



## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

#### Champaign County Mental Health Board (CCMHB)

WEDNESDAY, JUNE 19, 2013

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

4:30 p.m.

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1. Call to Order - Dr. Deloris Henry, President
2. Roll Call
3. Citizen Input
4. CCDDDB Information
5. Approval of CCMHB Minutes
  - A. 5/22/13 Board meeting\*  
*Minutes are included in the packet. Action is requested.*
6. President's Comments
7. Executive Director's Comments
8. Staff Reports  
*Reports from Ms. Canfield, Mr. Driscoll and Mr. Parsons are included in the packet.*
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. Gambling Addiction Presentation  
*Representatives of the Illinois Council on Problem Gambling, Ms. Margo Bristow and Mr. Kenneth Ivy, will present on the topic of Problem Gambling. A general outline of the “Gambling 101” presentation and speaker bios is included in the packet.*
  
- B. CCMHB FY2014 Budget\*  
*A Decision Memo on the CCMHB Fiscal Year 2014 Budget is included in the packet. Action is requested.*

13. Old Business

- A. Disability Resource Expo  
*Written report is included in the Board packet.*

14. Board Announcement

15. Adjournment

*\*Board action*

5.A.

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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD  
BOARD MEETING**

*Minutes—May 22, 2013*

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

**DRAFT**

*4:30 p.m.*

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**MEMBERS PRESENT:** Aillinn Dannave, Bill Gleason, Ernie Gullerud, Mike McClellan, Thom Moore, Julian Rappaport, Deborah Townsend

**MEMBERS EXCUSED:** Astrid Berkson, Deloris Henry

**STAFF PRESENT:** Peter Tracy, Executive Director; Lynn Canfield, Nancy Crawford, Mark Driscoll, Stephanie Howard-Gallo, Tracy Parsons

**OTHERS PRESENT:** Sue Wittman, Juli Kartel, Bruce Barnard, Sheila Ferguson, Community Elements (CE); Beth Chato, League of Women Voters; Bruce Suardini, Gail Raney, Prairie Center Health Systems (PCHS); Andy Kulczycki, Community Service Center of Northern Champaign County (CSCNCC); Patty Walters, Laura Bennett, Felicia Gooler, Annette Becherer, Vicki Tolf, Danielle Mathews, Developmental Services Center (DSC); Pattsie Petrie, Champaign County Board; Linda Tortorelli, Jennifer Knapp, Community Choices; Anh Ha Ho, East Central Illinois Refugee Mutual Assistance Center (ECIRMAC); Megan Pacey, Peggy Weyer, Maggie Thomas, UP Center; Sheryl Bautch, Family Service (FS); Nancy Greenwalt, Promise Healthcare; Grace Mitchell, Family Advocacy in Champaign County (FACC); Marcuis Moore, Mahomet Area Youth Club (MAYC); Sheri Langendorf and class, Urbana Adult Education; Elaine Shpungin, Psychological Services Center (PSC); Kerri True-Funk, RACES; Brian Dolinar, CUCPJ

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**CALL TO ORDER:**

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

**ROLL CALL:**

Roll call was taken and a quorum was present.

**DRAFT**

**ADDITIONS TO AGENDA:**

None.

**CITIZEN INPUT:**

Ms. Patti Petrie from the Champaign County Board expressed her support for the proposed Criminal Justice and Mental Health Resolution that will be brought before the CCMHB for action later in the meeting.

**CCDDB INFORMATION:**

The CCDDB met earlier in the day. The CCDDB made funding decisions for FY14.

**APPROVAL OF MINUTES:**

Minutes from the April 24, 2013 Board meeting were included in the packet for review.

**MOTION: Ms. Dannave moved to approve the minutes from the April 24, 2013 Board meeting. Dr. Moore seconded the motion. A vote was taken and the motion passed unanimously.**

**VICE-PRESIDENT'S COMMENTS:**

Dr. Townsend thanked staff members for their work on the information in the Board packet.

**EXECUTIVE DIRECTOR'S COMMENTS:**

Mr. Tracy distributed copies of Illinois House Bill 2591 to Board members. This bill has to do with competitive employment concerning people with developmental disabilities of working age. A flyer and registration form on PATH training was distributed. It is scheduled for September 10-12, 2013 at Community Elements. On September 18, 2013 a public hearing will be held by the CCMHB/CCDDB concerning community needs for developmental disabilities and intellectual disabilities. On June 19, 2013 the CCMHB will host a study session on gambling addiction.

**STAFF REPORTS:**

Deferred. Mark Driscoll announced he attended the presentation of Dr. Kalmanoff's draft report on the jail.

**DRAFT**

**BOARD TO BOARD:**

The following members attended recent meetings of their assigned agencies:

Deborah Townsend—Children’s Advocacy Center  
Mike McClellan—ACCESS Initiative Stakeholders Luncheon  
Julian Rappaport—ACCESS Initiative Coordinating Council

**AGENCY INFORMATION:**

None.

**FINANCIAL INFORMATION:**

**Approval of Claims:**

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

**MOTION: Ms. Dannave moved to accept the claims report as presented in the Board packet. Dr. Rappaport seconded the motion. A voice vote was taken and the motion passed unanimously.**

**NEW BUSINESS:**

**FY14 Allocation Decisions:**

A Decision Memorandum was included in the Board packet. The purpose of the memorandum was to delineate staff recommendations for FY14 (July 1, 2013 through June 30, 2014) funding allocations for consideration by the Champaign County Mental Health Board (CCMHB). These recommendations were predicated on a thorough evaluation of applications using decision support criteria approved by the CCMHB in November 2012. Decision authority rests with the CCMHB and their sole discretion and judgment concerning the most appropriate and efficacious use of available dollars based on assessment of community needs, best value, alignment with decision support criteria, pricing and affordability and reasonable distribution of funds across disability areas.

The staff recommendations are organized into five “Tiers” in order to delineate the connection between our recommendations and decision support criteria and source of funding (i.e. revenue). The tiers are also used to organize applications in order of priority based on decision support criteria match up and a variety of other factors outlined in this memorandum. For additional information concerning specific applications, please refer to the Application Summaries presented at the April 2013 CCMHB Meeting.

**Tier One – High Priority and Criteria Alignment**

Community Elements – Parenting with Love and Limits (PLL)	\$288,895
Community Elements – Criminal Justice Problem Solving Courts	\$154,255

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Community Elements – Crisis, Access, Benefits, & Engagement	\$229,665
Community Elements – Early Childhood MH and Development	\$114,500
Community Elements – Integrated Behavioral Health Services (amount includes BJA Planning Grant match of \$12,500)	\$79,242
Community Elements – Psychiatric/Primary Care Services	\$43,105
Community Elements – TIMES Center (Screening MI/SA)	\$70,617
Crisis Nursery – Beyond Blue Champaign County	\$70,000
Family Service of Champaign County – Counseling	\$50,000
Prairie Center Health Systems – Drug Court	\$178,500
Prairie Center Health Systems – Mental Health Court	\$10,000
Prairie Center Health Systems – Parenting with Love and Limits (PLL)	\$288,895
Prairie Center Health Systems – Youth Services	\$105,000
Promise Healthcare – Mental Health Services at FNHC	\$148,774

## **Tier Two – ACCESS Initiative – Local Matching Funds**

Best Interest of Children – Community Home	\$135,000
Best Interest of Children – Parent & Family Engagement	\$111,830
Best Interest of Children – Wrap Flex Funds	\$40,000
Don Moyer Boys & Girls Club – Intake Specialist	\$40,000
Mahomet Area Youth Club – Universal Screening	\$17,800
SOAR – Universal Screening	\$27,800
TALKS – Men of Wisdom	\$66,233
UI Psychological Services Center – Girls Advocacy Program	\$35,000
UI Psychological Services Center – Restorative Circles Program	\$36,851
Urbana Neighborhood Connections Center- Universal Screening	\$19,800

## **Tier Three – Moderate Priority and Criteria Alignment**

Community Service Center Northern Champaign County – First Call for Help	\$65,978
Center for Women in Transition – A Woman’s Place	\$66,948
Center for Youth and Family Solutions – Family Counseling	\$8,000
East Central Illinois Refugee Mutual Assistance Center – Family Support	\$13,000
Family Service of Champaign County – First Call for Help	\$30,000
Family Service of Champaign County – Self Help Center	\$28,428
Family Service of Champaign County – Senior Counseling & Advocacy	\$142,337
Prairie Center Health Systems – Prevention	\$56,550
Rape Advocacy, Counseling, and Education Services – Counseling & Crisis Serv.	\$18,600
UP Center of Champaign County – Youth and Volunteers	\$14,600

## **Tier Four – MOU/Intergovernmental Agreement – CCDDDB & County Government**

Champaign County Children’s Advocacy Center (CAC)	\$37,080
CC Regional Planning Commission – Court Diversion Services (Quarter Cent)	\$164,500
CC Regional Planning Commission – Court Diversion Services (CCMHB)	\$26,000
Champaign County Head Start – Social-Emotional Disabilities Services	\$41,029
Developmental Services Center – Family Development Center	\$529,852

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**Tier Five – Exceeds Allocation Parameters**

CC Regional Planning Commission – Juvenile Assessment Center(Quarter Cent)	\$266,612
Community Choices - Community Living	\$55,000
Community Choices – Customized Employment	\$50,000
Community Choices – Self Determination Support	\$35,000
Developmental Services Center – Developmental Training/Employment	\$313,838
Family Advocacy in Champaign County–Youth Extended Services(Quarter Cent)	\$86,170
Promise Healthcare – FNHC Wellness Campaign	\$43,300
UP Center of Champaign County – Clinical Crisis Counseling	\$28,000

**MOTION: Mr. Gleason moved to approve CCMHB funding as recommended in Tier One and presented in the memorandum. Dr. Rappaport seconded the motion. A roll call vote was taken and all members voted aye. The motion passed.**

**MOTION: Mr. McClellan moved to approve CCMHB funding as recommended in Tier Two and presented in the memorandum. Ms. Dannave seconded the motion. A roll call vote was taken and all members voted aye. The motion passed.**

