PLL) has been received and it is very favorable. A formal presentation on the evaluation report will be held later in the year.

STAFF REPORTS:

Written staff reports from Mr. Driscoll, Ms. Canfield and Mr. Parsons were included in the Board packet.

BOARD TO BOARD:

None.

DRAFT

AGENCY INFORMATION:

Patty Walters from Developmental Services Center (DSC) announced DSC will be holding a future planning and special needs trust training on April 9, 2013.

FINANCIAL INFORMATION:

Approval of Claims:

The claims report was included in the Board packet for acceptance.

MOTION: Mr. McClellan moved to accept the claims report as presented in the Board packet. Dr. Moore seconded the motion. A voice vote was taken and the motion passed unanimously.

NEW BUSINESS:

Community Behavioral Health Services and the Criminal Justice System: A Comprehensive Discussion:

Included in the Board packet was the Community Justice Task Force Progress Report and a spreadsheet of existing CCMHB contracts linked to the criminal justice system. In FY13, the CCMHB allocated \$1.3 million dollars to juvenile, adult and victim programs. \$523,000 has been allocated to support services that provide linkage for persons leaving the jail, Drug Court and Mental Health Court.

Sergeant Joel Sanders from the Urbana Police Department spoke to the Board and provided a PowerPoint presentation regarding Urbana police contacts with persons in a mental health crisis. Sergeant Sanders explained officers have three options when dealing with a person in a mental health crisis: (1) jail, (2) hospitalization or, (3) do nothing. He spoke with the Board about personal experiences dealing with persons in a mental health crisis and the challenges police officers face daily.

Mr. Bruce Barnard from Community Elements (CE) spoke to the Board and provided a PowerPoint presentation regarding programs offered at CE. He also provided information regarding criminal justice and mental health challenges.

Sheriff Dan Walsh and Captain Jones detailed the services provided at the jail; discussed Moral Reconciliation Therapy (MRT) training for officers; psychiatric waiting lists; lack of resources and recidivism.

DRAFT

Board members were given an opportunity to ask questions following the presentations. Dr. Rappaport suggested the CCMHB form a concrete opinion regarding mental health services in the criminal justice system and present the opinion to the Champaign County Board.

Bureau of Justice and Mental Health Collaboration Program Application:

A Briefing Memorandum on an application to the Bureau of Justice was included in the Board packet.

CCMHB FY 2012 Annual Report:

A draft CCMHB FY12 Annual Report was included in the Board packet for review and approval.

MOTION: Dr. Gullerud moved to approve the CCMHB FY12 Annual Report as presented. A voice call vote was taken and the motion passed unanimously.

Cultural & Linguistic Competence Plans Review:

Shandra Summerville, Cultural & Linguistic Competence Coordinator for the ACCESS Initiative provided an oral report on the progress of the Cultural Competence Plans.

OLD BUSINESS:

Disability Resource Expo:

A written report from Ms. Barb Bressner was included in the Board packet. The Disability Resource Expo will be held on October 12, 2013. A change in venue is being explored due to the growth of the Expo through the years.

Champaign County Anti-Stigma Alliance:

A written report from Ms. Barb Bressner was included in the packet.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The business meeting adjourned at 6:32 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

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



ACCESS Initiative Staff Update

Month of: April 2013 **Staff Name:** Jonte' Rollins

Infrastructure Area(s): Linkage, Engagement, and Communications Coordinator

ACCESS Children's Mental Health Awareness Week May 5-11, 2013 Shining Lights: Exposing Trauma

- Wed 5/2 Lighting the Path to Resilience: 2013 CMHAW Promotions during the Walk as One Community Walk- 4:30-6:00 PM -Centennial Park Neighborhood

- Sun 5/5 Walking Into the Light of Awareness: Faith Based Outreach Day

- Mon 5/6 CMHAW Spotlights: Media Outreach Day

- Tues 5/7 Dare to Reach into the Darkness: 2013 CMHAW Stakeholder Luncheon

Shinning the Light on Me: Self Care Expo for Parents and Caregivers – Eastland Suites 4:00-8:00 PM

- Wed 5/8 Glow Green Wednesday: Community Outreach Day

- Thurs 5/9 Flashing Lights: 2013 Youth Awareness Show-88 Broadway 6:00-9:00 PM

- Fri 5/10 Youth Mental Health First Aid Training- Champaign Public Library 9:00 AM-5:00 PM (Pre-Registration Required)

Backstage ACCESS presents Friday Night Lights: Professional Networking Social-Eastland Suites 5:30-8:00 PM

- Sat 5/11 Shine Bright: 2013 CMHA Block Party – Douglas Park 12:00-2:00 PM

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

2013 CMHAW Working Group	<ul style="list-style-type: none"> • Highlighted Activities/Events from 2011 and 2012 campaigns • Solicited feedback from returning work group members regarding areas of improvement 	March 1, 2013
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Social Media Team

- and things that should remain the same
- Brainstorming Session to create list of potential themes, campaign messages, events, and activities for 2013 campaign.
 - Parent and Youth Spotlights on ACCESS Website
 - The first youth spotlight in February was a success. We will continue to highlight a new youth on the 15th of every month.
 - April 1st Parent Spotlight will begin. We highlight a new parent/caregiver at the beginning of each month.
 - ACCESS review for 2012-The team wants to create an 8-10 minute video highlighting 2012 ACCESS activities and events. That can be played at the CMHAW Stakeholder luncheon or uploaded to the ACCESS YouTube station
 - Reviewed criteria for the 2012 Excellence in Community Communications and Outreach (ECCO) Recognition

March 12, 2013

CMHAW Working Group

- Finalized 2013 CMHAW theme: **Shining Lights: Exposing Stigma**
- Decided on activities and events for the week and assigned them to days.
- Identified event leaders
- Created planning groups to solidify
 - Title of event/activity
 - Theme
 - Time
 - Location (include rental cost and any other logistics)
 - Overview of program or activity (purpose, goals, objectives, etc.)

March 15, 2013

Social Media Team

- Website update
 - Add the upcoming youth barber and beauty shop open discussions about teen dating violence in honor of teen dating violence month to the website
- Created standards for capturing ACCESS activities and events and connecting them to ACCESS online media sources

March 19, 2013

- Identify 3 people from each event to tweet while there
- Identify 3 people from each event to make a FB post
- 10 pictures taken from each event and posted on FB.
- Created questions for caregivers to answer for the upcoming spotlight on the website
 - Name:
 - If you had a Super Hero power then what would it be?
 - Hobbies:
 - My goal(s) for P3:
 - What challenges do you think most caregivers face in our community?
 - Bio: values, family background, beliefs, ethnicity/heritage, anything you'd like to share about yourself or your family. Also feel free to include professional and community involvement.
- CMHAW Update
 - There will not be an open call for committee this year. The committee will consist of Social Media Team members and individuals from last year.
 - We will keep the same events as last year. The only addition will be a parent specific event to take the place of the bullying summit that took place.
- Champaign Community Coalition media outreach efforts
 - Juvenile Justice resource guide in conjunction with the State's Attorney
 - Situational resource guide/and on line version
 - FAB and YAB will be discussing about certain situations and criteria that need to be considered for the development of both of the above projects
- C-U Make Noize
 - 4 songs are being recorded right

now to use in CMHAW promotions and to be performed at the Awareness Show

- Hopes are to identify some performers (rap, singing, and spoken word) to include in show and on album
- Decided on ACCESS entries for 2012 ECCO Recognition
 - Community Outreach-Youth: 2012 Youth Awareness Show
 - Professional Outreach-2012 ACCESS Think Tank
 - Partnership Development-Champaign Community Coalition
 - Next year we will submit the following entries:
 - 2013 CMHAW
 - Community Outreach-Parents
 - Partnership Development-Juvenile Justice Resource Guide (if Coalition isn't selected as a finalist)
 - Internal Communications-Summer Newsletter
 - Social Marketing Plan-Create ACCESS SMC Plan part 2 tht will be tied directly to the ACCESS sustainability plan (The initial plan was linked to the logic model)

Social Media Team

- 2012 ECCO Recognition entry preparation
 - Partnership Development-Champaign Community Coalition
 - ECCO Entry Form
 - Kick-Off Brochure
 - Pencil and Book Mark
 - Start-up minutes
 - Background Document
 - Power point
 - Clips from the website
- Community Outreach-Partners = ACCESS Think Tank

March 26, 2013

- ECCO Entry Form
- Planning Meeting Minutes
- Registration Form
- Pre-Activity Worksheets
- Introduction Video
- Day 1 and 2 Agendas, Power Points, and handouts
- Summary Report
- Evaluations/Feedback
- Pictures

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.*

26th Annual Children Mental Health Research Conference	Jonte' Rollins (ACCESS LECC) Tracy Parsons (ACCESS Project Director) Regina Crider (ACCESS Lead Family Contact)	March 4-6, 2013	Attended 26th Annual Children Mental Health Research Conference in Tampa, FL
<i>Champaign Community Coalition Resource Guide Youth Focus Group</i>	Jonte' Rollins (ACCESS LECC) Ratisha Carter (ACCESS Youth Engagement Specialist) ACCESS Youth Advisory Board	March 8, 2013	Held a focus group discussion with ACCESS Youth Advisory Board members to solicit youth voice in the creation of a situational resource guide. Youth answered the following questions: <ul style="list-style-type: none"> ● If you (or someone you know) has had to deal with systems (court, DCFS, probation, school administrators) or service providers (case workers, therapists, counselors, groups, etc) because your (or someone you know's) child who has been in trouble with the law, gets

*Champaign Community
Coalition Resource
Guide Caregiver Focus
Group*

ACCESS Family
Partners

March 8, 2013

Held a focus group discussion with ACCESS Family Partners to solicit family voice in the creation of a situational resource guide. Caregivers answered the following questions:

- If you (or someone you know) has had to deal with systems (court, DCFS, probation, school administrators) or service providers (case workers, therapists, counselors, groups, etc.) because your (or someone you knows) child who has been in trouble with the law,

put out of school for behavior, has an IEP, goes to an alternative school, has been taken from the home, can't control their emotions, is depressed, or anxious...WHAT WOULD HAVE MADE THE SITUATION MORE BEARABLE? WHAT KIND OF SUPPORTS OR RESOURCES WOULD HAVE HELPED?

- What are some other difficult situations you (or someone you know) have had to face while raising your child that you didn't have all the answers to deal with, wish you had more help with, or someone to talk to about?
- If you could stop another parent from having to figure it out on their own...what advice or tools would you suggest be given to them.

Rantoul High School
Universal Screening
Meeting

Jonte' Rollins
(LECC)

Regina Crider
(SOAR Youth
Program)

Rantoul High School
Superintendent,
PBIS Coordinator,
and Behavioral
Specialist

March 20, 2013

gets put out of school for behavior, has an IEP, goes to an alternative school, has been taken from the home, can't control their emotions, is depressed, or anxious...WHAT WOULD HAVE MADE THE SITUATION MORE BEARABLE? WHAT KIND OF SUPPORTS OR RESOURCES WOULD HAVE HELPED?

- What are some other difficult situations you (or someone you know) have had to face while raising your child that you didn't have all the answers to deal with, wish you had more help with, or someone to talk to about?
- If you could stop another parent from having to figure it out on their own...what advice or tools would you suggest be given to them.

Talked about ACCESS universal screening process, type of data collected, and how it relates to the SOAR/Impact programming in Rantoul schools.

2013 ECCO entry
planning meeting

Jonte' Rollins
(ACCESS LECC)

Ratisha Carter
(ACCESS Youth
Engagement
Specialist)

March 25, 2013

Met to complete the Community Outreach-Youth: 2012 Youth Awareness Show entry for the 2012 ECCO awards.

- ECCO Entry Form
- Youth Awareness Show

			<ul style="list-style-type: none"> Planning Guide • Awareness Show Contest Rules • 105.5 Radio Show Ads • Screen shots of live Twitter Feed • Video clips from the show • Pictures for the show • Flyers (audition promotions and event) • Evaluations
Mental Health Board Agency Meeting Presentation	Mental Health Board funded agencies and programs	March 26, 2013	<p>Provided an update on ACCESS</p> <ul style="list-style-type: none"> • Year 5 match requirements • Better alignment of ACCESS funded agencies through M.O.U's to identify youth for national evaluation, capture IPP indicators, and track in-kind contributions for match • Evaluation update <ul style="list-style-type: none"> ○ National evaluation ○ Organizational assessment • ACCESS Coordinating Council Areas of Focus <ul style="list-style-type: none"> ○ Trauma learning community ○ Sustainability Goals
Juvenile Assessment Center Concept Paper Discussion Meeting	<p>Jonte' Rollins (LECC)</p> <p>Tracy Parsons (PD)</p> <p>Joe Gordan (Probation and Court Services)</p>	March 26, 2013	<p>This meeting was held to solicit feedback and collect input from the Director of Probation and Court Services regarding the working document being drafted by Champaign Community Coalition leadership outlining the general concepts of a juvenile assessment center and how it would fit into youth services currently present in Champaign County.</p>

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.

March 13, 2013-
Champaign
Community Coalition
Monthly Meeting

- Monthly Meeting Goal Team Updates
- Goal Team #1 Breakout-Provided an update from the ACCESS youth and caregiver focus groups.

ACCESS Initiative Staff Update

Month of: March 2013 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 MOVE Hangout	Youth MOVE Members gathered to share ideas and discuss the important next steps for Youth MOVE Champaign County Chapter.	March 20, 2013
Office Help & Youth Engagement	Youth assist the Youth Engagement Specialist at the office. This includes filing documents, strategic planning, creating documents, and more.	Meaguell Gains, S'Tyy Hamilton, Christian Brown, Dasha Moore, Delisha Cooper-Pickens
Meeting with Molly Hamilton (Shandra Summerville's Intern)	Molly Hamilton would like to do a video for a project (she is a student at the U of I) focused around Mental Health & Challenges youth face with Trauma and Stigma.	March 11, 2013
Youth MOVE Summer Leadership Academy (YMSLA) Strategic Planning	Met with Ricky Greer about having the YMSLA at the Church of Apostolic Authority as the facility this summer & discuss the logistics	March 18, 2013
	Created 2013 calendar draft and looked over last year's report with Jessica Caston.	March 22, 2013
	More Strategic Planning	March 27, 2013
Youth Awareness Showcase Working	This is a sub-group for the Children's Mental Health Awareness Week Committee. This	March 26, 2013

group

group will only concentrate of the

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)	Every Tuesday 10:00AM-12:00PM	All ACCESS Initiative social media related projects
FACE Meeting(s)	Every Thursday 5:00PM-7:00PM	Participated as a presenter-informed families about Youth MOVE, my role at the ACCESS Initiative, and recruitment process
Staff Meeting(s)	Thursdays 8:30AM-10:00AM	Staff updates
Children's Mental Health Awareness Week (CMHAW) working group meeting	Strategic planning for CMHAW. Ratisha Carter is tasks with Youth Awareness Show again this year.	March 15, 2013
Meet with Jonte Rollins about the resource Guide (Youth Voice) for Champaign Community Coalition Group #2	Jonte Rollins wanted to meet with youth about a resource guide that would help youth in Champaign county with	March 8, 2013 (Youth MOVE members participated in this meeting)

ECCO Awards Preparation Meeting	<p>navigating the educational, child welfare, and juvenile justice systems through select questions and answers.</p> <p>Create summaries with Social Media Team of select events that will be entered into chosen categories for the ECCO Awards (Social Marketing).</p>	March 21, 2013 & March 25, 2013
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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 Relations Commission Presentation	Shandra Summerville and Ratisha Carter presented to the board general ACCESS Initiative information with an emphasis on Cultural and Linguistic Competence and Youth Engagement.	March 4, 2013
Guest Speaker for PTA Meeting at Franklin Middle School	Ratisha Carter visited each classroom at Franklin Middle School during the day to share quick information about Youth MOVE and how youth can get involved at the ACCESS Initiative and other community projects.	March 12, 2013

Champaign Community Coalition

Ratisha Carter (Youth Engagement Specialist) & Christian Brown (Youth Advisory Board Member) participated in the Youth Development group. The goal is to get more involved regularly with the Coalition and involve youth voice.

March 13, 2013

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

Youth members were at the PIAT Conference during Coordinating Council this month

Ratisha Carter & Youth (Meaguell Gaines, Christian Brown, Delisha Cooper-Pickens, S'Tyy Hamilton)

Completion: Ongoing

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

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

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.	Completion: Ongoing ongoing
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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: Updated the website with a Youth Advisory Board Member Spotlight. The Youth MOVE Media Coordinator, Christian Brown, updated the Youth MOVE Facebook Page.</p> <p>Goal: Continue to update and transfer pictures, connect with youth in our community</p> <p>Completion: Ongoing</p>
Children's Mental Health Awareness Week (CMHAW) Campaign, events, and	To spread awareness about mental health youth related	Progress: Meetings will be held throughout April and

activities (Required by Youth MOVE & SMCC)

issues and challenges in Champaign County.
To promote mental wellness and reduce stigma associated with mental illness and multiple system involvement

early May 2013. Ratisha Carter participates on the CMHAW committee and also leads a working group for the Youth Awareness Show.

Create youth friendly resource guides for youth involved in

- a. Juvenile Justice
- b. Child Welfare

Youth Participated in a working group for the resource guide that is being created by the Champaign Community Coalition.

TBD

GOAL 7: Encouraging rigorous evaluation

Training and Technical Assistance and Service Delivery Report

April 2013

Prepared by :Karen Crawford Simms, Wraparound Training and Technical Assistance Coordinator

SERVICES AND SUPPORTS UPDATE:

Referrals from January to March 31, 2013: 53

- **19** - Enrolled Youth
- **21** - Youth Pending Enrollment: (Reasons – 7 families awaiting assessments, 4 in the enrollment process, 4 families have had repeated scheduling challenges, 6 families have so far been unresponsive – are in the 3:3:1 engagement process)
- **4**- Youth/Families Declined
- **8** -Youth Receiving GAP/SPARCS only services
- **1** - Did not meet eligibility requirements and was referred to requested services/supports.

Referral Sources:

16- Self Referrals

10 – RPC Referrals

8 – Urbana Schools

3- JDC Referrals

3- Champaign Schools

6- GAP Referrals

5- Community Elements

2-SOAR Youth Programs

We have also been:

- Restructuring the intake process so that it would allow us to more readily determine the youth's eligibility;
- Aligning our wraparound facilitators with our key referral sources: Urbana Schools, Champaign Schools, Juvenile Justice, Community/Self referrals and a Girls Initiative. * We are looking to hire someone who is bilingual and someone who can serve youth located in county (outside of Champaign/Urbana);
- Restructuring the Family and our Peer Partner roles which are now being directly supervised, mentored and coached by the Lead Family Coordinator

Training and Technical Assistance Activities:

1. Provided ongoing staff training and development focusing on increasing their skills and their capacity deliver family driven/culturally responsive strength based programs and services. Karl and Kathy Dennis were here to provide ongoing training and technical assistance directed an increasing staff ability to engage natural supports and more effectively respond to crisis. They also provided assistance in redesigning our intake process, service delivery flow, and they began to help us think about early sustainability strategies.
2. Co-Hosted with the Pavilion a **Trauma Focused CBT** training - on February 13-14, 2013 at the Pavilion -Clinicians from Community Elements, the Pavilion, Cunningham, a Community Provider, the Pavilion and ACCESS attended the training.
3. In an effort to increase the effectiveness of working with runaway girls, Karen Simms (Wraparound Coordinator) and Angela Walden (Girls Advocacy) attended training in NY sponsored by **Girls Education Mentoring Services (GEMS)**. GEMS' founder Rachel Lloyd is a leading voice in this area with phenomenal expertise. The training was designed to help communities design more effective strategies to address the needs of runaway girls and youth who are being commercially sexually exploited. The GEMS model is a strength based, cultural and gender responsive, harm reduction model that is not only trauma informed but has also been demonstrated as being highly effective in moving girls from being victims, to survivors, to leaders. The training also provided participants with tools to improve their social marketing, community education initiatives, their collaborations with schools and juvenile justice providers, and great staff development tips. It was an exceptionally helpful training. (As an aside the Gov. of Alaska's wife attended the training along with 8 individuals from the Alaska because of their commitment to addressing this issue systematically in their State). The training definitely emphasized the importance of a coordinated collaborative community response.
4. Trained a staff person in **Youth Mental Health First AID** - In an effort to continue our commitment to increasing opportunities to educate the community, youth and families to address the needs of social, emotional, and behavioral needs of youth in our community we had a staff person attend the Youth Mental Health Instructor training. Unfortunately, we are not able to offer the Youth Mental Health First AID training which would be an excellent complement to the Adult Mental Health First AID training. The youth mental health first aid course focuses on adolescent behaviors, risk and protective factors, understanding the social, emotional, and behavioral needs of youth; and supporting a youth in crisis. However, we will be offering regular periodic trainings.

5. ***April 8-10, 2013 a staff person attended the National Council for Behavioral Health Conference*** - The central conference foci was integrative care (physical health, addictions treatment, and mental health) and trauma informed care. There were also a number of sessions around health care reform and its potential impact on behavioral health. One of the overall themes on the conference from beginning to the end was the importance of focusing on 'healing and developing the community' and 'the frontier of behavioral health. Speaker after speaker focused on this theme of community development and community building as a key to healing - from Linda Rosenberg's (President of the National Council of Behavioral Health) kickoff keynote address: "It's time to bring the Community back Into Community" to Patrick Kennedy's closing address: "50 years of Community Mental Health: The Opportunities within our Grasp." (handouts and PowerPoint's from the conference are available)

Other highlights:

- a. *Larke Huang* - from SAMSHA's center for trauma and justice discussed SAMSHA's new and emerging trauma initiatives. There is current legislation being considered that will provide more grants and funding opportunities for organizations interested in increasing their capacity to be trauma informed. They are also reviewing all trauma informed principles and organizational assessments in an effort to provide an evaluation of the most effective tools. She also stated on a federal level that Child Welfare has a mandate to more strategically look at trauma and its impact on the youth and families they serve. Also Eric Holder has created a Defending Childhood Initiative that will be attached to community development programs and funding.
- b. *Suzanne Daub* - from Integrated Health Consultants shared that the Institute for Safe Families in Philadelphia is piloting a revised ACE study that includes the variables that impact urban families (community violence, poverty, racism).
- c. SAMSHA will be releasing a film: "*Healing in Community: Trauma, growth and recovery*" that will be an excellent teaching tool focusing on helping communities understand why trauma informed, 'consumer' driven practices lead to sustainable and transformative community change. The Greenfield Intentional Peer Community has worked in collaboration with the legal, child welfare, mental health, and substance abuse communities to heal communities
- d. *Dr. Bruce Perry* who is the senior fellow at the Child Trauma Academy-gave the most 'illuminating talk' by sharing new and emerging research regarding trauma and its impact not only on the pre-frontal context (but all brain development) and the emerging research of why childhood

trauma has such an integral connection to health. However, the key item that made his presentation exceptional was his discussion about ‘what helps children heal’. The research suggests that consistent relationships are the biggest agents of change and ‘the most powerful therapy is human love.’

- i. As an example he cited a study that found that in programs where youth a tutored one-on-one to improve their reading programs compared programs that used a group based approach that the 1:1 intervention lead to a 2 sigma shift in improvement in reading compared to the group based outcome.
 - ii. A longitudinal study that look at the positive health outcomes that were associated with having a park in your neighborhood that you could use compared to neighborhoods without parks (because of the sense of community that is formed around a park)
 - iii. He talked about how our typically our child serving systems are (for a variety of legitimate reasons) ‘retriggering’ because the things children need: a consistency, predictability, lasting, relational, attachment oriented are frequently not aligned with the practice models. His solution design programs, services, and systems that use therapist and providers as the coaches, teachers, targeted treatments providers, and ancillary supports – and look to increase the availability of community based relationship oriented options to create long term-lasting change. (More notes are availability about strategies to increase neuroplasticity, affect-regulation, and real healing).
- e. There were “Ted Talks” - 2 excellent ones were *by Fred Osher on “Can We Predict Violence”* - the answer is no risk assessment tool is an effective predictor however he talked about using screenings to build protective factors as being the best possible strategy to reduce violence. *Anthony Salerno* talked about *“Evidence based practices: Is being unfaithful a sin”* and he talked about the importance of making sure an Evidence Based Practice has real world application and how moving to an evidence informed model increase compliance and actually family/youth satisfaction.
- f. *Dr. Arthur Evans, Jr.* the Commissioner of Philadelphia’s Department of Behavior Health and Intellectual Disability Services talk about a Public Health Approach to Mental Health provided concrete strategies that communities could use that address the social, emotional and behavioral needs of its citizens that lead to improved mental health (and health) outcomes, better utilization, more integrated care and healthier communities. His presentation described traditional approaches like

increasing access to broad community based mental health screening, to increased use of evidence based practices to less traditional approaches like community mural projects, using embedding Youth MOVE groups in schools and community afterschool program as anti-stigma educators and peer advocates/counselors. All their efforts have been done with existing mental health dollars and community support - this was shared to encourage traditional mental health and behavioral organizations to understand that 'it can be done.'

6. *Trauma Learning Collaborative* – the Lead Family Contact, Program Director, the Coordinating Council Co-Chairs and the Wraparound/Training Coordinator attending the 2 day kick off meeting. (More details will be forth coming).

Upcoming Training Activities:

1. Angela Walden (Girls Advocacy) and Karen Simms will be hosting an informational session to share the information presented in the training and to talk about strategies to address the needs of girls in the commercial sex industry
2. We will begin offering Youth Mental Health First AID. The first training will be May 10, 2013 at the Champaign Public Library from 9:00-5:00. (spaces will be available for 15 individuals)
3. Additional information will be forthcoming but we will be reforming our trauma learning collaborative and working on creating a series of brief 45-60 presentation on the basic principles of trauma informed care, the ACE study and the impact of trauma on youth and their families.



ACCESS Initiative Staff Update

Month of: March 2013 **Staff Name:** Allison Brown **Infrastructure Area(s):** Evaluation

Committee/Working Group Activity

Disparities and Disproportionality workgroup (Evaluation Collaboration Team)	Meetings with local agencies to identify data sources	Ongoing	Workgroup effort is underway for identifying data sources that address local disparities and disproportionality
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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	Bi-annual meetings	Ongoing	Evaluation Collaboration Team (ECT) Meeting to engage community participation in Evaluation activities; Development of special workgroups

FACE Meeting(s)	Weekly meetings	Ongoing	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

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, 12, and 18-month community interviews of families enrolled in National Evaluation 3. Entering EDIF/CIUF, TRAC NOMS, and quarterly IPP data 4. Assisting with planning to enter Services and Costs data
Local Evaluation	Ongoing/daily Evaluation staff	<ol style="list-style-type: none"> 1. Data collection for Organization Assessment Survey of local agencies 2. Data collection on InterAgency Network Tool 3. Preparing to launch Observational Measurement Tool

Continuous Quality Improvement	Ongoing/daily Evaluation staff	<p>4. Assisting with data entry of SDQ, DA and CANS data.</p> <ol style="list-style-type: none"> 1. Development of Observational Measurement Tool 2. Developing Evaluation checklist/manual for ACCESS staff 3. Evaluation of referral date and turnaround time from referrals to enrollments 4. Planning Wraparound Fidelity Index 5. Maintaining contact with ACCESS staff regarding TRAC NOM audits 6. Triennial reports of CQI dashboard data
Required Reporting	Ongoing as required	<ol style="list-style-type: none"> 1. Quarterly tracking and entry of TRAC IPP 2. Entering TRAC NOMS and EDIF data 3. National Evaluation monthly MEAR reports
ACCESS Initiative Community Internship	Sept 2012 – May 2013	Two community interns (Univ of Illinois students) are working with ACCESS Initiative staff on special projects across 2 semesters

Issues/Challenges

Assistance Needed for the Upcoming Month

IPP Accomplishments



ACCESS Initiative Staff Update

Please be ready to verbally provide updates regarding the following information at our weekly staff meetings. If you are unable to attend, please send the team an email with this information by 5pm the day prior to our staff meeting. All activities should be directly related to our ACCESS Strategic Goals, our ACCESS Coordinated Work Plan, and IPP Goals.

Each team member is to submit a monthly report using this format. Reports should be submitted electronically to the Project Director one week following the last day of the month.

Month of: March 2013 **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.).*

NA

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.*

March 13 th and 14 th	Illinois United for Youth (IUY) Stakeholders Meeting	Family Resource Developers and SOC Representatives	Discussed the goals of IUY and the needs of families throughout the state
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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.	March: training about Systems of Care
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		
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Goal 3: Increasing youth, family, and community leadership and engagement across all levels

Activity/Strategy 1: Training for Families/Caregivers		March: 3 FAB members attended the Mental Health First Aid Training
Activity/Strategy 2: Youth – Training Topics	NA	NA

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

NA		
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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	P3Network & Provider Conversation	March: P3 participants continued their conversation with Community Elements to about the services offered
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GOAL 6: Expanding the community’s capacity to understand mental health

NA		
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GOAL 7: Encouraging rigorous evaluation

Activity/Strategy 1: Continuous Quality Improvement	NA	NA
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Issues/Challenges – Please share any challenges.

- NA

Assistance Needed for the Upcoming week – Please share any assistance you need from the ACCESS team for upcoming activities or events.

- NA

IPP Accomplishments – Please provide any IPP goals accomplished in the last month.