**MOTION: Ms. Dannave moved to approve CCMHB funding as recommended in Tier Three and presented in the memorandum. Mr. McClellan seconded the motion. A roll call vote was taken and all members voted aye. The motion passed.**

**MOTION: Dr. Gullerud moved the following CCMHB funding applications in Tier Four be addressed separately: Regional Planning Commission—Court Diversion Services in the amount of \$164,500 and Developmental Services Center Family Development Center program in the amount of \$529,852. Ms. Dannave seconded the motion. Mr. McClellan requested the Regional Planning Commission Court Diversion program in the amount of \$26,000 be added to the motion as a friendly amendment. Both Dr. Gullerud and Ms. Dannave agreed. A voice vote was taken. The motion passed.**

**MOTION: Dr. Gullerud moved to move the Regional Planning Commission Court Diversion Services in the amount of \$164,500 to Tier Five and move the Regional Planning Commission Juvenile Assessment Center application, in the amount of \$266,612 (this amount includes \$26,000 Regional Planning Commission Court Diversion) to Tier Four. Mr. McClellan seconded the motion. A roll call vote was taken. The motion passed unanimously.**

**MOTION: Mr. McClellan moved to DENY the Regional Planning Commission Court Diversion Services in the amount of \$26,000. Ms. Dannave seconded the motion. Extensive discussion followed. Mr. McClellan withdrew his motion.**

**MOTION: Dr. Rappaport moved the dollar amount for the Regional Planning Commission Juvenile Assessment Center be changed to \$240,612 instead of the previous amount of \$266,612. Mr. McClellan seconded the motion. A roll call vote was taken and the motion passed unanimously.**

**MOTION: Ms. Dannave moved to approve funding for the remainder of Tier 4 as presented in the memorandum. Dr. Gullerud seconded the motion. A roll call vote was taken. All members voted aye and the motion passed.**

**MOTION: Dr. Gullerud moved to authorize funding for the Community Choices Self Determination Support application, currently listed in Tier Five, in the amount of \$35,000 and the Developmental Services Center Family Development Center application in the amount of \$500,000. Ms. Dannave seconded the motion. Discussion followed. Mr. Tracy explained that it had been anticipated the CCDDDB would fund the Community Choices Self Determination program; however, they chose not to fund it. Dr. Rappaport expressed his support for the Self Determination program. A roll call vote was taken. All members voted aye and the motion passed.**

**MOTION: Mr. McClellan moved to deny CCMHB and Quarter Cent funding for all items delineated in Tier Five and presented in this memorandum. Ms. Dannave seconded the motion. Discussion followed. Dr. Rappaport expressed his support for the Promise Healthcare Wellness Campaign. Mr. Tracy explained there was simply not enough money to fund this new program and if the Board decided they wanted to fund this program, funding would have to be cut from some other program. A voice vote was taken and all members voted aye. The motion passed.**

**MOTION: Mr. Gleason moved to authorize the executive director to conduct and complete contract negotiation as specified in this memorandum. Dr. Moore seconded the motion. A voice vote was taken and the motion passed unanimously.**



**DRAFT**

**MOTION: Dr. Moore moved to authorize the executive director to implement contract maximum reductions as described in the “Special Notification Concerning FY14 Awards” section of the memorandum. Mr. McClellan seconded the motion. A voice vote was taken and all members voted aye. The motion passed.**

**OLD BUSINESS:**

**Criminal Justice and Mental Health Resolution:**

At the February and March meetings of the Champaign County Mental Health Board, the Board 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. There is need for greater coordination between the criminal justice system and the community mental health system. One outcome of these discussions was a proposal to execute a resolution on the need for greater collaboration between the two systems and a redirection of effort to increase access to services and coordination of resources.

A copy of the draft resolution was presented at the April Board meeting. Prior to the April meeting Dr. Rappaport forwarded comments from a fellow member of the Community Justice Task Force. The suggested changes have been incorporated into the resolution. A copy of the revised resolution was included in the Board packet for action.

**MOTION: Dr. Rappaport moved to approve the Board Resolution as presented. Mr. Gleason seconded the motion. A voice vote was taken and the motion passed unanimously.**

**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 at the Fluid Events Center located on 601 N. Country Fair Drive ( Hundman Lumber site) in Champaign.

**BOARD ANNOUNCEMENTS:**

None.

**ADJOURNMENT:**

The business meeting adjourned at 6:05 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo  
CCMHB/CCDDB Staff

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

## **Lynn Canfield, Associate Director for Developmental Disabilities Staff Report – June 19, 2013**

**FY2014 Contracts:** Before leaving for two weeks in Greece with family, I completed drafts of all Intellectual and Developmental Disability related contracts for FY2014. These include special provisions for service activity reports consistent with Goals and current year Objectives identified in the CCDDDB and CCMHB Three Year Plans. Other provisions developed for specific programs relate to audit requirement, ACCESS Initiative, Employment First Act, exploring partnerships for improved services, and PUNS selection. The online application system has been opened for agency users to revise financial and program forms where appropriate.

**FY2013 Contract Monitoring:** Stephanie Howard Gallo and I completed program monitoring visits with Community Choices and Community Elements regarding their ID/DD programs. We will schedule the remaining FY2013 visits and tours after the FY2014 contract process is completed.

I attended **Quarter Cent Administrative Team** meetings on May 1<sup>st</sup> and 22<sup>nd</sup> for review of FY2014 applications and continued discussion of development of a Juvenile Assessment Center, retitled “HUB-Youth Access Center.” We had met in March on this issue, Quarter Cent application process, allocation cycle, and the PLL Recidivism Study. Since the last staff report, I participated in March and April **Mental Health Agencies Council** meetings, with emphases on application process, ACCESS Initiative’s work so far, and agency events.

**Anti-Stigma Alliance and Disability Resource Expo:** The Anti-Stigma Alliance Steering Committee met for wrap-up on this year’s activities. We introduced Dennis Cockrum of Parkland College, a new Alliance member, and brainstormed about future activities. The Illinois Marathon will be held during the Saturday of next year’s Ebertfest, and Community Elements will not likely own the Park Street facility by then. New sites for an art could be the festival’s ‘green room’ at the Springer Cultural Center or the gallery adjacent to the Illini Union’s Pine Lounge, where our panel discussion was staged and will likely be held next year. Mr. Cockrum introduced a student who is involved with production of a film on PTSD, “Buried above Ground” and organizing an event for September or October. Planning continues for the Seventh Annual Disability Resource Expo (October 12), with a focus on transition to the new venue at 601 Country Fair Drive in Champaign. The desire/need for an internet presence has increased in recent years, and committee members identified key elements, so I designed a preliminary website at <http://disabilityresourceexpo.org> (and [disabilityresourceexpo.com](http://disabilityresourceexpo.com)). I was able to upload the 2012 Expo Resource Book as a downloadable pdf. We plan to emphasize links to exhibitors’ webpages and improve the site’s visibility through search engines. Aesthetic and other improvements are under discussion and will drive reorganization of the site.

**Other Activity:** Dr. Ordal is leading meetings on nutrition and physical/behavioral health at Community Elements, Room 152 in the Fox Drive facility, from Noon to 1PM on alternating Fridays, the next being

June 21. I have been involved in many of the meetings related to Adult Criminal Justice, described in Mr. Driscoll's staff report, and have had related conversations with stakeholders. I attended the June 11 County Board Committee of the Whole meeting, where expansion of the CCDDDB to five members was considered and approved.

**Ligas, PUNS, and Unmet Need:** (Although PUNS appears to have been updated, I could not access the data, so the following is drawn from my February staff report. A draw of approximately 500 statewide was to occur in April or May.) With five Champaign County residents seeking to move from ICFs/DD to CILAs and approximately 25 more to begin services through CILA or Home Based Support Services as a result of 2012 PUNS selection, relief of unmet need locally seems minimal.

2/1/11:           **194** with emergency need; of **269** in crisis, **116** recent or coming grads.

4/5/11:           **198** with emergency need; of **274** in crisis, **120** recent or coming grads.

5/12/11:          **195** with emergency need; of **272** in crisis, **121** recent or coming grads.

6/9/11:           **194** with emergency need; of **268** in crisis, **120** recent or coming grads

10/4/11:          **201** with emergency need; of **278** in crisis, **123** recent or coming grads.

12/5/11:          **196** with emergency need; of **274** in crisis, **122** recent or coming grads.

5/7/12:           **222** with emergency need; of **289** in crisis, **127** recent or coming grads.

9/10/12:          **224** with emergency need; of **288** in crisis, **131** recent or coming grads.

10/10/12:         **224** with emergency need; of **299** in crisis, **134** recent or coming grads.

1/7/13:           **225** with emergency need; of **304** in crisis, **140** recent or coming grads.

2/11/13:          **226** with emergency need; of **308** in crisis, **141** recent or coming grads.

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

PUNS data tell only part of the unmet need story and nothing of the problematic implementation of the Ligas Consent Decree. The February "Ligas Compliance Data Report" supports the impression that capacity must be developed to accommodate CILA awards. Of 3,112 individuals selected from PUNS in 2012, 514 were approved for awards by January 15, and 268 began services. Only 28 are CILA participants; the other 240 receive Home Based Support Services. The June 30 benchmark of 1,000 new awards will be met if the anticipated May selection (500 individuals) took place and resulted in nearly all being approved and more quickly than the first half! Another consideration emerging through the implementation process has to do with eligibility determination, leaving many individuals with ASDs without services. Peter Tracy and I met with Babette Leek and Darlene Kloepfel of RPC's PAS/ISSA unit for discussion of these and other challenges, such as high numbers of emergency cases and IEP meetings, late payments and unfunded mandates typical of the State, and difficulty securing required, costly assessments. These concerns are neither new nor unanticipated, but they bear repeating.