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*** FUND NO. 090 MENTAL HEALTH											
*** DEPT NO. 053 MENTAL HEALTH BOARD											
25	CHAMPAIGN COUNTY TREASURER								RENT-GENERAL CORP		
		3/08/13	01 VR	53-	106	483504	3/14/13	090-053-533.50-00	FACILITY/OFFICE RENTALS	MAR OFFICE RENT	2,066.52
										VENDOR TOTAL	2,066.52 *
41	CHAMPAIGN COUNTY TREASURER								HEALTH INSUR FND 620		
		3/27/13	03 VR	620-	54	484484	3/28/13	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	DEC-FEB FSA&HRA ADM	82.50
		3/26/13	01 VR	620-	57	484485	3/28/13	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	MAR HI,LI,& HRA	2,944.59
										VENDOR TOTAL	3,027.09 *
88	CHAMPAIGN COUNTY TREASURER								I.M.R.F. FUND 088		
		3/07/13	01 VR	88-	18	483508	3/14/13	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 2/8 P/R	1,387.33
		3/15/13	02 VR	88-	21	483917	3/22/13	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 2/22 P/R	1,386.01
										VENDOR TOTAL	2,773.34 *
161	CHAMPAIGN COUNTY TREASURER								REG PLAN COMM FND075		
		3/08/13	01 VR	53-	117	483516	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR COURT DIVERSION	2,167.00
										VENDOR TOTAL	2,167.00 *
176	CHAMPAIGN COUNTY TREASURER								SELF-FUND INS FND476		
		3/20/13	01 VR	119-	19	483923	3/22/13	090-053-513.04-00	WORKERS' COMPENSATION	INSWORK COMP 2/8,22 P/	157.58
										VENDOR TOTAL	157.58 *
179	CHAMPAIGN COUNTY TREASURER								CHLD ADVC CTR FND679		
		3/08/13	01 VR	53-	116	483517	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR CHILD ADVOCY CT	3,090.00
										VENDOR TOTAL	3,090.00 *
188	CHAMPAIGN COUNTY TREASURER								SOCIAL SECUR FUND188		
		3/07/13	01 VR	188-	24	483518	3/14/13	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 2/8 P/R	1,030.40
		3/15/13	02 VR	188-	28	483924	3/22/13	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 2/22 P/R	1,030.42
										VENDOR TOTAL	2,060.82 *

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*** FUND NO. 090 MENTAL HEALTH											
572	ABSOPURE WATER										
		3/26/13	02 VR	53- 137		484495	3/28/13	090-053-533.51-00	EQUIPMENT RENTALS	INV 53931642 2/28	9.00
		3/26/13	02 VR	53- 137		484495	3/28/13	090-053-522.02-00	OFFICE SUPPLIES	INV 82707592 2/21	20.85
										VENDOR TOTAL	29.85 *
4990	ASSN OF COMMUNITY MENTAL HLTH AUTH OF IL ACMHAI										
		3/26/13	02 VR	53- 135		484505	3/28/13	090-053-533.95-00	CONFERENCES & TRAINING	REG GULLERUD 4/17-1	100.00
		3/26/13	02 VR	53- 135		484505	3/28/13	090-053-533.95-00	CONFERENCES & TRAINING	REG CRAWFORD 4/17-1	100.00
		3/26/13	02 VR	53- 139		484505	3/28/13	090-053-533.95-00	CONFERENCES & TRAINING	REG TRACY 4/17-18	100.00
										VENDOR TOTAL	300.00 *
5780	BP COMPUTER SERVICES										
		3/08/13	01 VR	53- 107		483541	3/14/13	090-053-533.07-00	PROFESSIONAL SERVICES	MAR-MAY CNSLT 13-03	625.00
										VENDOR TOTAL	625.00 *
7982	BEST INTEREST OF CHILDREN, INC.										
		3/08/13	01 VR	53- 115		483544	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR WRAP FLEX	3,333.00
		3/08/13	01 VR	53- 115		483544	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR COMMUNITY HOME	11,250.00
		3/08/13	01 VR	53- 115		483544	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR PARENT/FAM ENG	9,922.00
										VENDOR TOTAL	24,505.00 *
13375	CENTER FOR WOMEN IN TRANSITION										
		3/08/13	01 VR	53- 109		483557	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR WOMEN IN TRANSI	5,579.00
										VENDOR TOTAL	5,579.00 *
13376	CENTER FOR YOUTH & FAMILY SOLUTIONS										
		3/08/13	01 VR	53- 132		483558	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN COUNSELING	287.06
		3/26/13	02 VR	53- 140		484522	3/28/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB COUNSELING	828.92
										VENDOR TOTAL	1,115.98 *
18052	COMCAST CABLE - MENTAL HEALTH ACCT										
		3/26/13	02 VR	53- 136		484530	3/28/13	090-053-533.29-00	COMPUTER/INF TCH SERVICES	8771403010088314 3/	84.90
										VENDOR TOTAL	84.90 *

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*** FUND NO. 090 MENTAL HEALTH											
18203	COMMUNITY CHOICE, INC	3/08/13	01 VR	53- 118		483573	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR SELF DETERM	2,083.00
										VENDOR TOTAL	2,083.00 *
18209	COMMUNITY ELEMENTS	3/08/13	01 VR	53- 110		483574	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR CJ&SPEC COURTS	12,572.00
		3/08/13	01 VR	53- 110		483574	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR CRIS ACC BEN/EN	15,749.00
		3/08/13	01 VR	53- 110		483574	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR INTEG BEHAVIORA	4,000.00
		3/08/13	01 VR	53- 110		483574	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR PSYCHIATRIC SVC	3,433.00
		3/08/13	01 VR	53- 110		483574	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR EARLY CHLDHOD M	9,542.00
		3/08/13	01 VR	53- 110		483574	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR FRONT END	23,629.00
		3/13/13	01 VR	53- 134		483574	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB TIME CENTER	3,354.50
										VENDOR TOTAL	72,279.50 *
18230	COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY	3/08/13	01 VR	53- 111		483576	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR 1ST CALL FOR HL	6,873.00
										VENDOR TOTAL	6,873.00 *
19346	CRISIS NURSERY	3/08/13	01 VR	53- 119		483581	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR BEYOND BLUE	5,833.00
										VENDOR TOTAL	5,833.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC	3/08/13	01 VR	53- 112		483586	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR DT/EMPLOY	25,391.00
		3/08/13	01 VR	53- 112		483586	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR FDC	28,914.00
										VENDOR TOTAL	54,305.00 *
22730	DON MOYER BOYS & GIRLS CLUB	3/08/13	01 VR	53- 120		483589	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR INTAKE SPECIALS	3,333.00
										VENDOR TOTAL	3,333.00 *
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR	3/08/13	01 VR	53- 121		483595	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR FAMILY SUPPORT	1,083.00
										VENDOR TOTAL	1,083.00 *

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*** FUND NO. 090 MENTAL HEALTH											
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY								GRANTS		
		3/08/13	01 VR	53- 113		483599	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR 1ST CALL FOR HL	5,045.00
		3/08/13	01 VR	53- 113		483599	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR SELF HELP	2,494.00
		3/08/13	01 VR	53- 113		483599	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR SNR COUNSELING	11,861.00
		3/26/13	02 VR	53- 141		484549	3/28/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB FAM COUNSELING	4,022.20
										VENDOR TOTAL	23,422.20 *
44570	MAHOMET AREA YOUTH CLUB								601 EAST FRANKLIN		
		3/08/13	01 VR	53- 123		483650	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR UNIVERSL SCRENG	1,483.00
										VENDOR TOTAL	1,483.00 *
56750	PRAIRIE CENTER HEALTH SYSTEMS								GRANTS		
		3/08/13	01 VR	53- 114		483677	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR DRUG COURT	14,438.00
		3/08/13	01 VR	53- 114		483677	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR MH COURT	833.00
		3/08/13	01 VR	53- 114		483677	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR PREVENTION	4,713.00
		3/08/13	01 VR	53- 114		483677	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR PLL EXTENDED	23,629.00
		3/08/13	01 VR	53- 114		483677	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR YOUTH SERVICE	8,750.00
										VENDOR TOTAL	52,363.00 *
57196	PROMISE HEALTHCARE										
		3/08/13	01 VR	53- 122		483682	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR COUSELING	12,398.00
										VENDOR TOTAL	12,398.00 *
59434	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS										
		3/08/13	01 VR	53- 130		483686	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR COUNSELING	1,550.00
										VENDOR TOTAL	1,550.00 *
67290	SOAR PROGRAMS										
		3/08/13	01 VR	53- 125		483697	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR UNIVERSAL SCREN	2,317.00
										VENDOR TOTAL	2,317.00 *
67867	SPOC LLC								D/B/A CHAMPAIGN TEL		
		3/12/13	01 VR	28- 42		483698	3/14/13	090-053-533.33-00	TELEPHONE SERVICE	INV 1093049 2/14	37.01

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VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
		4/03/13	01	VR	28-	57	484834	4/05/13	090-053-533.33-00	TELEPHONE SERVICE	INV 1093693 3/14	26.91
											VENDOR TOTAL	63.92 *
69869	STREAMLINE HEALTHCARE SOLUTIONS, LLC	3/08/13	01	VR	53-	108	483703	3/14/13	090-053-533.07-00	PROFESSIONAL SERVICES	INV 2013-550 3/1	900.00
											VENDOR TOTAL	900.00 *
71626	TALKS YOUTH DEVELOPMENT INC NFP	3/08/13	01	VR	53-	127	483705	3/14/13	090-053-533.92-00	TALKS MENTORING CONTRIBUTIONS & GRANTS	MAR TALKS	5,519.00
											VENDOR TOTAL	5,519.00 *
76921	UNIVERSITY OF ILLINOIS -PSYCHOLOGICAL SERVICES	3/08/13	01	VR	53-	124	483718	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR RESTORATV CRCL	3,071.00
		3/08/13	01	VR	53-	124	483718	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR GIRL ADVOCACY	2,917.00
											VENDOR TOTAL	5,988.00 *
77280	UP CENTER OF CHAMPAIGN COUNTY	3/08/13	01	VR	53-	128	483719	3/14/13	090-053-533.92-00	SUITE 102 CONTRIBUTIONS & GRANTS	MAR UP CENTER	1,217.00
											VENDOR TOTAL	1,217.00 *
78120	URBANA NEIGHBORHOOD CONNECTION CENTER	3/08/13	01	VR	53-	126	483722	3/14/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR UNIVERSL SCRENI	1,650.00
											VENDOR TOTAL	1,650.00 *
78550	VERIZON WIRELESS-MENTAL HEALTH BOARD	3/08/13	01	VR	53-	133	483725	3/14/13	090-053-533.33-00	AC 386356887-00001 TELEPHONE SERVICE	3863568871 2/20	147.42
											VENDOR TOTAL	147.42 *
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH	3/08/13	01	VR	53-	131	483732	3/14/13	090-053-533.95-00	AC#4798510041307790 CONFERENCES & TRAINING	7790 TROPHYTIME 2/6	28.00
		3/08/13	01	VR	53-	131	483732	3/14/13	090-053-522.02-00	OFFICE SUPPLIES	7790 STAPLES 2/6	66.80
		3/08/13	01	VR	53-	131	483732	3/14/13	090-053-533.95-00	CONFERENCES & TRAINING	7790 UNITED CRAW 2/	348.80

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*** FUND NO. 090 MENTAL HEALTH												
		3/08/13	01	VR	53- 131		483732	3/14/13	090-053-533.95-00	CONFERENCES & TRAINING	7790 UNITED BRES 2/	348.80
		3/08/13	01	VR	53- 131		483732	3/14/13	090-053-533.95-00	CONFERENCES & TRAINING	7790 UNITED 2/6	44.00
		3/08/13	01	VR	53- 131		483732	3/14/13	090-053-533.95-00	CONFERENCES & TRAINING	7790 UNITED 2/6	44.00
		3/08/13	01	VR	53- 131		483732	3/14/13	090-053-533.95-00	CONFERENCES & TRAINING	7790 UNITED INS 2/7	40.26
		3/08/13	01	VR	53- 131		483732	3/14/13	090-053-533.95-00	CONFERENCES & TRAINING	7790 EINSTEIN 1/23	9.14
		3/08/13	01	VR	53- 131		483732	3/14/13	090-053-533.95-00	CONFERENCES & TRAINING	7790 ARC REG FEE 2/	290.00
		3/08/13	01	VR	53- 131		483732	3/14/13	090-053-533.95-00	CONFERENCES & TRAINING	7790 HILTON 2/9	118.77
		3/08/13	01	VR	53- 131		483732	3/14/13	090-053-533.84-00	BUSINESS MEALS/EXPENSES	7790 PANCKE HSE 2/1	31.57
		3/08/13	01	VR	53- 131		483732	3/14/13	090-053-533.95-00	CONFERENCES & TRAINING	7790 ENSTEIN 2/20	9.14
		3/26/13	02	VR	53- 138		484642	3/28/13	090-053-533.95-00	CONFERENCES & TRAINING	1939 UNITED 2/13	34.00
		4/04/13	01	VR	53- 144		484858	4/05/13	090-053-522.02-00	OFFICE SUPPLIES	7790 STAPLES 2/28	34.44
		4/04/13	01	VR	53- 144		484858	4/05/13	090-053-522.04-00	COPIER SUPPLIES	7790 STAPLES 2/28	173.94
		4/04/13	01	VR	53- 144		484858	4/05/13	090-053-533.95-00	CONFERENCES & TRAINING	7790 UNITD CRAW 3/1	34.00
		4/04/13	01	VR	53- 144		484858	4/05/13	090-053-533.84-00	BUSINESS MEALS/EXPENSES	7790 PNCKHSE 3/7	20.13
		4/04/13	01	VR	53- 144		484858	4/05/13	090-053-533.95-00	CONFERENCES & TRAINING	7790 EINSTEIN 3/20	9.15
		4/04/13	01	VR	53- 144		484858	4/05/13	090-053-533.84-00	BUSINESS MEALS/EXPENSES	7790 PNCKHSE 3/21	27.56
		4/04/13	01	VR	53- 144		484858	4/05/13	090-053-534.37-00	FINANCE CHARGES,BANK FEESLESS INTEREST CHAR		.05-
										VENDOR TOTAL		1,712.45 *
602880	BRESSNER, BARBARA J.											
		3/08/13	01	VR	53- 105		483754	3/14/13	090-053-533.07-00	PROFESSIONAL SERVICES	MAR PROFESSIONAL FE	2,625.00
										VENDOR TOTAL		2,625.00 *
604568	CANFIELD, LYNN											
										MENTAL HEALTH BOARD		
		3/08/13	01	VR	53- 129		483755	3/14/13	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	9 MILE 12/4&10	5.00
		3/08/13	01	VR	53- 129		483755	3/14/13	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	79 MILE 1/10-2/28	44.64
		3/08/13	01	VR	53- 129		483755	3/14/13	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARKING 2/1	1.50
										VENDOR TOTAL		51.14 *
609500	CRAWFORD, NANCY K											
										MENTAL HEALTH BOARD		
		4/01/13	02	VR	53- 143		484899	4/05/13	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	96.5 MILE 1/23-3/28	54.52
		4/01/13	02	VR	53- 143		484899	4/05/13	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	LNCH CHMPGN 3/26	14.00
										VENDOR TOTAL		68.52 *

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*** FUND NO. 090 MENTAL HEALTH												
611802	DRISCOLL, MARK								MENTAL HEALTH			
		4/01/13	02 VR	53-	142		484909	4/05/13	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	79 MILE 2/1-3/14	44.64
		4/01/13	02 VR	53-	142		484909	4/05/13	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARKING 3/4	.25
											VENDOR TOTAL	44.89 *
										MENTAL HEALTH BOARD	DEPARTMENT TOTAL	306,892.12 *
										MENTAL HEALTH	FUND TOTAL	306,892.12 *

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*** FUND NO. 106 PUBL SAFETY SALES TAX FND											
*** DEPT NO. 237 DELINQ PREVENTION GRANTS											
161	CHAMPAIGN COUNTY TREASURER							REG PLAN COMM FND075			
		3/08/13	01 VR 106-	16		483516	3/14/13	106-237-533.92-00	CONTRIBUTIONS & GRANTS	MAR COURT DIVERSION	13,417.00
										VENDOR TOTAL	13,417.00 *
									DELINQ PREVENTION GRANTS	DEPARTMENT TOTAL	13,417.00 *
									PUBL SAFETY SALES TAX FND	FUND TOTAL	13,417.00 *

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VENDOR NO	VENDOR NAME	TRN DTE	B N CD	TR TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 641 ACCESS INITIATIVE GRANT											
*** DEPT NO. 053 MENTAL HEALTH BOARD											
25	CHAMPAIGN COUNTY TREASURER								RENT-GENERAL CORP		
		3/08/13	01 VR	641- 40		483504	3/14/13	641-053-533.50-00	FACILITY/OFFICE RENTALS	MAR OFFICE RENT	1,645.62
										VENDOR TOTAL	1,645.62 *
41	CHAMPAIGN COUNTY TREASURER								HEALTH INSUR FND 620		
		3/26/13	01 VR	620- 57		484484	3/28/13	641-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	MAR HI,LI,& HRA	576.60
		3/27/13	03 VR	620- 54		484484	3/28/13	641-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	DEC-FEB FSA&HRA ADM	49.50
										VENDOR TOTAL	626.10 *
88	CHAMPAIGN COUNTY TREASURER								I.M.R.F. FUND 088		
		3/07/13	01 VR	88- 18		483508	3/14/13	641-053-513.02-00	IMRF - EMPLOYER COST	IMRF 2/8 P/R	399.42
		3/15/13	02 VR	88- 21		483917	3/22/13	641-053-513.02-00	IMRF - EMPLOYER COST	IMRF 2/22 P/R	399.60
										VENDOR TOTAL	799.02 *
176	CHAMPAIGN COUNTY TREASURER								SELF-FUND INS FND476		
		3/20/13	01 VR	119- 19		483923	3/22/13	641-053-513.04-00	WORKERS' COMPENSATION	INSWORK COMP 2/8,22 P/	43.21
										VENDOR TOTAL	43.21 *
188	CHAMPAIGN COUNTY TREASURER								SOCIAL SECUR FUND188		
		3/07/13	01 VR	188- 24		483518	3/14/13	641-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 2/8 P/R	296.66
		3/15/13	02 VR	188- 28		483924	3/22/13	641-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 2/22 P/R	297.07
										VENDOR TOTAL	593.73 *
572	ABSOPURE WATER										
		3/26/13	02 VR	641- 46		484495	3/28/13	641-053-522.02-00	OFFICE SUPPLIES	INV 82707599 2/21	13.90
		3/26/13	02 VR	641- 46		484495	3/28/13	641-053-533.51-00	EQUIPMENT RENTALS	INV 53935873 2/28	9.00
										VENDOR TOTAL	22.90 *
7982	BEST INTEREST OF CHILDREN, INC.										
		3/08/13	01 VR	641- 36		483544	3/14/13	641-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR YOUTH MOVE	9,167.00
										VENDOR TOTAL	9,167.00 *

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*** FUND NO. 641 ACCESS INITIATIVE GRANT											
18053	COMCAST CABLE - ACCESS INITIATIVE ACCT							AC#8771403010217756			
		3/13/13	01 VR 641-	42		483569	3/14/13	641-053-533.29-00	COMPUTER/INF TCH SERVICES	87714030102177562/2	91.90
										VENDOR TOTAL	91.90 *
18209	COMMUNITY ELEMENTS										
		3/08/13	01 VR 641-	38		483574	3/14/13	641-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR SHCOOL BASED	8,833.00
										VENDOR TOTAL	8,833.00 *
22730	DON MOYER BOYS & GIRLS CLUB										
		3/08/13	01 VR 641-	37		483589	3/14/13	641-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR SVC & ADMIN TEA	29,445.00
		3/08/13	01 VR 641-	37		483589	3/14/13	641-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR SVCS & SUPRT ST	55,548.00
										VENDOR TOTAL	84,993.00 *
51600	NEWS GAZETTE										
		3/13/13	01 VR 641-	44		483659	3/14/13	641-053-533.89-00	PUBLIC RELATIONS	INV 78329 2/28	950.00
										VENDOR TOTAL	950.00 *
56750	PRAIRIE CENTER HEALTH SYSTEMS										
		3/08/13	01 VR 641-	39		483677	3/14/13	641-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR CULTURAL LING	5,757.00
										VENDOR TOTAL	5,757.00 *
67867	SPOC LLC										
		3/12/13	01 VR 28-	42		483698	3/14/13	641-053-533.33-00	TELEPHONE SERVICE	INV 1093049 2/14	26.87
		4/03/13	01 VR 28-	57		484834	4/05/13	641-053-533.33-00	TELEPHONE SERVICE	INV 1093693 3/14	28.81
										VENDOR TOTAL	55.68 *
78552	VERIZON WIRELESS-MNTL HLTH BD/ACCESS INT AC							286369166-00001			
		3/13/13	01 VR 641-	43		483726	3/14/13	641-053-533.33-00	TELEPHONE SERVICE	28636916600001 3/2	483.93
										VENDOR TOTAL	483.93 *
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH							AC#4798510041307790			
		3/08/13	01 VR 641-	41		483732	3/14/13	641-053-522.02-00	OFFICE SUPPLIES	7790 STAPLES 2/6	43.97

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*** FUND NO. 641 ACCESS INITIATIVE GRANT												
		3/26/13	02 VR	641-47			484642	3/28/13	641-053-533.95-00	CONFERENCES & TRAINING	1939 AMERICAN 2/19	538.60
		3/26/13	02 VR	641-47			484642	3/28/13	641-053-533.95-00	CONFERENCES & TRAINING	1939 USF CHILD & FA	545.00
		3/26/13	02 VR	641-47			484642	3/28/13	641-053-533.95-00	CONFERENCES & TRAINING	1939 EXPEDIA 2/16	7.00
		3/26/13	02 VR	641-47			484642	3/28/13	641-053-533.95-00	CONFERENCES & TRAINING	1939 FARRENS PB 2/1	104.67
		3/26/13	02 VR	641-47			484642	3/28/13	641-053-533.95-00	CONFERENCES & TRAINING	1939 CAB PLUS 3/2	19.00
		3/26/13	02 VR	641-47			484642	3/28/13	641-053-533.95-00	CONFERENCES & TRAINING	1939 SWROCK TAXI 3/	30.00
		3/26/13	02 VR	641-47			484642	3/28/13	641-053-533.95-00	CONFERENCES & TRAINING	1939 JERK HUT 3/2	15.41
		3/26/13	02 VR	641-47			484642	3/28/13	641-053-533.95-00	CONFERENCES & TRAINING	1939 AMERICAN 3/2	25.00
		3/26/13	02 VR	641-47			484642	3/28/13	641-053-533.95-00	CONFERENCES & TRAINING	1939 FLY BAR 3/3	34.96
		3/26/13	02 VR	641-47			484642	3/28/13	641-053-533.95-00	CONFERENCES & TRAINING	1939 LAGHING CAT 3/	32.70
		3/26/13	02 VR	641-47			484642	3/28/13	641-053-533.29-00	COMPUTER/INF TCH SERVICES	1939 CONCENTRIC 2/1	11.95
		3/26/13	02 VR	641-47			484642	3/28/13	641-053-533.29-00	COMPUTER/INF TCH SERVICES	1939 MITEL SOL 2/14	73.25
		3/26/13	02 VR	641-47			484642	3/28/13	641-053-522.03-00	BOOKS, PERIODICALS & MAN.	1939 ANTHONY GNT 2/2	59.00
		3/26/13	02 VR	641-47			484642	3/28/13	641-053-533.12-00	JOB-REQUIRED TRAVEL EXP	1939 CHAMP FINE 2/2	50.00
		3/26/13	02 VR	641-47			484642	3/28/13	641-053-533.89-00	PUBLIC RELATIONS	1939 WALMART 2/23	23.84
		3/26/13	02 VR	641-47			484642	3/28/13	641-053-533.84-00	BUSINESS MEALS/EXPENSES	1939 ROSATE PIZ 3/2	113.00
		3/26/13	02 VR	641-47			484642	3/28/13	641-053-533.84-00	BUSINESS MEALS/EXPENSES	1939 CHOCO TOO 3/1	355.06
		3/26/13	02 VR	641-47			484642	3/28/13	641-053-533.84-00	BUSINESS MEALS/EXPENSES	1939 JACKSON 3/4	74.27
		3/26/13	02 VR	641-47			484642	3/28/13	641-053-522.01-00	STATIONERY & PRINTING	1939 GEM ART 3/5	90.00
											VENDOR TOTAL	2,246.68 *
81610	XEROX CORPORATION	3/13/13	01 VR	641-45			483741	3/14/13	641-053-533.85-00	PHOTOCOPY SERVICES	066725879 3/1	454.71
											VENDOR TOTAL	454.71 *
										MENTAL HEALTH BOARD	DEPARTMENT TOTAL	116,763.48 *
										ACCESS INITIATIVE GRANT	FUND TOTAL	116,763.48 *

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*** FUND NO. 685 DRUG COURTS PROGRAM											
*** DEPT NO. 053 MENTAL HEALTH BOARD											
56750	PRAIRIE CENTER HEALTH SYSTEMS							GRANTS			
	3/27/13	70	VR	685-	1	484608	3/28/13	685-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT-DEC DRUG COURT	16,636.05
										VENDOR TOTAL	16,636.05 *
									MENTAL HEALTH BOARD	DEPARTMENT TOTAL	16,636.05 *
									DRUG COURTS PROGRAM	FUND TOTAL	16,636.05 *
										REPORT TOTAL *****	740,437.65 *



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

BRIEFING MEMORANDUM

DATE: April 24, 2013
MEMO TO: Members, Champaign County Mental Health Board
FROM: Peter Tracy
SUBJECT: Program Summaries – FY14 Allocation Cycle

Traditionally, our April meeting is used to fully vet all applications for funding with final decisions made at our May meeting. To facilitate this process staff have completed Program Summaries on all applications for funding. These summaries glean salient information and provide opinions concerning alignment with our stated priorities and defined decision support criteria. In addition, all applicant agencies are invited to attend the April meeting for the twofold purposes of (1) providing additional information directly to the Champaign County Mental Health Board (CCMHB) during the “Agency Information” portion of the agenda, and (2) answering direct questions from CCMHB members concerning their application. CCMHB members have full and direct access to all applications through our online application system, and may at their discretion raise questions not addressed in the summaries.

All applicants for CCMHB funding have received a copy of their program summary and have been invited to notify us in writing if there are factual errors which should be corrected prior to completion of the FY14 award process. Written comments from providers will be shared with CCMHB members and errors will be corrected. Differences of opinion concerning alignment with decision support criteria and ratings will not result in changes unless directly related to a corrected factual error.

Glossary of Terms and Acronyms – CCMHB Program Summaries

ABA – Applied Behavioral Analysis. An intensive behavioral intervention targeted to autistic children and youth and others with associated behaviors.

ASD – Autism Spectrum Disorder

CADC – Certified Alcohol and Drugs Counselor, substance abuse professional providing clinical services that has met the certification requirements of the Illinois Alcoholism and Other Drug Abuse Professional Certification Association.

CILA – Community Integrated Living Arrangement

CC – Champaign County

CSEs - Community Service Events. Is a category of service measurement on the Part II utilization form and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section. It relates to the number of public events (including mass media and articles), consultations with community groups and/or caregivers, classroom presentations, and small group workshops to promote a program or educate the community. Activity (meetings) directly related to planning such events may also be counted here. Actual direct service to clientele is counted elsewhere.

CSPI – Childhood Severity of Psychiatric Illness. A mental health assessment instrument.

CY – Contract Year, runs from July to following June. For example CY08 is July 1, 2007 to June 30, 2008. (Also may be referred to as Program Year – PY). Most contract agency Fiscal Years are also from July 1 to June 30 and may be interpreted as such when referenced in a Program Summary e.g. FY07

DD – Developmental Disabilities

DFI – Donated Funds Initiative, source of matching funds for some CCMHB funded contracts. The Illinois Department of Human Services administers the DFI Program funded with federal Title XX Social Services Block Grant. The DFI is a “match” program meaning community based agencies must match the DFI funding with locally generated funds. The required local match is 25 percent of the total DFI award.

FFS – Fee For Service. Type of contract that uses performance based billings as the method of payment.

FTE – Full Time Equivalent is the aggregated number of employees supported by the program. Can include employees providing direct services (Direct FTE) to clients and indirect employees such as supervisors or management (Indirect FTE).

FY – Fiscal Year, for the county runs from December to following November. For example, FY07 is December 1, 2006 to November 30, 2007.

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ICJA - Illinois Criminal Justice Authority

I&R – Information and Referral

ISP – Individual Service Plan

JJ – Juvenile Justice

JJPD – Juvenile Justice Post Detention

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

MAYSI – Massachusetts Youth Screening Instrument. All youth entering the JDC are screened with this tool.

MIDD – A dual diagnosis of Mental Illness and Developmental Disability.

MISA – A dual diagnosis condition of Mental Illness and Substance Abuse

MH – Mental Health.

MHP - Mental Health Professional. Rule 132 term. Typically refers to a bachelors level staff providing services under the supervision of a QMHP.

PCI – Parent Child Interaction groups.

PLAY – Play and Language for Autistic Youngsters. PLAY is an early intervention approach that teaches parents ways to interact with their child who has autism that promotes developmental progress.

PLL – Parenting with Love and Limits. Evidenced based program providing group and family therapy targeting youth/families involved in juvenile justice system.

PUNS – Prioritization of Urgency of Need for Services. PUNS is a database implemented by the Illinois Department of Human Services to assist with planning and prioritization of services for individuals with disabilities based on level of need. An individuals' classification of need may be emergency, critical or planning.

PY – Program Year, runs from July to following June. For example PY08 is July 1, 2007 to June 30, 2008. (Also may be referred to as Contract Year – CY and is often the Agency Fiscal Year)

QCPS – Quarter Cent for Public Safety. The funding source for the Juvenile Justice Post Detention program applications. May also be referred to as Quarter Cent.

QMHP – Qualified Mental Health Professional. Rule 132 term, that simply stated refers to a Master's level clinician with field experience that has been licensed.

SA – Substance Abuse

SASS – Screening Assessment and Support Services is a state program that provides crisis intervention for children and youth on Medicaid or uninsured.

SCs - Service Contacts/Screening Contacts. This is the number of phone and face-to-face contacts with consumers who may or may not have open cases in the program. It can include information and referral contacts or initial screenings/assessments or crisis services. May sometimes be referred to as a service encounter (SE). It is a category of service measurement providing a picture of the volume of activity in the prior program year and a projection for the coming program year on the Part II utilization form and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section.

SFI – Savannah Family Institute.

TPCs - Treatment Plan Clients – This is the number of service recipients with case records and treatment plans. It is a category of service measurement providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II utilization form and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section.

Continuing Treatment Plan Clients – These are clients with treatment plans written prior to the first day of July and actively receiving services within the first quarter of the new program year. The first quarter of the program year is the only quarter in which this data is reported. Essentially it is a case carried from one

program year into the next. It is a category of service measurement providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II utilization form and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section.

New Treatment Plan Clients – This is the number of new clients with treatment plans written in a given quarter of the program year. It is a category of service measurement providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II utilization form and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section.

NON - Treatment Plan Clients – This is a new client engaged in a given quarter with case records but no treatment plan - includes: recipients of material assistance, non-responsive outreach cases, cases closed before a plan was written because the client did not want further service beyond first few contacts or cases assessed for another agency. It is a category of service measurement providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II utilization form and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section.

Agency and Program acronyms

AWF - A Woman's Fund

AWP – A Woman's Place, a program of AWF

BIOC - Best Interest of Children

CCBoH – Champaign County Board of Health

CAC - Children's Advocacy Center

CAP – Community Advocacy Project, a program component of the Psychological Service Center.

CCDDB – Champaign County Developmental Disabilities Board

CCHS – Champaign County Head Start, a program of the Regional Planning Commission

CCMHB – Champaign County Mental Health Board

CCOS - Champaign County Operation Snowball, also referred to as Operation Snowball

CDS – Court Diversion Services, a program of the Regional Planning Commission.

CSCNCC - Community Service Center of Northern Champaign County, may also appear as CSC

CN - Crisis Nursery

CUAP – Champaign Urbana Area Project

DHS – Illinois Department of Human Services

DMBGC - Don Moyer Boys & Girls Club

DPS – Delinquency Prevention Specialist, a position at CUAP responsible for monitoring and providing technical assistance to the Quarter Cent contracts.

DSC - Developmental Services Center

EBP – Effective Black Parenting

ECMHD - Early Childhood Mental Health and Development, a program of the Mental Health Center

FCCC – Family Conference of Champaign County, a program of BIOC

FGDM – Family Group Decision Making, a process used by BIOC in its program

FS - Family Service of Champaign County

FNHC - Frances Nelson Health Center

IDOC – Illinois Department of Corrections

JDC – Juvenile Detention Center

JUMP – Juvenile Upward Mobility Program, a program of DMBGC.

MRT – Moral Reconation Therapy

MAYC - Mahomet Area Youth Club

MHC or MHCCC - Mental Health Center of Champaign County

PEARLS - Program to Encourage Active Rewarding Lives

PCHS - Prairie Center Health Systems

PSC - Psychological Services Center

RAC or ECIRMAC – East Central Illinois Refugee Mutual Assistance Center

RCS - Rape Crisis Services, a program of AWF

RPC or CCRPC – Champaign County Regional Planning Commission

SAMHSA – Substance Abuse and Mental Health Services Administration, a division of the federal Department of Health and Human Services

SEL – Social Emotional Learning

TALKS - TALKS Mentoring (Transferring A Little Knowledge Systematically)

TIMES Center – Transitional Initiative Men's Emergency Shelter Center, a program of the MHCCC

UMS – Urbana Middle School. Note other schools may be named with the Middle School or High School abbreviated as MS or HS.

UW – United Way of Champaign County

Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: The Center for Women in Transition

Program Name: A Woman's Place

Focus of Application: MH SA DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY14 CCMHB Funding Request: \$66,948

PY14 Total Program Budget: \$828,225

Current Year Funding (PY13): \$66,948

Proposed Change in Funding - PY13 vs. PY14: No Change

Program Staff – CCMHB Funds: 2.46 FTE

Total Program Staff: 14.3 FTE

Budget Narrative: CCMHB funds account for 8% of the total revenue. AWP revenue comes from a wide range of sources that include federal, state, and local grants, UW funds, and fundraising. A single state contract accounts for about 50% of total funding with another 12% coming from the Illinois Coalition Against Domestic Violence (ICADV). A federal HUD contract is 8% of revenue. CCMHB funds are allocated to two expense lines: salaries and payroll taxes. Positions supported in part with CCMHB funds include the two Counselor positions and six Case Manager II positions providing direct service to AWP clients, and the Fiscal Manager.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 27% (Taxes 14% and 13% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable

Audit Requirement Waived

Audit in Compliance

Audit not in Compliance

Auditor Finding

Comments:

Target Population: Adults and their children who are or have been victims of, or threatened with domestic violence either physical or mental violence as defined by the Illinois Domestic Violence Act.

Service Locations(s)/Demographics: Shelter is in Urbana, serving multiple counties, with CCMHB funds targeted to residents of Champaign County. Total clients (TPCs and NTPCs) served by the 2012 program was 400. Client demographics reported finds 78% were adults, 1% seniors and 21% were children/youth; 54% were White, 37% were Black, 3% Asian, and 5% other races/bi-racial; 7% were of Hispanic/Latino origin; and 75% of the population served were female. Client residency by zip code indicates 39% were from Champaign, 32% from Urbana, 11% from Rantoul, 5% from Mahomet, and 13% from the balance of the county. Note that some percentages presented may be based on a smaller data set due to lower response rate, e.g. of Latino origin.

Service Description/Type: Counseling/Case Management. CWT-AWP offers range of services including 24 hour domestic violence hotline, emergency shelter and transitional housing, individual and group counseling, case management, court advocacy and community education on domestic violence. Services may be accessed by AWP residents as well as non-residents.

All counseling, case management and other direct service staff meet state standards for provision of domestic violence services.

CCMHB funds support AWP counseling and case management services provided to residents of Champaign County.

Access to Services for Rural Residents: AWP operates a 24 hour hotline and will provide transportation to the emergency shelter. AWP is collaborating with the Community Service Center of Northern Champaign County to distribute information and make referrals to AWP for individuals/families in Rantoul and surrounding communities.

Program Performance Measures

ACCESS: Emergency services are accessible 24 hours a day. State standard is access to services within 72 hours, AWP policy is to provide access within 24 hours. Initial contact with client can occur through the 24 hour hotline, as a walk-in, referral by other agency or from other CWT service, or contact with court advocate. Program is staffed 24 hours a day by ICADV trained staff. The combined resources of AWP with CWT transitional housing increases access to emergency housing.

CONSUMER OUTCOMES: Program defines measures and establishes targets for clients receiving counseling. Pre- and post-test questionnaires and Goal Attainment Scale are used to evaluate client progress and effectiveness of therapy.

UTILIZATION: Program defines and sets clear targets for all services. The target for Treatment Plan Clients (TPCs) - clients completing a treatment plan and engaging in more than three counseling session - is 310 and may be low compared to projected performance of 340 TPCs for current program. The target of Non-Treatment Plan Clients (NTPCs) - clients that receive emergency services and/or do not engage in more than three counseling sessions – is 80, an increase over FY 2013 target of 60 but low compared to projected performance of 135 NTPCs.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No
ACCESS Initiative: No
Quarter Cent for Public Safety: No
Developmental Disabilities: No
Specialty Courts: No
Behavioral Health/Physical Health Integration: No
Projects Consistent with 10 x 10 Wellness Campaign: No
Gaps in Core Services Related to Unfunded Clients: No

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: Yes, AWP operates 24 hour hotline and will provide transportation.
Budget-Program Connectedness: Yes

Technical Criteria:

Approach/Methods/Innovation: Yes, program meets state standards
Staff Credentials: Yes, staff is ICADV trained meeting state standards

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: Champaign County Children's Advocacy Center (CAC)

Program Name: Champaign County Children's Advocacy Center

Focus of Application: MH X SA DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY14 CCMHB Funding Request: \$37,080

PY14 Total Program Budget: \$192,194

Current Year Funding (PY13): \$37,080

Proposed Change in Funding - PY13 vs. PY14: No Change.

Program Staff – CCMHB Funds: 0.44 FTE

Total Program Staff: 2 FTE

Budget Narrative: Funding from CCMHB equals 19% of total revenue. Three state contracts account for 69% of total revenue. Other sources include a grant from the National Children’s Alliance at 5% and contributions and fundraising at 7% of revenue. Salaries, taxes, and benefits are 99% of expenses charged to CCMHB. These funds support the executive director position. With only two staff, flexibility in the allocation of funds for payroll taxes and benefits is necessary. The remaining 1% of CCMHB funds is allocated for membership dues to the National Children’s Alliance. Membership in the Alliance and accreditation by the organization qualifies the CAC for state contracts and an Alliance grant.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 63% (Taxes 18% and 45% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable
Audit Requirement Waived
Audit in Compliance X
Audit not in Compliance
Auditor Finding

Comments: The agency is part of Champaign County government and is included in the Champaign County audit.

Target Population: Children and youth under age 18 that are victims of sexual abuse and/or serious physical abuse.

Service Locations(s)/Demographics: Agency is located in Champaign next to CUPHD. Interviews and multi-disciplinary team meetings are held on-site. Total clients (TPCs and NTPCs) served for the 2012 program was 198. Residency by zip code finds 36% of clients were from Champaign, 23% from Urbana, 17% from Rantoul, 10% from Mahomet, and 14% from the balance of the county. Demographic data reported finds 35% of clients were six or under, 39% were age 7 to 12, and 26% were age 13 to 18; 53% were White, 31% were Black, 1% Asian, and 15% of other races including bi-racial/multi-racial; 7% were of Latino/Hispanic origin; and 81% were female. Note that some percentages presented may be based on a smaller data set due to lower response rate, e.g. of Latino origin.

Service Description/Type: Assessment and Support Services. The CAC facilitates multi-disciplinary team interviews by law enforcement and/or DCFS personnel designated for the investigation and coordination of services for alleged victims of child abuse or neglect. The CAC provides a safe agency neutral space in which to conduct such interviews and minimize anxiety and trauma for the alleged victim. Agency has total of two staff. Both have Bachelor's degrees and extensive experience and training in the justice system and social services field.

The CAC also provides comprehensive case management services for victims, maintains a comprehensive tracking system on child sexual abuse and physical abuse cases, conducts Multidisciplinary Team Case review meetings, coordinates community education and prevention services and specialized training for all professionals involved with victims and their families. The CAC also contracts with two licensed therapists for crisis intervention counseling. All services are provided free of charge.

Access to Services for Rural Residents: Referring agencies typically ensure that families have transportation to the Center for the initial interview. The CAC Case Manager attempts to link families with services in or near their areas of residence and with access to transportation for follow-up services.

Program Performance Measures

ACCESS: The CAC is accredited by National Children's Alliance. The facility is accessible by the multi-disciplinary team 24 hours a day. The facility is centrally located with easy access off of I-74. Law enforcement and DCFS make all referrals to CAC per established protocol. Site and services are handicapped accessible and CAC has made provisions for meeting the needs of non-English speaking children and families through cooperative service agreements.

Agency references data tracked on timeframe for completions of interviews – 56% occur on same day CAC contacted and 39% completed the following day. The CAC case manager will complete a needs assessment the same day the child forensic interview is completed. Length of engagement with the family averages six to twelve months.

CONSUMER OUTCOMES: The Case Manager assesses needs at intake, engages and refers client/family as appropriate to identified needs, tracks client progress and evaluates services accessed at case closure. Database has capacity to track status of legal proceedings and assess outcomes for cases using the CAC. Program surveys clients as well as multidisciplinary team members on CAC services. Responses indicate high positive ratings/satisfaction with the CAC. Participants in child victim support

groups, when offered at CAC, complete entry and exit surveys to evaluate the effectiveness of the group and the group facilitator. No groups were offered in 2012. The crisis intervention counselors complete discharge summaries that report on services provided, frequency, treatment outcomes and changes in level of functioning.

UTILIZATION: Service categories are well defined. Target for 2014 is 132 cases (TPCs), an increase of 12 over current target. Program provides a trends analysis of utilization of the CAC and services provided in FY 2012 and for the first half of FY 2013 compared to historical data. Additional analysis included comparison of CAC utilization to DCFS data as part of its service planning process. The agency makes slight adjustments to targets for FY 2014 as a result of these trends. Program tracks and reports referral sources as supplement to utilization data submitted to CCMHB.

CCMHB Priorities:

Primary Decision Support Considerations:

- Parenting with Love and Limits (PLL): No
- ACCESS Initiative: No
- Quarter Cent for Public Safety: No
- Developmental Disabilities: No
- Specialty Courts: No
- Behavioral Health/Physical Health Integration: No
- Projects Consistent with 10 x 10 Wellness Campaign: No
- Gaps in Core Services Related to Unfunded Clients: No

Overarching Decision Support Criteria:

- Underserved Populations: Yes
- Countywide Access: Yes,
- Budget-Program Connectedness: Yes

Technical Criteria:

- Approach/Methods/Innovation: Yes, agency is accredited by National Children's Alliance
- Staff Credentials: Yes

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

④

Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: Community Choices, Inc.

Program Name: Customized Employment

Focus of Application: MH ___ SA ___ DD X ACCESS ___ Qtr Cent ___

Type of Contract: Grant (a new request of CCMHB, currently funded by CCDDDB)

Financial Information:

PY14 CCMHB Funding Request: \$50,000

PY14 Total Program Budget: \$95,000

Current Year Funding (PY13): \$0 (CCDDDB FY13 = \$29,535)

Proposed Change in Funding - PY13 vs. PY14: N/A (CCDDDB increase \$20,465)

Program Staff – CCMHB Funds: 1.0 FTE (.25 Indirect plus .75 Direct)

Total Program Staff: 2.08 FTE

Budget Narrative: Request is to fund 53% of total program; other sources of **revenue** are \$5,000 contributions and \$40,000 DRS service fees. Budget Narrative (BN) explains the role of each staff person charged to the contract, **Personnel** form matches BN (\$36,088 total staff salaries). Line for total agency salaries on Expense form does not match total agency salaries on Personnel form (because a staff member not associated with this program is not listed in personnel form under total agency. Staff costs comprise 84% of the request. Other **expenses** to be charged to this contract include Professional Fees/Consultants (program’s share of agency audit cost), Consumables (office supplies and materials for job seekers), General Operating (various, including workers comp), Occupancy (program portion of agency rent – *will increase due to unforeseen* change of office location), Conferences/Staff Development (not described), and Local Transportation. Clarification is provided regarding state-funded Home Based Support Services, not to be charged to the CCMHB or CCDDDB. Increase over FY13 contract is attributed to increases in personnel costs, to bring staff salaries in line with industry standard and so that Executive Director’s time is compensated (currently at least 15 hrs/wk is not paid).

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 17% (Taxes 12% and 5% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____

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Audit Requirement Waived _____
Audit in Compliance X
Audit not in Compliance _____
Auditor Finding _____

Target Population: Adults with disabilities residing in Champaign County, unemployed or underemployed, with an interest in community employment or self-employment.

Service Location(s)/Demographics: Office in Urbana; job sites and potential job sites throughout community.

At mid-year FY13, of 25 served so far: 24% were Urbana residents, 44% Champaign, 8% Rantoul, and 24% rural CC; 96% were aged 19 to 59 and 4% (1 person) over 60; 92% were White and 8% Black/AA; none were of Hispanic/Latino origin; and 85% were Male.

Of 23 served in FY12: 22% were Urbana residents, 48% Champaign, 9% Rantoul, and 22% rural CC; 91% were aged 19-59, with 1 individual 13-18 and 1 over 60; 91% were white, and 9% (2 people) Black/AA; 96% not of Hispanic/Latino origin (1 individual was); and 74% were Male.

Service Description/Type: Vocational Training. Includes Discovery/Career Planning – identification of strengths, needs, and desires (through observations and interviews of the individual and their support circle) and exploration of specific career opportunities; Job Skills Training – individualized; Matching Job Seekers and Employers – tours, job shadowing, discussion with potential employers regarding their needs; Short-Term Employment Support (for eligible cases, DRS funding is used instead of CCMHB or CCDDb) – development of accommodations/supports and natural supports, concerns handled through single agency contact; Long-Term Employment Support; Self-Employment – business plan, account, promotion.

Access to Services for Rural Residents: services to be provided wherever the desired worksite is located.

Program Performance Measures:

Consumer Access: self-referral by participants in other agency programs; collaboration with other providers, parent support networks, RPC PAS, and schools to identify individuals who might benefit; distribution of info at specific large community events.

Consumer Outcomes: specific measures are identified for each category of service, including completion of Discovery process and job skills training, acquisition of paid work/volunteer jobs/internships, receipt of on-the-job support and problem solving assistance, use of ongoing support/job expansion.

Utilization: good detail on Treatment Plan Clients and Service Contacts per category of service. (*Note: Agency may consider reporting service hours as Other.*) **FY14 utilization targets:** 20 Continuing and 9 New TPCs, 758 Service Contacts, and 4 CSEs. **In FY13,** Continuing TPC target of 12 is exceeded with 19 actual; new TPC target of 10 likely (with 6 actual at mid-year); Service Contact target of 440 likely (with mid-year actual of 339 and estimated annual total of 678); and CSE target of 4 also likely (2 actual at mid-year). **In FY12,** there were: 14 Continuing (though first quarterly report showed 13) and 10 New TPCs, compared with targets of 5 and 12; 700 Service Contacts (quarterly reports show 782) compared with target of 426, and 4 CSEs, though quarterly reported data totaled 3.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No
ACCESS Initiative: No
Quarter Cent for Public Safety: No
Developmental Disabilities: YES
Specialty Courts: No
Behavioral Health/Physical Health Integration: No
Projects Consistent with 10 x 10 Wellness Campaign: No
Gaps in Core Services Related to Unfunded Clients: YES

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: Yes
Budget-Program Connectedness: mismatch between Expense and Personnel forms

Technical Criteria:

Approach/Methods/Innovation: Yes
Staff Credentials: No

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: Community Choices, Inc.

Program Name: Community Living

Focus of Application: MH ___ SA ___ DD X ACCESS ___ Qtr Cent ___

Type of Contract: Grant (NEW request to the CCMHB, currently funded by CCDDDB)

Financial Information:

PY14 CCMHB Funding Request: \$55,000

PY14 Total Program Budget: \$90,320

Current Year Funding (PY13): \$0 (CCDDDB FY13 = \$19,690)

Proposed Change in Funding - PY13 vs. PY14: N/A

Program Staff – CCMHB Funds: 1.05 FTE (.25 Indirect plus .9 Direct)

Total Program Staff: 1.58 FTE

Budget Narrative: Request is for 61% of program; other **revenue** sources include \$6,000 Contributions, DHS DDD service fees (\$16,320) and DRS (\$4,000), and Miscellaneous (\$9,000 – total of monthly service fees collected from residents to cover part of the cost of housing a Community Builder). **Personnel form** identifies staff associated with this contract, plan narrative, and budget narrative (BN), which details the relationship of each to this program. Line for total agency salaries on Expense form does not match total agency salaries on Personnel form (because a staff member not associated with this program is not listed in personnel form under total agency.) Staff costs comprise 77% of **expenses** to be charged to CCMHB contract; other expenses include Professional Fees (program portion of agency audit cost), Consumables (supplies for office and for individuals served), General Operating (various, including workers comp), Occupancy (rent – *will increase with relocation of offices*), Conferences/Staff Development (staff training, various), Local Transportation, and Miscellaneous (\$4,800 rent and utilities for Community Builder). The budget narrative explains that salary increases (over FY13 CCDDDB contract amount) bring staff salaries closer to standard. Plan Narrative shows associated large increases in utilization targets.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 19% (Taxes 12% and 7% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X _____
Audit not in Compliance _____
Auditor Finding _____

Target Population: Adults with developmental disabilities living in Champaign County, and particularly those no longer in public school.

Service Location(s)/Demographics: Agency offices in Urbana, homes in community (not specified). Of 14 served by **mid-year FY13** (first year of CCDDDB funding): 21% are Urbana residents, 57% Champaign, and 21% rural CC; 100% are aged 19-59; 86% are White, 14% Black/AA; none of Hispanic/Latino origin; and 71% Male.

Service Description/Type: Person Centered Planning – developed through PATH, a visual process, and/or Full Life Future Planning, focused on eight life areas, and progress followed. Shared Living – new housing options for 2-3 individuals per living situation plus a Community Builder (whose rent is free in exchange for overnight support), includes roommate matching, house meetings, other support. Life Skills Training (not to be funded by CCMHB or CCDDDB) – 8 week sessions of small classes and individual instruction on finances social skills, household, etc. Ongoing Support – time mgt, meal planning, etc.

Access to Services for Rural Residents: 25% of participants are from Mahomet, Fisher, and Rantoul. Outreach to rural is not described here, included in Access section.

Program Performance Measures:

Access: No wait for services; Intake mtg is done with individual, family, and Community Life Coordinator. Self-referral by participants of other agency programs; collaboration with providers, parent support networks, RPC PAS, and schools to identify individuals who might benefit; distribution of info at specific large community events.

Consumer Outcomes: specific measures are identified for each category of service (except Life Skills Training, which is not to be funded by CCMHB or CCDDDB), including completion of assessment and person centered planning process, goals obtained, engagement in desired new activities, and support provided to individuals living in their own homes.

Utilization: Includes detail on Treatment Plan Clients and Service Contacts per category of service. *Note: Agency may consider reporting service hours per quarter as an additional measure, under “Other” category.* **FY14 utilization targets:** 2 Community Service Events, 1192 total Service Contacts, and 36 Total (13 Continuing and 5 New) Treatment Plan Clients. **At mid-year FY13,** quarterly reports and Part Two Form show 2 CSEs against the target of 2, 208 actual and 564 anticipated SCs (target 564), and 14 actual and 16 anticipated total TPCs (target 15).

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No
ACCESS Initiative: No
Quarter Cent for Public Safety: No
Developmental Disabilities: YES

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Specialty Courts: No
Behavioral Health/Physical Health Integration: No
Projects Consistent with 10 x 10 Wellness Campaign: No
Gaps in Core Services Related to Unfunded Clients: YES

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: Yes
Budget-Program Connectedness: mismatch between Expense and Personnel forms

Technical Criteria:

Approach/Methods/Innovation: Yes
Staff Credentials: No

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: Community Choices, Inc.

Program Name: Community Living

Focus of Application: MH ___ SA ___ DD X ACCESS ___ Qtr Cent ___

Type of Contract: Grant (NEW request to the CCMHB, currently funded by CCDDDB)

Financial Information:

PY14 CCMHB Funding Request: \$35,000

PY14 Total Program Budget: \$53,000

Current Year Funding (PY13): \$25,000

Proposed Change in Funding - PY13 vs. PY14: \$10,000

Program Staff – CCMHB Funds: 0.75 FTE (0.25 Indirect plus 0.5 Direct)

Total Program Staff: 1.08 FTE

Budget Narrative: Request is to fund 66% of total program, with other **revenue** sources \$17,000 Contributions and \$1,000 Private Pay (e.g., participants reimbursing agency for social event tickets). Staff costs comprise 91% of program costs; other **expenses** are Consumables (office and participant supplies and refreshments for activities), General Operating (various, including workers comp), Occupancy (program portion of agency rent, *likely to increase with relocation*), and Local Transportation. **Personnel** form assigns portions of positions and salaries, with corresponding roles described in the **budget narrative**, matching the plan narrative. Line for total agency salaries on Expense form does not match total agency salaries on Personnel form (because a staff member not associated with this program is not listed in personnel form under total agency.) The budget narrative notes higher personnel costs to bring salaries in line with industry standard; plan also includes increases in utilization targets.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 18.5% (Taxes 11.7% and 6.7% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____

Audit Requirement Waived _____

Audit in Compliance X _____

Audit not in Compliance _____
Auditor Finding _____

Target Population: 1) teens and adults who have disabilities, and particularly those no longer in public school. 2) family members of teens and adults with disabilities.

Service Location(s)/Demographics: Agency offices in Urbana, events staged throughout the community. Of 112 participants in **FY12**: 25% were Urbana residents, 52% Champaign, 1% Rantoul, 12% Mahomet, and 11% other rural CC; 10% were aged 13-18, 83% 19-59, and 6% over 60; 84% were White and 16% Black/African American; 2% were of Hispanic/Latino origin; and 49% were Male. Of 120 participants by mid-year **FY13**: 26% were from Urbana, 55% Champaign, 10% Mahomet, and 95 Other rural CC; 6% were aged 13-18, 81% 19-59, and 13% over 60; 88% were White, 8% Black/African American, 3% Asian/Pacific Islander, and 1 Other; 1.7% (2 people) were of Hispanic/Latino origin; and 49% were Male.

Service Description/Type: For individuals with disabilities: Self-Advocacy (monthly group meetings), Social Coaching for Individual Activities (support for individuals planning, inviting, hosting events), and Community Connections (support for joining community activities, connecting with group members). Social Engagement includes picnics, potlucks, etc. for families and separate events for individuals (dinner and movie, e.g.). Family Support is offered through support group meetings, information and networking, assistance for families in transition or facing challenges.

Access to Services for Rural Residents: outreach efforts include staging social events in rural areas, sharing information through the Transition Planning Committee, developing a volunteer network to share transportation, and streamlining transportation by scheduling parent and self-advocate meetings concurrently.

Program Performance Measures:

Consumer Access: No wait for services; interested parties may attend an event to learn about programs; Intake is done with individual, family, and Community Life Coordinator. Referrals through collaboration with providers, parent support networks, RPC PAS, and schools to identify individuals who might benefit; distribution of info at specific large community events.

Consumer Outcomes: specific measures are identified for each category of service, including attendance at monthly meetings, gatherings, social events, identifying new relationships, organizing activities, developing community connections.

Utilization/Production Data: **During FY12**, there were 10 Community Service Events (target of 10), 1156 Service Contacts (Part Two form says 900) against target of 416, 7 Continuing and 9 (Part Two form says 8) New Treatment Plan Clients against targets of 8 and 4, and 56 continuing and 40 (Part Two form says 18) new Non Treatment Plan Clients against targets of 56 and 10. **FY13** actual CSEs of 4 at mid-year (and 5 anticipated total) against target of 5, actual SCs of 377 at mid-year (654 anticipated total) with target of 708, no TPC target, and 104 Continuing and 16 New (20 anticipated) NTPCs against targets of 60 and 15. **FY14** targets will be for 105 Continuing and 20 New Non Treatment Plan Clients (individuals and family members), 812 Service Contacts (activities supporting the identified outcomes), and 4 Community Service Events.

CCMHB Priorities:

Primary Decision Support Considerations:

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Parenting with Love and Limits (PLL): No
ACCESS Initiative: No
Quarter Cent for Public Safety: No
Developmental Disabilities: YES
Specialty Courts: No
Behavioral Health/Physical Health Integration: No
Projects Consistent with 10 x 10 Wellness Campaign: No
Gaps in Core Services Related to Unfunded Clients: No

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: Yes
Budget-Program Connectedness: mismatch between Expense and Personnel forms

Technical Criteria:

Approach/Methods/Innovation: Yes
Staff Credentials: No

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: Community Elements, Inc.

Program Name: Criminal Justice Problem Solving Courts

Focus of Application: MH SA DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY14 CCMHB Funding Request: \$154,255

PY14 Total Program Budget: \$154,255

Current Year Funding (PY13): \$150,860

Proposed Change in Funding - PY13 vs. PY14: \$3,395 (2.25% increase)

Program Staff – CCMHB Funds: 2.27 FTE

Total Program Staff: 2.27 FTE

Budget Narrative: The CCMHB is the sole funder for the program. Salary, taxes, and benefits account for 83% of expenses. Specific assistance is budgeted at 9% with the remaining funds allocated across six expense lines. The direct service staff includes a fulltime coordinator and fulltime clinician, 10% of the Community Support Manager, 5% of an Access Clinician, 5% of the Benefits Case Managers, and 2% of the Adult Services Director's.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 22% (Taxes 8% and 14% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance _____
Audit not in Compliance _____
Auditor Finding _____

Comments:



Target Population: Adults involved with either Champaign County Drug Court, Champaign County Mental Health Court or current or recent involvement the criminal justice system in general.

Service Locations(s)/Demographics: Champaign County court system and jail, at Community Elements locations, and client's home/place of residence. Total clients (TPCs) served for the 2012 program was 156. Residency by zip code for FY 2012 indicates 54% were from Champaign, 27% from Urbana, 9% from Rantoul, and the remaining 10% from other areas of Champaign County. Demographic data reported finds 97% were adults and 3% were seniors; 51% were White, 47% were Black, and 2% were other racial groups including Asian and bi-racial; and, 61% were men. Note that some percentages presented may be based on a smaller data set due to lower response rate, e.g. Latino origin.

Service Description/Type: Assessments, Outpatient Counseling and Support Services. Any person referred to the Criminal Justice Program or to Mental Health Court or any client referred by Drug Court can be screened followed by an assessment if warranted. Results of the assessment determine level of care and services appropriate to the diagnosis. Services may include case management, individual and group counseling, medication monitoring, psychosocial rehabilitation, and psychiatric services. Respite, supportive living, and specialized clinical services such psychiatric and psychological assessments and testing are available as specific assistance and funds have been set-aside within the budget for this purpose. Service coordination and collaboration occurs through either of the Problem Solving Court Teams and the Problem Solving Courts Steering Committee. Clients with open cases prior to Problem Solving Court involvement would continue to be served by that staff member and coordinated with the Community Elements Problem Solving Court staff. Coordination of services, client staffing, and consultation are identified as key factors in the success of each program component.

With Community Elements now licensed by DASA to provide Level I and Level II outpatient addictions treatment, clients can access integrated service treatment from Community Elements staff. Services include assessments, individual counseling, and group counseling including Moral Reconciliation Therapy, an evidence based model proven effective with criminal justice involved clients. Clients needing residential treatment would be referred to Prairie Center.

Staff credentials are identified for the primary staff positions and supervisors.

Access to Services for Rural Residents: Depending on the service, clients may be served in the home or be provided assistance with transportation if needed to attend office based services. All Problem Solving Court involved clients are required by the Court to attend a weekly hearing.

Program Performance Measures

ACCESS: Clients referred from the Problem Solving Courts will have immediate access to services. Measure for Criminal Justice clients is effort made to engage client within five days of referral. Department of Corrections referrals are contacted within 48 hours of their release. Screenings and assessments can be made at the jail, if needed. Transportation to psychiatric appointments and court services may be provided and case management may occur in client's home.

CONSUMER OUTCOMES: The agency uses the standardized "Client Writes" satisfaction surveys to measure client outcomes. Clients are asked about progress made in key areas and satisfaction with services. Targets for positive response rates are identified for a series of general measures.

Program specific measures include: Drug Court clients enrolled for 30 days will have assessment completed within the 30 days; Mental Health Court clients typically are screened prior to acceptance with

assessment to follow; care will be coordinated for all clients with co-occurring disorders (MISA); For Criminal Justice clients, 60% will engage in services for a minimum of 3 months – agency reports current rate is 50%; and anyone potentially eligible for enrollment in a benefits/entitlement program will be referred to the Benefits Acquisition Case Manager.

UTILIZATION: Sole category to be tracked is Treatment Plan Clients (TPC). Target for FY 2014 is set at 140 TPCs (Criminal Justice, Drug Court and Mental Health Court clients combined), a reduction of 20 from 2013 target of 160. The adjusted target may track more closely with actual performance. Volume by program component is broken out in quarterly report narrative. For the first half of FY 2013, program reports serving 44 continuing clients from FY 2012 (27 in Criminal Justice, 12 in Drug Court, and 5 in Mental Health Court) and 53 new clients engaging in services (29 in Criminal Justice, 17 in Drug Court, and 7 in Mental Health Court).

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No

ACCESS Initiative: No

Quarter Cent for Public Safety: No

Developmental Disabilities: No

Specialty Courts: Yes, includes services for Drug Court and Mental Health Court

Behavioral Health/Physical Health Integration: No

Projects Consistent with 10 x 10 Wellness Campaign: No

Gaps in Core Services Related to Unfunded Clients: No

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: No, access contingent on involvement with criminal justice system

Budget-Program Connectedness: Yes

Technical Criteria:

Approach/Methods/Innovation: Yes

Staff Credentials: Yes

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: Community Elements, Inc.

Program Name: Crisis, Access, Benefits, & Engagement

Focus of Application: MH X SA DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY14 CCMHB Funding Request: \$229,665

PY14 Total Program Budget: \$799,067

Current Year Funding (PY13): \$188,985

Proposed Change in Funding - PY13 vs. PY14: \$40,680 (21% increase)

Program Staff – CCMHB Funds: 5.03 FTE

Total Program Staff: 14.65 FTE

Budget Narrative: CCMHB funding represents 29% of total program revenue. State funding is the single largest source of revenue with a DHS Medicaid/Non-Medicaid fee for service contract providing 37% and an additional 15% coming from a DHS grant. Contracts with local hospitals provide another 16%. The remaining 3% comes from a University of Illinois contract and miscellaneous sources. Salaries, taxes and benefits comprise 98% of CCMHB allocated expenses. The remaining 2% pays a portion of transportation, occupancy, and consumables expense lines. Direct service staff supported with CCMHB funds includes the crisis coordinator position (1 FTE), two new crisis clinician positions currently vacant (2 FTE), two benefit case manager positions (1.8 FTE), and portions of supervisory staff including 15% of the Emergency Services Manager's time and 2% of the Director of Adult Services time.

Community Elements includes a statement on the activities supported with CCMHB not being eligible for reimbursement through Medicaid. These activities include operation of the crisis line, community education about the crisis line and suicidality. The benefits case management activities are not an eligible expense either.

Conflicting information is provided regarding the two new crisis clinician positions to be added. The personnel form lists them as fulltime positions funded by the CCMHB. The Budget Narrative form includes a statement on crisis assessments completed by the clinicians being billable to Medicaid. The positions are then referenced as being funded by CCMHB at .9 FTE to account for potential Medicaid billable activity. Reconciliation of billable time exceeding the projected 10% of Medicaid funds during the contract year would offset CCMHB funds budgeted for the position. Presumably, the budget narrative is correct based on the explanation of Medicaid billable services. The difference between the Personnel Form and Budget Narrative does need clarification.

Reasonable Cost Standards:

"Reasonable costs" are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

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Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 22% (Taxes 8% and 14% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X
Audit not in Compliance _____
Auditor Finding _____

Comments:

Target Population: Access will serve children, adolescents and adults with social/emotional or behavioral health needs that meet the admission criteria of Community Elements. Crisis services are provided to any adult in crisis and to any child or youth determined to be ineligible for SASS by the CARES Line (state funded crisis services for youth). Addition of two CCMHB supported crisis clinicians will expand crisis team response reduced through state funding reductions. The two new positions will also extend services to persons who are homeless and have frequent contact with law enforcement.

Service Locations(s)/Demographics: Initial contact with Access services may be by telephone, or on designated days as a walk-in. The crisis team will complete an assessment if warranted based on the initial screening by the crisis line. The crisis team responds to hospital emergency rooms. The two new clinicians would expand this response to law enforcement contacts in the community, provide additional capacity for debriefing after traumatic events, and conduct outreach to persons who are homeless that frequently require a law enforcement response.

Demographic and residency data reported is for clients receiving case management assistance with benefit applications in FY 2012. Total clients (TPCs and NTPCs) served for the 2012 program was 214. Residency by zip code finds 52% were from Champaign, 21% from Urbana, 8% from Rantoul, 7% from Mahomet, and 12% from the balance of the county. Demographic data indicates 96% were adults and 4% seniors; 59% were White, 40% Black, and 1% other races; 1% were of Latin0/Hispanic origin; and 58% were women. Note that some percentages presented may be based on a smaller data set due to lower response rate, e.g. of Latino origin.

Service Description/Type: Crisis, Access, and Support Services. The Crisis and Access programs represent initial contact points providing engagement and assistance to consumers seeking help with a crisis or other urgent mental health issue. The Crisis and Access services address state created gaps for persons without Medicaid by enabling the agency to engage the consumer until they are referred to another program and/or are assisted with applying for entitlement programs such as Medicaid. Crisis services include support for the 24 hour crisis line, short term interventions by the crisis team, and community education including Mental Health First Aid training. If funded crisis team activity will be expanded with the addition of two new clinicians including additional support to law enforcement responding to crisis situations in the community and outreach to persons who are homeless. Access

engages clients at intake providing support, screening and linkage to appropriate care. Access services include “walk-in” days where clients can be served without having an appointment. Program anticipates increase in access case management as the Affordable Care Act is implemented. Assistance with applying for benefits/entitlement programs (Medicaid, Supplemental Security Income, Social Security Disability Insurance) to receive behavioral health care and to other programs helping to meet basic needs is provided by the Benefits Case Managers and Access Clinician. Regarding benefits assistance, of particular interest to CCMHB are the applications to entitlement programs.

Staff credentials are identified for the primary staff positions. The Emergency Services Manager is responsible for the operation of both the crisis and access programs.

Access to Services for Rural Residents: Crisis line services are available 24 hours a day. An initial screening by Access staff can be completed over the telephone. Transportation may be provided depending on need. Case management may be provided in the client’s home or community setting. The Crisis Coordinator does community education throughout the county. Crisis team will respond on-site to incidents in the county, not just to the emergency room, if the two clinicians are added.

Program Performance Measures

ACCESS: Availability of Access and Crisis staff to respond to contacts is defined. Access provides telephone screenings Monday through Friday and walk-in appointments for assessments two days per week. Crisis line and crisis team services are available 24 hours a day, every day. Community presentation through the crisis program educates the community on crisis situations, suicide prevention, and crisis services. The Coordinator also co-facilitates Mental Health First Aid trainings.

CONSUMER OUTCOMES: Access calls have a target of 75% being answered live – FY2012 result was 72%. Target is unchanged for FY 2014. Mental health assessments are scheduled at time of initial contact with Access or client can choose to have an assessment done on days when walk-ins are accepted. Following the assessment, clients are assigned to the appropriate program. Crisis services are initiated at point of contact. Crisis line will maintain a minimum of 60 volunteers.

Community Elements indicates there is minimal, if any delay to initiate services. Community Support Services can typically engage clients immediately while wait times for counseling and psychiatric varies. Psychiatric care has a significant waitlist at this time. Engagement groups are available during times clients must wait to access other services but this service is reported to be underutilized.

Clients referred to Benefits Case Management receive a prompt appointment. Clients follow through with the appointment 73% of the time and a target of 80% has been set for FY 2014. The application process with reviews and appeals can take a considerable amount of time. Due to the length of time involved and the complexity of the process no measure is identified. Staff does attend annual trainings to stay current with changes in entitlement applications and review process.

Program has implemented “Client Writes” as a means of assessing program performance based on client satisfaction. These surveys contain a series of questions asking consumers to report their progress in key areas and their satisfaction with services. A target of 90% satisfaction/positive response to “overall how has your problem or situation changed?”; “if you had a friend who needed similar help, would you refer them to our organization?”; and, “overall how satisfied are you with our organization?”

UTILIZATION: Targets for crisis line calls, access intakes, and benefits applications are identified for FY 2014. Targets include 4,200 crisis line calls and 45 community presentations, while Access will

complete 920 mental health assessments, and 300 benefit applications (reduced by 50). Data on clients served by service component in FY 2012 is provided and supports targets established for FY 2014 although target for benefit case management may still be too high based on results for 2012 and first half of 2013.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No

ACCESS Initiative: No

Quarter Cent for Public Safety: No

Developmental Disabilities: No

Specialty Courts: No

Behavioral Health/Physical Health Integration: No

Projects Consistent with 10 x 10 Wellness Campaign: No

Gaps in Core Services Related to Unfunded Clients: Yes, program expansion is tied to state funding reductions.

Overarching Decision Support Criteria:

Underserved Populations: Yes, expansion would increase crisis outreach to persons that are homeless

Countywide Access: Yes, expansion would provide for on-site response to crisis incidents

Budget-Program Connectedness: Yes, although clarification needed on level of support for two new positions

Technical Criteria:

Approach/Methods/Innovation: Yes

Staff Credentials: Yes

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: Community Elements, Inc.

Program Name: Early Childhood Mental Health & Development (ECMHD)

Focus of Application: MH X SA DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY14 CCMHB Funding Request: \$115,102

PY14 Total Program Budget: \$826,644

Current Year Funding (PY13): \$114,500

Proposed Change in Funding - PY13 vs. PY14: \$602 (0.5%)

Program Staff – CCMHB Funds: 2.08 FTE

Total Program Staff: 14.37 FTE

Budget Narrative: The CCMHB is the only local and non-state support for the program providing 14% of total program revenue. Three state contracts provide the balance of program revenue: DHS Healthy Families contract funds 32%, Ounce of Prevention contract funds 30%, and the Illinois Board of Education funds 24%. Salaries, taxes, and benefits accounts for 81% of CCMHB charged expenses. Local transportation expense is the next largest expense line at 5%. The remaining 14% is spread across nine other expense lines. Thirteen direct service positions are charged off at a rate equal to CCMHB revenue percentage. Two other positions are charged off at much lower rates.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 22% (Taxes 8% and 14% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable

Audit Requirement Waived

Audit in Compliance X

Audit not in Compliance

Auditor Finding

Comments:

Target Population: Children age birth to 5 and their families. Program is comprised of three distinct program components whose eligibility criteria fall within this range. All 3 programs include consideration of parent and/or child risk factors.

Service Locations(s)/Demographics: Services are delivered in client homes and community locations such as schools and churches at the convenience of the client. Total clients (TPCs) served for the 2012 program was 256. Residency by zip code data reported finds 44% of clients were from Champaign, 34% from Urbana, 14% from Rantoul, and 8% from the balance of the county. Demographic data reported indicates 18% were age 18 or younger, and 82% were over age 18; 48% were Black, 28% were White, 2% were Asian, and 22% were other races or bi-racial/multi-racial; 21% were of Latino/Hispanic origin; and 89% were women. Note that some percentages presented may be based on a smaller data set due to lower response rate, e.g. Latino origin.

Service Description/Type: Prevention/Early Intervention. The ECMHD program is actually three interrelated programs - Healthy Families, Healthy Young Families and the Prevention Initiative. The ECMHD applies a research based Infant Mental Health model. Program goals are to prevent abuse/neglect, increase positive parent-child relationships and promote family development, functioning and independence. Services include screening and assessments using standardized tools, home visits with frequency tied to family needs, case management, parenting groups and parent education, and child developmental screening. Staff also collaborates with other providers including C-UPHD and Promise Healthcare. All ECMHD staff has Associate, Bachelors or Masters Degrees and receives extensive specialized training. Some staff members are bi-lingual increasing access to services by the Latino community.

Access to Services for Rural Residents: Program provides home based services and transportation to groups.

Program Performance Measures

ACCESS: Program eligibility for each component is described. Eligible clients may engage in services for long periods. Referral and collaboration with multiple healthcare providers is referenced. Program goal is within 48 hours of referral the client will be contacted by a member of ECMHD staff. Outreach efforts can continue for up to three months. Due to the length of engagement possibly lasting years, a limited number of openings are available and a waitlist is maintained. Services are delivered in the home or community settings. Meeting client and child in the natural setting of the home is said to enhance cultural sensitivity. Services are delivered in English and Spanish. Program participates in the Birth to Six Council and the Birth to Three Service Coordinating Council.