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**Mark Driscoll**

**Associate Director for Mental Health & Substance Abuse Services**

**Staff Report – June 19, 2013 Board Meeting**

**Summary of Activity**

FY 2014 Contracts: Contracts for all programs approved for funding at the May Board meeting have been drafted. In all, I prepared 27 contracts including many with special provisions and participated in contract negotiations. Special provisions were retained or added to some contracts. The special provisions reference requirements or conditions specific to the contracted program. Award letters were sent with the contracts. The letters list the amount of the award and whether additional action is necessary such as negotiation or revisions to the application. Contract negotiation meetings were held either by conference call or in person with Community Elements, Prairie Center, and DSC. The negotiations with DSC are related to CCDDDB contracts. Meetings and calls with Community Elements and Prairie Center focused on addressing issues with the criminal justice-mental health system. Representatives of the criminal justice system including the Sheriff and Capt. Jones have participated in some meetings and been kept informed of progress throughout the process.

As part of the reconfiguration and expansion of mental health services to the criminal justice system, Community Elements has also been meeting independently with jail and law enforcement officials on the specifics of service coordination. As part of the reconfiguration process, Community Elements requested approval to redirect excess revenue within an existing contract to undertake a criminal justice data project for a criminal justice-mental health client tracking system. An amendment supporting the cost of the project for the month of June was issued. Costs to complete the project in July will be paid out of an FY 14 contract.

Amendments were also issued to the existing consultation contracts with Savannah Family Institute (SFI) to renew the Parenting with Love and Limits license and supervision agreements. The cost of the PLL license increased for the first time since we began working with Dr. Sells and SFI in 2009.

211: United Way of Champaign County hosted a community meeting on the 211 system coming to Champaign County. PATH, located in Bloomington, Illinois, will operate the 211 system that serves this area of the state. Ms. Karen Zangerle, the executive director of PATH, Illinois spoke at the event. For two hours Ms. Zangerle spoke about PATH and 211 services as well as answered questions from the audience. PATH is certified by the Alliance of Information and Referral Systems (AIRS). The certification means PATH meets national standards for operation of a 211 system. Agencies attending the meeting were asked to complete forms on services provided by the agency for inclusion in the 211 database. More outreach and data collection will occur as part of the development of the 211 database for Champaign County. Attached is an informational flyer on 211 and the New Service Provider Form. The PATH website can be found here <http://pathcrisis.org/>.

Problem Solving Court Steering Committee: On the agenda for the Steering Committee meeting held June 10<sup>th</sup> was a report on plans for the next drug court graduation (held June 17<sup>th</sup> at the Urbana Civic Center), status report on drug court operations, request to extend the DoJ Bureau of Justice Assistance Drug Court Expansion grant, and a report on the Drug Court Fund managed by the CCMHB. The dissolution of the Mental Health Court was not on the agenda.

The DoJ Bureau of Justice Assistance Drug Court Expansion grant has a two year term that expires at the end of September. The CCMHB is the applicant of record but all grant activity and reporting has been the responsibility of Prairie Center under a subcontract with the Board. Prairie Center has indicated to staff they project an unexpended balance of \$50,000 in federal funds from the grant. Prairie Center would submit a request to extend the term of the grant for six months to spend down the balance. If the extension is approved, the funds would be used to continue to fund the Drug Court Coordinator position and 25% of a Sheriff's Deputy time spent assisting with Drug Court.

Program Monitoring Activity: With contracts out to the agencies, I am returning to monitoring programs. About six of the two dozen or so contracts I manage were monitored prior to the May meeting. Site visit reports still need to be completed on some of those programs but will be completed soon. I am happy to report none of the program monitored so far had issues requiring additional review or action. The remaining programs are being scheduled for site visits and I hope to have them completed before the end of July.

Other Activity: At the United Way Community Impact Committee meeting, funding for year two of the current allocation cycle was reviewed and recommendation for approval forwarded to the United Way Board. Adjustments to funding of the First Call For Help programs was included in recommendation. Also discussed was a Mahomet Area Youth Club application to revise its program plan for year two and plans for Don Moyer Boys and Girls Club to submit its application. I attended the ACCESS Initiative Evaluation Collaboration Team meeting. The group meets about twice a year to review data collection processes and outcomes. The evaluation is progressing and has 80 families enrolled in the national evaluation and the first of a series of follow-up interviews are being conducted. The Child Adolescent Local Area Network discussed summer programs for children and youth, and the use of Illinois State Board of Education (ISBE) flexible funds administered by the group to assist youth. In total, the \$10,000 of ISBE funds allocated to the CA LAN for FY 13 assisted 20 youth with education related needs. And notice of the Gambling Addiction workshop held immediately preceding the Board meeting was distributed to agencies.

# Important Services

*2-1-1 Can Provide*



## ***Comprehensive Human***

***Services Database:*** 2-1-1 provides a comprehensive, up-to-date resource database that can be accessed through live operators or on the web. Operators can also text or email agency information to the caller. The database also can create directories including specialty directories.

## ***24/7 Live Operator Response***

***Suicide Prevention:*** PATH is accredited by the American Association of Suicidology and has an approved training program for 2-1-1 operators. PATH also answers for the National Suicide Prevention Lifeline.

***Housing Assistance:*** 2-1-1 can provide housing information so that everyone in need can get appropriate housing assistance and create a better life.

***Crisis Counseling:*** 2-1-1 connects callers to crisis services 24/7.

***Specialized Information and Referral:*** 2-1-1 will refer to specialized information and referral programs that exist through area agencies on aging, child care, local and national mental health offices, drug and alcohol agencies, AIDS/HIV programs, and others.

***Evacuation Routes:*** 2-1-1 can provide information about emergency shelters and evacuation routes during natural and man-made disasters.

## ***Access for More than 150 Languages***

***9-1-1 Relief:*** 2-1-1 provides an outlet for the non-emergency calls that can account for up to 45% of 911 calls.

TO: Health and Human Service Organizations  
FROM: Susan Williams, Database Manager  
RE: 2-1-1 Services

2-1-1 is an easy-to-remember phone number that connects people in need to community resources. ***It is a free service.*** 2-1-1 is currently available to approximately 86% of people in the US. PATH seeks to expand Illinois 2-1-1 in cooperation with your local United Way to bring this service to the residents of your community.

PATH has served as one of the three Illinois 2-1-1 pilot sites since 2009. We meet the current national standards and are the only agency accredited by the Alliance of Information and Referral Systems in Illinois.

We want to add your program(s) to our database of services; the information you provide us will be available to people seeking assistance by talking to a 2-1-1 operator or by going on-line.

Our inclusion/exclusion policies are enclosed along with our Resource Dataform. You can mail the completed form to PATH, 201 E. Grove Street, Suite 200, Bloomington, IL 61701. You may also visit our website at [www.pathcrisis.org](http://www.pathcrisis.org), click on Community Resources, then Resource Form, where alternative instructions are available.

The first step to bringing 2-1-1 to your area is the creation of the detailed database; you will receive updates as we get nearer to opening the 2-1-1 phone lines.

If you have any questions, feel free to contact me at 309.834.0513 or [swilliams@pathcrisis.org](mailto:swilliams@pathcrisis.org).

Thank you for helping people in need access local resources.

# New Service Provider Form



Agency Name:  
AKA:

Street Address:

Mailing Address:

Phone (main):

Toll-free:

Fax:

TTY:

Other:

Agency Director & Title:

Secondary Contact Person & Title:

Web Site:

Public E-Mail Address:

E-Mail Address to use for future PATH Updates:

Days & Hours of Operation:

Other Languages (in addition to English):

Geographic Area Served (counties):

Is your agency public transportation accessible (by local bus service)?  Yes  No

Facility Accessibility:  Full wheelchair access  No access  Limited access  N/A

Agency Type/Legal Status (choose one):

<input type="checkbox"/> Public/County	<input type="checkbox"/> Public/State	<input type="checkbox"/> Non-profit / 501(c)(3)	<input type="checkbox"/> Public/City
<input type="checkbox"/> Support Group	<input type="checkbox"/> Unincorporated Group	<input type="checkbox"/> Public/Federal	<input type="checkbox"/> Church Affiliated
<input type="checkbox"/> For-Profit/Proprietary	<input type="checkbox"/> Coalition/Other Group	<input type="checkbox"/> Special District	

Facility Type:  Agency  Church  School  Hospital  Clinic  
 Government Office  Group Home  Community Center  Other (please name)

Agency Funding – (check all that apply):

<input type="checkbox"/> Foundation	<input type="checkbox"/> Fees	<input type="checkbox"/> Corporation	<input type="checkbox"/> Donations	<input type="checkbox"/> United Way
<input type="checkbox"/> City funding	<input type="checkbox"/> County funding	<input type="checkbox"/> Fundraising	<input type="checkbox"/> FEMA	<input type="checkbox"/> HUD
	<input type="checkbox"/> State funding	<input type="checkbox"/> Federal funding		



## Service Information

Provide a brief description of your agency/program. Provide a Program Name, if applicable. *If your agency has multiple programs or services, please photocopy this Service Information page for each additional program and fill it out separately.* Type or write on blank pages, if additional space is needed. (Also include brochures or other printed material that may be helpful.)