CONSUMER OUTCOMES: The measures used are defined by state funders and establish benchmarks for program effectiveness. The measures are associated with program capacity, immunization rates, completion of developmental screenings for risk of developmental delay, and initiation of breastfeeding. Program identifies targets for each measure and reports results indicating all measures were met in 2012 and on track for 2013. Clients are screened for depression at regular intervals using the Edinburgh Postnatal Depression Scale. The program has also formed an Advisory Group of participants and stakeholders for input on program improvements.

UTILIZATION: Program defines how services will be classified and reported. Staff vacancies continue to impact some elements of performance and project 2013 may underperform on number of new clients

engaged in services and volume of client contacts. With 256 clients served in 2012 and 193 of which 36 are new served through the first half of 2013 the slight downward adjustment to FY 2014 targets made to TPCs from 260 to 250, and Service Contacts from 300 to 270 appears reasonable. CSEs are unchanged at 140.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No
ACCESS Initiative: No
Quarter Cent for Public Safety: No
Developmental Disabilities: No but does measure child's developmental and social-emotional progress.
Specialty Courts: No
Behavioral Health/Physical Health Integration: Yes, collaborates with primary care providers for early identification of families/children with infant mental health needs.
Projects Consistent with 10 x 10 Wellness Campaign: No
Gaps in Core Services Related to Unfunded Clients: No

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: Yes, although 78% of clients are from Champaign and Urbana.
Budget-Program Connectedness: Yes

Technical Criteria:

Approach/Methods/Innovation: Yes
Staff Credentials: Yes

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: Community Elements, Inc.

Program Name: Integrated Behavioral Health Services

Focus of Application: MH X SA X DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY14 CCMHB Funding Request: \$79,242

PY14 Total Program Budget: \$79,242

Current Year Funding (PY13): \$48,000

Proposed Change in Funding - PY13 vs. PY14: \$31,242 (65% increase)

Program Staff – CCMHB Funds: 2.76 FTE

Total Program Staff: 2.76 FTE

Budget Narrative: CCMHB is the sole source of revenue for the program. The requested increase will enable Community Elements to offer paid internships. Salary, taxes, and benefits are the only expenses budgeted for the program. Benefits paid for this program are lower because of the use of interns. Direct service positions include two fulltime interns and a clinician (.75 FTE). All three positions are listed as vacant. Program has interns for current year but their time of service will end before the start of FY 2014. Budget narrative carries statement that program targets clients not eligible for Medicaid.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 14% (Taxes 8% and 6% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable
Audit Requirement Waived
Audit in Compliance X
Audit not in Compliance
Auditor Finding

Comments:

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Target Population: Non-Medicaid eligible adults needing Level I substance abuse treatment or co-occurring mental health and substance use disorders. Services are prioritized based on need with focus on linkages to self-directed recovery, i.e. self-help/support groups, alcoholics anonymous.

Service Locations(s)/Demographics: Office based with interns placed in the Access and Counseling programs and at TIMES Center, and at the Community Resource Center once it opens at Provena Covenant Medical Center. As a new program residency and demographic data is only available for the first half of FY 2013. Total clients (TPCs) served so far by the 2013 program is 60. Residency by zip code finds 55% of clients were from Champaign, 30% from Urbana, and the remaining 15% from the balance of the county. Demographic data finds 40% were seniors, 33% were adults, and 27% children or youth; 63% were White, 35% were Black, and 2% were Asian; 3% were of Latino/Hispanic origin; and, 75% were men. Note that some percentages presented may be based on a smaller data set due to lower response rate, e.g. of Latino origin.

Service Description/Type: Assessment, Outpatient Counseling and Community Support Service in accordance with Rule 132 and Rule 2060. Changes made in state eligibility criteria limit services to assessments for the target population. Program will utilize interns under supervision of a licensed clinician to design and provide group services as a bridge to more client self-directed recovery activities. The interns will identify and implement best practice models for client engagement and delivery of services in group settings. Interns will experience MRT group therapy and provide supports to individual clients. In addition to clinical supervision of the interns, the licensed clinician will be responsible for preparing lesson plans, clinical orientation of interns, and liaison with university faculty as well as provide some direct service to the target population. Interns will be recruited primarily from the University of Illinois's School of Social Work but may also come from other universities in central Illinois. Timing of internships is planned to provide year round services. Nominal fee may be charged client based on ability to pay.

Access to Services for Rural Residents: Information on the program will be provided through general outreach and community education. Clients may call and be screened over the telephone by the Access program.

Program Performance Measures

ACCESS: Changes to state eligibility criteria has restricted Non-Medicaid clients' access to services beyond an assessment. Program may extend access to services through use of interns under clinical supervision. Program may co-locate interns at the Presence Healthcare Community Resource Center. This would provide access to program services in addition to physical healthcare.

CONSUMER OUTCOMES: Program states will use the standardized consumer satisfaction survey "Client Writes" to evaluate outcomes for the FY 2014 program. Local results will be compared to state and national benchmarks. Interns will experience MRT groups led by an MRT trained clinician and provide individual supports to group participants.

Program will track client engagement and length of service. Identified target is for 75% of referred clients to engage in services and participate for a minimum of three months be completing or withdrawing from services.

UTILIZATION: Targets for the FY 2014 year are unchanged from FY 2013: 70 Treatment Plan Clients and 10 Non-Treatment Plan Clients. Clients served through the first half of 2013 is 60. Program reports

learning experiences of interns include having conducted Life Planning Groups, and having observed various other groups and services as well as attended weekly supervision meetings. Progress in developing the program has taken longer than planned but has established a foundation for the program.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No
ACCESS Initiative: No
Quarter Cent for Public Safety: No
Developmental Disabilities: No
Specialty Courts: No
Behavioral Health/Physical Health Integration: No
Projects Consistent with 10 x 10 Wellness Campaign: No
Gaps in Core Services Related to Unfunded Clients: Yes

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: No
Budget-Program Connectedness: Yes

Technical Criteria:

Approach/Methods/Innovation: Yes
Staff Credentials: Yes

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: Community Elements, Inc.

Program Name: ACCESS Initiative – PLL Front End

Focus of Application: MH SA DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY14 CCMHB Funding Request: \$288,895

PY14 Total Program Budget: \$288,895

Current Year Funding (PY13): \$283,550

Proposed Change in Funding - PY13 vs. PY14: \$5,345 (2% increase)

Program Staff – CCMHB Funds: 4.5 FTE

Total Program Staff: 4.5 FTE

Budget Narrative: The CCMHB is the sole funder of the Parenting with Love and Limits (PLL) program. Personnel costs – salaries, taxes, and benefits – are 78% of expenses. Consumables are the next largest expense at 7% and pays for food at the group and family sessions, incentives to participants, and a graduation celebration. Local transportation costs are 3% of expenses. The remaining 12% is spread across six other expense lines. Direct service staff includes the three fulltime therapists and a fulltime family support position plus 20% of the Director of Youth and Family Services time and the proposed addition of a part-time (20%) Peer Support position. The budget includes funds in the conference/staff development expense line for the new position to attend a PLL training.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 22% (Taxes 8% and 14% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____

Audit Requirement Waived _____

Audit in Compliance _____

Audit not in Compliance _____

Auditor Finding _____

Comments:

Target Population: Youth age 10 to 17 on station adjustment, or probation for misdemeanor, or in trouble at school, home or the community. Youth are screened with the Youth Assessment and Screening Instrument (YASI) and score as low risk (moderate/high risk scores are referred to PLL- Extended Care for follow-up). The RPC Court Diversion program refers station adjusted youth based on YASI scores. Other referrals may come from schools, ACCESS Initiative, other social service agencies, or parents/self-referrals. Any youth to be served must also have a parent/caregiver willing to participate in PLL.

Service Locations(s)/Demographics: Groups are held at Community Elements, and may be held at other locations as best meets the needs of the participating families. Total clients (new TPCs) served by the 2012 program was 128. Residency by zip code data reported finds 48% of clients were from Champaign, 20% from Urbana, 9% from Rantoul, 7% from Mahomet, 4% from Tolono, and 12% from the balance of the county. Demographic data reported indicates 18% of clients were age 12 or under and 82% were between the ages of 13 and 18; 52% were White, 42% were Black, and 6% were other races including bi-racial/multi-racial; 4% were of Latino/Hispanic origin; and, 59% were male. Note that some percentages presented may be based on a smaller data set due to lower response rate, e.g. of Latino origin.

Service Description/Type: Outpatient Group and Family Counseling using the Brief Family Therapy Model. Initial contact with youth/family is a motivational telephone call used to initiate contact and to determine appropriate level of engagement – should the youth be in PLL-Front end or PLL-Extended Care – using a PLL screening tool. A motivational interview follows to secure a commitment to participate in the program. PLL-Front End provides a series of six group and family coaching sessions including behavioral contracts with the intent of providing the skills to meet the family's needs and reestablishing positive relationships between youth and family.

After graduating from the program, follow-up contacts are made at 30 and 60 days as well as providing tune up sessions as needed. Support services include assistance with transportation and referral, linkage, and advocacy to meet other needs. Incentives are provided to youth for participating. Interpreters are provided for non-English speaking participants.

All three therapists are Master's level PLL certified clinicians. The Family Support Specialist has a Bachelor's degree and has completed PLL training. Program proposes to add a part-time PLL Program Support position. The new team member is expected to be a youth age 18 to 21 and graduate of PLL and would complete PLL training. This person would assist the Family Support Specialist during teen breakout sessions.

Access to Services for Rural Residents: Staff will assist families needing help with transportation to find a long term solution to the need. Groups may also be held at other locations in the county if it makes participation easier for the majority of group.

Program Performance Measures

ACCESS: Under the license agreement and supervision contract with CCMHB, Savannah Family Institute (SFI) tracks referrals and engagement data for the program as a whole and by therapist through weekly reports. PLL Therapists using an established protocol, attempt first contact within 48 hours of referral. If contact is not made, therapist will try to make contact at a different time and day followed by correspondence and home visits.

CONSUMER OUTCOMES: Measures are defined in the SFI Center of Excellence Agreement. Staff completes Child Behavioral Checklist (CBCL) and FACES IV at defined intervals. Staff submits weekly reports on client referrals and engagement to SFI. Bi-weekly supervision is provided by SFI through video/teleconferences. Quarterly reviews and an annual review with reports are also held.

The Community Elements PLL program was recognized for its outstanding performance last fall.

UTILIZATION: Established measures of performance for individual therapists and for the PLL program as a whole are identified. Therapists have a clinical minimum of 30 to maintain skills and the program license has a maximum target of engaging 128 new youth/families (TPCs). Engagement is defined as the youth/family attending two or more PLL sessions.

For FY2012 program had potential to exceed contract maximum. For FY 2013, program is underperforming the exceptional level achieved the prior year of 128 new TPCs. Current projections are for the program to engage between 90 and 115 youth/families. Program has also screened and referred on to the Prairie Center PLL-Extended Care program another 32 youth. Target for FY 2014 is 128, the maximum under the SFI license.

CCMHB Priorities:

Primary Decision Support Considerations:

- Parenting with Love and Limits (PLL): Yes
- ACCESS Initiative: Yes
- Quarter Cent for Public Safety: No
- Developmental Disabilities: No
- Specialty Courts: No
- Behavioral Health/Physical Health Integration: No
- Projects Consistent with 10 x 10 Wellness Campaign: No
- Gaps in Core Services Related to Unfunded Clients: No

Overarching Decision Support Criteria:

- Underserved Populations: Yes
- Countywide Access: Yes
- Budget-Program Connectedness: Yes

Technical Criteria:

- Approach/Methods/Innovation: Yes, PLL is evidenced based model.
- Staff Credentials: Yes, staff are PLL trained.

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendations: Pending

Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: Community Elements, Inc.

Program Name: Psychiatric/Primary Care Services

Focus of Application: MH X SA ___ DD ___ ACCESS ___ Qtr Cent ___

Type of Contract: Grant

Financial Information:

PY14 CCMHB Funding Request: \$43,105

PY14 Total Program Budget: \$926,033

Current Year Funding (PY13): \$41,200

Proposed Change in Funding - PY13 vs. PY14: \$1,905 (4.6% increase)

Program Staff – CCMHB Funds: 0.63 FTE

Total Program Staff: 10.21 FTE

Budget Narrative: CCMHB revenue accounts for about 5% of total program revenue. A grant from the DHS-Office of Mental Health is the single largest source of revenue at 68%. Medicaid, Medicare, and a DMH fee for service contract provide another 19% of program revenue. Client fees and insurance payments generate the remaining 8% of revenue. Total program revenue declined by 17% from FY2013 to FY2014. Program projects expenses will exceed revenue for a deficit of 11%. Salaries, taxes, and benefits account for 86% of CCMHB allocated expenses. Another 5% is charged to the equipment expense line for technology. The remaining 9% allocated across three other expense lines. Direct service staff supported in part with CCMHB funds include 50% of the Psychiatric Nurse's time and 2% of the Medical Director's time.

According to the budget narrative, CCMHB funds support the coordination and linkage of high need consumers to healthcare services. All psychiatric care provided will be charged to other sources. Promise Healthcare will bill for primary care services independent of this contract.

Reasonable Cost Standards:

"Reasonable costs" are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a "reasonable cost" limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 22% (Taxes 8% and 14% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X _____
Audit not in Compliance _____
Auditor Finding _____

Comments:

Target Population: Community Elements is proposing to reconfigure who will be served and type of services provided with CCMHB funding. Population to be served is Medicare/Medicaid eligible adult clients receiving psychiatric care whose condition is stabilized and that have concurrent medical conditions including chronic diseases. Other funding will support the psychiatric care.

Service Locations(s)/Demographics: Service delivered on-site at either the Community Elements Park St. or Fox Dr. offices. Total clients (new TPCs) served by the 2012 program was 1,123. Residency by zip code finds 45% of clients were from Champaign, 25% were from Urbana, 11% from Rantoul, 4% from Mahomet, and 5% from the remaining areas of the county. Demographic data identified 65% were adults, 30% were children or youth, and 5% were seniors; 63% were White, 36% were Black, and 1% were other races including bi-racial; 2% were of Latino/Hispanic origin; and 54% were women. Note that some percentages presented may be based on a smaller data set due to lower response rate, e.g. of Latino origin.

Service Description/Type: Support Services to psychiatric patients. Community Elements proposes to reconfigure services funded by the CCMHB. The focus will be on integration of physical healthcare with mental health care on-site at Community Elements. Primary care services will be provided by an Advance Practice Nurse (APN) from Promise Healthcare eight hours per week and billed through Promise Healthcare's Medicare and Medicaid contracts.

Improved physical condition of psychiatric clients is expected to improve outcomes and lengthen time between appointments thereby increasing access for others. Psychiatric care includes evaluation, medication monitoring, and education, and as appropriate consultation, for Medicaid and Non-Medicaid clients. Psychiatrists are board certified and licensed by the State of Illinois.

The CCMHB funds will support infrastructure within Community Elements including scheduling, reception, and facilities required for on-site delivery of the Advance Practice Nurse's services. Funds will also support development of protocols for collaboration and integration of care and nursing services including wellness coaching to clients served by the Promise Healthcare APN.

Access to Services for Rural Residents: Services are delivered in Champaign. Clients may be referred from other locations where Community Elements has a presence.

Program Performance Measures

ACCESS: For residents without insurance or the ability to self-pay access to psychiatric services in Champaign County and the state is limited. Community Elements has 1 fulltime psychiatrist and one under contract/part-time serving those with limited resources. Program has a waitlist.

While not identified here, what is implied in the service section is that for the 150 Treatment Plan Clients projected to engage in the primary care services on-site, increased time between appointments will eventually accrue and enable others on the waitlist to be served. Possibly after one year of

implementation, Community Elements will have a better sense of how the integration of care impacts consumer access to services.

CONSUMER OUTCOMES: Four sets of outcome measures are identified. The first relates to start-up of the program with all clients engaged having an integrated care plan established within the first two quarters of the year. Second measure compares prior emergency room usage of engaged clients as a whole to the groups emergency room use after engagement with measurement made at the end of the contract. Third measure uses the Rand Quality of Life, Short Form CORE survey, or similar survey, administered upon admission and annually thereafter. Community Elements anticipates improvement in the core areas of overall perception of health, exercise, and health effects on social functioning. Fourth measure identified is the “Client Writes” survey. The survey is benchmarked using responses from like organizations across the country. Three specific measures are identified associated with change in problem/situation, would you refer others having similar problems to this organization, and how satisfied are you with the organization. Community Elements seeks a positive/satisfaction response rate of 90% on these questions.

UTILIZATION: Agency references results for the first half of FY 2013. Due to the reconfiguration of services past performance does not relate to targets set for FY 2014. The reconfigured program projects serving 150 Treatment Plan Clients and nursing staff providing 1,500 service contacts related to wellness and health outcomes with the Promise Healthcare APN having 650 contacts.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No
ACCESS Initiative: No
Quarter Cent for Public Safety: No
Developmental Disabilities: No
Specialty Courts: No
Behavioral Health/Physical Health Integration: Yes
Projects Consistent with 10 x 10 Wellness Campaign: Yes
Gaps in Core Services Related to Unfunded Clients: No

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: No
Budget-Program Connectedness: Yes

Technical Criteria:

Approach/Methods/Innovation: Yes
Staff Credentials: Yes

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendations: Pending

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Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: Community Elements, Inc.

Program Name: TIMES Center (Screening MI/SA)

Focus of Application: MH SA DD ACCESS Qtr Cent

Type of Contract: Fee for Service (FFS)

Financial Information:

PY14 CCMHB Funding Request: \$70,617

PY14 Total Program Budget: \$447,754

Current Year Funding (PY13): \$48,000

Proposed Change in Funding - PY13 vs. PY14: \$22,617 (68% increase)

Program Staff – CCMHB Funds: 1.81 FTE

Total Program Staff: 8.93 FTE

Budget Narrative: Program receives funding from a wide range of sources – federal, state and local. CCMHB revenue accounts for 16% of total program revenue. Other local funders provide 12% of revenue – United Way (9%) and City of Urbana (3%). The single largest source are three state contracts (DCEO and DHS) providing 36% of funding. Federal funding from HUD and FEMA is 11% of revenue. Contributions are responsible for 19% of revenue. And miscellaneous sources and program fees generate the remaining 7%. Expenses charged to CCMHB are almost entirely staff related with 96% of funds allocated for salaries, taxes, and benefits. The remaining 4% is to purchase MRT (Moral Reconciliation Therapy) workbooks. Personnel supported with CCMHB funding include 100% of the TIMES Center Case Manager, about 20% of the TIMES Center Supervisors time, and 60% of the new CADDC case manager position (currently vacant).

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 22% (Taxes 8% and 14% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable

Audit Requirement Waived

Audit in Compliance

Audit not in Compliance _____
Auditor Finding _____

Comments:

Target Population: Men who are homeless.

Service Locations(s)/Demographics: On-site at TIMES Center. Total clients (TPCs) served by the 2012 program was 406. Residency by zip code indicates 83% were from Champaign (76% from 61820), 11% from Urbana, 4% from Rantoul, and 2% from the balance of the county. Client demographics reported finds 98% were adults, 2% were seniors, and 1%; 53% were White, 44% were Black, and 3% were other races; 2% were of Hispanic/Latino origin; and all were men. Note that some percentages presented may be based on a smaller data set due to lower response rate, e.g. of Latino origin.

Regarding residency data, the high number from TIMES Center zip code (61820), skews data for determining origin of the client and may mask out of county residency of client prior to entering TIMES Center.

Service Description/Type: Screening and Outpatient Group Counseling. Intent is to screen all clients upon admission to TIMES Center for mental health, alcohol abuse and/or substance use disorders. Based on result, linkage and referral services are provided. For clients with co-occurring disorders, effort is made to engage the client on-site with concurrent and integrated treatment. This can include an ASAM assessment, integrated treatment planning, and individual and group counseling. Co-occurring services applies evidence based practices endorsed by SAMHSA. Groups offered at TIME Center include substance abuse recovery, coping skills and emotional regulation with other groups initiated based on need. The Relapse Prevention Group is the best attended group. The evidence based Moral Reconciliation Therapy Group is the group therapy model to be used with two groups, three hours per week.

Community Elements is licensed by DASA to provide Level I and Level II outpatient substance abuse treatment services as defined in Rule 2060. Services are provided by a certified addictions counselor (CADC) and with clinical supervision provided by an LCSW.

Billable activities to CCMHB are for screenings and group counseling. Rates are established for the two types of billable services.

Access to Services for Rural Residents: TIMES Center is located in Champaign. Effort is made to educate other providers and community based organizations about the TIMES Center. Transportation from rural areas can be arranged.

Program Performance Measures

ACCESS: TIMES Center is open 24 hours a day, 365 days a year. Staff participates in a number of collaborative organizations to coordinate and promote services to the homeless population. Program cites data on number of people in emergency and transitional housing from the Urbana-Champaign Continuum of Care annual survey on homelessness.

CONSUMER OUTCOMES: All admissions to TIMES Center are to be screened for mental health, alcohol, and substance abuse issues. Target is for 90% of admissions to be screened. Results of screens yield recommendations for services. All residents staying for 7 days or more with an identified need will

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be referred to Community Elements or other provider and will meet with a Recovery Advocate to finalize the service plan.

The Clients Writes survey used to evaluate client outcomes at Community Elements has been adapted for use with Level II participants at TIMES Center. While there is no Midwest or national benchmarks to compare results, the survey did find satisfaction with services particularly assistance with employment, other community resources, handling life's problems, and improved financial and living situation. No improvement was reported for family relationships or physical health. Measures for FY 2014 are identified.

UTILIZATION: The FY 2014 target for clients served at TIMES Center is 400. Screenings are only completed once per contract year, clients re-entering TIMES Center within the year are not re-screened. Residents have a service plan completed and if engage in other Community Elements services will have a treatment plan prepared.

In FY 2013, program reports an increase in re-admission of previously screened clients. Any resident is considered a client of Community Elements. For FY 2013, through February, 181 screenings have been completed and 579 hours of group counseling provided.

CCMHB Priorities:

Primary Decision Support Considerations:

- Parenting with Love and Limits (PLL): No
- ACCESS Initiative: No
- Quarter Cent for Public Safety: No
- Developmental Disabilities: No
- Specialty Courts: No
- Behavioral Health/Physical Health Integration: No
- Projects Consistent with 10 x 10 Wellness Campaign: No
- Gaps in Core Services Related to Unfunded Clients: No

Overarching Decision Support Criteria:

- Underserved Populations: Yes
- Countywide Access: No
- Budget-Program Connectedness: Yes

Technical Criteria:

- Approach/Methods/Innovation: Yes, applies evidence based practices endorsed by SAMHSA.
- Staff Credentials: Yes

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendations: Pending

Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: Crisis Nursery

Program Name: Beyond Blue Champaign County

Focus of Application: MH X SA DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY14 CCMHB Funding Request: \$70,000

PY14 Total Program Budget: \$177,167

Current Year Funding (PY13): \$70,000

Proposed Change in Funding - PY13 vs. PY14: No change.

Program Staff – CCMHB Funds: 1.34 FTE

Total Program Staff: 3.5 FTE

Budget Narrative: CCMHB funding is the single largest source of support at 40% of total program revenue. State funding allocated to the program is 8% of revenue. Three other revenue lines - United Way designations, contributions, and fundraising proceeds allocated to the program - provide the remaining 52% of revenue. Salaries and associated taxes and benefits are 91% of costs charged to CCMHB. Transportation accounts for 4% of expenses. The remaining 5% is spread across five other expense lines. Direct service staff supported with CCMHB funds includes 1.25 FTE Family Specialists (one fulltime and one quarter-time) and 5% of the Program Director's time.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 28% (Taxes 9% and 19% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable
Audit Requirement Waived
Audit in Compliance X
Audit not in Compliance
Auditor Finding

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Comments: While identified as in compliance, audit does not use CCMHB expense categories on the CCMHB Schedule of Operating Expenses.

Target Population: Mothers identified as “at risk” of perinatal depression who reside in Champaign County and have a child or children less than one year of age. “At risk” is defined as low-income and/or a family history of depression or who experienced depression during pregnancy. Methods for identifying “at-risk” mothers are described. Data from CUPHD WIC screenings using the Edinburgh Postnatal Depression Scale (EPDS) in FY 2012 found 135 mothers at-risk of perinatal depression (56 from rural Champaign County and 79 from Champaign and Urbana).

Service Locations(s)/Demographics: Clients home, Crisis Nursery, and other community sites. Total clients (new TPCs) served by the 2012 program was 41. Residency by zip code data finds 44% of clients were from Rantoul, 36% were from Champaign and Urbana, and the remaining 20% from other areas of the county. Demographic data reported indicates 7% were mothers age 18 or younger, and 93% were mothers over age 18; 46% were Black, 39% were White, 2% were Asian, and 13% were of other races including bi-racial/multi-racial. Note that some percentages presented may be based on a smaller data set due to lower response rate, e.g. of Latino origin.

Service Description/Type: Screening, Assessment, Individual and Group Counseling. Program uses a mix of home visits and participation in Parent-Child Interaction (PCI) Groups to reduce mothers feeling of isolation, provide education and counseling about perinatal depression, child development and parenting skills. Central to the program’s services are an intake and screening using the Edinburgh Postnatal Depression Scale (EPDS), home visits to complete assessment, provide counseling and education, participation in Parent-Child Interaction groups, participation in perinatal support groups, and referral and linkage to other services appropriate to the needs of the mother and child. No fees are charged to participants.

Staff participates in infant mental health training, and supervision led by Infant and Parent Institute Director Michael Trout.

Access to Services for Rural Residents: Program establishes a target of 70% of mothers served will be from rural Champaign County. Staff conducts home visits, and holds PCI groups in rural locations and at Crisis Nursery. Referral sources include CUPHD WIC program in Rantoul and other medical providers including Promise Healthcare-Frances Nelson Health Center.

Program Performance Measures

ACCESS: Program cites established relationships and protocols for referrals with healthcare providers and describes on-going outreach at various providers’ locations. The Beyond Blue Family Specialist holds regular weekly office hours at CUPHD WIC office in Rantoul. Crisis Nursery is open 24 hours a day enabling the agency to make referrals and respond to contacts within 24 hours.

CONSUMER OUTCOMES: Program cites an established tool used to measure outcomes for general operations of crisis nurseries around the state and reports results in relation to those measures. Of parents surveyed, 88% reported reduced stress, 96% reported improved parenting skills, and 94% reported reduce risk of child maltreatment.

A post discharge contact will be made to assess specific impacts of the Beyond Blue program. Outcomes to be evaluated are changes in the mother’s symptoms of perinatal depression, its effect on a child’s

development, the mother's understanding of child development and how to promote positive development, and understanding how to reduce stress.

The EPDS is used at intake and then quarterly to track progress of the client. The Ages and Stages Questionnaire is used to track the child's development.

UTILIZATION: Program defines how services will be classified and reported. No change in is made to targets for FY 2014 from FY 2013. Beyond Blue program projects serving 35 mothers (TPCs), 25 of which will be rural residents (not from C-U) and 82 babies/children or other family members (NTPCs). Service contacts target is 980 and include screenings, home visits, referrals, and telephone contacts. CSEs target is 136 and are broken out by volume of PCI groups, perinatal depression support groups, community presentations and associated activities. Hours of respite care provided as an in-kind service will be reported in the Other category.

Program is on track to meet or exceed established targets for FY 2013 and has already done so for NTPCs and Other-Respite Care Hours. Mothers/TPCs served through the first half of FY 2013 total 26 (12 continuing clients and 14 new) of target of 35 for the year. For FY 2012 TPCs served totaled 45 (4 continuing/41 new).

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No

ACCESS Initiative: No

Quarter Cent for Public Safety: No

Developmental Disabilities: No

Specialty Courts: No

Behavioral Health/Physical Health Integration: Yes, Access and referral sources include medical providers.

Projects Consistent with 10 x 10 Wellness Campaign: No

Gaps in Core Services Related to Unfunded Clients: No

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: Yes

Budget-Program Connectedness: Yes

Technical Criteria:

Approach/Methods/Innovation: Yes

Staff Credentials: Yes

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

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Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: Community Service Center of Northern Champaign County (CSCNCC)

Program Name: First Call for Help

Focus of Application: MH X SA X DD X ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY14 CCMHB Funding Request: \$84,536

PY14 Total Program Budget: \$262,864

Current Year Funding (PY13): \$82,474

Proposed Change in Funding - PY13 vs. PY14: \$2,062 (2.5% increase)

Program Staff – CCMHB Funds: 1.76 FTE

Total Program Staff: 3.05 FTE

Budget Narrative: CCMHB revenue accounts for 32% of total program revenue and is the single largest source of support for the program and agency. Funds from United Way represent 23% of total program revenue. Other sources of program revenue include contributions projected at 22% with an additional 3% generated through fundraising. A grant from the Village of Rantoul is 5% of program revenue with another 5% generated through rental income. The remaining 10% of program revenue comes from a variety of sources. The agency has one state contract but the funds do not support the First Call For Help program. Regarding expenses, CCMHB funds are allocated almost entirely (98%) to salaries and taxes/benefits. The remaining 2% is charged to the occupancy expense line. Four positions are supported in part with CCMHB funds representing 2.36 fulltime equivalent positions (1.76 direct service staff and .6 indirect staff). The personnel section of the budget narrative form was not updated from the 2013 application. Agency projects a deficit for the program of approximately 2%.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 24% (Taxes 8% and 16% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____

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Audit in Compliance X
Audit not in Compliance _____
Auditor Finding _____

Comments: Operating Expenses listed are inconsistent with CCMHB expense classifications.

Target Population: Program serves residents of nine northern most Champaign County townships.

Service Locations(s)/Demographics: Agency is based in Rantoul and serves as a satellite site for other Champaign and Urbana based providers. Total clients (NTPCs) served by the 2012 program was 1,523. Demographics reported for FY12: 88% were adults and 12% were seniors; 44% were White, 27% were Black, and 29% were other races including bi-racial/multi-racial; almost 28% were of Latino/Hispanic origin (an increase of 11% over FY12); and 60% were women. Zip code based residency data indicates 90% were in Rantoul, 2.5% in Ludlow, 2% from Thomasboro, and 5.5% in other zip codes. Note that some percentages presented may be based on a smaller data set due to lower response rate, e.g. of Latino origin.

Service Description/Type: Information and Referral. Staff responds to telephone and walk-ins seeking information and assistance during regular business hours. Bilingual staff member and service information in Spanish is available. Other program services include a food pantry, and limited financial assistance with utilities and prescriptions. Transportation assistance is offered on a limited basis as the CRIS rural transportation program is able to meet most needs. Clients may use office phone to contact other providers/services/job searches free of charge and use fax/copy service for nominal fee. Access to the internet is also offered on a limited basis. Qualifications and experience are identified for the primary staff positions. One staff member has completed the Mental Health First Aid training. Agency also offers office/meeting space to other providers. Space is available for use by the ACCESS Initiative and Parenting with Love and Limits.

The availability of space to social service providers is an important aspect of the services CSCNCC offers. Community Elements and Prairie Center utilize this resource. RPC Court Diversion staff use space when meeting with youth however ACCESS and PLL have not used CSCNCC for this purpose with a few exceptions.

The anticipated implementation of 211 is expected to reduce demand for locally based caller assisted information and referral services. The regional call center for Champaign County will be PATH in Bloomington, Illinois. The call center will operate 24 hours a day. The breadth of services available at CSCNCC to walk-in clients is a strength of the program.

Access to Services for Rural Residents: Rantoul is the largest community and centrally located in the nine township service area.

Program Performance Measures

ACCESS: Program tracks the number of information and referral contacts and number of unduplicated households as the primary access measures. Volume of contacts and unduplicated households served has fluctuated over the last two years. Last year saw a dramatic increase in contacts from Latino households, primarily migrant workers. Unmet needs are primarily associated with food, shelter, and utilities. Agency is tracking client use of in-house services – use of fax machine, internet downloads. Contacts with agencies using CSCNCC as a satellite office are tracked and continued a downward trend.

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CONSUMER OUTCOMES: Outcomes are the access measures. A client satisfaction survey is done biannually and was completed in 2012. Of the 131 surveys returned only one expressed dissatisfaction with the services and interaction with staff. Eleven surveys were from Spanish speaking households and results were also positive. The survey included a question on cultural sensitivity too that generated positive responses and was an improvement over the prior survey. Responses to use of satellite agency services indicated these are well received.

UTILIZATION: Program tracks service contacts and unduplicated households (classified as NTPCs for CCMHB reports) with targets at similar levels as recent years. Targets for 2014 are 1550 NTPCs and 6500 SCs.

For FY13, service contacts are on track to meet the target however unduplicated households (NTPCs) is slightly below target compared to prior years. Contacts are at 3,800 of 6,900 target and NTPCs are 1,157 (785 continuing and 372 new) of 1,600. CSCNCC notes the difference between volume of contacts and households served is an indication of more frequent contacts with existing clients and an indicator of greater need within these households.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): Space available for groups but is not utilized.

ACCESS Initiative: Space is available for group and individual meetings but is not utilized.

Quarter Cent for Public Safety: No

Developmental Disabilities: No

Specialty Courts: No

Behavioral Health/Physical Health Integration: No

Projects Consistent with 10 x 10 Wellness Campaign: No

Gaps in Core Services Related to Unfunded Clients: No

Overarching Decision Support Criteria:

Underserved Populations: Yes – northern rural Champaign County, high volume of Black and Latino contacts reported with spike in last year of Latino contacts over prior year.

Countywide Access: No, primary service area is northern nine townships

Budget-Program Connectedness: Yes

Technical Criteria:

Approach/Methods/Innovation: No, agency is not AIRS accredited

Staff Credentials: Yes. One member has completed Mental Health First Aid training.

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: Developmental Services Center

Program Name: Developmental Training – Employment Services

(NOTE: Program Name to be revised to clarify that it serves individuals who have do not have state funding, to avoid confusion with DT/ES contract for services beyond state caps.)

Focus of Application: MH ___ SA ___ DD X ACCESS ___ Qtr Cent ___

Type of Contract: Grant

Financial Information:

PY14 CCMHB Funding Request: \$313,838 (CCDDB request = \$808,296)

PY14 Total Program Budget: \$6,510,270

(Total CCDDB/CCMHB combined budget has a deficit of \$745,383, compared with total program deficit of \$336,127 and total agency deficit of \$659,760.)

Current Year Funding (PY13): \$304,697 (CCDDB FY13 = \$1,181,841)

Proposed Change in Funding - PY13 vs. PY14: \$9,141 (3%)

Program Staff – CCMHB Funds: 25.24 FTE (Personnel form is combined, totals 30.2)

Total Program Staff: 97.05 FTE

Budget Narrative: CCMHB “DT/ES” request is for 5% of total program budget, CCDDB “DT/ES” for 12.4%, and CCDDB “DT/ES Unfunded for 5%. Other sources of **revenue** are United Way (0.4%), DHS FSS (28%), Ford County (0.4%), Sales of Goods and Services (29%), and small amounts of Contributions, DHS staff training reimbursement, program service fees, interest income, and miscellaneous (includes MTD contract for transportation); some appear to be allocated, but this is not clear in Budget Narrative or attached allocation plan. **Expense** form combines CCMHB and CCDDB charges. Staff costs total \$1,247,182 and comprise 111% of the combined requests; other **expenses** include: professional fees/consultants, Client Wages/Benefits (\$185,477), Consumables, General Operating, Occupancy, Conferences/Staff Development, Local Transportation, Equipment Purchases, Lease/Rental, Membership Dues, Interest Expense (*not an allowable category*), Miscellaneous, and Depreciation. Some charges are not clearly explained in either the budget narrative or attached allocation plan, which is not broken out per our categories. The **budget narrative** explains changes in some expenses from FY13, including 3% wage increase, 5% increase in workers comp expense, 15% increase in health and dental insurance costs, increase in interest expense due to borrowing on the line of credit. It details the relationship of each staff person assigned to this contract. **Indirect Personnel** assigned (combining CCMHB and the two CCDDB DT/ES requests) total \$170,328 and include: 2% of a Program Director, 4% of one Vice President, 12% of 2 Maintenance Techs, 1 Accounting staff, a Training Coordinator, and a Program Director, 14% of CEO, 15% of a Program Director, a Maintenance Tech, and a Vice President, 17% of 4 Accounting staff, 4 HR/Admin staff, a Program Director, a Technology Manager, and the Accounting Manager, 25% of Transportation Coordinator, and 29% of a Maintenance Tech. **Direct Personnel** total \$793,949 and include 2% of a Maintenance Tech, 6% of Transportation Coordinator, Program Director, and 2 Vice Presidents, 9% of a Maintenance Tech, 13% of 2 Maintenance Techs, 17% of an RN, 24% of an Employment Counselor, 28% of 2 COTAs, and 31% of 6 Drivers, 3 Employment Specialists, 7 Employment Counselors, 1 Supported Employment Supervisor, 1 Vocational

Supervisor, 1 Account Manager, 35 Developmental Instructors, 4 Developmental Training Managers, 11 Production Crew Leaders, 3 Production Workers, 2 Program Directors, 1 Residential Instructor, and 1 Operations Manager. (These expenses match with the combined Revenue and Expense attachment.)

NOTE: Personnel and Expense Forms should be revised at contract negotiation to identify charges for each specific contract. The mixing of the contracts makes assuring adequate accountability more complex and supports the recommendation for these programs to be funded by either the CCDDDB or CCMHB. Consideration should be given to separating Employment Services and Developmental Training contracts. The descriptions of direct service FTEs lack specificity and will need to be fleshed out during the contract negotiation subject to approval by the CCMHB.

Budget Narrative includes a statement that expenses assigned here are based on consumers without state funding.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 29% (Taxes 14% and 15% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X
Audit not in Compliance _____
Auditor Finding _____

Target Population: Adults with I/DD who are not funded by the State of Illinois Department of Human Services, Division of Developmental Disabilities. - This cohort includes all ages from recent high school graduates to senior citizens with a wide range of ability levels and support needs including people requiring basic personal care, mobility supports, and continuous staff encouragement to others who are independent and need only intermittent job coaching. Many people have problems related to aging. There is an increase in the number with autism spectrum disorder. This contract serves 95 people who are not funded via Title XIX.

Service Location/Demographics: Champaign and Rantoul DT Facility and community competitive work locations

Of the 277 Treatment Plan Clients served **by mid-year FY13:** 31% were Urbana residents, 39% Champaign, 10% Rantoul, and 20% rural CC; 90% were aged 19 to 59 and 10% over 60; 81% were White, 15% Black/African American, 3% Asian/Pacific Islander, and 1% Other; 1% were of Hispanic/Latino origin; and 57% were Male.

Of 284 **FY12** participants: 29% were Urbana residents, 39% Champaign, 10% Rantoul, and 22% rural CC; (demographic data not available on 4 Non-TPCs) 91% were aged 19 to 59 and 9% over 60; 82% were White, 14% Black/AA, 3% Asian/PI, and .7% (2 people) Other; 1.4% (4 people) were of Hispanic/Latino origin; and 57% were Male.

Service Description/Type: This contract provides regular work, supportive employment and developmental training. (1) regular work is development of vocational skills in the provider's business operations and supported work sites. (2) supported employment is competitive community employment supported by regular or intermittent support of a job coach. (3) developmental training is in-house work, recreation, education, health fitness, social, volunteering, and community activities. Services are determined by the individual and reflect his/her interests, needs, and are culturally competent. Services are delivered at the provider's facilities in Champaign and Rantoul, as well as the locations of competitive employment placements. Staff are appropriately trained in core modules. (DSPs) are entered into a state registry. Staff receive CPI training and are trained to do person centered training, total communication, occupational therapy, and supported community employment.

Access to Services for Rural Residents: The provider demonstrates adequate effort to assure access for rural clients.

Program Performance Measures:

Access: Access decisions appear to include assessment of how well an applicant fits with the "very same needs of the current DT clientele." The description goes on to say that because of the program focus on the "ever-aging population," the admissions committee must determine whether the client's needs fit the program. This appears to contradict the goals of person center planning and an individualized approach to clients.

Consumer Outcomes: Consumer satisfaction measure.

Participation in community based vocational or volunteer work setting(s)

Participation in one community based activity per month.

Promotion to supportive employment

Development of new job sites

Utilization: Treatment plan clients identified as people receiving services who are not recipients of Title XIX funding.

Non-treatment plan clients are high school students receiving a "vocational experience."

Service and screening contacts.

Community service events

Other – Although there is no target, agency includes in quarterly reports a total of direct service hours as a measure of program performance supporting the observation that many individuals' support needs have increased with age.

Mid-year FY13 data for the full DT-ES program show 20 CSEs (target = 8), 21 SCs (target 8), 262 Continuing TPCs (target 300), 9 New TPCs (target 6), 6 New Non-TPCs (target 5), and 122,556.5 total service hours. **For FY12**, there were 18 CSEs (target 8), 32 SCs (target 8), 260 Continuing TPCs (target 310), 16 New TPCS (target 10), 11 New Non-TPCs (target 5), and 249,018.75 total service hours.

FY14 utilization targets are for 95 unduplicated individuals: 85 Continuing and 5 New TPCs, 5 New Non-TPCs, 8 Community Service Events, and 8 Service Contacts.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No
ACCESS Initiative: No
Quarter Cent for Public Safety: No
Developmental Disabilities: YES
Specialty Courts: No
Behavioral Health/Physical Health Integration: No
Projects Consistent with 10 x 10 Wellness Campaign: No
Gaps in Core Services Related to Unfunded Clients: YES

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: Yes
Budget-Program Connectedness: No

Technical Criteria:

Approach/Methods/Innovation: No
Staff Credentials: Yes

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: Developmental Services Center

Program Name: Family Development Center

Focus of Application: MH ___ SA ___ DD X ACCESS ___ Qtr Cent ___

Type of Contract: Grant

Financial Information:

PY14 CCMHB Funding Request: \$324,350 (CCDDB request is for \$293,501)

PY14 Total Program Budget: \$793,666

(from attached form "Statement of Revenues and Expenses by Program," the total program shows a surplus of \$31,736 while the combined CCDDB/CCMHB budget has a deficit of \$49,642)

Current Year Funding (PY13): \$314,903 (CCDDB current is \$284,952)

Proposed Change in Funding - PY13 vs. PY14: \$9,447 (3%)

Program Staff – CCMHB Funds: 6.04 FTE (CCDDB request – 9.43 FTE)

Total Program Staff: 10.76 FTE

Budget Narrative: Request of CCMHB is for 41% of total program budget; request of CCDDB for 37%, as in FY13. Other sources of **revenue** are Early Intervention fees (\$125,000, or 16% of total budget) and small amounts of DHS staff training reimbursement, program service fees, interest income, and miscellaneous; some appear to be allocated, but this is not clear in Budget Narrative or attached allocation plan. **Expense** form combines CCMHB and CCDDB charges (*must be separated at contract negotiation*). Staff costs total \$538,919 and comprise 87% of the combined requests (in FY13, 75%); other **expenses** include: professional fees/consultants, Client Wages/Benefits (\$10), Consumables, General Operating, Occupancy, Conferences/Staff Development, Local Transportation, Specific Assistance, Equipment, Lease/Rental, Membership Dues, Interest Expense (*not an allowable category*), Miscellaneous, and Depreciation. Some charges are not clearly explained in either the budget narrative or attached allocation plan, which is not broken out per our categories. The **budget narrative** does identify changes in expenses from FY13, including 3% wage increase, 5% increase in workers comp expense, 15% increase in health and dental insurance costs, increase in interest expense due to borrowing on the line of credit. It details the relationship of each staff person assigned to this contract. **Personnel form** assigns from 1% to 10% of 22 Indirect Personnel, totaling \$82,958 (CCMHB and CCDDB combined), and Direct Personnel, totaling \$353,105 (CCMHB and CCDDB combined). These include 88% of Office Manager, Program Director, Speech Language Pathologist, Screening Coordinator, four Child Development Specialists, and a part time Physical Therapist, 26% of Vice President, 15% of Training Coordinator, 10% of two RNs, and 8% of Director of Program Assurance). (These expenses match with the combined Revenue and Expense attachment.)

NOTE: The mixing of the contracts makes assuring adequate accountability more complex and supports consideration for these programs to be funded by either the CCDDB or CCMHB. The descriptions of direct service FTEs lack specificity and will to be fleshed out during the contract negotiation subject to approval by the CCMHB.

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Budget Narrative includes a statement that expenses assigned here are based on consumers without state funding.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 24% (Taxes 11% and 13% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X _____
Audit not in Compliance _____
Auditor Finding _____

Target Population: This program proposes to serve 710 children aged birth through five years with or at risk of having a developmental disability. Children and families served under this program do not meet the State's Early Intervention guidelines for either the 30% delay threshold or activities which can't be billed to the EI program. Services to underserved populations are mentioned as a priority.

NOTE: It is not clear how many children in each of the two primary categories are served. It is also not clear how many children served by the EI program are also served by this program. FFS should be considered. “Services to underserved populations” is not included in the consumer access measurements.

Service Location/Demographics: The provider's Champaign location and county-wide for childcare consultations and in-home services. **Of 752 served in FY12**, 21% were Urbana residents, 43% Champaign, 14% Rantoul, and 22% rural CC; (demographic data not available for 11 Non-TPCs) 100% were aged 6 or younger; 57% were White, 23% Black/AA, 3% Asian/PI, and 17% Other; 12% were of Hispanic/Latino origin; and 60% were Male. **At mid-year FY13**, of 520 participants, 21% reside in Urbana, 45% Champaign, 13% Rantoul, and 21% rural CC; 100% were aged 6 and under; 57% White, 21% Black/AA, 3% Asian/PI, and 19% Other; 12% of Hispanic/Latino origin; and 56% Male.

Service Description/Type: Comprehensive assessment services, developmental services, speech therapy, occupational therapy, physical therapy, and parent child developmental play groups.

Other services not funded by EI (State Funded) include: screening services, child care consultation, and the Family Resource Center which includes books, toys and a sensory materials lending library.

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Access to Services for Rural Residents: provider demonstrates adequate effort to assure access for rural clients.

Program Performance Measures:

Access: Program tracks number of clients assessed within 14-days following referral (the application says assessment).

Consumer Outcomes: Consumer satisfaction surveys
Child improvement in reaching therapy goals

Utilization: Treatment plan clients are all children receiving FDC services.
Non treatment plan clients are children effected by child care consultation.
Service screening contacts are tracked.

For FY12: 812 CSEs against target 300; 229 SCs against target 150, 515 continuing TPCs (target 600), 237 New TPCs (target 100), 698 new NTPCs (no target). **For FY13, from first and second quarter reports:** 454 CSEs (target 300), 98 SCs (target 200), 426 continuing TPCs (target 550) and 94 new TPCs (target 200), and 313 new NTPCs (no target). **FY14 utilization targets** will include 500 Continuing and 210 New Treatment Plan Clients, 200 Service Contacts, and 300 Community Service Events.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No
ACCESS Initiative: No
Quarter Cent for Public Safety: No
Developmental Disabilities: YES
Specialty Courts: No
Behavioral Health/Physical Health Integration: YES
Projects Consistent with 10 x 10 Wellness Campaign: No
Gaps in Core Services Related to Unfunded Clients: YES

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: Yes
Budget-Program Connectedness: No

Technical Criteria:

Approach/Methods/Innovation: Yes
Staff Credentials: Yes

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

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Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: East Central Illinois Refugee Mutual Assistance Center

Program Name: Family Support & Strengthening

Focus of Application: MH X SA DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY14 CCMHB Funding Request: \$13,000

PY14 Total Program Budget: \$162,808

Current Year Funding (PY13): \$13,204

Proposed Change in Funding - PY13 vs. PY14: \$204 (1.5% increase)

Program Staff – CCMHB Funds: 4.0 FTE

Total Program Staff: 4.44 FTE

Budget Narrative: CCMHB funding provides 8% of total program revenue. The primary source of support is identified as fundraising and also contributions generating 56% of program revenue. Other sources include United Way providing 19%, interpreter fees at 10%, and various small contracts and foundation grants at 7%. Salaries and associated taxes and benefits are 88% of expenses charged to CCMHB. The remaining 12% is spread across six other expense lines. CCMHB supports small percentages of seven direct service staff salaries and wages.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 16% (Taxes 8% and 8% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable
Audit Requirement Waived X
Audit in Compliance
Audit not in Compliance
Auditor Finding

Comments:

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Target Population: Legally admitted refugees, former refugees, asylees, immigrants and their families that have relocated to Champaign County. Also assist local agencies with whom the target population interacts.

Service Locations(s)/Demographics: Office in Urbana and various locations in the community for group meetings. Agency reports 38% of clients are from Asia, 50% are of Hispanic origins, 9% are from Africa, and the remaining 3% come from the balance of the world. Newly arrived immigrants are primarily from Africa, Mexico, Central and South America, the Middle East, and Asia.

Service Description/Type: Prevention. Building on the natural support networks within the different ethnic communities, the program assist client's transition to a new culture. Program activities include: ongoing assistance to mutual support groups; linkages with mainstream service providers; counseling for families in crisis; Peer to Peer Workshops, educational programs and bi-annual newsletter. Family Strengthening workshops are promoted to those refugees new to the community and those known to have an interest/need associated with the workshop topic. Services are provided in nine different languages. Staff is bi-lingual/multi-lingual and is knowledgeable of social services.

Access to Services for Rural Residents: Program is open to any refugee/client. Services are provided in Urbana or Champaign.

Program Performance Measures

ACCESS: Program conducts outreach with and accepts referrals from multiple sources. Native language counseling provided by bi-lingual/multi-lingual staff is available. Appointments for families in crisis are a priority. Program also assists with interpretive services for clients medical/mental health appointments. Staff can also assist agencies with understanding the client's native culture.

CONSUMER OUTCOMES: Program solicits direct feedback from families served as well as through exit surveys. Brief statements summarize results for each measure. One statement refers to working with providers that are serving some ECIRMAC clients.

UTILIZATION: Program describes current level of activities and compares to targets. Primary service category is Community Service Events tied to volume of mutual support groups and Family Strengthening workshops. Program reported 79 CSEs for 2012 and has 50 at the halfway point of 2013. Target of 72 CSEs for 2014 is unchanged from prior year.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No
ACCESS Initiative: No
Quarter Cent for Public Safety: No
Developmental Disabilities: No
Specialty Courts: No
Behavioral Health/Physical Health Integration: No
Projects Consistent with 10 x 10 Wellness Campaign: No
Gaps in Core Services Related to Unfunded Clients: No

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: No

Budget-Program Connectedness: Yes

Technical Criteria:

Approach/Methods/Innovation: Yes

Staff Credentials: Yes

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: Family Advocacy of Champaign County

Program Name: Youth Extended Services (YES)

Focus of Application: MH ___ SA ___ DD ___ ACCESS ___ Qtr Cent X

Type of Contract: Grant

Financial Information:

PY14 CCMHB Funding Request: \$86,170

PY14 Total Program Budget: \$86,170

Current Year Funding (PY13): \$ - N/A - New program proposal for FY 2014

Proposed Change in Funding - PY13 vs. PY14: N/A

Program Staff – CCMHB Funds: 2 FTE

Total Program Staff: 2 FTE

Budget Narrative: Funding requested from the Quarter Cent for Public Safety Fund is 100% of program revenue. Salaries and payroll taxes are 89% of program expenses. Consumables – program materials and food for meetings and events is 4% of the budget. Lease/rental for office space is 3% of total expenses. The remaining 4% is spread across four other expense lines. Direct service staff includes two program coordinators at .8 FTE per position and indirect staff at .4 FTE providing support services and supervision.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 9% (Taxes 9% and 0% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable X

Audit Requirement Waived _____

Audit in Compliance _____

Audit not in Compliance _____

Auditor Finding _____

Comments:

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Target Population: Youth and families that have been participants in the Parenting with Love and Limits program, or are referred for services through the ACCESS Initiative, Community Elements, or Prairie Center.

Service Locations(s)/Demographics: YES services will be provided at the FACC office in downtown Champaign and within walking distance of the ACCESS Initiative – Park St. office. As a new proposal demographic data is not available.

Service Description/Type: Support Services/Case Management. Services delivered will follow-up youth/family participation in the Parenting with Love and Limits (PLL) program and ACCESS Initiative. Upon referral and contact a service plan will be developed and reviewed quarterly. Engagement will include exploring and connecting to resources available as well as mentoring, youth groups, workshops and other events for youth, and workshops and parent groups for parents. Program plans to collaborate with educational and training programs and referral/linkage to employment opportunities and after school and summer activities.

Program staff include a Program Coordinator with a Bachelor's degree and experience working with youth and families with mental health/behavioral health issues. And the Youth Advocate will have an Associate's degree and some experience working with youth/families.

Access to Services for Rural Residents: Services will be provided at the FACC Office, however assistance with transportation may be provided and home visits may be made to assess youth/family needs.

Program Performance Measures

ACCESS: Program identifies timeframes for contact and completion of intake/screening of within five days following a referral from PLL or ACCESS and preparation of service plan following intake. Length of engagement is expected to vary based on age and level of need of the youth. Various client engagement tools, tracking forms, and service records will be developed to measure client access to services.

CONSUMER OUTCOMES: Program will use questionnaires and surveys as well as tools used by similar agencies/providers serving youth/families to evaluate youth/families response to services provided. A system to track services, encounters by service area, and successful discharges will be developed. Following successful discharge, increased stabilization of family relationship, program will be monitored for up to six months after case closed.

The program will use the Consumer Outcome Monitoring Package (COMP) to measure impact of services on client behavior.

UTILIZATION: Program categories are well defined. Treatment Plan Clients (TPCs) are youth/families referred from PLL. Non-Treatment Plan Clients (NTPCs) are youth/families referred from other agencies and complete an intake to determine if family is appropriate for YES services. Target for TPCs is 15 and NTPCs is 20. Service contacts are referrals to YES with a target of 20. Community Service Events to promote the program has a target of 3.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): Yes, following participation in the program
ACCESS Initiative: Yes
Quarter Cent for Public Safety: Yes
Developmental Disabilities: No
Specialty Courts: No
Behavioral Health/Physical Health Integration: No
Projects Consistent with 10 x 10 Wellness Campaign: No
Gaps in Core Services Related to Unfunded Clients: No

Overarching Decision Support Criteria:

Underserved Populations: Yes, serves PLL/ACCESS Initiative youth/families
Countywide Access: Yes, services are office based but home visits made for those not able to get to the office.
Budget-Program Connectedness: Yes

Technical Criteria:

Approach/Methods/Innovation: Yes
Staff Credentials: Yes

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: Family Service of Champaign County

Program Name: Counseling

Focus of Application: MH X SA DD ACCESS Qtr Cent

Type of Contract: Fee for Service

Financial Information:

PY14 CCMHB Funding Request: \$50,000

PY14 Total Program Budget: \$92,985

Current Year Funding (PY13): \$50,000

Proposed Change in Funding - PY13 vs. PY14: No change.

Program Staff – CCMHB Funds: 1.23 FTE

Total Program Staff: 2.3 FTE

Budget Narrative: CCMHB funding is the single largest source of support at 54% of total program revenue. Program fees – client co-pays, private insurance payments, or contracts with third parties – account for 21% of program revenue. Most clients are self-pay and are charged on an income based sliding fee scale with CCMHB funds supplementing the co-pay. The only state funding is a DCFS contract providing 9% of revenue. Other sources include contributions at 8%, United Way designations at 4%, and a City of Urbana/Cunningham Township contract for 4%. Salaries and associated costs are 79% of CCMHB charged expenses. Another 13% is allocated to the occupancy expense line. The remaining 8% is spread across eight other expense lines. All three therapists are part-time employees with CCMHB funds supporting part of each position. CCMHB also funds a small percentage of the program Director’s time.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 13% (Taxes 9% and 4% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable

Audit Requirement Waived

Audit in Compliance X

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Audit not in Compliance _____
Auditor Finding ____X____

Comments: The Controller has not received continuing education and does not have available resources necessary to draft the financial statement footnotes in accordance with accepted accounting standards. Management response is to outsource the specific functions identified. This issue is cited by the auditor each year.

Target Population: Open to children, adolescents and adults. Agency has collaboration contracts with Illinois Department of Children and Family Services (IDCFS), Greater Community Aids Program (GCAP), DSC, Lutheran Social Services, and Center for Youth and Family Solutions to give those agencies' clients priority. Added to the priority groups are referrals from the Champaign County Specialty Courts aka Problem Solving Courts. Such referrals are anticipated to be non-Medicaid clients.

Service Locations(s)/Demographics: Office based with participation in Specialty Court Team meetings and court hearings as necessary. Total clients (TPCs) served by the 2012 program was 126. Residency by zip code finds 42% of clients are from Champaign, 31% from Urbana, 7% from Rantoul, 6% from Mahomet, and 14% from the balance of the county. Demographic data reported indicates of clients served 6% were age 18 or younger, and 84% were over age 18; 67% were White, 27% were Black, and 7% were other races including Asian, bi-racial/multi-racial, and 64% were female. Note that some percentages presented may be based on a smaller data set due to lower response rate, e.g. of Latino origin.

Service Description/Type: Outpatient Counseling. Client services following intake, include an assessment scheduled within two days of intake and treatment plan developed in consultation with the client and reviewed at regular intervals. Counseling addresses wide range of issues such as anger management, abuse, which may include adult and/or child abuse, child behavioral issues, family discord, grief and substance abuse and uses creative approaches to engage the client. Staff is Masters level licensed clinicians with experience working with diverse populations including persons with a developmental disability.

The Counseling application includes services to Champaign County Specialty Courts aka Problem Solving Courts. Specialty Court clients are identified as a priority population among others for the program. The Program Director and therapists as appropriate would prepare required reports and attend court hearings and Specialty Court Team meetings. Specialty Court clients served will have fees waived if requested by the Court. Time spent on reports and participation in Specialty Court meetings would be a billable activity. The program offers individual, couple and family counseling to address mental health and substance abuse issues. A Specialty Court therapy group is proposed that would provide transition and/or follow-up services.

Access to Services for Rural Residents: Services are delivered on-site with evening office hours available. Community education promotes program to rural residents.

Program Performance Measures

ACCESS: Office location in Champaign is on an MTD line and program has evening hours available. Clients are seen by therapists within days of initial intake and services are coordinated with other providers for integrated care planning. Sliding fee scale enables low-income families/clients to access services. The fee will be waived for Specialty Court clients on request by the Court.

CONSUMER OUTCOMES: Program identifies, defines and tracks three methods for measuring client outcomes and reports results. Methods include use of Global Assessment of Functioning (GAF) scores, Outcome Rating Scales (ORS) and rating completion of clients' treatment plan goals. Client scores for GAF and ORS indicate positive progress/client outcomes. Of cases opened, 78% completed treatment plans. Of client cases closed with a treatment plan 95% met target of 90% of treatment goals completed.

UTILIZATION: Program is fee for service. Client co-pays have been reduced or waived for clients unable to pay full sliding scale fee. Projected unduplicated clients for FY 2014 is 152 TPCs. CCMHB FY 2013 contract is currently under billed.

CCMHB Priorities:

Primary Decision Support Considerations:

- Parenting with Love and Limits (PLL): No
- ACCESS Initiative: No
- Quarter Cent for Public Safety: No
- Developmental Disabilities: No
- Specialty Courts: Yes, these clients are identified as a priority.
- Behavioral Health/Physical Health Integration: No
- Projects Consistent with 10 x 10 Wellness Campaign: No
- Gaps in Core Services Related to Unfunded Clients: Yes, most clients are self-pay that are charged a co-pay based on a sliding fee scale.

Overarching Decision Support Criteria:

- Underserved Populations: Yes
- Countywide Access: No
- Budget-Program Connectedness: Yes

Technical Criteria:

- Approach/Methods/Innovation: Yes
- Staff Credentials: Yes

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

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Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: Family Service of Champaign County

Program Name: First Call for Help

Focus of Application: MH SA DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY14 CCMHB Funding Request: \$60,540

PY14 Total Program Budget: \$100,855

Current Year Funding (PY13): \$60,540

Proposed Change in Funding - PY13 vs. PY14: No Change

Program Staff – CCMHB Funds: 1.79 FTE

Total Program Staff: 2.9 FTE

Budget Narrative: The CCMHB funding represents 60% of the total program budget. Other local funders of the program include United Way 28% and the City of Urbana/Cunningham Township at 5%. There is no state support for the program. Remaining 7% of revenue comes from a mix of contributions for specific assistance and miscellaneous sources associated with publication of the Help Book. Expenses charged to CCMHB are allocated at essentially the same rate as revenue across 13 line items. No CCMHB funds are allocated to the specific assistance expense line for the program. Ninety percent of CCMHB funding is for salaries, taxes and benefits. Four direct service positions are supported in part with CCMHB funds representing 1.54 fulltime equivalent positions. Direct service staff includes two FCFH staff plus the coordinator and program director that provide back-up when FCFH staff is not available.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 16% (Taxes 8.6% and 7.4% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance _____
Audit not in Compliance _____

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Auditor Finding ___ X ___

Comments: The Controller has not received continuing education and does not have available resources necessary to draft the financial statement footnotes in accordance with accepted accounting standards. Management response is to outsource the specific functions identified. This issue is cited by the auditor each year.

Target Population: Any resident of Champaign County may contact the program for information on services available including services for mental health, substance abuse and developmental disabilities. Specific reference is made to assisting clients of the Champaign County Specialty Courts.

Service Locations(s)/Demographics: Clients may call or be served as walk-in clients at the Family Service office in Champaign. Total client contacts (Service Contacts) for the 2012 program was 6,391. Many clients choose not to provide demographic data when contacting the First Call for Help. Of those that did provide this information, 91% were adults and 9% seniors; 58% were Black and 1% were White and 1% other races; 1% were of Hispanic/Latino origin; and 65% were women. Of those responding, residency determined by zip code finds 54% were from Champaign, 42% from Urbana, and the remaining 4% from the balance of the county. Of total contacts, 47% did not provide zip code information. Note that some percentages presented may be based on a smaller data set due to lower response rate, e.g. of Latino origin.

Service Description/Type: Information and Referral. Program provides information and referral on services available in Champaign County to meet wide range of needs. Follow-up contacts may occur on some cases to be sure service was accessed. Maintenance of the information and referral database used in publication of the Help Book and content of the online version is part of the service. Publication and distribution of the Help Book is a collaborative project, including cost sharing, with CUPHD. Small quantities of the Help Book are printed in large print, and in Spanish. The Help Book online can be translated into some foreign languages off a drop down menu. The Program Director and one of the Information and Referral Specialists are Certified Information and Referral Specialists. The other specialist will pursue certification once eligible.

Program services include participation in Champaign County Specialty Court Team meetings to provide information on community resources and client advocacy with service providers as needed to expedite their access to services.

The anticipated implementation of 211 is expected to reduce demand for locally based caller assisted information and referral services. The regional call center for Champaign County will be PATH in Bloomington, Illinois. The call center will operate 24 hours a day. The Family Service FCFH program has maintained the database on local resources and published the Help Book. Family Service has had some preliminary contact with PATH and United Way about coordinating these activities with the 211 program.

Access to Services for Rural Residents: Program is accessible to rural residents by telephone, via the web at the family service webpage and at www.helpsource.org, and distribution of the Help Book.

Program Performance Measures

ACCESS: Telephone calls are responded to within 24 hours, if received during business hours. Online database is accessible 24 hours a day.

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CONSUMER OUTCOMES: Client satisfaction surveys are used to assess program effectiveness. Surveys returned are very positive of the services provided. Results reported find 83% responded the assistance provided will meet the immediate need while the rest indicated the assistance was not enough to meet the need or the assistance was not available. Program does track type of service/assistance requested and unmet needs.

UTILIZATION: Program reports all information and referral contacts/direct service as service contacts. Activity related to publication of the Help Book and Help Book online database is not reflected in service contacts data. For FY 2012, FCFH increased its target to 6,500 service contacts and came within 2% of the target (6,391 contacts). For FY 2013 the target was increased to 6,800. Actual performance for the first half of FY13 is on track to exceed 7,000 contacts. Target for FY 2014 is unchanged at 6,800 service contacts.

Outreach and advocacy calls are tracked separately without an established target. FY 2012 these contacts totaled 843 but are trending lower in FY 2013. These types of calls are made on behalf of clients to determine if resources are available or to assist clients with accessing a particular service/resource.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No

ACCESS Initiative: No

Quarter Cent for Public Safety: No

Developmental Disabilities: No

Specialty Courts: Yes – assists Specialty Court teams with identifying resources for clients.

Behavioral Health/Physical Health Integration: No

Projects Consistent with 10 x 10 Wellness Campaign: No

Gaps in Core Services Related to Unfunded Clients:

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: Yes, telephone and on-line access

Budget-Program Connectedness: Yes

Technical Criteria:

Approach/Methods/Innovation: No, agency is not AIRS accredited

Staff Credentials: Yes, two staff are Certified Information and Referral Specialists.

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

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Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: Family Service of Champaign County

Program Name: Self-Help Center

Focus of Application: MH SA DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY14 CCMHB Funding Request: \$28,428

PY14 Total Program Budget: \$31,028

Current Year Funding (PY13): \$28,928

Proposed Change in Funding - PY13 vs. PY14: \$500 decrease

Program Staff – CCMHB Funds: 0.7 FTE

Total Program Staff: 0.76 FTE

Budget Narrative: CCMHB is the primary funder providing 92% of program revenue. The other source is a \$2,500 grant from Carle Foundation Hospital plus \$100 from contributions/miscellaneous. Expenses are allocated at a rate equal to source of revenue. Salary plus taxes and benefits account for 81% of expenses charged to CCMHB. The remaining 19% is allocated across 10 other expense lines. Computer maintenance is included in the budget narrative as part of two different expense lines. Direct service staff supported with CCMHB funds includes the half-time Self-Help Coordinator and about 0% of the Program Director position. Indirect staff account for .12 FTE of personnel expenses allocated to CCMHB. In years that the Self-Help Conference is not held, Family Service reduces the amount requested by \$500. Those funds are used to provide scholarships to conference participants and helps offset costs of the conference.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 14% (Taxes 8.5% and 5.5% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance _____
Audit not in Compliance _____

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Auditor Finding X

Comments: The Controller has not received continuing education and does not have available resources necessary to draft the financial statement footnotes in accordance with accepted accounting standards. Management response is to outsource the specific functions identified. This issue is cited by the auditor each year.

Target Population: Individuals seeking a self-help/support group or who are interested in forming a group when none exists, group leaders and members, and professionals seeking to assist a group or make a referral.

Service Location(s)/Demographics: Program operates out of Family Service in Champaign. Workshops organized by the program may be at Family Service or in the community. Groups themselves meet at locations of their choosing and function independent of the Self-Help Center. Demographic data is not collected on contacts.

Service Description/Type: Support Services. The Self Help Center provides a wide range of services to assist with start-up and support of groups and raise community awareness of the groups available. Staff maintains a database of all support groups in Champaign County, provides consultation and educational materials for those wanting to start a self help group, publishes and distributes a self help directory and specialized lists by general topic, maintains online web presence with information on groups, publishes newsletter for group leaders and professionals, conducts workshops and participates in community events.

Family Service hired a new Self-Help Coordinator in January. The Coordinator is an MSW and has considerable experience and knowledge of community resources.

Access to Services for Rural Residents: Information on self-help groups is accessible by telephone, online and by e-mail. Program also sends libraries and churches the Self-Help Newsletter, directories and other meeting information.

Program Performance Measures

ACCESS: Program maintains a log to track volume of contacts and responses to inquiries. All contacts by telephone or e-mail are responded to within 24 hours. Use of the online database provides immediate access.

CONSUMER OUTCOMES: Limited information is collected on contacts but does include if the contact is from a professional or lay person and the topic/group associated with the inquiry. Events organized by the Self-Help Center include evaluations by participants and results are compared to ratings from events in 2005 that serve as a benchmark. There is no national standard or benchmark for this type of activity. Workshop and self-help conference evaluations had good to excellent ratings of 95% to 100%.