Maximum Income Guidelines (% of Federal Poverty Level, if applicable):

Documents required:       Photo ID       Birth Certificate       Proof of Income       Proof of Residency  
 Social Security Card       Immunization Record       Other (please name)

Eligibility Requirements:

Fees:       No fees       Sliding Scale       Vary  
 Fixed Fees       Donations requested       Other (specify)

Method of Payment Accepted:       Medicaid       Medicare       Private Insurance       Private pay

Meeting Times, Location (i.e., support groups and other groups that meet on a regular basis):

Meeting Contact Person(s) + Phone Number:

Referral Procedures (i.e., by phone, walk-in, appointment):

Are there other sites associated with your agency where services are offered?       Yes       No

If yes, please include applicable contact information (site address, phone, hours, director) as well as the services provided at that site:

Please print the name of the person who filled out this form:

To email this form, you need to name it and save it on your computer – then, attach the file to an email and send to: [swilliams@pathcrisis.org](mailto:swilliams@pathcrisis.org)

or

Print the form and either ~

Fax: (309) 827-7485

Mail: Attn: Susan Williams, PATH, Inc., 201 E. Grove Street, Bloomington IL 61701



## ACCESS Initiative Staff Update

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

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

**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

- Reviewed CMHAW 2013 schedule of events, finalized event titles, highlighted updates from event/activity planning teams, identified follow up tasks
  - Lighting the Path to Resilience (CMHAW 2013 Promotions during the Walk as One Community Walk)
    - Committee is responsible for walking and stuffing the bags that will be given out
      - Bags will include newsletter (with flyer) and wristbands
  - Walking into the Light of Awareness (Faith Based Outreach Day)
    - Faith organizations will have the option to have an ACCESS representative do a 5 minute presentations to congregations in addition to distributing CMHAW 2013 Faith based informational materials and promotional items
  - CMHAW Spotlights: Media Outreach Day
    - Online contests on Facebook and twitter to promote week
    - Spotlight: Media Outreach Day
  - Dare to Reach Into the Darkness: 2013 CHMAW Stakeholder Luncheon
    - Evaluation Update (National and Local)
    - Select caregivers to share service and system navigation experiences
  - Shining the Light on Me: Self Care Expo for Parents and Caregivers
    - Focusing on identifying areas of self-care to highlight during the event
  - Glow Green Wednesday: Community Outreach Day

April 13, 2013

- Promotion teams will be assigned to selected CMHAW 2013 Champion sites to
      - Pass out wristbands in person and share facts about Children's Mental Health, Stigma, Trauma, and Resilience.
      - Promote CMHAW 2013 events, activities, and contests
  - Flashing Lights: 2013 Youth Awareness Show
  - Backstage ACCESS presents Friday Night Lights: Professional Networking Social
  - Shine Bright 2013 CMHA Block Party
    - Food for first 100 guests: hot dogs, hamburgers, veggie burgers, chips, water, soda
    - 105.5 live remote
    - Open Mic
    - 3-3 Basketball Tournament
    - Bounce House
    - Resource/Information Tables
  - Wristbands
    - 2500 wristbands and discount cards will be distributed at local agencies and business

Social Media Team

- Approved CMHAW 2013 Calendar of Events and Activities

April 16, 2013

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

- Finalized media outreach channels

- Official press release sent to ACCESS media contacts
- WCIA- interviews, community calendar, advertisement
- Online Social Network Contests
  - Like ACCESS on Facebook and post a picture wearing the official CMHAW 2013 Green Awareness Wristband anytime during May 5-10, 2013
  - Like ACCESS on Facebook and post a picture wearing your best green outfit on Wednesday, May 8, 2013. Make it your profile picture until May 10, 2013
  - Go to Twitter and share what has helped you bounce back when something bad has happened to you or your family. End your tweet with #ACCESSCMHAW2013. (Youth Only)
  - Go to Twitter during the CMHAW 2012 Youth Awareness Show and post to the ACCESS Live Twitter Feed and share which topic featured during the show you felt strongly about why

CMHAW  
Working  
Group

Reviewed CMHAW 2013 schedule of events, highlighted updates from event/activity planning teams, identified follow up tasks

April 19, 2013

- Lighting the Path to Resilience (CMHAW 2013 Promotions during the Walk as One Community Walk)
  - CMHAW 2013 Newsletter and Wristbands will be included in the 470 bags being distributed during the walk
  - Organization/Agency and Faith Based Champions are invited to send up to 5 representatives to wear the CMHAW 2013 Lighting the Path to Resilience T-shirt during the walk
- Farmer's Market
  - CMHAW 2012 Promotion Table passing out the week flyers, newsletters, and wristbands on 5/4/13
- Walking in the Light of Awareness: Faith Based Outreach Sunday
  - We will reuse some content from last year's inserts and include Bible verses that relate to trauma, resilience, and mental health
  - Approved bookmark design and content
- Media Outreach Day
  - Waiting on confirmation from WCIA regarding CI Living and the Morning Show
  - Official CMHAW 2013 Press Releases is scheduled to be released the Friday prior to CMHAW 2013
- Shining the Light on Me: Self Care Expo
  - Identified self-care categories
    - Physical
    - Emotional
    - Spiritual
    - Intellectual
    - Social
    - Relational
- Backstage ACCESS presents Friday Night Lights Professional

	<ul style="list-style-type: none"> <li>Networking Social <ul style="list-style-type: none"> <li>○ Event location was switched to Eastland Suites</li> </ul> </li> <li>● Shine Bright: 2013 CMHAW Block <ul style="list-style-type: none"> <li>○ Targeted resource fair participants <ul style="list-style-type: none"> <li>▪ Informal Supports-mentoring groups church youth groups, Greek letter organization youth groups, student clubs, after school opportunities, and parent support groups</li> <li>▪ Service Providers- Coalition Partners and CCMB funded agencies</li> <li>▪ Youth Serving Systems- schools, juvenile justice, and child welfare</li> <li>▪ Champaign Public Health Bus</li> </ul> </li> </ul> </li> </ul>	
ACCESS Social Media Team	<ul style="list-style-type: none"> <li>● CMHAW 2013 Planning and Updates <ul style="list-style-type: none"> <li>○ Reviewed and approved all printed promotional materials- newsletter, champion letters, press release, and specific event flyers</li> <li>○ Created volunteer tasks for all events and activities</li> </ul> </li> </ul>	April 23, 2013
CMHAW Working Group	<p>Reviewed CMHAW 2013 schedule of events, highlighted updates from event/activity planning teams, identified follow up tasks</p> <ul style="list-style-type: none"> <li>● Walking in the Light of Awareness: Faith Based Outreach Sunday <ul style="list-style-type: none"> <li>○ Finalized bulletin insert content <ul style="list-style-type: none"> <li>▪ CMHAW 2013 overview</li> <li>▪ Information on youth related mental health issues provided by SAMHSA</li> <li>▪ Ways faith based entities can support mental wellness in youth</li> <li>▪ Biblical text that address mental health, trauma, and resilience</li> <li>▪ National, state, and local mental health resources</li> </ul> </li> </ul> </li> <li>● Shining the Light on Me: Self Care Expo <ul style="list-style-type: none"> <li>○ Planning group met to finalize expo set up and material needed for each room/area <ul style="list-style-type: none"> <li>▪ Welcome Area</li> <li>▪ Self-Care Resource/Exhibit Room</li> <li>▪ Meditation Room</li> <li>▪ Refreshment/Fellowship Area</li> </ul> </li> </ul> </li> </ul>	April 30, 2013

**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.*

Champaign Unit 4 PTA Mental Health Forum	Jonte' Rollins (ACCESS LECC)  Community Mental Health Providers  Champaign Unit 4 (Superintendent and PTA President)  P3 Mental Health Track Representatives	April 2, 2013	Assisted in facilitating a conversation amongst attendees regarding: <ul style="list-style-type: none"> <li>• Barriers to psychiatric care for youth</li> <li>• Strengthening communication between local mental health providers and caregivers</li> <li>• Transportation to services</li> <li>• P3 Provider Conversation Series</li> <li>• P3/Unit 4 PTA collaboration opportunities</li> </ul>
<i>P3 Presentation- CMHAW 2013 Overview</i>	Jonte' Rollins (ACCESS LECC)  P3 Participants	April 23, 2013	<ul style="list-style-type: none"> <li>• Presented an overview of CMHA 2013 activities and events</li> <li>• Recruited P3 members to volunteer during the week by <ul style="list-style-type: none"> <li>○ Distribute posters, flyers, faith based champion letters, and business champion letters</li> <li>○ Sort promotional items</li> <li>○ Participate in Walk as One Community Walk</li> <li>○ Join the Glow Green Community Outreach Team</li> <li>○ Work P3 resource table during the block party</li> </ul> </li> </ul>
<i>ACCESS Coordinating Council Presentation- CMHAW 2013 Overview</i>	Jonte' Rollins (ACCESS LECC)  ACCESS Coordinating Council Members	April 25, 2013	<ul style="list-style-type: none"> <li>• Presented an overview of CMHA 2013 activities and events</li> <li>• Recruited Coordinating Council member to volunteer during the week by <ul style="list-style-type: none"> <li>○ Distribute posters, flyers, faith based champion letters, and business champion letters</li> </ul> </li> </ul>

ACCESS Year 5 Match Plan Meeting	Jonte' Rollins (ACCESS LECC)	April 25, 2013	<ul style="list-style-type: none"> <li>○ Sort promotional items</li> <li>○ Participate in Walk as One Community Walk</li> <li>○ Join the Glow Green Community Outreach Team</li> <li>○ Work P3 resource table during the block party</li> </ul>
	Karen Simms (ACCESS Wraparound and Training Coordinator)		<p>Meeting to discuss the Year 5 match plan requirements</p> <ul style="list-style-type: none"> <li>● Discussed document created to track in-kind contributions from partners</li> <li>● Brainstormed on other partnership opportunities to contribute the plan</li> <li>● Reviewed MOU language regarding in-kind contributions from funded agencies and non-funded partners</li> </ul>
	Tracy Parson (ACCESS Project Director)		

**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.

April 10, 2013-  
Champaign  
Community Coalition  
Monthly Meeting

- Monthly Meeting Goal Team Updates
- Goal Team #1
  - Discussed possibility of developing a mobile app for local resources
  - Helpbook online is now linked to Coalition website
  - New 30 day project- meet with United Way to learn about 211 information line to ensure Coalition's efforts to share local resources isn't a duplication of services.