UTILIZATION: Program measures activities as community service events. For FY 2012 program met projected CSEs reporting 279 events. Program is expected to meet the 2013 target. Target for 2014 unchanged at 280 CSEs.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No

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ACCESS Initiative: No
Quarter Cent for Public Safety: No
Developmental Disabilities: No
Specialty Courts: No
Behavioral Health/Physical Health Integration: No
Projects Consistent with 10 x 10 Wellness Campaign: No
Gaps in Core Services Related to Unfunded Clients: No

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: Yes
Budget-Program Connectedness: Yes

Technical Criteria:

Approach/Methods/Innovation: Yes
Staff Credentials: Yes

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending



Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: Family Service of Champaign County

Program Name: Senior Counseling & Advocacy

Focus of Application: MH X SA DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY14 CCMHB Funding Request: \$142,337

PY14 Total Program Budget: \$477,271

Current Year Funding (PY13): \$142,337

Proposed Change in Funding - PY13 vs. PY14: No change

Program Staff – CCMHB Funds: 3.72 FTE

Total Program Staff: 12.38 FTE

Budget Narrative: The CCMHB is the single largest source of revenue (30%) for the program. The IDOA Elder Abuse contract is the second largest source of revenue at 23% with other state contracts providing an additional 5%. The ECIAAA has five contracts accounting for 31% of revenue (largest ECIAAA contract is 18% of total program revenue). Local funders (United Way, City of Urbana, Village of Rantoul), Private Foundations/Charitable Trusts and other sources provide the remaining 11% of revenue. Salaries, taxes and benefits are the single largest expense charged to CCMHB at 87%. The remaining 13% is allocated across ten expense lines. All sixteen direct service positions in the program are supported in part with CCMHB funds. The percentages of staff supported by CCMHB range from 1% to 30% and total 3.13 FTE direct service staff. Support for eleven of these positions ranges from 20% to 30% and include the program director, a manager, caseworkers, a care giver advisor, and receptionist.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 23% (Taxes 9% and 14% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable

Audit Requirement Waived

Audit in Compliance X



Audit not in Compliance _____
Auditor Finding X

Comments: The Controller has not received continuing education and does not have available resources necessary to draft the financial statement footnotes in accordance with accepted accounting standards. Management response is to outsource the specific functions identified. This issue is cited by the auditor each year.

Target Population: Adults age 60 and older living at home/non-institutional setting and need for assistance with anxiety, depression or other mental health issue, isolation, family issues, abuse or neglect including self-neglect and/or need to access services or benefits. Section also cites SAMHSA and Administration on Aging findings on percentages of seniors exhibiting clinically depressive symptoms as well as behavioral health risk factors and lack of access to care.

Service Locations(s)/Demographics: Initial screening by telephone and followed up with home visit(s) as necessary for assessment and services provided during regular business hours. Total clients (TPCs, NTPCs, and Other-Caregivers) served by the 2012 program was 2,412. Residency by zip code data finds 41% were from Champaign, 36% from Urbana, 6% from Rantoul, 4% from savoy, and 13% from other areas of the county. Demographic data reported finds 97% were seniors 60 years or older and 3% were adults under 60 – likely to be care givers seeking assistance; 68% were White, 30% Black, and 2% were Asian; 2% were of Latino/Hispanic origin; and 79% were women. Note that some percentages presented may be based on a smaller data set due to lower response rate, e.g. of Latino origin.

Service Description/Type: Outpatient Counseling, Support Services, and Information and Referral. The Senior Counseling and Advocacy program offers multiple coordinated services based on the presenting need and others identified through assessments. In the last year, staff have been trained and begun to implement the evidence based PEARLS (Program to Encourage Active Rewarding Lives) that is designed to empower seniors to manage depressive symptoms and improve quality of life. Clients with schizophrenia, bipolar disorder, substance abuse or dementia are not eligible for PEARLS. Other services include Solution Focused Brief Therapy used to set goals and identify solutions and problem-solving techniques. Supportive counseling is offered to assist with grief, anxiety and changing life roles. Advocacy provides information and referral addressing range of issues and risk factors associated with onset of depression and anxiety. Clients are referred to Community Elements if they have a chronic mental illness and are on Medicaid.

The Senior Resource Center is the ECIAAA designated Coordinated Point of Entry (CPOE) for Champaign County that are transitioning from CPOEs to Aging and Disability Resource Centers. An Aging and Disability Resource Center (ADRC) is an effort to streamline access to long-term services and support (LTSS) options for older adults and individuals with disabilities. ADRCs simplify access to LTSS, and are a key component to long-term care systems reform.

All caseworkers have a minimum of a Bachelor's degree. Three have Master's degrees and one is an RN. Program manager has a Master's degree and considerable work experience in the field. Staff are trained in PEARLS, Solution Focused Brief Therapy, and are Aging Information and Referral Specialists.

The anticipated implementation of 211 is expected to reduce demand for locally based caller assisted information and referral services. The regional call center for Champaign County will be PATH in Bloomington, Illinois. The call center will operate 24 hours a day. How 211 will impact information



and referral contact services for seniors is unknown because the information and referral services are integrated with other client services.

Access to Services for Rural Residents: Program delivers services over the telephone and in the clients' home. Transportation may be provided to assist client with accessing medical and social services in Champaign and Urbana.

Program Performance Measures

ACCESS: Timeframes for responding to referrals and engaging in services are identified by type of client and primary service activity. PEARLS screening/eligibility is described with engagement for up to 19 weeks for clients meeting criteria. Similar information is provided for Solution Focused Brief Therapy and Supportive Counseling.

CONSUMER OUTCOMES: Results for FY 2012 measures are provided. Measures associated with empowerment and personal satisfaction, and for access to resources either met or exceeded targets. The other measure associated with decrease of unmet needs was not achieved. Outcome for this measure included a qualifying statement that original need was met but that other needs arise.

Measures for FY 2014 are clearly identified for PEARLS, Solution Focused Brief Therapy, and others associated with addressing symptoms of depression and anxiety, social isolation, increased empowerment, greater access to resources, and reduced unmet needs.

UTILIZATION: Categories are defined in the service section of the application as well as under Utilization. Results are compared to targets for each service category used. Treatment Plan Clients, seniors with long-term and/or complex needs including mental health issues, have a comprehensive assessment completed and others for depression, anxiety, cognitive functions or other unmet need, and have a treatment plan. Engagement is greater than three sessions. Non-Treatment Plan Clients have a comprehensive assessment completed but no treatment plan and the presenting issue can be addressed in three sessions. Services typically include advocacy and some supportive counseling. Service contacts are telephone contacts providing information and assistance to seniors, family members/care givers, professionals, and others. The Other category tracks services to care givers-adults caring for an elderly family member and grandparents raising grandchildren.

Utilization for FY 2012 exceeded all targets, some by significant margins: total served included 310 TPCs, 1,875 NTPCs, 9,685 Service Contacts, and 227 Other (care-givers). Targets for FY 2014 Treatment Plan Clients is unchanged at 295 while Non-Treatment Plan Clients is increased from 850 to 1,200 and Service Contacts is increased from 5,000 to 8,500. The adjustments are based on prior year service levels.

CCMHB Priorities:

Primary Decision Support Considerations:

- Parenting with Love and Limits (PLL): No
- ACCESS Initiative: No
- Quarter Cent for Public Safety: No
- Developmental Disabilities: No
- Specialty Courts: No
- Behavioral Health/Physical Health Integration: No
- Projects Consistent with 10 x 10 Wellness Campaign: No
- Gaps in Core Services Related to Unfunded Clients: No

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Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: Yes

Budget-Program Connectedness: Yes

Technical Criteria:

Approach/Methods/Innovation: Yes, using evidence based PEARLS and coordination of range of services

Staff Credentials: Yes, staff trained in PEARLS, Solution Focused Brief Therapy, and CIRS-A

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: Prairie Center Health Systems, Inc.

Program Name: Drug Court

Focus of Application: MH ___ SA X DD ___ ACCESS ___ Qtr Cent ___

Type of Contract: Grant

Financial Information:

PY14 CCMHB Funding Request: \$178,500

PY14 Total Program Budget: \$266,100

Current Year Funding (PY13): \$173,250

Proposed Change in Funding - PY13 vs. PY14: \$5,250 (3% increase)

Program Staff – CCMHB Funds: 3.3 FTE

Total Program Staff: 4.81 FTE

Budget Narrative: At 67% CCMHB funds are the single largest source of revenue for the program. The second largest source is a DHS-DASA contract providing 28% of program revenue followed by Medicaid at 3%. The remaining 2% is a mix of sources including insurance and client fees. The CCMHB share of expenses is charged off at a rate equal to percent of revenue. Salaries, taxes and benefits account for 75% of CCMHB of expenses. The remaining 25% is allocated across 12 other expense lines. Program staff supported with CCMHB funds includes 1.67 FTE of two fulltime counselor positions and the .75 FTE of the fulltime case manager position. Small percentages of 6 other program staff are also supported with CCMHB funds. Total direct service/program staff funded in whole or part by CCMHB equals 3 FTE. Indirect staff account for another 0.3 FTE supported with CCMHB funds.

Budget narrative form describes separation of Medicaid supported staff and costs from those supported with CCMHB funds. However, the description provided in the narrative does not align with the personnel form - specifically the cost of the case manager. This position is charged off to CCMHB at .75 of the fulltime position allocated to the program. If DASA and Medicaid funds do not partially support the position other revenue sources listed are not sufficient to cover the remaining quarter of the case manager's time. The CCMHB would also be charged for missed/no show appointments.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 25% (Taxes 8% and 17% Benefits)

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Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance _____
Audit not in Compliance _____ X _____
Auditor Finding _____ X _____

Comments: Agency has been notified of deficiencies in audit and a corrective action plan is required by the end of March. Correspondence has been received addressing audit compliance issues.

Target Population: Adults are referred by Champaign County Court and Treatment Alternatives for Safer Communities (TASC). All referred clients have non-violent felony convictions, may have been incarcerated in the past and have a history of attempted treatment for substance abuse.

Service Locations(s)/Demographics: Champaign County Drug Court, PCHS Urbana location for outpatient care and Champaign location for residential treatment. Demographics are for the 2012 program. Total clients (TPCs) served by the 2012 program was 91. Residency based on reported zip code, finds 45% were from Champaign, 31% from Urbana, 7% from Rantoul, and 17% from the balance of the county. Demographic data finds all were adults and of those served 54% were Black, 43% were White, and 3% of other races including bi-racial; and 63% were men. Note that some percentages presented may be based on a smaller data set due to lower response rate, e.g. of Latino origin.

Service Description/Type: Counseling. Range of services includes assessments applying ASAM and DSM-IV criteria, individual and group counseling and intensive case management. Program uses the evidence based Matrix Intensive Outpatient curriculum with educational modules on substance abuse, cross-addiction, relapse prevention, corrective thinking and family dynamics. Groups can include gender specific group therapy, life skills, and co-occurring disorders groups. Life skills groups address a range of issues. PCHS references the Eight Dimensions of Wellness from the SAMHSA 10x10 Wellness Campaign as being incorporated into these services.

PCHS Drug Court staff works closely with other members of the Drug Court Team and other community partners. The team includes Judge Ford, representatives from State's Attorney, Public Defender, Probation, TASC, and Community Elements. Weekly reports are provided to the Team by PCHS staff. Clients receive an intensive level of treatment and are frequently monitored for compliance. A minimum of one year of sobriety is required before a client may graduate from drug court and must also be enrolled in school, employed and/or volunteering in the community at the point of graduation.

Program staff is licensed and/or certified addictions counselors (CADC) with Masters or Bachelors level degrees. Clinical supervision provided by experienced and licensed staff (LCPC or LCSW). Staff is diverse and representative of the clients served. Program staff training is on-going and includes drug court specific events.

Access to Services for Rural Residents: Participation is tied to involvement with Drug Court. Counseling is provided at PCHS Urbana location. Program will assist with transportation.

Program Performance Measures

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ACCESS: Any Drug Court participant referred to PCHS will be assessed within 3 days of referral and engage in treatment within three days after the assessment is completed, and will receive intensive case management if barriers to treatment exist. Number of graduates is also tracked. Results reported found 95% were assessed and 93% engaged in treatment within defined timeframe. And 100% received case management. Twenty two clients graduated in FY 2012.

Counseling sessions are available days and most weeknights. Residential services operate 24 hours a day. The Drug Court Case Manager assists clients with barriers such transportation, housing and child care. PCHS uses interpreters as needed.

CONSUMER OUTCOMES: Three outcome measures linked Drug Court graduation rate are cited. The first is the actual graduation rate. The other two monitor client activity prior to graduation: no legal involvement six months prior to graduation; and involvement in 12-step program or other community support at time of graduation. Of the 22 graduates in 2012 and 8 through the first half of 2013, none had new legal involvement and all were involved in some type of community support, 12-step or otherwise.

Program cites measurement tool used by PCHS, Mental Health Statistics Improvement Program (MHSIP) Consumer Satisfaction Survey, used to collect client feedback on services. Results for the agency are compared to Midwest and national averages for the survey. PCHS is outperforming other providers on all measures – access, quality of care, outcomes and general client satisfaction with results of 95% or greater compared to national averages in the 80's and Midwest of upper 70s or lower.

UTILIZATION: Service categories for the 2014 program are well defined. Treatment Plan Client target for FY 14 is adjusted down to 100 (45 new and 55 continuing) from 110. Service contacts tracked are a mix of assessments, and hours of case management and outpatient treatment with a target of 11,750. The "Other" category is used to project number of graduates – for FY 2014 target is 20.

For the first half of the 2013 program, 5,448 contacts is slightly below midpoint of annual target of 11,720 while TPCs are slightly above at 59 (46 continuing/13 new) of the annual target of 110.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No

ACCESS Initiative: No

Quarter Cent for Public Safety: No

Developmental Disabilities: No

Specialty Courts: Yes

Behavioral Health/Physical Health Integration: No

Projects Consistent with 10 x 10 Wellness Campaign: Reference made to the Campaign but no details

Gaps in Core Services Related to Unfunded Clients: No

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: No, access to services is contingent on involvement with Drug Court

Budget-Program Connectedness: No. Budget narrative statement on state funding allocated to personnel does not align with Personnel form. Agency audit required action plan.

Technical Criteria:

Approach/Methods/Innovation: Yes, use of DSM-IV and ASAM criteria based assessment and evidence based curriculum cited.

Staff Credentials: Yes, licensed and/or Certified Alcohol and Drug Counselors with specialized drug court training.

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

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Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: Prairie Center Health Systems, Inc.

Program Name: Mental Health Court

Focus of Application: MH ___ SA X DD ___ ACCESS ___ Qtr Cent ___

Type of Contract: Grant

Financial Information:

PY14 CCMHB Funding Request: \$10,300

PY14 Total Program Budget: \$34,000

Current Year Funding (PY13): \$10,000

Proposed Change in Funding - PY13 vs. PY14: \$300 (3% increase)

Program Staff – CCMHB Funds: 0.2 FTE

Total Program Staff: 0.67 FTE

Budget Narrative: Total program revenue has increased over FY 2013 from \$12,902 to \$34,000. CCMHB funds account for 30% of total program revenue. State funding through DHS-DASA represents 73% of total program revenue and Medicaid billable services provides the remaining 27%. Salaries, taxes, and benefits are 73% of CCMHB expenses. The remaining 27% is spread across six other expense lines. CCMHB funds support the full amount of time (0.2 FTE) of one addictions counselor. No indirect costs are charged to CCMHB.

Budget narrative form describes separation of Medicaid supported staff and costs from those supported with CCMHB funds. The revenue section identifies FY14 as a transition year as the state moves toward implementation of the Affordable Care Act.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 25% (Taxes 8% and 17% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance _____

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Audit not in Compliance X
Auditor Finding X

Comments: Agency has been notified of deficiencies in audit and a corrective action plan is required by the end of March. Correspondence has been received addressing audit compliance issues.

Target Population: Adults are referred by the Champaign County Mental Health Court Team. A substance abuse issue will have been identified by Community Elements during assessment or by Champaign County Probation prior to referral to Prairie Center.

Service Location(s)/Demographics: Champaign County Mental Health Court, County Jail, and PCHS Urbana location for outpatient care. Demographic data is limited to the first six months of FY 2013 program. Total clients (TPCs) served so far by the 2013 program is 9. Of the nine clients in the program, six are from Urbana and three are from Champaign, all are adults, five White, four Black, and five men and four women.

Service Description/Type: Substance Abuse Assessment and Outpatient Counseling. The PCHS Mental Health Court clinician will complete an assessment applying DSM-IV and ASAM criteria to determine level of treatment, case management needs and individual strengths of the client. An individualized client driven treatment plan is prepared based on assessed needs and strengths. Coordinated services include case management, individual and as group sessions, as well as monitoring compliance, and client's involvement in community recovery support groups.

PCHS will use the Hazelden Co-Occurring curriculum and materials designed specifically for use with persons with a dual diagnosis in a substance abuse treatment setting. PCHS Mental Health Court staff will work closely with other members of the Mental Health Court Team to coordinate services and will provide the team with weekly reports.

Program staff is licensed and/or certified addictions counselors (CADC) with Masters or Bachelors level degrees. Supervision will be provided by a Clinical Coordinator with appropriate experience and licensure.

Access to Services for Rural Residents: Participation is tied to involvement with Mental Health Court. Counseling is provided at PCHS Urbana location, Courthouse or County Jail. Need for transportation is coordinated with Community Elements.

Program Performance Measures

ACCESS: Defined measures are any Mental Health Court participant referred to PCHS will be assessed within five days of referral and engage in treatment within five days after the assessment is completed, and will receive intensive case management if barriers to treatment exist. Counseling sessions are available days and most weeknights.

The measures do not set a target or benchmarks. As a new program, data on number of clients accessing services within defined timeframes was not included.

CONSUMER OUTCOMES: Mental Health Court specific measures to be used are client participation in treatment, completion of treatment goals and graduation from Mental Health Court, and use of GAF scale to track client progress. One client was reported as having met treatment goals and graduated since the start of the program year. All others continue to engage in services.

Program cites measurement tool used by PCHS, Mental Health Statistics Improvement Program (MHSIP) Consumer Satisfaction Survey, used to collect client feedback on services. Results for the agency are compared to Midwest and national averages for the survey. PCHS is outperforming other providers on all measures – access, quality of care, outcomes and general client satisfaction.

UTILIZATION: Program describes service categories to be used and establishes targets. Service contacts represent assessments completed and Treatment Plan Clients are the number engaging in treatment. Target for FY 2013 was 5 TPCs and at 9 clients served was exceeded in first six months.

Target for number served (TPCs) is increased to 11 for the FY 2014 program. Service contacts (assessments completed) are also increased. Total hours of service are reported in the “Other” category and target is unchanged.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No
ACCESS Initiative: No
Quarter Cent for Public Safety: No
Developmental Disabilities: No
Specialty Courts: Yes
Behavioral Health/Physical Health Integration: No
Projects Consistent with 10 x 10 Wellness Campaign: No
Gaps in Core Services Related to Unfunded Clients: No

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: No, access to services is contingent on involvement with Mental Health Court
Budget-Program Connectedness: Yes, although there were issues with audit.

Technical Criteria:

Approach/Methods/Innovation: Yes, use of DSM-IV and ASAM criteria based assessment and evidence based curriculum cited.
Staff Credentials: Yes, staff licensed and/or Certified Alcohol and Drug Counselors.

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendations: Pending

Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: Prairie Center Health Systems, Inc.

Program Name: Parenting with Love and Limits – Extended Care

Focus of Application: MH X SA DD ACCESS X Qtr Cent

Type of Contract: Grant

Financial Information:

PY14 CCMHB Funding Request: \$297,800

PY14 Total Program Budget: \$297,800

Current Year Funding (PY13): \$283,550

Proposed Change in Funding - PY13 vs. PY14: \$14,250 (5% increase)

Program Staff – CCMHB Funds: 4.88 FTE

Total Program Staff: 4.88 FTE

Budget Narrative: CCMHB is the sole funder of the Parenting with Love and Limits (PLL) program. Salary, taxes, and benefits are 81% of total program expenses. Consumables – purchase of PLL workbooks, food for family group sessions, and graduation/special events – are 4% of costs. Two percent of funds (\$6,000) are allocated to the Conference/Staff Development expense line but no clear rationale is provided in the budget narrative to justify the cost as all staff are currently trained on the PLL model. Remaining 13% of funding is allocated for occupancy, local travel, and seven other expense lines. Direct service staff includes four fulltime positions – three PLL Therapists and one PLL Case Manager.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 25% (Taxes 8% and 17% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable

Audit Requirement Waived

Audit in Compliance

Audit not in Compliance X

Auditor Finding X

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Comments: Agency has been notified of deficiencies in audit and a corrective action plan is required by the end of March. Correspondence has been received addressing audit compliance issues.

Target Population: Youth age 10 to 17 involved with the juvenile justice system. The youth may be on probation, charged with a felony, and/or are chronic offenders. Any youth to be served must also have a parent/caregiver willing to participate in PLL. Youth diagnosed with a Serious Emotional Disturbance (SED) are eligible. Youth are screened with the Youth Assessment and Screening Instrument (YASI) and score moderate to high risk (low risk scores are referred to PLL- Front End for follow-up). Many of the youth have a history of emotional/behavioral problems and frequently co-occurring issues – substance abuse, truancy, domestic violence and runaways.

Service Locations(s)/Demographics: Groups are held at Prairie Center – Urbana Office, at the Juvenile Detention Center, or other location appropriate to the needs of the participants. Total clients (new TPCs) served by the 2012 program was 61. Residency by zip code data reported finds 46% of clients were from Champaign, 29% were from Urbana, 10% from Mahomet, 8% from Rantoul, and 7% from the balance of the county. Demographic data shows all clients were age 13 to 17; 63% were Black, 28% were White, and 9% were other races including bi-racial/multi-racial; and 75% were male. Note that some percentages presented may be based on a smaller data set due to lower response rate, e.g. of Latino origin.

Service Description/Type: Outpatient Group and Family Counseling using the Brief Family Therapy Model. After initial contact, a family focused, culturally sensitive motivational interview is held to engage the youth/family. PLL-Extended Care provides a series of eight group and family coaching sessions including behavioral contracts, skill building, wound work, and family therapy to equip the family with tools, skills, and understanding needed to meet real life situations and to set and maintain expectations while rebuilding the relationship between youth and family.

After graduating from the program, follow-up contacts are made at 30, 60, and 90 days as well as providing tune up sessions as needed. All four PLL staff provide multi-system supports, advocacy and linkage to meet other needs. The Case Manager co-facilitates PLL groups as well providing additional family support including advocacy with courts and schools.

The three Therapists and Case Manager have Masters or Bachelor degrees and have been trained in the PLL model.

Access to Services for Rural Residents: Services are delivered on-site at Prairie Centers Urbana office or at the Juvenile Detention Center and staff will assist with transportation as needed. Other locations such as home, school, or other community sites may also be used for motivational interviews and individual family therapy.

Program Performance Measures

ACCESS: PLL collaborates with various juvenile justice system stakeholders as part of a coordinated referral process. Non-traditional approaches to contact with youth and support at various points in the juvenile justice process builds trust and relationship with the youth and family as part of the engagement process. Through the motivation interview process youth and families committed to participating in PLL execute a PLL Participation and Graduation Agreement. Following the commitment, the family will be scheduled for the next group. Other bi-lingual staff at PCHS and as needed outside interpreters are used for non-English speaking participants.

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Under the license agreement and supervision contract with CCMHB, Savannah Family Institute (SFI) tracks referrals and engagement data for the program as a whole and by therapist through weekly reports.

CONSUMER OUTCOMES: Measures are defined in the SFI Center of Excellence Agreement. Staff completes Child Behavioral Checklist (CBCL) and FACES IV at defined intervals. Staff submits weekly reports on client referrals and engagement to SFI. Bi-weekly supervision is provided by SFI through video/teleconferences. Quarterly reviews and an annual review with reports are also held. PLL-Extended Care also collaborates with a recidivism study by an independent body and works with the ACCESS Initiative Evaluation on other measures as needed.

UTILIZATION: Established measures of performance for individual therapists and for the PLL program as a whole are identified. Therapists have a clinical minimum of 24 to maintain skills and the program license has a maximum target of engaging 100 new youth/families (TPCs). Engagement is defined as the youth/family attending two or more PLL sessions.

For FY 2012 program engaged 73 new families. Projections for new families served in FY 2013 from 62 to 86. FY 2014 target is a maximum of 100 new families with likely performance in the mid to lower 70s.

CCMHB Priorities:

Primary Decision Support Considerations:

- Parenting with Love and Limits (PLL): Yes
- ACCESS Initiative: Yes
- Quarter Cent for Public Safety: No
- Developmental Disabilities: No
- Specialty Courts: No
- Behavioral Health/Physical Health Integration: No
- Projects Consistent with 10 x 10 Wellness Campaign: No
- Gaps in Core Services Related to Unfunded Clients: No

Overarching Decision Support Criteria:

- Underserved Populations: Yes
- Countywide Access: Yes
- Budget-Program Connectedness: No, due to lack of justification for conference/staff development expense. Also there were issues with audit.

Technical Criteria:

- Approach/Methods/Innovation: Yes, PLL is evidenced based model.
- Staff Credentials: Yes, staff are PLL trained.

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendations: Pending

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Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: Prairie Center Health Systems, Inc.

Program Name: Prevention Program

Focus of Application: MH ___ SA X DD ___ ACCESS ___ Qtr Cent ___

Type of Contract: Grant

Financial Information:

PY14 CCMHB Funding Request: \$59,400

PY14 Total Program Budget: \$229,300

Current Year Funding (PY13): \$56,550

Proposed Change in Funding - PY13 vs. PY14: \$2,850 (5% increase)

Program Staff – CCMHB Funds: 1.33 FTE

Total Program Staff: 4.09 FTE

Budget Narrative: CCMHB funding represents 26% of total program revenue and is the second largest source of program funding. The largest source is a state contract (DHS-DASA) at 61% of program revenue. Remaining funding comes from a Ford County 708 grant at 6% and other sources totaling 7% of program revenue. All expense lines are charged off at a rate about equal to CCMHB share of revenue. Salary, taxes and benefits account of 77% of CCMHB expenses with the remaining 23% allocated across 10 other expense lines. CCMHB supports .3 FTE of each of the four direct service staff in the program. The indirect section of the personnel form is incomplete and salary totals from this form do not match the salary line of the expense form.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 25% (Taxes 8% and 17% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____

Audit Requirement Waived _____

Audit in Compliance _____

Audit not in Compliance X _____

Auditor Finding X _____



Comments: Agency has been notified of deficiencies in audit and a corrective action plan is required by the end of March. Correspondence has been received addressing audit compliance issues.

Target Population: Three groups are listed, youth primarily 4th through 8th grade, parents of school age children and the community at large. Results of Illinois Youth Survey used to identify schools to target. Program also responds to schools requests for services.

Service Locations(s)/Demographics: At schools and other community sites throughout the county. Of the community service events (classroom sessions/community presentations) made by the Prevention program, 40% were in Champaign, 36% were in Urbana, 15% were in St. Joseph, with six communities making up the remaining 9%.

Service Description/Type: Prevention. Services are designed to fit the audience – youth, parents and community. Youth focused services use the Too Good for Drugs and Too Good for Violence curricula that address alcohol, tobacco and other drugs (ATOD), life skills and violence prevention. This is a research/evidence based curricula that has proven effective with diverse populations and are recognized by SAMHSA as model programs. For FY 2014, program will also institute a communications campaign and pilot it at Urbana Middle and High Schools with the intent of educating youth on the risks and harms associated with marijuana. Parent education occurs through materials shared with students and parent workshops held when requested by schools/community organizations or parent groups. The session(s) are designed to meet the needs of the requesting organization, with an emphasis on increasing parental knowledge of ATOD and parenting skills when dealing with ATOD issues. Community oriented activities include participation in events to increase awareness of the dangers associated with ATOD. The annual Red Ribbon campaign led by the Prevention program is a prime example of this type of work.

Access to Services for Rural Residents: Services are promoted throughout the county. Program will deliver services at the requesting organization's location, primarily schools.

Program Performance Measures

ACCESS: Curricula used were selected for proven effectiveness with diverse populations and settings. The evidence based Too Good for Drugs is ten sessions usually presented over ten weeks in the classroom while The Too Good for Violence is seven sessions delivered over a seven week period. Some afterschool programming may be done on request with sessions on life skills, substance abuse education or violence prevention. The Staff is trained in the curricula and is encouraged to attend trainings on programming for diverse populations.

CONSUMER OUTCOMES: Pre-and Post-Tests from the two curriculums are used to assess youth knowledge and teacher perceptions of the material and youth response. Results from three schools were included as indicative of overall performance. Results for Too Good for Drugs pre- and post-test at the three schools ranged from 10% to 20%. Teacher surveys cited for the Too Good for Violence had very positive results regarding changes in student's behavior. Parent feedback is positive noting changes in student behavior as well as providing families with the opportunity to discuss drugs and violence. Community events enjoy broad support through coalition building efforts.

UTILIZATION: Program measures prevention presentations as community service events (CSEs). For 2012, program exceeded target by 7% and is on track to match or surpass 2012 performance in 2013. Current target of 900 CSEs remains the same for the 2014 program year.

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CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No
ACCESS Initiative: No
Quarter Cent for Public Safety: No
Developmental Disabilities: No
Specialty Courts: No
Behavioral Health/Physical Health Integration: No
Projects Consistent with 10 x 10 Wellness Campaign: No
Gaps in Core Services Related to Unfunded Clients: No

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: Yes
Budget-Program Connectedness: No. Personnel form is incomplete and issues with audit.

Technical Criteria:

Approach/Methods/Innovation: Yes, evidence based model
Staff Credentials: Yes. staff trained in evidence based model

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendations: Pending

Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: Prairie Center Health Systems, Inc.

Program Name: Youth Services

Focus of Application: MH ___ SA X DD ___ ACCESS ___ Qtr Cent ___

Type of Contract: Grant

Financial Information:

PY14 CCMHB Funding Request: \$108,150

PY14 Total Program Budget: \$146,704

Current Year Funding (PY13): \$105,000

Proposed Change in Funding - PY13 vs. PY14: \$3,150 (3% increase)

Program Staff – CCMHB Funds: 2.26 FTE

Total Program Staff: 2.8 FTE

Budget Narrative: CCMHB funds account for 74% of total program revenue. Three state fee for service contracts provide the remaining funds with 17% from a DHS-DASA contract, 6% from a Donated Funds Initiative contract, and 3% from Medicaid. Salaries and associated costs are 85% of expenses allocated to CCMHB. Other expenses include 6% of consumables for costs associated with purchase of the Seven Challenges curriculum, booklets, and therapy related supplies. Local transportation and four other expenses lines total 7% of allocated costs to CCMHB. Conference/staff development is budgeted at 2% (\$2,500) for cost associated with a Seven Challenges training. Further clarification on this item is necessary as staff was trained in the curriculum last year and budget narrative does not address need for this to be repeated.

Direct service staff supported in part with CCMHB funds includes 80% of the cost for each of the two fulltime additions counselors, 27% of the clinical coordinator position (vacant), 5% of the clinical director position (vacant), and 5% of the Chief Operating Officers time.

Budget narrative form describes separation of Medicaid supported staff and costs from those supported with CCMHB funds. The revenue section identifies FY14 as a transition year as the state moves toward implementation of the Affordable Care Act.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 25% (Taxes 8% and 17% Benefits)

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Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance _____
Audit not in Compliance _____
Auditor Finding _____

Comments: Agency has been notified of deficiencies in audit and a corrective action plan is required by the end of March. Correspondence has been received addressing audit compliance issues.

Target Population: Youth age 12 to 18 and report use, abuse or dependence with alcohol and/or other drugs. Referrals sources identified include ACCESS Initiative partners, Juvenile Probation, PLL and schools including READY. Family members, teachers, social workers and others involved in the youths' lives may be educated about Seven Challenges as part of the youths' treatment.

Service Locations(s)/Demographics: Services in public high school, READY School, Champaign County Probation, and Prairie Center Urbana Office. Data reported is for first half of FY 2013. Total clients (TPCs) served so far by the 2013 program was 80. Residency by zip code indicates 45% of clients were from Champaign, 20% were from Urbana, 9% were from Rantoul, and 26% were from the balance of the county. Demographic data indicates all were youth between the ages of 13 and 18; 50% were Black, 46% were White, and 4% were other races including bi-racial/multi-racial; 4% were of Latino/Hispanic origin; and 69% were males. Note that some percentages presented may be based on a smaller data set due to lower response rate, e.g. of Latino origin.

Service Description/Type: Outpatient Counseling using Seven Challenges model, first implemented in FY 2013. Initial screening of youth will be done with the CRAFFT a six question screening tool, and based on screening results an assessment completed using the Global Assessment of Individual Need (GAIN-Q) a research based, culturally sensitive, and strength based assessment followed by development of the treatment plan. Motivational interviewing, including parental involvement as appropriate, is used to engage the youth in the evidenced based Seven Challenges treatment model. Seven Challenges has been proven to work effectively with a variety of cultures, races and ethnicities, genders, sexual orientation, and disabilities.

The Seven Challenges counseling program addresses substance abuse issues as well as co-occurring problems and life skills. Youth counseling sessions include skill building in multiple areas, including coping skills, life skills, self-esteem, family issues, and HIV education. Education of adults – family, teachers, and peers about understanding and responding to youths substance use is also planned.

Prairie Center is a participant in SAMHSA's 10x10 Wellness Campaign, and Seven Challenges treatment services incorporate the eight dimensions of wellness.

Services will be provided by clinicians with Masters or Bachelors' degrees, licensed (LPC, etc.) and/or Certified Alcohol and Drug Counselor (CADC) and trained in the Seven Challenges model with supervision provided by experienced and licensed staff (LCPC or LCSW).

Access to Services for Rural Residents: Services are provided at Urbana High School, and READY School, Juvenile Probation, and at Prairie Centers Urbana Office. Some home visits are made. Assistance with transportation may be provided.

Program Performance Measures

ACCESS: Youth referred to the program will be assessed within five days of referral and engage in treatment within five days after the assessment is completed. Results are provided along with identified barriers to access, e.g. youth incarcerated following referral or suspended from school and unable to locate. Target of 65% is established based on results reported.

Home visit may be done to build trust with youth/family. Assistance with arranging transportation is provided if needed. Counseling sessions are available days and most weeknights. PCHS uses interpreters as needed.

CONSUMER OUTCOMES: Program identifies new pilot research study planned for FY 2014 in collaboration with the U of I School of Social Work. Data will be collected at intake for baseline data and established intervals thereafter for those youth choosing to participate. Baseline and case closure data will be collected from non-participants. Outcomes to be measured as appropriate to the youth's circumstance include improvement in school problems, work problems, health problems, mental health problems, and decrease in HIV/infectious disease risk behaviors, substance use, and criminal/violent behavior. Targets for each measure are identified.

Use of the Mental Health Statistics Improvement Program (MHSIP) Client Satisfaction Survey with specific measures identified – satisfaction with services, with treatment outcomes, and quality and appropriateness of treatment – with results reported for FY 2012 of upper 90's.