April 17, 2013-  
SOFTT Monthly  
Meeting

- Child Abuse Prevention Month Updates
  - Posters from the state thanking those who promoted Child Abuse Prevention Month to display throughout the community distributed to members
  - Weekly emails going out to SOFTT email group about ways to prevent child abuse
- Putting My Family Back Together Orientation Updates
  - The orientation will be reduced from 6 weeks to 4 weeks
  - Brochures were created by the ACCESS Social Media team to be distributed to all caregivers who have children removed from the home
  - Presentations were made to staff at Lutheran Social Services (3/8/13) and Center for Youth and Family Services (3/20/13)

- Overview of orientation objectives
  - Registration requirements
  - Promotion messages to be shared with caregivers
  - Distributed orientation brochures
- DCFS Birth Parent Council Update
  - Efforts continue to establish this group of birth families who have had DCFS involvement
  - Council members will address and identify issues that directly impact birth needing to be addressed by DCFS.
- Champaign Urbana Day Resource Table
  - Hosting a table on 8/10/13 and will pass out orientation and foster parent brochures
- Police Partnership Project
  - Champaign and Urbana police officers will begin to carry SOFTT Family Resource Cards linking caregivers to FACC when there are child welfare concerns other than abuse and neglect
- CMHAW 2013 Partnership
  - SOFTT will be a co-sponsor of the Block Party and coordinate the resource fair portion of the event



## ACCESS Initiative Staff Update.

<b>Month of:</b> April 2013 <b>Staff Name:</b> Ratisha Carter <b>Infrastructure Area(s):</b> Youth Engagement
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**Committee/Working Group Activity** – Please list any committee or working group meetings hosted by you. Also provide a short update (upcoming tasks, celebrations, etc.).

<b>Youth MOVE Hangout</b>	Planning for the Youth Awareness Show. Adding Youth Voice.	April 3, 2013 (5pm-6:30pm) Meaguell Gains, S'Tyy Hamilton, Christian Brown, Dasha Moore, Delisha Cooper-Pickens, Samone P., Alexis
<b>Office Help &amp; Youth Engagement</b>	Youth assist the Youth Engagement Specialist at the office. This includes filing documents, strategic planning, creating documents, and more. They each play a role in coordinating our youth engagement efforts.	April 3, 2013 April 10, 2013 April 17, 2013 April 24, 2013 Meaguell Gains, S'Tyy Hamilton, Christian Brown, Dasha Moore, Delisha Cooper-Pickens
<b>Youth MOVE Summer Leadership Academy (YMSLA) Strategic Planning</b>	We reviewed the material and evaluations from last year to determine what needs to change this year. The following is complete: <ul style="list-style-type: none"> <li>-secured a location</li> <li>-registration forms went out to selected youth</li> <li>-complete the budget</li> <li>-reviewed the evaluation and debrief information</li> <li>-created a calendar to keep us on task</li> <li>-reached out to staff help for the YMSLA</li> </ul>	April 3, 2013 April 22, 2013 April 24, 2013 Ratisha Carter, Jessica Caston, Tiana Harris (Tiana only attended one meeting)

**Youth Awareness Showcase Working group**

Open Call for youth participants, practice for the show, planning, and working on logistics and media for the Youth Awareness talent Show held during Children's Mental Health Awareness Week.

April 3, 2013  
April 6, 2013  
April 10, 2013  
April 17, 2013  
April 24, 2013  
April 29, 2013  
These meeting included Ratisha Carter (Coordinator for the show), Jessica Caston (working group participant, Tiana Harris(Working group participant), Turance Cobb (media coordinator), Candace phillips (working group participant), Courtney Rogers (Social Marketing Intern), Molly Hamilton (CLC Intern), and about 15 youth participants in the show & Youth MOVE Members

**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*

**National Technical Assistance teleconference and Staff Meeting**

*Every 2<sup>nd</sup> & 4<sup>th</sup> Monday of the Month  
1:30PM-3:00PM*

<b>Staff Meeting(s)</b>	Thursdays 8:30AM-10:00AM	Staff updates
<b>Children's Mental Health Awareness Week (CMHAW) working group meeting</b>	Strategic planning for CMHAW. We planned the events for the week. This included the logo, the theme, logistics, budget, and more	April 12, 2013 April 19, 2013 These meetings included representatives from different agencies and ACCESS Initiative staff
<b>Developmental Assets Training</b>	Learned about the Developmental Assets and how they can help our youth become successful. ACCESS Initiative staff training.	April 12, 2013

**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.*

<b>Smart Girls planning meeting</b>	Strategic planning for the upcoming annual conference	April 9, 2013
<b>Smart Girls Conference</b>	Teen girls from Champaign County participated in the Smart Girls Conference to gain knowledge about beauty, education, mental health, and more. This event is hosted by the Don Moyer Boys & Girls Club	April 13, 2013

<b>Smart Girls Conference Debrief</b>	A staff and volunteer debrief about the conference with the Don Moyer Boys & Girls Club.	April 24, 2013
<b>Champaign Community Coalition</b>	Ratisha Carter (Youth Engagement Specialist) & Christion 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.	April 10, 2013
<b>ISAC Legislative Breakfast-held in Springfield, IL</b>	Participated in lobbying with other agencies from across Illinois. We were raising awareness about youth with disabilities and their educational rights.	April 17, 2013 Ratisha Carter, P3 representatives, Christion Brown (youth) & Taylor D. (youth)
<b>Illinois Expansion Grant/Pathways Meeting-held in Chicago, IL</b>	We participated in a state-wide meeting about wraparound services and how to expand these services across Illinois. This is a strategic planning group.	April 26, 2013 Ratisha Carter, P3 representatives, S'Tyy Hamilton (youth)
<b>Pre-screen the film for panel participation- <i>The Revolutionary Optimist</i></b>	The next Illinois Public Media's Independent Lens' Community Cinema Film Screening. Ratisha Carter will participate on the panel.	April 30, 2013



## 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:** April 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.*

April 17 <sup>th</sup>	Illinois State Advisory Council on the Education of Children with Disabilities	<ul style="list-style-type: none"> <li>• ACCESS Parent Trainer</li> <li>• ACCESS Parent</li> <li>• ACCESS FAB Members (2)</li> <li>• ACCESS Family Partner</li> </ul>	A meeting arranged by ISAC to allow legislators to meet children with disabilities and learn about their gifts as well as their challenges in obtaining a free, appropriate public education (FAPE) in Illinois
April 26 <sup>th</sup>	Illinois United for Youth (IUY) Stakeholders Meeting	<ul style="list-style-type: none"> <li>• Family Resource Developers and SOC Representatives</li> <li>• ACCESS Family Partners</li> <li>• ACCESS Parent Trainer</li> </ul>	Expanding the role of the family in the wraparound Process. Encouraging programs and systems to support the individual and the family

**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.	<p><b>April:</b> developed summer training schedule or the FAB</p> <p>Voted to keep FAB meetings closed until training has been completed. The change is reflected in the FAB's Statement of Organization.</p> <p>NA</p>
Activity/Strategy 7: Workforce Development	NA	

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

NA

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

Activity/Strategy 1: Training for Families/Caregivers	NA	NA
Activity/Strategy 2: Youth – Training Topics	NA	NA

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

NA

**GOAL 5: Promoting authentic cross system/ collaboration and communication**

Develop partnerships and collaborations with family/parent organizations to increase the visibility of the ACCESS Initiative

P3Network & Provider Conversation

**April:** P3 participants invited a representative from the Pavilion to discuss their services. Parents had an opportunity to ask questions and share challenges they have with their services.

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

NA

**GOAL 7: Encouraging rigorous evaluation**

Activity/Strategy 1: Continuous Quality Improvement

NA

**NA**

**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.*



**ACCESS Initiative Staff Update**

**Month of:** April 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.**

CMHI National Evaluation Roundtable Discussions	National evaluation roundtables with cohort communities	First Wednesday of the month, 2:30-3:30pm	Participation in monthly discussions on issues related to evaluation with urban youth populations
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 Monday 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 1:30 – 3:00 pm	Meeting of ACCESS and Evaluation administrative staff to discuss issues and updates
ACCESS National TA Conference call	Monthly meetings	2 <sup>nd</sup> Monday of the month 2:00 – 3:00 pm	Conference call with National Technical Assistance
Evaluation Site Liaison TA Meeting	Monthly meetings	Every 3 <sup>rd</sup> Monday of the month 12:00pm-1:00pm	Conference call with National Evaluation TA Site liaison
Evaluation Collaboration Team	Bi-annual meetings	Ongoing	Evaluation Collaboration Team (ECT) Meeting to engage



Meeting			community participation in Evaluation activities; Development of special workgroups
FACE Meeting(s)	As scheduled	Ongoing	Parent Liaison /Community Interviewer informed families about evaluation study and process
AICC Monthly Meeting	Monthly ACCESS Initiative Coordinating Council meeting	Every 3 <sup>rd</sup> Thursday of the Month	Preparation and participation of evaluation - monthly updates and discussions
CREA Presentation	Paper presentation on community engagement and participation in evaluation	Monday, April 22	Paper presented at Culturally Responsive Evaluation and Assessment (CREA) Annual Conference.

**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"> <li>1. Recruiting new families into National Evaluation</li> <li>2. Conducting baseline, 6, 12, and 18-month community interviews of families enrolled in National Evaluation</li> <li>3. Entering EDIF/CIUF, TRAC NOMS, and quarterly IPP data</li> </ol>
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Local Evaluation	Ongoing/daily Evaluation staff	<p>4. Assisting with planning to enter Services and Costs data</p> <ol style="list-style-type: none"> <li>1. Data collection for Organization Assessment Survey of local agencies</li> <li>2. Data collection on InterAgency Network Tool</li> <li>3. Preparing to launch Observational Measurement Tool</li> <li>4. Assisting with data entry of SDQ, DA and CANS data.</li> </ol>
Continuous Quality Improvement	Ongoing/daily Evaluation staff	<ol style="list-style-type: none"> <li>1. Development of Observational Measurement Tool</li> <li>2. Developing Evaluation checklist/manual for ACCESS staff</li> <li>3. Evaluation of referral date and turnaround time from referrals to enrollments</li> <li>4. Planning Wraparound Fidelity Index</li> <li>5. Maintaining contact with ACCESS staff regarding TRAC NOM audits</li> <li>6. Triennial reports of CQI dashboard data</li> </ol>
Required Reporting	Ongoing as required	<ol style="list-style-type: none"> <li>1. Quarterly tracking and entry of TRAC IPP</li> <li>2. Entering TRAC NOMS and EDIF data</li> <li>3. National Evaluation monthly MEAR reports</li> </ol>
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

<b>Month of:</b> May 2013 <b>Staff Name:</b> Ratisha Carter <b>Infrastructure Area(s):</b> Youth Engagement
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**Committee/Working Group Activity** – Please list any committee or working group meetings hosted by you. Also provide a short update (upcoming tasks, celebrations, etc.).

<b>Youth Awareness Talent Show</b>	Youth expressed mental health and teen related issues (i.e., bullying, unhealthy relationships, and gun violence) through performing arts on Children's Mental Health Awareness Day. There were about 130 guests in the audience and about 20 participants. We even received news coverage. This is an annual event that we have at 88 Broadway during the ACCESS Initiative's line up of events and mental health awareness messages during Children's Mental Health Awareness Week.	May 9, 2013
<b>Youth MOVE Summer Leadership Academy (YMSLA) Strategic Planning</b>	Worked on creating documents necessary for the YMSLA. We reviewed and pulled materials from last year's YMSLA and researched new helpful activities that align with our topics. Topics include: Social Skills, Leadership Skills, System of Care, Youth MOVE, Mental Health, and Life Skills.	May 15, 2013 May, 28, 2013 May 29, 2013 May 30, 2012 May 31, 2012 Ratisha Carter & Jessica Caston, Deondre Davenport, Dwania Turner
<b>Youth Awareness Showcase Practice &amp; Dress Rehearsal</b>	More practice and the official dress rehearsal for the Youth Awareness Talent Show.	May 1, 2013 May 2, 2013 May 8, 2013 These meeting included Ratisha Carter (Coordinator for the show), Jessica Caston (working group

participant, Tiana Harris(Working group participant), Turance Cobb (media coordinator), Candace phillips (working group participant), Courtney Rogers (Social Marketing Intern), Molly Hamilton (CLC Intern), and about 15 youth participants in the show & Youth MOVE Members

**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*

**National Technical Assistance teleconference and Staff Meeting**

*Every 2<sup>nd</sup> & 4<sup>th</sup> Monday of the Month 1:30PM-3:00PM*

**Staff Meeting(s)**

*Thursdays 8:30AM-10:00AM*

Staff updates

**Children’s Mental Health Awareness Week- Stake Holder Luncheon, Green Day, Parent Self Care Expo, Block Party, Youth Awareness Talent Show, Backstage ACCESS networking event.**

*This was a full week of Children’s Mental Health Awareness events. Youth MOVE members and/or I assisted in set-up, clean up, working registration tables, and more.*

May 5, 2013  
May 6, 2013  
May 7, 2013  
May 8, 2013  
May 9, 2013  
May 10, 2013  
May 11, 2013

**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.*

**Panel participation for the film, *The Revolutionary Optimist*.**

The Illinois Public Media's Independent Lens' Community Cinema Film Presentation. I participated on the panel. The film talked about youth voice and how it is important for youth to be leaders and work with their community to raise awareness about important issues.

May 14, 2013



## ACCESS Initiative Staff Update.

**Month of:** May/ June **Staff Name:** Shandra Summerville **Infrastructure Area(s):** CLC

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

<b>CLC Committee</b>	<b>Actions/Decisions:</b>	N/A
<b>Pastors for ACCESS Workgroup/Faith Based Outreach</b>	<b>Actions/Decisions:</b> <b>Task(s):</b> Churches Participating in Faith Based Outreach for Children's Mental Health Awareness Jericho Baptist Church Bethel AME Church of the Apostolic Authority Canaan Baptist Church Members participated in the Youth Mental Health First Aid Training.	
<b>Natural Supports</b>	Collaborated with P3 committee for Children's Mental Health Awareness Week to host a Self-Care Expo	Self- Care Expo was held on May 8, 2013.

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

Social Media Team	Weekly Meetings	Every Tuesday 10am-12pm	Finalizing Publicly for Children's Mental Health Awareness Week
TA Committee Meetings	Weekly Meetings	No Meeting	.

NAACP	Advocacy Day Meeting in cooperation/collaboration with Illinois Council Against Handgun Violence.	April	Regular General Body Meeting Planning Meetings Committee Meetings
CUAP	Youth Democracy Day	May 14, 2013	Youth speaking to legislators about violence in the community.
CLC Consultations and Meetings	<ul style="list-style-type: none"> <li>• TALKS Mentoring</li> <li>• Community Elements</li> <li>• Eastern Illinois Foodbank</li> <li>• Don Moyer Boys and Girls Club</li> </ul>	April/May	Quarterly Reporting Questions CLC Training Upcoming Training for Participation
National Federation of Families	<ul style="list-style-type: none"> <li>• Monthly Board Meeting</li> <li>• Conference Planning Committee Call</li> <li>• Executive Committee Call</li> <li>• By-Laws Committee Meeting</li> </ul>	April/May	<ul style="list-style-type: none"> <li>• Fundraising Plan and Strategic Planning about the changes in the TA Contract for Federation of Families.</li> <li>• Board Recruitment and Nominations for new board members.</li> <li>• Children's Mental Health Awareness Meeting</li> <li>• Planning for National Federation of Families Conference</li> <li>• ED Evaluation</li> </ul>
Prairie Center	-Supervision - Multicultural Advisory Committee Board Meeting	April/May	<ul style="list-style-type: none"> <li>• CLC Coordinator Researched CLC Assessments for that will be conducted agency wide.</li> </ul>

	Presentation for Annual Meeting for Prairie Center Cultural Competence Training for Residential Treatment Program for Champaign Location		<ul style="list-style-type: none"> <li>Administration Team approved the Organizational Assessment to be completed by the next quarter.</li> </ul>
Community Elements	CLC Training	May 2, 2013	Presented Preview CLC Training to Cultural Competence Committee
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National Minority Mental Health Awareness Month	Working Group Development	Planning for Committee Meetings.

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

<b>Ex. GOAL 1: Building a sustainable and replicable service delivery system and infrastructure</b>		
Activity/Strategy 6: Coordinating Council/ Governance Development	Developed a document to start the key steps of Sustainability for the Coordinating Council	
Activity/Strategy 7: Workforce Development	Completed Training Framework for Organizations to Utilize for an Annual Cultural Competence Training	On-Going Development/ Completed Training with Regional Planning Commission/



<b>Goal 2: Increasing access to trauma- and justice-informed services and supports that reflect SOC values and principles</b>		
Working with Trauma Learning Community Change Team to begin looking at how to implement Trauma-Informed Learning Practices.		
<b>Goal 3: Increasing youth, family, and community leadership and engagement across all levels</b>		
Planning for Summer Youth MOVE Leadership Academy		
Youth Advocacy at State Capitol		
Activity/Strategy 2: Youth – Training Topics		
<b>GOAL 4: Extending the capacity of organizations, agencies, informal supports and systems</b>		
Agency Wide CLC Training	Developed a 4 Hour Standard Training for Agencies	<b>On-Going Development</b>
CLC Site Visits	<b>Site Visits will be conducted twice per year to review CLC Plans</b>	<b>On-Going Development</b>
<b>GOAL 5: Promoting authentic cross system/ collaboration and communication</b>		
N/A		
<b>GOAL 6: Expanding the community's capacity to understand mental health</b>		
1b. Faith Community/ Community-Wide Mental Health and Trauma Educational Series – targeted components of the Community Education Series	Faith Based workgroup are formed	On-Going
Community Conversations in order to continue dialog about the impact of mental health and other issues	Community Conversation Work Group was formed	Community Conversation for May
<b>GOAL 7: Encouraging rigorous evaluation</b>		
Activity/Strategy 1: Continuous Quality	1e. Develop a CLC Monitoring	<b>Site Visits with all funded</b>

Improvement	tool that will insure that evaluation and practice are maintaining culturally and linguistically responsive.	<b>organization will completed by June.</b>
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**IPP Accomplishments** –

- Agency Wide Cultural Competence Training for Prairie Center Health Systems
- Agency Wide CLC Assessment for Prairie Center Health Systems
- Eastern Illinois Food Bank will provide Cultural Competence Training to their Annual Meeting as a standard practice to provide an orientation of how to address the different aspects people should respond to the people that are receiving services.
- Cultural Competence Coordinator Completed Face to Face Meeting with the following organizations to provide TA on their Cultural Competence Plans- Follow up will be to report all of the changes that agencies have made as a result of Template that has been provided.



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**ACCESS Initiative Staff Update**

**Month of:** May 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 Presentation at CMHW Stakeholder Luncheon	Meeting of Stakeholders for CMHW	May 7	Presentation of current national and local ACCESS evaluation data
CMHI National Evaluation Roundtable Discussions	National evaluation roundtables with cohort communities	First Wednesday of the month, 2:30-3:30pm	Participation in monthly discussions on issues related to evaluation with urban youth populations
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 Monday 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 1:30 – 3:00 pm	Meeting of ACCESS and Evaluation administrative staff to discuss issues and updates
ACCESS National TA Conference call	Monthly meetings	2 <sup>nd</sup> Monday of the month 2:00 – 3:00 pm	Conference call with National Technical Assistance



Evaluation Site Liaison TA Meeting	Monthly meetings	Every 3 <sup>rd</sup> 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)	As scheduled	Ongoing	Parent Liaison /Community Interviewer informed families about evaluation study and process
AICC Monthly Meeting	Monthly ACCESS Initiative Coordinating Council meeting	Every 3 <sup>rd</sup> Thursday of the Month	Preparation and participation of evaluation - monthly updates and discussions
Evaluation Team Retreat	Evaluation Team	Annual	Discuss and plan evaluation tasks and goals for upcoming year

**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"> <li>1. Recruiting new families into National Evaluation</li> <li>2. Conducting baseline, 6, 12, and 18-month</li> </ol>
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		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	1. Data collection and preliminary analyses for local Organization Assessment Survey 2. Data collection on InterAgency Network Tool 3. Piloting Observational Measurement Tool 4. Assisting with data entry of SDQ, DA and CANS data.
Continuous Quality Improvement	Ongoing/daily Evaluation staff	1. Implementation of Observational Measurement Tool 2. Developing Evaluation checklist/manual for ACCESS staff 3. 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	1. Quarterly tracking and entry of TRAC IPP 2. Entering TRAC NOMS and EDIF data 3. National Evaluation monthly MEAR reports 4. Semi-Annual Evaluation Progress Report
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**

# ***Training and Technical Assistance and Service Delivery Report***

**June 2013**

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

## **SERVICES AND SUPPORTS UPDATE:**

### ***Referrals from April 1 to June 1, 2013: 53***

- **22** – Referrals
- **15** - Enrolled
- **7** - Youth Pending Enrollment: ( Reasons – 7 families awaiting assessments)
- **1** - Did not meet eligibility requirements and was referred to requested services/supports.