UTILIZATION: Program defines service categories and establishes targets. Clients served through the first half of FY 2013 is 83 exceeding annual target of 80 and service contacts is at 51 exceeding target of 50. Based on performance from the first half of FY 2013, some targets for FY 2014 have been adjusted upward. Youth completing an assessment and engaging in treatment (TPCs) is increased from 80 to 115, Service Contacts (screenings but no assessment) is increased from 50 to 75, and Community Service Events (presentations at schools and in the community) and Other (hours of service) are unchanged at 12 and 750.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No

ACCESS Initiative: Yes, part of local match

Quarter Cent for Public Safety: No

Developmental Disabilities: No

Specialty Courts: No

Behavioral Health/Physical Health Integration: No

Projects Consistent with 10 x 10 Wellness Campaign: Yes, identified as part of Seven Challenges model

Gaps in Core Services Related to Unfunded Clients: No

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: Yes

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Budget-Program Connectedness: No, due to lack of justification for conference/staff development expense. Also significant issues with audit exist.

Technical Criteria:

Approach/Methods/Innovation: Yes, use of evidence based Seven Challenges model

Staff Credentials: Yes, staff trained in Seven Challenges model

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendations: Pending

Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: Promise Healthcare

Program Name: Frances Nelson Wellness Campaign (new application for FY 2014)

Focus of Application: MH X SA ___ DD ___ ACCESS ___ Qtr Cent ___

Type of Contract: Grant

Financial Information:

PY14 CCMHB Funding Request: \$43,300

PY14 Total Program Budget: \$88,462

Current Year Funding (PY13): \$0

Proposed Change in Funding - PY13 vs. PY14: Not applicable

Program Staff – CCMHB Funds: 1.11 FTE

Total Program Staff: 2.39 FTE

Budget Narrative: CCMHB funding is 49% of revenue for the proposed program. Other sources include funds allocated from the federal DHHS-HRSA grant for Federally Qualified Health Centers providing 28% of the wellness program revenue and contributions making up the remaining 23% of total program revenue. Salaries and associated costs are 83% of expenses charged to CCMHB. The remaining 17% of CCMHB funds are allocated across five other expense lines with occupancy and consumables being the largest of these expenses. Direct service staff supported in part with CCMHB funds includes a Women's Health Coordinator (.25 FTE) and a new Wellness Coordinator position (.5 FTE), two Medication program staff at .12 FTE each) responsible for prescription assistance, and the Clinical Resource Nurse (5%). The two coordinator positions will have primary responsibility for the program.

Reasonable Cost Standards:

"Reasonable costs" are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a "reasonable cost" limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 22% (Taxes 8% and 14% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable X

Audit Requirement Waived _____

Audit in Compliance _____

Audit not in Compliance _____

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Auditor Finding _____

Comments: This is a new application for FY 2014. Audit of FY2013 contracts was in compliance.

Target Population: FNHC patients with both a chronic medical condition and a mental health diagnosis. Some clients may be engaged in mental health services while others may only see a medical provider.

Service Location(s)/Demographics: On-site at FNHC and education events in the community. Being a new proposal, program specific demographics are not available. In FY 2012, FNHC had 7,658 patients and 40% were uninsured. CCMHB funds will be used to provide uninsured clients with a medical and mental health condition with wellness related case management services.

Service Description/Type: Support Services. Wellness Campaign related services will provide additional support to clients and the community. The two program coordinators (1.5 FTE combined) will provide case management in support of the eight dimensions of wellness – emotional, environmental, financial, intellectual, occupational, physical, social, and spiritual. The Program Coordinators will work with medical and mental health staff as well as review records to identify potential clients. Those clients identified as likely to respond to wellness based case management will have an intake completed to assess needs and an initial wellness score determined. Service collaboration will bring other providers to FNHC to offer nutrition classes or present on legal issues related to public benefit programs. The Wellness Campaign will participate in community events with wellness educational materials prepared specific to the event. Outreach is planned for the Disability Expo, C-U Days at Douglas Park, a back to school event in Rantoul, St. Mary's Latino Fair, and Read Across America.

The Coordinators have or will have knowledge of wellness and related services and be strong advocates. Medication Program staff will assist engaged clients with accessing free prescriptions to manage chronic conditions.

Access to Services for Rural Residents: Access is tied to patient status at FNHC. Outreach events will include those targeted to rural residents.

Program Performance Measures

ACCESS: The Wellness Campaign plans to identify 600 potential participants and refer to the program coordinators for screening and engagement. Contact by the coordinator will occur within 72 hours to complete the screening/initial assessment. Engagement will occur in consultation with physician/counselor as appropriate, with up to a third of referrals receiving wellness case management. Assessments will be repeated at six months or end of engagement.

Each community outreach and service collaboration event will have a report prepared summarizing level of participation, nature of event, effectiveness/appropriateness of the material, and recommendations.

CONSUMER OUTCOMES: Service outcomes are 600 contacts with 200 clients engaging in wellness case management. Of those engaging 75% will self-report improvement in one of the eight dimensions of wellness at the six month or case closure assessment. Other measures include maintenance of four chronic conditions or disease early detection with measures of compliance ranging from 50% to 85%.

UTILIZATION: Service categories are well defined across the three measures. Detail in utilization provides target for clients served (NTPCs) at 200, Service Contacts as initial screenings of 600 potential clients resulting in 75% completing the initial assessments (measure of 75% is based on experience with

other women's health prevention activities), Community Service Events (CSEs) are the 12 planned community outreach activities, and Other are the 6 service collaborations.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No
ACCESS Initiative: No
Quarter Cent for Public Safety: No
Developmental Disabilities: No
Specialty Courts: No
Behavioral Health/Physical Health Integration: Yes
Projects Consistent with 10 x 10 Wellness Campaign: Yes
Gaps in Core Services Related to Unfunded Clients: Yes

Overarching Decision Support Criteria:

Underserved Populations: Yes, includes targeted outreach to Latino population
Countywide Access: Yes, includes outreach events outside of Champaign and Urbana
Budget-Program Connectedness: Yes

Technical Criteria:

Approach/Methods/Innovation: Yes, uses SAMHSA Eight of Wellness
Staff Credentials: Yes

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendations: Pending

Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: Promise Healthcare

Program Name: Mental Health Services at Frances Nelson

Focus of Application: MH_X_SA ___ DD ___ ACCESS ___ Qtr Cent ___

Type of Contract: Grant

Financial Information:

PY14 CCMHB Funding Request: \$148,774

PY14 Total Program Budget: \$328,975

Current Year Funding (PY13): \$148,774

Proposed Change in Funding - PY13 vs. PY14: No Change

Program Staff – CCMHB Funds: 1.84 FTE

Total Program Staff: 4.06 FTE

Budget Narrative: CCMHB funding provides 45% of program revenue and is the single largest source of revenue for the program. Promise Healthcare notes at several points in the budget narrative that 60% of clients served by the program are self-pay clients and that care for these uninsured low-income and very low-income clients would not be possible without CCMHB funding. Self-pay clients are charged a nominal fee based on income that is projected to provide 6% of program revenue. Contributions represent 25% of program revenue. Program fees generated from Medicaid and Medicare billable services accounts for 22% of program revenue. The remaining 2% of revenue is from billings to private insurance and townships.

Salaries, taxes, and benefits expense lines account for 84% of costs paid by CCMHB. The occupancy expense line is 8% of costs and consumables add another 5%. The remaining 3% of costs is spread across three other expense lines. Direct service staff includes two fulltime counselors and a psychiatrist that works part-time (.3 FTE). CCMHB funds support 60% of the costs associated with each of these positions. Four percent of the Executive Directors time is charged off to the contract as indirect staff cost.

Promise Healthcare took over control of Frances Nelson Health Center from the Community Health Improvement Center in November, 2012.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 23% (Taxes 8% and 15% Benefits)

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Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X _____
Audit not in Compliance _____
Auditor Finding _____

Comments:

Target Population: To receive services the individual must be a medical patient at FNHC. Referrals for counseling and psychiatric services are made by physicians. FNHC has 7,658 patients. Of clients seen for counseling 66% are uninsured and for psychiatric care 60% are uninsured. Both are higher percentages than that for the total agency (40%). FNHC charges a sliding fee scale for primary care with the majority receiving a 90% discount. Mental health services charge sliding scale fee with most clients charged \$3 for counseling and \$5 for psychiatric visits. Agency cites research and other references supporting integration of behavioral and primary healthcare in a primary care setting as well direct experience of the agency.

Service Locations(s)/Demographics: On-site at FNHC. Total clients (TPCs and NTPCs) served by the 2012 program was 419. Residency by zip code data finds 38% of clients were from Champaign, 28% were from Urbana, 12% from Rantoul, 4% from Tolono, and 3% from Mahomet, and 15% from the balance of the county. Demographic data on clients served finds 9% were 18 or under, 85% were adults and another 6% were seniors age 60 or older; 72% were White, 20% were Black, and 8% were other races including bi-racial/multi-racial; 23% were of Latino/Hispanic origin; and, 70% were female. Note that some percentages presented may be based on a smaller data set due to lower response rate, e.g. of Latino origin.

Service Description/Type: Counseling and Psychiatric services delivered in a primary health care environment. On-site mental health services enable integration of mental health services with physical health care. The Mental Health Services Program has two distinct service elements. Counseling and case management for adults and children including Spanish speaking patients, are provided by two fulltime counselors (LCPC and LCSW) one of whom is bilingual. Clients are assessed within 3 weeks of a medical provider’s referral and a treatment plan is completed at the second session with the counselor. Crisis contacts are handled the same day. Case management includes linkages to other providers. The second element is psychiatric services provided by a .3 FTE psychiatrist. Medication management/monitoring are provided to patients with acute or chronic/serious mental illness and consultation with medical staff about specific patients and/or diagnosis and treatment. All psychiatric patients are referred from FNHC physicians or the two counselors.

Access to Services for Rural Residents: Access is tied to patient status at FNHC. Thirty-eight percent of clients served in FY 2012 were from outside of Champaign and Urbana.

Program Performance Measures

ACCESS: Program defines timeframes between referral and engagement/completion of assessment for counselors/psychiatric care as measure of access and reports results. Results reported for FY 2012 exceeded targets. Measures for FY 2014 are increased based on FY 2012 results. Depending on the service, 75% to 95% of referrals will be seen within a set period of time in FY 2014

CONSUMER OUTCOMES: Program identifies measures associated with timeframes for completion of GAF scale for adults and C-GAF for children. Target for both measures was met or exceeded. Changes in GAF scores are reported for those clients engaging in services for greater than six months. Many clients are said to not engage in services for this length of time. Other measures of progress include attainment of treatment plan goals and use of depression/anxiety scales.

UTILIZATION: Program sets clear targets for all services for 2014. For counseling, target is 250 TPCs (150 continuing and 110 new) with 1200 service contacts. For bilingual counseling, target is 75 TPCs (15 continuing and 60 new) with 450 service contacts. For psychiatric services, target is 110 TPCs (90 continuing and 20 new) with 875 service contacts. Program is underperforming some counseling targets and is on track for meeting psychiatric clients for FY 2013.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No
ACCESS Initiative: No
Quarter Cent for Public Safety: No
Developmental Disabilities: No
Specialty Courts: No
Behavioral Health/Physical Health Integration: Yes, services delivered in primary care setting
Projects Consistent with 10 x 10 Wellness Campaign: No, addressed under separate application
Gaps in Core Services Related to Unfunded Clients: Yes, 60% of clients served are self-pay

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: Yes
Budget-Program Connectedness: Yes

Technical Criteria:

Approach/Methods/Innovation: Yes, research support for integration of behavioral health in primary care setting and use of CBT and other evidence based practices is referenced.
Staff Credentials: Yes

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendations: Pending

Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: Rape Advocacy, Counseling, & Education Services

Program Name: Counseling & Crisis Services

Focus of Application: MH SA DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY14 CCMHB Funding Request: \$18,600

PY14 Total Program Budget: \$123,419

Current Year Funding (PY13): \$18,600

Proposed Change in Funding - PY13 vs. PY14: No Change

Program Staff – CCMHB Funds: 0.4 FTE

Total Program Staff: 1.7 FTE

Budget Narrative: CCMHB funding is 15% of total program revenue and is the second largest source of support. State funding, through an Illinois Coalition Against Sexual Assault (ICASA) contract is the largest source of revenue accounting for 73% of total program funding. United Way funds, City of Urbana/Cunningham Township grant, and contributions/fundraising account for the remaining 12% of program revenue. All but one percent of CCMHB allocated expenses support salary, taxes and benefits associated with the .4 FTE is for direct services (counseling position). The percentage of taxes and benefits charged equals rates charged to program and agency. Other program staff assist with coverage of the hotline and are part of the crisis on-call rotation. Agency has six staff and qualifications of each are described in the budget narrative.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 27% (Taxes 8% and 19% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable

Audit Requirement Waived

Audit in Compliance

Audit not in Compliance

Auditor Finding _____

Comments:

Target Population: Survivors of sexual assault and non-offending significant others age three and older. The agency reports it serves a disproportionate number of African American clients.

Service Locations(s)/Demographics: Office and other secure location that provides space that allows for confidential meetings (separate office or meeting space with door). Total clients (TPCs and NTPCs) served by the 2012 program was 57. Residency by zip code finds 53% were from Rantoul (high percentage is result of services to youth at Lincoln's Challenge), 28% from Urbana, 17% from Champaign, and 2% from Mahomet. Demographic data finds 6% were children/youth (primarily teens at Lincoln Challenge) and 0% were adults; 58% were White, 32% were Black, and 0% Other Races/bi-racial; 2% were of Hispanic/Latino origin; and 89% were female. Note that some percentages presented may be based on a smaller data set due to lower response rate, e.g. of Latino origin.

Service Description/Type: Counseling. Services include individual and group counseling. Program also operates the 24 hour Rape Crisis Hotline. Counseling hours include evening hours one night per week. Groups are offered once per week in late afternoon or evening. Counseling services are provided by a full time therapist who is an LPC and has completed ICASA required training, crisis intervention training, child counselor training, and the Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) training through the ACCESS Initiative.

Access to Services for Rural Residents: The counselor will meet clients at a safe, neutral location such as a school or social service agency that has space available to conduct a confidential meeting. Program has a toll free crisis hotline.

Program Performance Measures

ACCESS: Initial contact is typically made through the Rape Crisis Hotline. After office hours hotline is managed through an answering service that connects caller to staff or volunteer on call. Any staff or volunteer working the hotline has completed state mandated 40 hour crisis intervention training. Counseling appointments generally follow the day after first contact with some evening hours offered.

Agency has started a waitlist for counseling services. Lincoln's Challenge appears to account for much of the current caseload and those on the waitlist.

CONSUMER OUTCOMES: RACES uses two methods to measure consumer outcomes. The first approach is a client satisfaction survey completed at case closure. The short survey was created and standardized by ICASA. The second method is an annual outcome evaluation survey completed by a third party that reports results in total and by center to ICASA. The client survey is done in October and asks clients about services they are receiving, improvement in functioning, and satisfaction with the center providing the service.

Agency does not have on hand results from the statewide survey at time of the application. The client satisfaction survey did not generate enough responses to do an analysis as a result the agency places a greater reliance on the statewide survey. Agency is willing to share results once available.

UTILIZATION: Service categories are well defined. Treatment Plan Clients (TPCs) are clients engaging in five or more sessions with a target of 50. Non-Treatment Plan Clients (NTPCs) are clients

engaging in fewer than five sessions with a target of 25. Service contacts are non-client crisis intervention contacts with a target of 25. Community Service Events is unchanged at 150 participants (not events) or information and referral contacts. Total reported served for FY 2012 was 57 (46 TPCs and 11 NTPCs) and for 2013 is at 24 TPCs (14 continuing/11 new) of projected 50 while NTPCs are at 2 of 25 indicating a greater level of sustained engagement.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No
ACCESS Initiative: No
Quarter Cent for Public Safety: No
Developmental Disabilities: No
Specialty Courts: No
Behavioral Health/Physical Health Integration: No
Projects Consistent with 10 x 10 Wellness Campaign: No
Gaps in Core Services Related to Unfunded Clients: No

Overarching Decision Support Criteria:

Underserved Populations: Yes, high volume of clients from Lincoln's Challenge
Countywide Access: Yes, program is accessible through 24 hour toll free Rape Crisis hotline.
Budget-Program Connectedness: Yes

Technical Criteria:

Approach/Methods/Innovation: Yes, meets ICASA standards
Staff Credentials: Yes. Therapist is an LPC with extensive training. Credentials of all six agency staff is detailed in the budget narrative.

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendations: Pending

Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: AGENCY: Champaign County Regional Planning Commission – Social Services

Program Name: CDS - ACCESS (companion proposal)

Focus of Application: MH X SA DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY14 CCMHB Funding Request: \$26,000
PY14 Total Program Budget: \$253,506

Current Year Funding (PY13): \$26,000
Proposed Change in Funding - PY13 vs. PY14: No Change.

Program Staff – CCMHB Funds: 0.38 FTE
Total Program Staff: 4.68 FTE

Budget Narrative: This application is a request for funding from the CCMHB and is a companion proposal to the Court Diversion Services (CDS) Quarter Cent application for \$164,500. Funding from CCMHB is 10% of the program budget. Quarter Cent funding is 65% of total program revenue. Other local revenue sources – Rantoul and Urbana – provide 6% of program funding. CCRPC has allocated Community Service Block Grant funds for 4% of program revenue, Juvenile Assistance Block Grant funds for 5%, and in-kind contributions for the remaining 10% of funding. Salaries and associated costs are 87% of costs charged to CCMHB funding. Remaining funds are allocated to the occupancy expense line (12%) and to the travel expense line (1%). Staffing includes 3 FTE Case Managers with CCMHB funds supporting 0.38 FTE of these positions.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 46% (Taxes 13% and 33% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable
Audit Requirement Waived
Audit in Compliance X
Audit not in Compliance

Auditor Finding _____

Comments: The agency is part of Champaign County government and is included in the Champaign County audit.

Target Population: Youth age 10 to 17 with a station adjustment referred by any local law enforcement jurisdictions, or the state's attorney office.

Service Locations(s)/Demographics: Onsite at CCRPC office at the Brookens building, and Community Service Center (CSCNCC) in Rantoul and other accessible locations as convenient for participants. Please refer to the Quarter Cent Court Diversion Services program summary for FY 2012 demographic data.

Service Description/Type: Juvenile Delinquency Prevention/Intervention. All youth under a station adjustment are screened using the YASI (Youth Assessment Screening Instrument) and ACCESS Initiative intake tools as part of a coordinated intake process. Based on the results of the intake process, youth may be referred to several service options within the program or to the Parenting with Love and Limits Front End program and/or an on-line substance abuse class. Referral to Parenting with Love and Limits and completion of an on-line class on substance abuse are diversion options for youth with underlying mental health and substance use issues. Case managers track youth participation in these options and report outcomes back to police and program funders.

Program staff have Bachelor's degrees and are trained in BARJ and trauma informed practice.

Access to Services for Rural Residents: Primary service locations are CCRPC Brookens Building location and satellite office at CSCNCC in Rantoul and other locations as may be convenient.

Program Performance Measures

ACCESS: Staff conducts outreach to all local law enforcement departments as well as participating in ACCESS Initiative and other community events. Referrals may be made by any juvenile justice system stakeholder. All local police departments are reported as having made referrals to the program. Any referred youth is contacted the next business day and an appointment scheduled within the next week or for the next police scheduled meeting. At that appointment the youth is screened and if results indicate a referral to the Parenting with Love and Limits Front End program will be made or if results do not warrant a referral to PLL, the youth will engage in other CDS services which may include as an outcome of Peer Court or Mediation agreement completion of an on-line class on substance abuse.

CONSUMER OUTCOMES: Program measures include meeting conditions of the station adjustment by completing the terms of the diversion option. Recidivism is measured as the youth having no further judgment within a year following the station adjustment. This is the same recidivism that has been applied to youth participating in PLL.

UTILIZATION: Service category is Treatment Plan Clients with a target of 50 for FY 2014. The Quarter Cent CDS application will track and report utilization for other service categories as well as TPCs.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): Yes, as referral source
ACCESS Initiative: Yes, is an ACCESS Initiative partner and uses ACCESS intake form
Quarter Cent for Public Safety: Yes
Developmental Disabilities: No
Specialty Courts: No
Behavioral Health/Physical Health Integration: No
Projects Consistent with 10 x 10 Wellness Campaign: No
Gaps in Core Services Related to Unfunded Clients: No

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: Yes
Budget-Program Connectedness: Yes

Technical Criteria:

Approach/Methods/Innovation: Yes, use of BARJ principles referenced
Staff Credentials: Yes

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendations: Pending

Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: Champaign County Regional Planning Commission – Social Services

Program Name: Court Diversion Services - ACCESS

Focus of Application: MH ___ SA ___ DD ___ ACCESS ___ Qtr Cent X

Type of Contract: Grant

Financial Information:

PY14 CCMHB Funding Request: \$164,500

PY14 Total Program Budget: \$253,506

Current Year Funding (PY13): \$161,000

Proposed Change in Funding - PY13 vs. PY14: \$3,500 (2% increase)

Program Staff – CCMHB Funds: 2.45 FTE

Total Program Staff: 4.68 FTE

Budget Narrative: This application is a request for funding from the Quarter Cent for Public Safety Fund. Quarter Cent funding is 65% of total program revenue. Funding from CCMHB is 10% of the program budget. Other local revenue sources – Rantoul and Urbana – provide 6% of program funding. CCRPC has allocated Community Service Block Grant funds for 4% of program revenue, Juvenile Assistance Block Grant funds for 5%, and in-kind contributions for the remaining 10% of funding. Salaries and associated costs are 87% of costs allocated to Quarter Cent funding. Remaining funds are allocated to the occupancy expense line (12%) and to the travel expense line (1%). Staffing includes 3 FTE Case Managers with Quarter Cent funds supporting 2.3 FTE of the three positions and 15% of the Program Manager’s time.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 46% (Taxes 13% and 33% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____

Audit Requirement Waived _____

Audit in Compliance X _____

Audit not in Compliance _____

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Auditor Finding _____

Comments: The agency is part of Champaign County government and is included in the Champaign County audit.

Target Population: Youth age 10 to 17 with a station adjustment referred by any local law enforcement jurisdictions, or the state's attorney office.

Service Locations(s)/Demographics: Onsite at CCRPC office at the Brookens building, and Community Service Center (CSCNCC) in Rantoul and other accessible locations as convenient for participants. Total clients (new TPCs and NTPCs) served by the 2012 program was 278. Residency by zip code finds 51% of youth served from Champaign, 19% from Urbana, 16% from Rantoul, 4% from Mahomet, 3% from Thomasboro, and 7% from the remaining areas of the county. Demographic data reported indicates 8% of the youth were age 12 or under and 92% fell in the 13 to 18 age group; 55% were Black, 41% were White, and 4% were other races including Asian, bi-racial/multi-racial; 2% were of Latino/Hispanic origin; and 63% were males. Note that some percentages presented may be based on a smaller data set due to lower response rate, e.g. of Latino origin.

Service Description/Type: Juvenile Delinquency Prevention/Intervention. All youth under a station adjustment are screened using the YASI (Youth Assessment Screening Instrument) and ACCESS Initiative intake tools as part of a coordinated intake process. Based on the results of the intake process, youth may be referred to several service options within the program or to the Parenting with Love and Limits Front End program. Specific service options described are Peer Court and Mediation that place an emphasis on community safety and repairing harm using trained volunteers including some past offenders as well as the No limits for Teens program – a brief evidence based intervention that assists youth with future goals. The No Limits for Teens option includes a case manager and BSW intern working with the youth. A Youth Community Integration Scale is completed, goals are identified and a plan for achievement created by the team. Youth meets weekly with intern and periodically with the case manager. Meetings with youth and families are held in the evenings. The Court Diversion Services program is also an ACCESS Initiative partner.

The three program staff have Bachelor's degrees and are trained in BARJ and trauma informed practice. Program staff are involved in the station adjustment process and apply principles of Balanced and Restorative Justice (BARJ) in working with the youth to develop social/conflict resolution skills while having the youth account for their offenses/actions in an effort to prevent further involvement with the juvenile justice system.

Access to Services for Rural Residents: Primary service locations are CCRPC Brookens Building location and satellite office at CSCNCC in Rantoul and other locations as may be convenient.

Program Performance Measures

ACCESS: Staff conducts outreach to all local law enforcement departments as well as participating in ACCESS Initiative and other community events. Referrals may be made by any juvenile justice system stakeholder. All local police departments are reported as having made referrals to the program.

Any referred youth is contacted the next business day and an appointment scheduled within the next week or for the next police scheduled meeting. At this meeting the station adjustment agreement is completed, screening and triage done with youth scheduled or referred to the appropriate service option with engagement typically occurring within two weeks. Station adjustment agreements can last up to four

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months with bi-weekly contact from staff during that period. Completion of Peer Court and Mediation agreements must be completed within the term of the station adjustment agreement. Of youth referred, 75% participate in the initial meeting and 62% of those youth successfully complete their station adjustment and associated CDS restorative agreements. A database tracks access as well as consumer outcomes. Youth and stakeholder feedback is used to guide program improvements.

CONSUMER OUTCOMES: Program measures include one for recidivism. Program reported an 18% average reduction in police contacts by youth successfully completing mediation since inception of the program. What constitutes a successful mediation is described as youth acknowledge responsibility for their actions, and agrees to, participates in and completes their Peer Court/Mediation agreement. Failure of the youth to participate, execute or complete an agreement is a negative outcome. The No Limits for Teens uses the Youth Community Integration Scale to measure success described as an increase in points on the scale.

UTILIZATION: Service categories are clearly described. Program exceeded FY 2012 target for TPCs (302 served to target of 282) and is on track to meet or exceed target for FY 2013. FY 2014 TPC target is 240 based on projection of youth to be served with Quarter Cent funds through the end of FY 2013. NTPCs are unchanged at 45 and CSE's remain at 50.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): Yes, as referral source
ACCESS Initiative: Yes, is an ACCESS Initiative partner and uses ACCESS intake form
Quarter Cent for Public Safety: Yes
Developmental Disabilities: No
Specialty Courts: No
Behavioral Health/Physical Health Integration: No
Projects Consistent with 10 x 10 Wellness Campaign: No
Gaps in Core Services Related to Unfunded Clients: No

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: Yes
Budget-Program Connectedness: Yes

Technical Criteria:

Approach/Methods/Innovation: Yes, use of BARJ principles referenced
Staff Credentials: Yes

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendations: Pending

Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: Champaign County Regional Planning Commission – Social Services

Program Name: Juvenile Assessment Center

Focus of Application: MH X SA DD ACCESS Qtr Cent X

Type of Contract: Grant

Financial Information:

PY14 CCMHB Funding Request: \$266,612

PY14 Total Program Budget: \$378,578

Current Year Funding (PY13): \$ - N/A – New program proposal for FY 2014

Proposed Change in Funding - PY13 vs. PY14: N/A

Program Staff – CCMHB Funds: 3.95 FTE

Total Program Staff: 6.28 FTE

Budget Narrative: Revenue requested totals 70% of total program revenue. The amount requested may exceed available revenue. Federal Community Service Block Grant Funds (CSBG) is 13% of total program revenue and is a higher percentage investment than proposed for the existing Court Diversion Services (CDS) program. Over time the CDS program has experienced a decline in the amount of CSBG funds included in program applications. Funding from other local sources is 7% of revenue. In-kind contributions also total 7% of revenue. And the Juvenile Assistance Block Grant provides the remaining 3% of revenue. Salaries, taxes and benefits are 86% of expenses paid from requested funding. Other expenses include occupancy at 12% and the other 2% is spread across three other lines including specific assistance. Program staffing includes 4.6 FTE case managers, 1.53 in-kind volunteers, and 15% of the Program Manager’s time with requested funding supporting 3.8 FTE of the case managers and the Program Manager.

The application seeks funding from the Quarter Cent for Public Safety Fund and the CCMHB in the amount of \$266,612 but does not identify specific amounts requested from either source. If the application were to be approved for funding separate applications by fund source would be required during the contract phase of the award process.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 46% (Taxes 13% and 33% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance _____
Audit not in Compliance _____
Auditor Finding _____

Comments: The agency is part of Champaign County government and is included in the Champaign County audit.

Target Population: Youth age 10 to 17 with a station adjustment or a status offense referred by any local law enforcement jurisdictions, or the state’s attorney office.

Service Locations(s)/Demographics: Services will be provided at the CCRPC Illinois Worknet Center on Mattis Avenue in Champaign. As a new proposal demographic data is not available.

Service Description/Type: Program is a proposal to establish a Juvenile Assessment Center-Phase I. The Court Diversion Services program would be incorporated into the Juvenile Assessment Center (JAC). Police will have the option of bringing youth to the JAC at the time of contact to be screened and connected to mental health and/or other community services and diverted from the juvenile justice system. Current Court Diversion Services (CDS) intake procedures will apply for youth not brought because of distance or time of day to the JAC. Intake will include use of ACCESS Initiative screening tools. Court Diversion Services would be provided to station adjusted youth. Those with status offenses will be directly referred to the ACCESS Initiative, PLL, or other community resource and may be placed on informal station adjustments. The JAC will use the same data tracking processes as CDS with a goal of participating in a shared database with the ACCESS Initiative in phase II.

Program staff have Bachelor’s degrees and are trained in Balanced and Restorative Justice (BARJ) and trauma informed practice and apply principles of BARJ in working with the youth.

Access to Services for Rural Residents: Primary service locations are CCRPC Illinois Worknet office in Champaign, Brookens Building location in Urbana, the satellite office at CSCNCC in Rantoul, and other locations as may be convenient for follow-up contacts.

Program Performance Measures

ACCESS: Program references past experience with the Court Diversion Services program to estimate that 2/3rds of contacts will come from Champaign and Urbana. The Juvenile Assessment Center would be open 24/7 with staff present weekdays and early evenings and on-call after hours. Staff may also travel during regular business hours to police departments to screen youth. Meetings with station adjusted youth and families for CDS are held in the evenings.

All, 100%, of youth brought to the JAC will be screened and referred for appropriate services. Youth referred but not brought to the JAC have a target of 75% being screened and triaged. Station adjusted youth will engage in services for up to 4 months as participants in Court Diversion Service options. Status offense youth will be screened and referred with weekly follow-up contacts until services completed – 50% of these youth are projected to engage in referred services. A database tracks access as well as consumer outcomes. Youth and stakeholder feedback is used to guide program improvements.

CONSUMER OUTCOMES: Screenings are completed at intake and exit to measure changes in risk behaviors. High scoring youth will be referred on for further assessment and tracked to determine if youth engaged in referred service. Measures associated with recidivism and Court Diversion Services are identified.

UTILIZATION: Program notes the redirection of effort associated with this application and the adjustment to total youth served. Treatment Plan Clients are youth screened, referred and contacted by either Court Diversion Services staff or by another provider for assessment/intervention and has a target of 540 TPCs. Non-Treatment Plan Clients are youth screened but that do not follow through with referral/intervention and has a target of 290 NTPCs. Service contacts are defined as youth referred to the JAC but refuse screenings or do not responds to contacts but no target is established. Community Service Events are staff presentations, trainings, ACCESS Initiative meetings or other related events and has a target of 50 CSEs.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): Yes, as referral source
ACCESS Initiative: Yes, is an ACCESS Initiative partner and uses ACCESS intake form
Quarter Cent for Public Safety: Yes
Developmental Disabilities: No
Specialty Courts: No
Behavioral Health/Physical Health Integration: No
Projects Consistent with 10 x 10 Wellness Campaign: No
Gaps in Core Services Related to Unfunded Clients: No

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: Yes
Budget-Program Connectedness: Yes

Technical Criteria:

Approach/Methods/Innovation: Yes, use of BARJ principles referenced
Staff Credentials: Yes

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendations: Pending

Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: The UP Center of Champaign County

Program Name: Clinical Crisis Counseling

Focus of Application: MH X SA ___ DD ___ ACCESS ___ Qtr Cent ___

Type of Contract: Grant

Financial Information:

PY14 CCMHB Funding Request: \$28,000

PY14 Total Program Budget: \$30,000

Current Year Funding (PY13): \$0

Proposed Change in Funding - PY13 vs. PY14: N/A - New application for FY 2014

Program Staff – CCMHB Funds: 0 FTE

Total Program Staff: 0 FTE

Budget Narrative: This application is for a new program. Funding requested from CCMHB is 93% of the total budget. The remaining 7% would come from contributions and fundraising. Program will not hire staff but will contract out for services under this contract. The program has allocated 70% of requested funding to the professional fees/contractual line. No funds were allocated for an audit. While no staff will be hired, 17% of CCMHB funds are allocated to the occupancy expense line and that amount equals 47% of the UP Center's total occupancy cost. Equipment is 5% of the CCMHB expenses for the purchase of a computer and printer to be used for this program (CCMHB guidelines limit equipment purchases to \$500). Specific assistance – purchase of 4 gas cards per month for rural clients – charged to CCMHB totals 4%. The remaining 4% of CCMHB funds is charged off to two other expense lines.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 0% (Taxes 0% and 0% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable X
Audit Requirement Waived _____
Audit in Compliance _____
Audit not in Compliance _____

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Auditor Finding _____

Comments: The UP Center Youth and Volunteers contract is new for FY 2013 and audit requirement is waived due to amount of contract award. An audit would be required for this contract if funded.

Target Population: This program will serve lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) individuals (and their significant others) ages 12 and up, with no or limited insurance coverage. The program is intended to serve individuals experiencing a crisis related to sexual and/or gender identity and not in need of long-term mental health services. Additional detail is included on sessions for youth and insurance coverage eligibility related to maintaining confidentiality of the individual's sexual identity.

Service Locations(s)/Demographics: Services will be provided at the UP Center in additional space for private/confidential sessions. As a new proposal demographic data is not available.

Service Description/Type: Crisis/Outpatient Counseling related to sexual identity. At the initial intake, the Crisis Clinician will complete an assessment with the individual experiencing a crisis associated with their sexual/gender identity, including a mental health inventory, a clinical assessment, and determination of eligibility (insurance, age, etc.). The Clinician will work with individuals not meeting the eligibility criteria to establish alternative options. Linkage and referral will also occur for clients whose crisis counseling needs are beyond the capacity of the clinician. Clients may engage for up to 8 sessions (five if client is between age 12 and 17 before parental consent required) with possible extension. The crisis clinician will carry a caseload of up to 15 clients at a time with weekly and bi-weekly appointments and additional hours for walk-ins. Session times may include evenings and weekend appointments.

The UP Center will contract with a Master's level licensed counselor or social worker to serve as the crisis clinician.