We do have a number 10-12 families who either initially declined services/or did not successfully engage from prior reporting periods but are currently returning and re-engaging from prior reporting periods. 6 of these families are waiting for an assessment and 2 are waiting to find out if they will be able to find residential substance abuse treatment.

### **Referral Sources April 1 – June 1:**

5- Self Referrals	1 Crisis Nursery
5 – Urbana Schools	2 – RPC Referrals
3- Champaign Schools	1 – JDC Referral
2- Housing Authority	1- Center for Youth and Family Services
2- Community Elements(SPARCS)	1-SOAR Youth Programs
	1 – Circle Academy

*Although we had to slow down our processing of intakes – to ensure that enrolled families could be served effectively. In June we have been averaging 3-5 self referrals a week so we anticipate that our enrollment numbers will once again increase. Many of the self referrals are indirect referrals from our partner agencies.*

*This time period*

- We have had some unexpected staff shortages and we have been working on adjusting and effectively serving families during this period where we have been short staffed.
- We have been increase our efforts in engaging families, developing wrap and crisis plans with our families
- Deepening and broadening our referral networks and increase staff competency in developing plans, conducting family interviews and gathering the needed to effectively develop and implement wrapplans
- Restructuring the Family and our Peer Partner roles which are now being directly supervised, mentored and coached by the Lead Family Coordinator
- We hired a bi-lingual ACCESS Coordinator who will be working to develop and engage the Latino population. We had request for this position and were able to address this unmet need.
- At the advice of our wraparound consultant Karl and Kathy Dennis we are working on creating a more structured wraparound process that will still allow our teams to be family driven, youth guided, strength based, and individualized but might increase the teams effectiveness by having key identified decision makers in attendance at each of our team meetings to more effectively address the needs of youth and families served.
- One of the biggest accomplishments during this time period is our emerging partnership with The Pavilion. Upon hearing about our mental health assessment challenges the Pavilion agreed to help us meet this need. This has been an incredible partnership. The families have reported that the staff has been helpful, responsive, and very engaging. They have really found the experience to be very positive. Currently every available assessment slot that has been offered to us is currently filled. This partnership has also allowed us to more immediately respond to youth/families who need more intensive services like partial or immediate hospitalization.

**M3/G3 pilot and Urbana Middle School –**

Tracy Dace working closely with Steve Higgins piloted a targeted intervention at UMS. Because of time, they it were only able to meet for 8 weeks. They used Developmental Assets and the discipline and attendance data to identify youth who might benefit from a gender and culturally responsive targeted intervention and to evaluate the program's effectiveness.

Pasted below is a table with the discipline data for participants during the time frame. You will see that there were significant reductions in discipline for most of the youth and

youth began to change their conceptualizations of themselves as learners. The youth also reported for feeling more engaged with school at the conclusion of the group.

They will be offering summer back to school ‘tune up sessions’ to see if they can re-enforce the learning before the youth return to school

### Discipline Referrals

#### Giving Girls Guidance (G3) Group

Participants	3 months prior	During pilot
1.	3	1
2.	6	1
3.	1	1
4.	2	2
5.	0	0

#### Motivating More Males (M3) Group

Participants	3 months prior	During pilot
1.	3	0
2.	4	3
3.	0	0
4.	0	0
5.	3	0
6.	2	1
7.	3	0
8.	1	0
9.	4	5
10.	6	3
11.	4	3

**Training and Technical Assistance Activities:**

1. We held our inaugural Youth Mental Health First AID training on May 9, 2013. More trainings are forthcoming
2. There have been ongoing monthly SPARCS learning collaborative call
3. Working in conjunction with the Coordinating Council will be forming a community based collaborative Trauma Learning Cooperative. We have also been involved in webinars and training offered through the learning collaborative.
4. We are working on scheduling trainings for the upcoming year we are planning additional trauma trainings (especially trauma and urban youth), trainings on community development, additional wraparound trainings, trainings on evidence based practices, culturally responsive clinical practices, developmental assets and family leadership
5. We will be announcing a series of webinars and trainings about proposed changes in Children's Mental Health related to health care reform.

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## *Joint CMCS and SAMHSA Informational Bulletin*

**DATE:** May 7, 2013

**FROM:** Cindy Mann, Director  
Center for Medicaid and CHIP Services

Pamela S. Hyde, J.D., Administrator  
Substance Abuse and Mental Health Services Administration

**SUBJECT: Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions**

This Informational Bulletin is intended to assist states to design a benefit that will meet the needs of children, youth, and young adults with significant mental health conditions. Children with significant emotional, behavioral and mental health needs can successfully live in their own homes and community with the support of the mental health services described in this document. These services enable children with complex mental health needs – many of whom have traditionally been served in restrictive settings like residential treatment centers, group homes and psychiatric hospitals – to live in community settings and participate fully in family and community life.

The information in this Bulletin is based on evidence from major U.S. Department of Health and Human Services (HHS) initiatives that show that these services are not only clinically effective but cost effective as well. The Bulletin also identifies resources that are available to states to facilitate their work in designing and implementing a benefit package for this vulnerable population. Developing these services will help states comply with their obligations under the Americans with Disabilities Act (ADA) and to Medicaid's Early Periodic Screening, Diagnostic and Treatment (EPSDT) requirements, specifically with respect to mental health and substance use disorder services<sup>1</sup>. Many of these resources are from states, and we look forward to continuing to work with states and stakeholders to add to this resource list and to provide further assistance in assuring that children receive the care they need. Please contact John O'Brien at [John.O'Brien3@cms.hhs.gov](mailto:John.O'Brien3@cms.hhs.gov) for questions about this Bulletin or to suggest additional resources.

### **Background**

Over the past 2 decades, 2 major federal initiatives have addressed the needs of children and youth with significant mental health conditions: Substance Abuse and Mental Health Services Administration's (SAMHSA) Children's Mental Health Initiative (CMHI) and the Centers for

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<sup>1</sup> [http://www.ada.gov/olmstead/g&a\\_olmstead.pdf](http://www.ada.gov/olmstead/g&a_olmstead.pdf).

## Informational Bulletin – Page 2

Medicare & Medicaid Services (CMS) Psychiatric Residential Treatment Facility (PRTF) Demonstration Program. The CMHI program promotes a coordinated, community-based approach to care for children and adolescents with serious mental health challenges and their families. The PRTF Demonstration Program was designed to determine the effectiveness of community-based services for youth who are in, or at risk of entering, a PRTF. Both of these programs target similar children and youth who have significant mental health conditions and in some instances needing inpatient psychiatric or residential treatment.

Results from these programs have consistently found that the implementation of home and community-based services for this population have made significant improvement in the quality of life for these children, youth, and family. These have also shown a positive impact on Medicaid programs that have designed benefits for this population.

- Reduced costs of care – The PRTF evaluation showed that state Medicaid agencies reduced the overall cost of care. For example, home and community-based services provided to children and youth in the PRTF demonstration cost 25 percent of what it would have cost to serve the children and youth in a PRTF, an average savings of \$40,000 per year per child. State Medicaid agencies' annual costs per child were reduced significantly within the first 6 months of the program.
- Improved school attendance and performance - After 12 months of service, 44 percent of children and youth improved their school attendance and 41 percent improved their grades as compared to their attendance and grades prior to participating in the program.
- Increase in behavioral and emotional strengths - 33 percent of youth significantly improved their behavioral strengths after 12 months of service and 40 percent after 24 months compared to their strengths as measured prior to participating in the program. Behavioral and emotional strengths include the ability to form interpersonal relationships, positive connection with family members, positive functioning at school, ability to demonstrate self-confidence.
- Improved clinical and functional outcomes - According to caregiver reports, 40 percent of children served in the CMHI program showed a decrease in clinical symptoms from when they entered the program.
- More stable living situations - The percentage of children and youth in CMHI who remained in a single living situation rather than multiple living situations during the previous 6 months increased from 70 percent at intake to 81 percent at 24 months.
- Improved attendance at work for Caregivers - Caregivers who were employed at intake reported missing an average of 6.2 days of work in the 6 months prior to participation in the program due to their child's behavioral or emotional problems. This decreased to 4.0 days at 12 months of program participation, and to 2.8 days at 24 months of program participation.
- Reduced suicide attempts - Within 6 months of service in CMHI, the number of youth reporting thoughts of suicide decreased from intake into the program by 51 percent and the number of youth reporting a suicide attempt decreased by 64 percent.
- Decreased contacts with law enforcement - For youth involved in the juvenile justice system, arrests decreased by nearly 50 percent from intake into the program after 12 months of service in CMHI.



## Informational Bulletin – Page 3

Specific information regarding SAMHSA’s CMHI program can be found at <http://store.samhsa.gov/shin/content//PEP12-CMHI2010CD/PEP12-CMHI2010CD.pdf>.

More information about the PRTF Demonstration including National Evaluation reports can be found at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Institutional-Care/Alternatives-to-Psychiatric-Residential-Treatment-Facilities-Demonstration-PRTF.html>.

### Benefit Design

The CMHI and PRTF Demonstration programs offered an array of services to meet the multiple and changing needs of children and youth with behavioral health challenges and the needs of their families. While the core benefit package for children and youth with significant mental health conditions offered by these two programs included traditional services, such as individual therapy, family therapy, and medication management, the experience of the CMHI and the PRTF demonstration showed that including a number of other home and community-based services significantly enhanced the positive outcomes for children and youth. These services include intensive care coordination (often called wraparound service planning/facilitation), family and youth peer support services, intensive in-home services, respite care, mobile crisis response and stabilization, and flex funds. Each of these services is described below.