Access to Services for Rural Residents: rural clients may be assisted with the cost of transportation/gas. Some sessions may be held in rural areas of the county contingent on demand for services from the local area.

Program Performance Measures

ACCESS: The UP center will promote the new service on their webpage, newsletter and staff/volunteer contacts and through community outreach. Clients will self-refer with a telephone call or e-mail to the UP Center. The Crisis Clinician will schedule an appointment within 7 to 10 days of client contact or if caseload is full will conduct a telephone assessment and as appropriate schedule a crisis appointment or make a referral. Program projects an intake completed on 100% of client contacts and 80% eligible for services. Length of engagement is up to 8 sessions with extension based on re-evaluation and program capacity. All referrals to the program, results of intake, and ongoing engagement will be tracked on a form by the Crisis Clinician.

CONSUMER OUTCOMES: Client outcomes will be measured using the the Mental Health Inventory (MHI-38) administered at intake and following 8 sessions or at case closure. The MHI-38 measures both distress symptoms and well-being based on 38 self-report items experienced over the past month. Aggregated results of the MHI-38 will be used to determine client's changes over time. In addition to the MHI-38, clients will be given a short series of open-ended questions about their experience with the program.

UTILIZATION: Clients engaging in crisis counseling will be reported as Treatment Plan Clients with a target of 50 TPCs to be served over the year with a caseload of 15 at any one time – five clients engaging in weekly sessions and 10 clients seen bi-weekly. Walk-in clients will be reported as Non-Treatment Plan Clients with a target of 12. Most clients are expected to have made prior contact by telephone or with other staff/volunteers and be scheduled for an appointment. Service contacts are defined as contacts with other professionals for collaboration or as referral sources with a target of 6.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No

ACCESS Initiative: No

Quarter Cent for Public Safety: No

Developmental Disabilities: No

Specialty Courts: No

Behavioral Health/Physical Health Integration: No

Projects Consistent with 10 x 10 Wellness Campaign: No

Gaps in Core Services Related to Unfunded Clients: Yes, targets clients with no or limited insurance.

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: Yes

Budget-Program Connectedness: Yes

Technical Criteria:

Approach/Methods/Innovation: Yes

Staff Credentials: Yes

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendations: Pending

Draft CCMHB PY14 PROGRAM SUMMARY

AGENCY: The UP Center of Champaign County

Program Name: Youth & Volunteers

Focus of Application: MH SA DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY14 CCMHB Funding Request: \$18,204

PY14 Total Program Budget: \$20,704

Current Year Funding (PY13): \$14,600

Proposed Change in Funding - PY13 vs. PY14: \$3,604 (25% increase)

Program Staff – CCMHB Funds: 0.4 FTE

Total Program Staff: 0.4 FTE

Budget Narrative: CCMHB funding is 88% of total program revenue. The remaining 12% will come from contributions and fundraising. The salary and payroll tax expense lines account for 62% of costs paid by CCMHB. Benefits are referenced in the budget narrative but not listed separately on the expense form. Consumables – food and supplies for weekly programming and special events - are 16% of CCMHB allocated expenses. Conferences/staff development is 5% of expenses charged to CCMHB and includes costs for out of state travel to a conference. Specific assistance – used for gas cards for rural youth/parents to attend weekly programming – is 3% of CCMHB expenses. The amount allocated for this purpose equals 2 \$25 gas cards per month. The remaining 14% is spread across 5 other expense lines. A part-time youth coordinator is the only paid staff member and is supported entirely with CCMHB funds. Revenue exceeds expenses by \$808.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 11% (Taxes 11% and 0% Benefits)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____

Audit Requirement Waived _____

Audit in Compliance _____

109

Audit not in Compliance _____

Auditor Finding _____

Comments:

Target Population: Youth between 13 - 18 years old identifying as Lesbian, Gay, Bisexual, Transgendered, Questioning, and/or Ally that are residents of Champaign County. The application points out that this cohort has significantly higher incidence of attempted suicide (45%) than the general population of their heterosexual peers (8%). They also experience increased levels of victimization than their peers, and this leads to increased levels of depression and anxiety, and decreased self-esteem.

Service Locations(s)/Demographics: At the UP Center for weekly groups and sites in the community for special events. As a new contract, data available is for the first half of FY 2013. Total clients (NTPCs) served so far by the 2013 program was 40. Residency by zip code finds 28% of youth served were from Rantoul, 24% from Tolono, 16% from Champaign, 12% from Urbana, and 20% from other areas of the county. Demographic data finds all were youth between the ages of 13 and 18; 72% were white, 12% were Black, and 16% were of other races including bi-racial/multi-racial; 4% were of Latino/Hispanic origin; and 64% were female. Note that some percentages presented may be based on a smaller data set due to lower response rate, e.g. of Latino origin.

Service Description/Type: Prevention and Support Services. The program will focus on the development, implementation, and evaluation of peer support, education, and social programming in a safe, culturally diverse, and hate-free environment. Weekly youth group meetings are held on wide range of topics such as bullying, coming out, dating, drug use, relationship violence, suicide, and stigma. Youth only open hours are three afternoons per week. Special events may also be held. The Youth Coordinator will use the Gay Affirmative Practice model for working with youth and is designed to uphold and support youth's LBGQT identity and aligns with principles of social work. The Coordinator is developing a Youth Advisory Board to guide program development.

Access to Services for Rural Residents: Parents and youth are may be assisted with the cost of transportation/gas. Some events may be held in rural areas of the county.

Program Performance Measures

ACCESS: Access to the program will be promoted to schools and community organizations through distribution of resource packets, face to face meetings and other contacts. Youth access will be measured based on frequency of participation. Eligible youth will complete a mental health inventory during intake and after participation in program services. The Gay Affirmative Scale (GAS) will be used to measure the coordinators performance and is to be administered quarterly. The UP Center has also worked with the U of I School of Social Work to develop evaluation materials and plan for implementation. Use of the materials started in the first half of FY 2013.

CONSUMER OUTCOMES: Program goal is to provide a safe, accepting space using a facilitated, gay-affirming, peer support model. Reduced victimization, feelings of depression and anxiety, and increased self-esteem are identified as outcomes and presumably measured using the mental health inventory referenced in the access outcome section.

Reduction of suicides and attempted suicides and other self-harm activities is identified. LGBTQ youth research is cited regarding the higher rates of attempted suicide for the population served versus the general population. Program will measure youths' perceived levels of confidence and suicidal ideations

before and after participating in this program. Evaluation data about suicidal ideation is being collected and analyzed but initial results are not yet available.

UTILIZATION: Participating youth are reported as Non-Treatment Plan Clients (NTPCs) with projected participation of 50 total youth for FY 2014. Currently for FY 2013 program has engaged about 25 youth with another 15 having attended a special event. Service contacts, target of 10, are contacts with professionals and others that will collaborate on programming and make referrals. Community Service Events, target of 30, are presentations and participation in other events by the Youth Coordinator.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No
ACCESS Initiative: No
Quarter Cent for Public Safety: No
Developmental Disabilities: No
Specialty Courts: No
Behavioral Health/Physical Health Integration: No
Projects Consistent with 10 x 10 Wellness Campaign: No
Gaps in Core Services Related to Unfunded Clients: No

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: Yes
Budget-Program Connectedness: Yes, note program revenue exceeds expenses.

Technical Criteria:

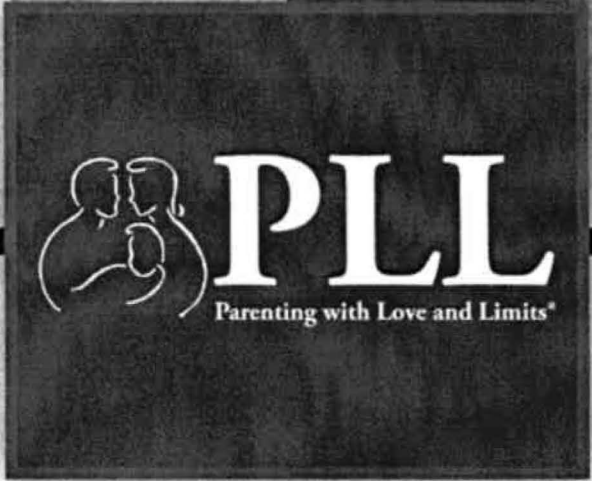
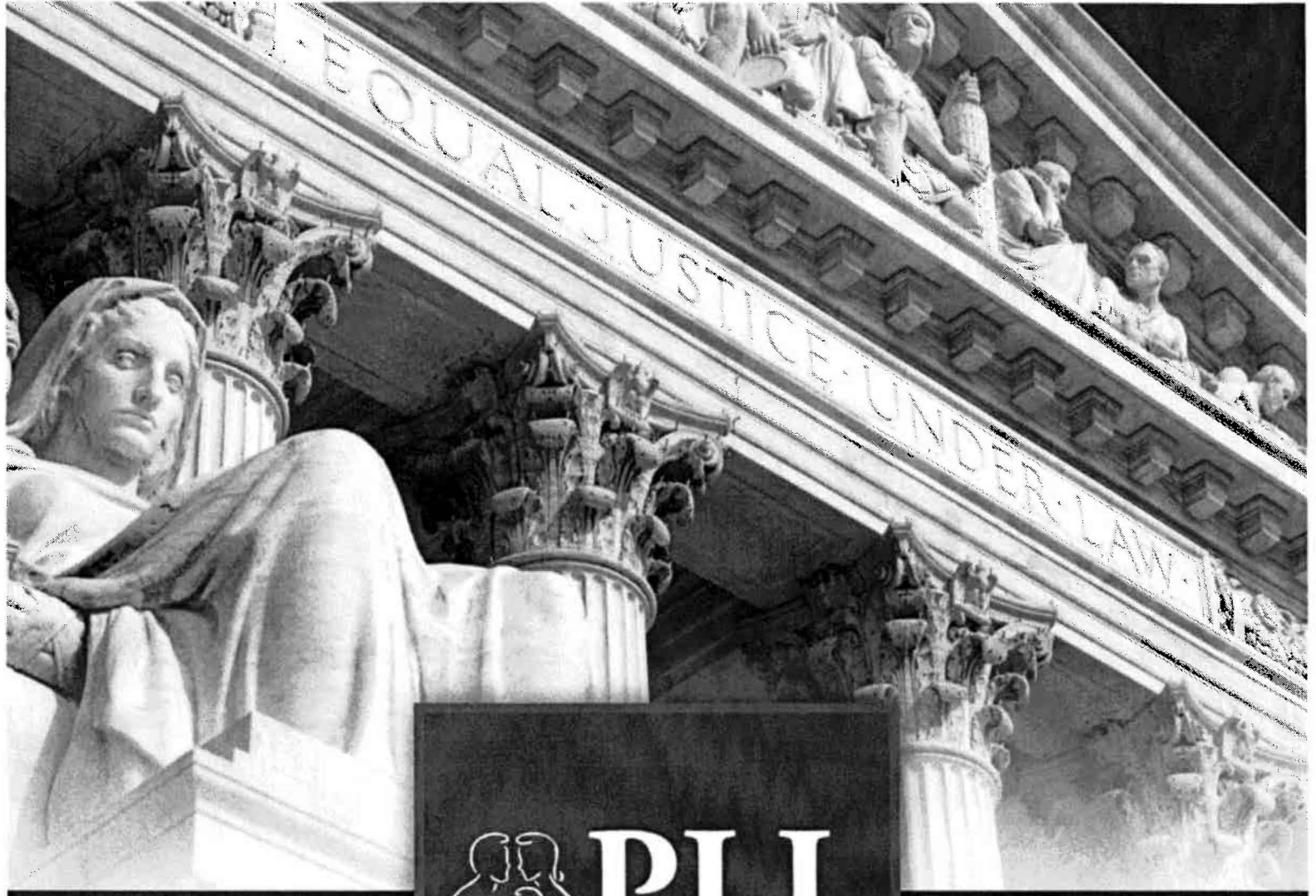
Approach/Methods/Innovation: Yes, use of Gay Affirmative Practice (GAP) model
Staff Credentials: No

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendations: Pending





Champaign County Final Report

Hornby Zeller Associates, Inc.
12 March 2013



Introduction

PLL Youth are

- 10-18 years old
- Probation violators, repeat offenders, or youth who possess a felony or serious misdemeanor charge
- Moderate to high risk on YASI

Study Sample

This study includes 155 youth who either graduated from or dropped out of Parenting with Love and Limits (PLL) between April 2009 and December 2011, and could be matched to juvenile justice records.

PLL serves as an Alternative to Placement (ATP) treatment program to engage, stabilize, and treat youth and their families within the community or provides a Transition/Linkage Program for youth from the Juvenile Detention Center who are returning to the community.

Research Questions

PLL is designed to achieve specific outcomes both during treatment and after treatment. The Champaign Juvenile Probation Department asked these questions to evaluate the effectiveness of PLL:

Research Question 1

Does PLL achieve a high level of parent participation, which is a condition of graduation, as evidenced by a graduation rate of at least 70%?

Research Question 2

Do PLL youth show significant improvement in mental and behavioral health as measured by the Child Behavior Checklist (CBCL)?

Research Question 3

Do PLL families show improved adaptability and cohesion as measured by the Family Adaptability and Cohesion Evaluation Scale IV (FACES)?

Research Question 4

Does PLL decrease recidivism rates in the year following treatment compared to a matched control group? The Champaign Juvenile Probation Department defines recidivism as "A subsequent juvenile adjudication or adult conviction or judgment for violation of probation."

Research Question 5

Were PLL lengths of service shorter than standard community mental health or probation cases?

For questions 2, 3 and 5, additional PLL youth (those with no juvenile justice records and completers and non-completers through June 2012) are included in the analysis.

Research Question 1: PLL Graduation Rates at 70% or Higher

Graduation Rate Highlights

- 72% overall (111 completers and 44 non-completers in the QE Study)
- Very little variation in graduation rates by referral type
- Statistically significant differences in graduation rates for youth with school offenses or no charges

Does PLL achieve a high level of parent participation, which is a condition of graduation, as evidenced by a graduation rate of at least 70%?

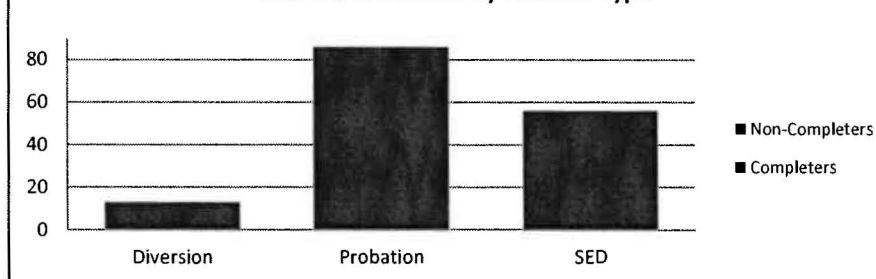
In order to graduate from PLL, the youth/family must:

- Attend and participate in at least 5 group therapy sessions
- Attend and participate in at least 6 family coaching sessions
- Remain at home with no curfew violations or running away
- Remain in school with no reports of truancy or failing grades
- Stay out of trouble with no reports of law violations or problems at home
- Stabilize any mental health issues

Table 1: Graduation Rate

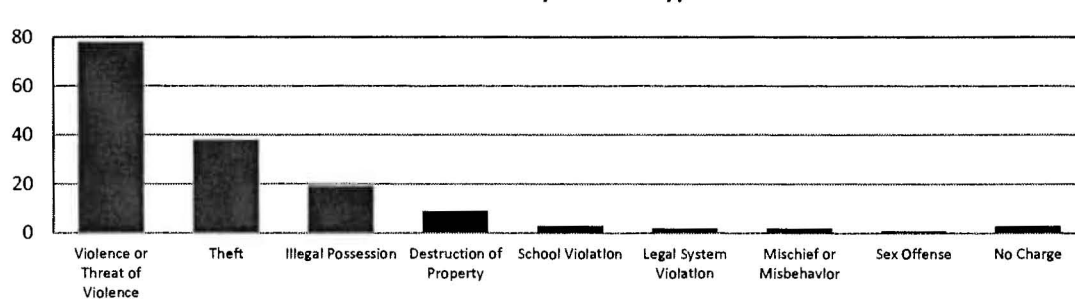
	Number	Percentage
Successful Completers	111	72%
Non-Completers	44	28%

Chart 1: Graduates by Referral Type



- The overwhelming majority (92%) of PLL youth are referred from probation or SED.

Graduates by Offense Type



- PLL graduated 74% of the highest risk violent offenders.
- The significantly lower graduation rates for youth with no charges or school violations suggest that youth or their parents are less likely to commit to change when the offense is perceived as minor.

Research Question 2: Improvement in Mental and Behavioral Health

CBCL Highlights

- Dramatic reductions in nearly every problem behavior
- Effect sizes predominantly in the medium range

Do PLL youth show significant improvement in mental and behavioral health as measured by the Child Behavior Checklist (CBCL)?

A primary goal of Parenting with Love and Limits is to reduce emotional and behavioral problems among the youth served. Using the Child Behavior Checklist, 128 PLL youth in Champaign County were assessed by a parent or guardian prior to the start of services and again at the conclusion of PLL treatment. These results include youth who graduated through June 2012.

Table 2: CBCL Analysis

Behavioral Scale		Pre-Test		Post-Test		t-Test for Equality of		Effect Size*	
		Mean	Standard Deviation	Mean	Standard Deviation	t-Statistic	p-Value	Cohen's d	Common Interpretation
Internalizing Subscales	Anxious	3.99	4.45	3.09	3.41	3.094	0.001	-0.229	Small
	Withdrawn	3.79	3.15	2.70	2.66	4.834	<0.001	-0.378	Medium
	Somatic	2.54	3.27	1.89	2.34	2.742	0.003	-0.228	Small
Total Internalizing		10.38	9.22	7.75	7.07	3.969	<0.001	-0.322	Medium
Externalizing Subscales	Rule-Breaking	8.99	5.53	6.62	4.60	6.383	<0.001	-0.467	Medium
	Aggressive	11.67	7.81	8.63	6.78	6.538	<0.001	-0.417	Medium
Total Externalizing		20.63	12.12	15.02	10.18	7.294	<0.001	-0.503	Medium
Social Problems		3.44	3.58	2.58	2.80	3.528	<0.001	-0.267	Small
Thought Problems		3.04	3.39	2.15	2.51	4.047	<0.001	-0.299	Small
Attention Problems		7.01	4.33	5.36	3.63	6.293	<0.001	-0.414	Medium
Oppositional/Defiant		5.26	2.80	3.87	2.52	7.344	<0.001	-0.525	Medium
Conduct Disorder		9.82	6.12	6.69	4.98	7.443	<0.001	-0.563	Medium

* When Cohen's $d < 0.3$, the effect size is generally interpreted as small; $0.3 \leq$ Cohen's $d \leq 0.8$ indicates a medium effect size; Cohen's $d > 0.8$ corresponds to a large effect.

Table 2 shows exceptionally strong results in the areas of

- Rule-Breaking Behaviors
- Aggressive Behaviors
- Total Externalizing Behaviors
- Attention Problems
- Oppositional/Defiant Behaviors
- Conduct Disorder

The average pre-test score for PLL youth was in the clinical range for Total Externalizing Behaviors. The average post-test score was low in the borderline range between clinical and normal.

Research Question 3: Improvement in Overall Family Adaptability and Cohesion

FACES Highlights

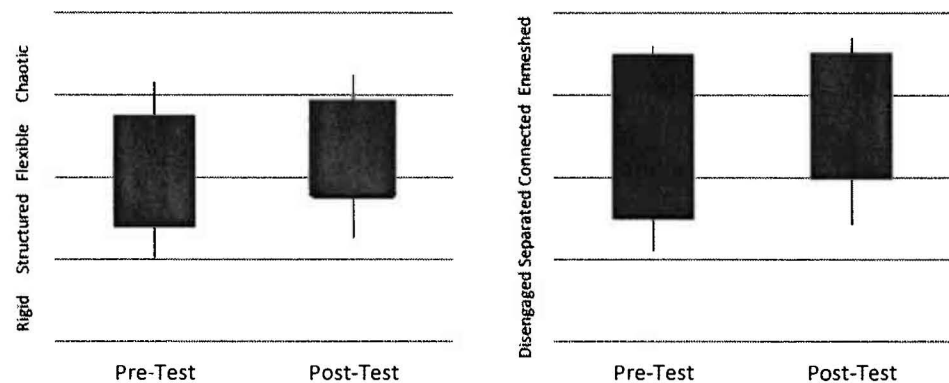
- Negligible changes in means
- Significant reduction in variability shows improvement in both adaptability and cohesion

Does PLL improve family adaptability and cohesion as measured by the Family Adaptability and Cohesion Evaluation Scale IV (FACES)?

FACES measures a family's adaptability on a scale from rigid through structured and flexible to chaotic, and measures a family's cohesion similarly from disengaged through separated and connected to enmeshed. Families are functioning better when not at either extreme of these measures.

FACES is administered to PLL youth and one or both parents at the beginning and end of PLL treatment. A total of 183 pre- and post-tests pairs were analyzed.

Chart 3: Adaptability and Cohesion



The box-and-whisker plots show the 10th percentile (bottom whisker), 20th percentile (bottom of box), 80th percentile (top of box) and 90th percentile (top whisker). The post-tests show the responses more tightly grouped in the moderate range on both scales, especially on the Cohesion scale.

Table 3: FACES IV Analysis

Scale	Mean		Variance		Levene's Test for Equality of Variances	
	Pre-Test	Post-Test	Pre-Test	Post-Test	W	Significance or p-value
Adaptability	59.41	63.25	380.82	309.17	3.91	<0.05
Cohesion	52.59	57.35	296.64	247.29	7.64	<0.01

The statistical test to evaluate the significance of the moderation seen in the chart is Levene's Test for Equality of Variances, shown in Table 3. **The differences are significant in both cases**, but, as can also be seen graphically in Chart 3, the results are more significant for Cohesion than Adaptability.

Methodology: Sample Characteristics and the Need for Propensity Score Matching

PLL Youth include

- Higher percentage of Black youth
- Higher percentage of violent offenders
- Higher percentage of precipitating offense felonies
- Higher percentage of Urbana contacts

PLL Youth

- Younger at time of first offense
- Greater number of prior contacts and prior charges
- More severe offenses

Table 4: Sample Characteristics

		PLL		Pool		Significance or p-value (2-tailed)
		#	%	#	%	
		155	-	3529	-	
Race	Black	108	69.7%	2090	59.2%	0.006
	White	46	29.7%	1320	37.4%	0.040
Gender	Male	115	74.2%	2436	69.0%	0.151
Juvenile Justice History	Age At First Offense	14.5	-	15.6	-	< 0.001
	# of Prior Arrests	3.5	-	2.3	-	< 0.001
	# of Prior Charges	1.6	-	0.8	-	< 0.001
	Greatest Severity (0 = most severe)	3.0	-	4.1	-	< 0.001
	Age At Precipitating Offense	15.4	-	16.0	-	< 0.001
Domain of Precipitating Offense	Violence/Threat of Violence	77	49.7%	1305	37.0%	0.002
	Destruction of Property	7	4.5%	206	5.8%	0.441
	Theft	40	25.8%	779	22.1%	0.298
	Illegal Possession	14	9.0%	575	16.3%	0.002
	Legal System Violation	1	0.6%	35	1.0%	0.602
	School Violation	1	0.6%	39	1.1%	0.490
	Sex Offense	1	0.6%	106	3.0%	0.001
Precipitating Offense Type	Mischief/Misbehavior	9	5.8%	244	6.9%	0.565
	Felony	78	50.3%	1170	33.2%	< 0.001
	Misdemeanor	71	45.8%	2025	57.4%	0.005
	Precipitating Offense Severity (0 = most severe)	4.0	-	4.9	-	< 0.001
Agency	Urbana	39	25.2%	560	15.9%	0.009
	Champaign	70	45.2%	1447	41.0%	0.308
	Rantoul	20	12.9%	448	12.7%	0.940
	Sheriff	12	7.7%	651	18.4%	< 0.001

Table 4 shows that PLL youth represent a more difficult sub-section of the juvenile justice population taking into account the demographic risk factors, the domain of precipitating offense and the offense type.

Methodology: Quality of the Propensity Score Matching

Propensity Score Matching

- Excellent match overall
- No statistically significant differences between PLL graduates and the matched control group

Table 5: PLL Graduates vs. Controls

		PLL				Significance or p-value (2-tailed)
		Graduates		Controls		
		#	%	#	%	
		111	-	155	-	
Race	Black	74	66.7%	112	72.3%	0.331
	White	36	32.4%	42	27.1%	0.350
Gender	Male	76	68.5%	109	70.3%	0.747
Juvenile Justice History	Age At First Offense	14.5	-	14.4	-	0.245
	# of Prior Arrests	3.3	-	3.3	-	0.561
	# of Prior Charges	1.5	-	1.4	-	0.881
	Greatest Severity (0 = most severe)	3.1	-	3.1	-	0.955
	Age At Precipitating Offense	15.3	-	15.3	-	0.891
Domain of Precipitating Offense	Violence/Threat of Violence	56	50.5%	82	52.9%	0.693
	Destruction of Property	5	4.5%	6	3.9%	0.801
	Theft	30	27.0%	35	22.6%	0.410
	Illegal Possession	9	8.1%	16	10.3%	0.535
	Legal System Violation	0	0.0%	2	1.3%	0.157
	School Violation	0	0.0%	3	1.9%	0.082
	Sex Offense	1	0.9%	0	0.0%	-
	Mischief/Misbehavior	5	4.5%	8	5.2%	0.805
Precipitating Offense Type	Felony	55	49.5%	86	55.5%	0.340
	Misdemeanor	54	48.6%	60	38.7%	0.107
	Precipitating Offense Severity (0 = most severe)	4.0	-	4.0	-	0.516
Agency	Urbana	29	26.1%	41	26.5%	0.953
	Champaign	52	46.8%	73	47.1%	0.968
	Rantoul	11	9.9%	17	11.0%	0.780
	Sheriff	7	6.3%	12	7.7%	0.649

This propensity score comparison assures us that subsequent analysis on juvenile recidivism is valid for PLL graduates vs. the matched control group.

Research Question 4: Reduction in Recidivism

Does PLL decrease recidivism rates in the year following treatment compared to a matched control group?

PLL Graduates

- Significantly fewer adjudications and felony adjudications

PLL Graduates

- Significantly fewer contacts and felony contacts

PLL Graduates

- Significantly fewer charges
- Fewer felony charges

PLL Graduates

- Fewer incarcerations and residential commitments

Table 6: Recidivism

Outcomes Within 1 Year of Completion	Recidivism Rate		t-Test for Statistical Significance			Effect Size
	PLL	Matched Control Group	t-Statistic	Degrees of Freedom	Significance or p-value (1-tailed)	Relative Risk
Adjudications	12.6%	21.3%	1.905	263	0.029	59.2%
Felony Adjudications	9.0%	16.1%	1.774	262	0.039	55.9%

- The rate of adjudications for juveniles released from standard non-PLL services (21.3%) was nearly double that of the PLL group (12.6%), a difference that was statistically significant at the 0.029 level.
- Similar results for felony adjudications, with 16.1% compared to only 9% for those receiving PLL services.

Table 7: Contacts

Outcomes Within 1 Year of Completion	Recidivism Rate		t-Test for Statistical Significance			Effect Size
	PLL	Matched Control Group	t-Statistic	Degrees of Freedom	Significance or p-value (1-tailed)	Relative Risk
Contacts	36.9%	51.0%	2.303	259	0.011	72.4%
Felony Contacts	18.9%	28.4%	1.824	263	0.035	66.5%

Contacts include arrests as well as appearance tickets. They represent the lowest level of involvement with the justice system. PLL youth are significantly less likely to have any subsequent contacts.

Table 8: Charges

Outcomes Within 1 Year of Completion	Recidivism Rate		t-Test for Statistical Significance			Effect Size
	PLL	Matched Control Group	t-Statistic	Degrees of Freedom	Significance or p-value (1-tailed)	Relative Risk
Charges	19.8%	32.9%	2.448	263	0.008	60.2%
Felony Charges	15.3%	21.3%	1.26	263	0.104	

PLL youth are also significantly less likely to be charged.

Table 9: Incarcerations or Residential Commitments

Outcomes Within 1 Year of Completion	Recidivism Rate		t-Test for Statistical Significance			Effect Size
	PLL	Matched Control Group	t-Statistic	Degrees of Freedom	Significance or p-value (1-tailed)	Relative Risk
Incarcerations	2.7%	6.5%	1.498	250	0.068	

Research Question 5: Shorter Length of Service

Length of Service Highlights

- PLL lengths of service are significantly shorter than historical figures
- The reduction is over 510 days for probation youth, and approximately 100 days for community mental health cases.

Were PLL lengths of service shorter than standard community mental health or probation cases?

Historically, Champaign County reports an average length of service of youth community mental health cases of seven months (210 days), and an average probation length of 20 months (600 days).

In contrast, PLL serves people both more quickly and more effectively. Table 10 compares the mean and median lengths of service for 138 PLL graduates to standard treatment durations.

Table 10: Length of Service

		PLL			
		Mean		Median	
		Days	Months	Days	Months
Referral Type	Diversion	66.6	2.2	57.0	1.9
	Probation	88.7	3.0	72.0	2.4
	Community MH	110.3	3.7	90.0	3.0
PLL Overall		97.4	3.2	81.0	2.7
Community MH		210	7.0		
Probation Services		600	20.0		

The differences are very large and statistically significant for both probation and SED.

Summary of Findings

- ✓ **Research Question 1:** Graduation rate 72% overall.
- ✓ **Research Question 2:** Statistically significant improvement in youth mental and behavioral problems as shown by changes in CBCL scores during treatment, with medium effect size.
- ✓ **Research Question 3:** Statistically significant improvement in family adaptability and cohesion as measured by FACES.
- ✓ **Research Question 4:** Statistically significant reduction in multiple measures of recidivism (adjudications, charges and contacts) in one year post graduation for PLL when compared to a matched control group.
- ✓ **Research Question 5:** PLL length of service is shorter than historical averages both for probation and community mental health. Differences are statistically significant and effect size is very large.



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

BRIEFING MEMORANDUM

DATE: April 24, 2013
MEMO TO: Members, Champaign County Mental Health Board
FROM: Peter Tracy
SUBJECT: Draft CCMHB Resolution on Criminal Justice-Mental Health Collaboration

The Champaign County Mental Health Board has at the last two monthly meetings heard presentations and held lengthy discussions on the subject of access to services for persons with mental illness and substance use disorders involved with the criminal justice system and the need for greater coordination between the criminal justice system and the community mental health system. One outcome of these discussions is a resolution on the need for greater collaboration between the two systems and a redirection of effort has been drafted for the Board's consideration.

Attached is a copy of the resolution for review and discussion. A final draft will be presented for action at the CCMHB meeting in May.

DRAFT Resolution

Champaign County Mental Health Board

As Introduced

A RESOLUTION DECLARING the position of the Board concerning access to behavioral health services for people involved with law enforcement, the criminal justice system, and or incarceration in the Champaign County Criminal Justice Complex.

WHEREAS, a significant number of people who come into contact with law enforcement or who are incarcerated in the Champaign County Jail suffer from serious mental illness or substance use disorders; and

WHEREAS, to the extent possible within the context of public safety, it is preferable for people with mental illnesses or substance use disorders to be diverted from incarceration in the Champaign County Jail facility and afforded access to appropriate therapeutic support and treatment; and

WHEREAS, all persons with mental illnesses or substance use disorders should receive appropriate psychopharmacology and stabilization services while incarcerated in the Champaign County Jail; and

WHEREAS, upon release from the Champaign County Jail, all persons with mental illnesses or substance use disorders should be linked to community based service providers for appropriate aftercare and follow up services; and

NOW THEREFORE BE IT RESOLVED BY THE CHAMPAIGN COUNTY MENTAL HEALTH BOARD THAT, we will work in collaboration with community based behavioral health providers, the Champaign County Criminal Justice System, local police departments, and the Champaign County Sheriff to assure appropriate access to behavioral health services for people involved with the criminal justice system; and

THAT, we will redirect effort by modifying contracts with community based behavioral health providers to support collaboration, offer diversion options, case manage people with behavioral health needs who are incarcerated, and assure adequate and appropriate linkage to aftercare services following release.

13.B.

**Reaching Out For Answers: Disability Resource Expo
Board Report
April, 2013**

The 7th annual “Reaching Out For Answers: Disability Resource Expo” will be held on Saturday, October 12, 2013. The first Steering Committee meeting for the 2013 Expo was held on March 26 at Za’s at Market Place Mall. We are pleased to announce that in order to accommodate the increasing and future growth of this event, the decision has been made to move this year’s Expo to a new location. The 2013 Expo will be held at the new Fluid Events Center on Country Fair Drive in Champaign. This new space will afford us the opportunity for continued growth and expansion of exhibitors, entertainment, and all aspects of the Expo. Due to easy access to three interstates, we will increase the possibilities of bringing in citizens from surrounding communities.

Exhibitors – In keeping with our goal of stepping things up each year, Nancy Crawford and Barb Bressner will be attending the national Abilities Expo in Newark, New Jersey from May 2-5. Our trip to the Schaumburg Abilities Expo last year netted us some exciting new and innovative technology, and we hope to have similar results this year.

Marketing/Sponsorship – With our change in location, we recognize the importance of increasing our marketing efforts this year. As such, the Marketing/Sponsorship Committee has already met to begin to map out our marketing strategies. The committee plans to use this move as an opportunity to refresh all of our marketing tools, and have already modified the Expo logo as part of this plan.

Sponsorship work has begun through our attendance at the WCIA Home & Garden Show and the Chamber of Commerce Business Expo. Some wonderful new contacts were made, which will, hopefully, net some new sponsorships of the event. We actually received a \$50 sponsorship from a local business the day of the Home & Garden Show.

Champaign Convention and Visitor’s Bureau has made a commitment to assisting in our promotional efforts with the Expo. They have a variety of venues to help us with promotions, which will go out to the Champaign area, as well as surrounding communities.

Volunteers – Jen Knapp has, once again, graciously offered to coordinate our core of volunteers for the Expo. This is an awesome task since we typically utilize nearly 100 volunteers for the event. We will also be looking at ways in which to utilize volunteers early on in our planning process, as well as during the event itself.

Entertainment – The Entertainment Committee is scheduled to meet April 30th.

Respectfully submitted

Barb Bressner, Consultant