#### *Intensive Care Coordination: Wraparound Approach*

Intensive care coordination includes assessment and service planning, accessing and arranging for services, coordinating multiple services, including access to crisis services. Assisting the child and family to meet basic needs, advocating for the child and family, and monitoring progress are also included.

The wraparound approach is a form of intensive care coordination for children with significant mental health conditions. It is a team-based, collaborative process for developing and implementing individualized care plans for children and youth with complex needs and their families. This approach focuses on all life domains and includes clinical interventions and formal and informal supports. The wraparound “facilitator” is the intensive care coordinator who organizes, convenes, and coordinates this process. The wraparound approach is done by a child and family team for each youth that includes the child, family members, involved providers, and key members of the child’s formal and informal support network, including members from the child serving agencies. The child and family team develops, implements, and monitors the service plan. Information about wraparound can be found on the website of the National Wraparound Initiative at <http://www.nwi.pdx.edu/wraparoundbasics.shtml>.

State specific information regarding Intensive Care Coordination/Wraparound Service Planning/Facilitation can be found at:

- [https://myshare.in.gov/FSSA/dmha/caprtf/Providers/Service%20Definitions/Service\\_Definitions\\_YR\\_2\\_2008-09\\_50809.pdf](https://myshare.in.gov/FSSA/dmha/caprtf/Providers/Service%20Definitions/Service_Definitions_YR_2_2008-09_50809.pdf) (Indiana)
- <http://www.mass.gov/eohhs/gov/commissions-and-initiatives/cbhi/home-and-community-based-behavioral-health-srvcs.html> (Massachusetts)

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- <http://county.milwaukee.gov/WraparoundMilwaukee.htm> (Wisconsin)

### *Peer Services: Parent and Youth Support Services*

Parent and youth support services include developing and linking with formal and informal supports; instilling confidence; assisting in the development of goals; serving as an advocate, mentor, or facilitator for resolution of issues; and teaching skills necessary to improve coping abilities. The providers of peer support services are family members or youth with “lived experience” who have personally faced the challenges of coping with serious mental health conditions, either as a consumer or a caregiver. These peers provide support, education, skills training, and advocacy in ways that are both accessible and acceptable to families and youth. Almost all of the PRTF demonstration states and many CMHI projects included peer-to-peer support services for the parents, guardians, or caregivers of children and youth with mental health conditions, as well as peer-to-peer support services for youth.

State specific information regarding states’ peer services for parents and youth can be found at:

[http://familyinvolvementcenter.org/index2.php?option=com\\_content&do\\_pdf=1&id=3](http://familyinvolvementcenter.org/index2.php?option=com_content&do_pdf=1&id=3) (Arizona)

- <http://rosied.org/resources/Documents/Family%20Support.program%20specs.final.doc> (Massachusetts)
- [http://medschool.umaryland.edu/uploadedFiles/Medschool/Departments/Department\\_of\\_Psychiatry/Division\\_of\\_Child\\_and\\_Adolescent\\_Psychiatry/Child\\_and\\_Adolescent\\_Mental\\_Health\\_Innovations\\_Center/RTC\\_Docs/COMAR%2010.09.79-FINAL.pdf](http://medschool.umaryland.edu/uploadedFiles/Medschool/Departments/Department_of_Psychiatry/Division_of_Child_and_Adolescent_Psychiatry/Child_and_Adolescent_Mental_Health_Innovations_Center/RTC_Docs/COMAR%2010.09.79-FINAL.pdf) (Maryland)

The CMS guidance regarding the use of peer supports for peer to peer services for parents, guardians and caregivers can be found at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/Clarifying-Guidance-Support-Policy.pdf>

### *Intensive In-Home Services*

Intensive in-home services are therapeutic interventions delivered to children and families in their homes and other community settings to improve youth and family functioning and prevent out-of-home placement in inpatient or PRTF settings. The services are typically developed by a team that can offer a combination of therapy from a licensed clinician and skills training and support from a paraprofessional. The components of intensive in-home services include individual and family therapy, skills training and behavioral interventions. Typically, staff providing intensive in-home services have small caseloads to allow them to work with the child and family intensively, gradually transitioning them to other formal and informal services and supports, as indicated. Information on such services from these states can be found at:

- <http://www.ct.gov/dcf/cwp/view.asp?a=2558&q=314366> (Connecticut)
- <http://www.mh.state.oh.us/what-we-do/provide/intensive-home-based-treatment/index.shtml> (Ohio)
- <http://www.dphhs.mt.gov/mentalhealth/children/i-home/PolicyManual.pdf> (Montana)

### *Respite Services*

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Respite services are intended to assist children to live in their homes in the community by temporarily relieving the primary caregivers. Respite services provide safe and supportive environments on a short-term basis for children with mental health conditions when their families need relief. Respite services are provided either in the home or in approved out-of-home settings. All CMHI and PRTF demonstrations provide some form of respite care.

Descriptions of respite services can be found at:

- [https://myshare.in.gov/FSSA/dmha/caprtf/Providers/Service%20Definitions/Service\\_Definitions\\_YR\\_2\\_2008-09\\_50809.pdf](https://myshare.in.gov/FSSA/dmha/caprtf/Providers/Service%20Definitions/Service_Definitions_YR_2_2008-09_50809.pdf) (Indiana)
- <http://new.dhh.louisiana.gov/assets/docs/BehavioralHealth/LBHP/LBHPSvcsManv4b.pdf> (Louisiana)
- <http://www.dphhs.mt.gov/mentalhealth/children/i-home/PolicyManual.pdf> (Montana)

### *Mobile Crisis Response and Stabilization Services*

Mobile crisis response and stabilization services are instrumental in defusing and de-escalating difficult mental health situations and preventing unnecessary out-of-home placements, particularly hospitalizations. Mobile crisis services are available 24/7 and can be provided in the home or any setting where a crisis may be occurring. In most cases, a two-person crisis team is on call and available to respond. The team may be comprised of professionals and paraprofessionals (including peer support providers), who are trained in crisis intervention skills and in serving as the first responders to children and families needing help on an emergency basis. In addition to assisting the child and family to resolve the crisis, the team works with them to identify potential triggers of future crises and learn strategies for effectively dealing with potential future crises that may arise.

Residential crisis stabilization provides intensive short term, out of home resources for the child and family, helping to avert the need for psychiatric inpatient treatment. The goal is to address acute mental health needs and coordinate a successful return to the family at the earliest possible time with ongoing services. During the time that the child is receiving residential crisis stabilization, there is regular contact between the team and the family to prepare for the child's return to the family. An example from a state that provides crisis stabilization service can be found at: <http://www.bhc.state.nm.us/pdf/H2011%20Crisis.pdf> (New Mexico)

### *Flex Funds (Customized Goods and Services)*

Flex funds may be used under certain Medicaid authorities to purchase non-recurring, set-up expenses (such as furniture, bedding, or clothing) for children and youth. For example, flex funds may be requested for the one-time payment of utilities or rent or other expenses as long as the youth and family demonstrate the ability to pay future expenses. Flex funds can be particularly useful when a youth is transitioning from the residential treatment setting to a family or to independent living. It should be noted that flex funds can be used for purposes other than transition, such as academic coaching, memberships to local girls or boys clubs, etc. Flex funds are only available to individuals participating in various Medicaid waivers and/or the 1915(i) program. Examples of states that have created flexible funding for goods and services for children and youth with mental health conditions are listed below:

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- <http://www.omh.ny.gov/omhweb/guidance/hcbs/html/FamilyFlexFundLetter.htm> (New York)
- [https://myshare.in.gov/FSSA/dmha/caprtf/Providers/Service%20Definitions/Service\\_Definitions\\_YR\\_2\\_2008-09\\_50809.pdf](https://myshare.in.gov/FSSA/dmha/caprtf/Providers/Service%20Definitions/Service_Definitions_YR_2_2008-09_50809.pdf) (Indiana)

### *Trauma-Informed Systems and Evidence-Based Treatments Addressing Trauma*

Across the country, including system of care sites and the PRTF demonstration states, there is an increased awareness of the impact of trauma. Children and youth with the most challenging mental health needs often have experienced significant trauma in their lives. The Adverse Childhood Experiences (ACE) study has reported short and long-term outcomes of childhood exposure to certain adverse experiences that include a multitude of mental health, health and social problems. More information on the ACE study can be found at:

<http://www.cdc.gov/ace/findings.htm>

To begin addressing the trauma needs, many states are providing training and coaching for their clinicians in evidence-based practices such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Parent-Child Interaction Therapy (PCIT). Many states are also exploring new policies and practices to ensure that they have trauma-informed systems of care that will be less likely to re-traumatize the children and youth they serve. To assist in developing new policies, practices, training, and coaching for trauma-informed care, a manual and documentary film is being developed in a cooperative effort with the participating states.

Additional resources related to trauma can be found on the National Child Traumatic Stress Network website at: <http://www.nctsn.org/>

### *Other Home and Community-Based Services*

States have also developed service definitions for a variety of additional home and community-based services that have proven to be important for children and youth with mental health conditions to be successful in the community. This includes: mentoring, supported employment for older youth, and consultative services. These types of services may be provided through 1915(c) waivers and the 1915(i) program.

Additional information regarding the description of each of the PRTF demonstration state's service arrays and definitions, including those listed in "other home and community-based services can be found in the 2008 Implementation Status Report at

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Downloads/CBA-Implementation-Status-Report-Final.pdf>

## **Medicaid Authorities and Demonstration Programs**

States have significant flexibilities in the Medicaid program to cover mental health and substance use services for youth with significant mental health conditions. CMS staff are available to states to further discuss how they can use the authorities below to promote better coverage.

*1905(a) Authority*

Many of the services that were core to the success of the CMHI and PRTF Demonstration program can be covered through 1905(a) authority, generally through targeted case management or rehabilitative services. States that have used the 1905(a) authority as a foundation for their benefit design for children and youth with significant mental health conditions include: Massachusetts, Connecticut, New Mexico and Hawaii. More information about some of these states can be found at:

- <http://www.mass.gov/eohhs/gov/commissions-and-initiatives/cbhi/> (Massachusetts)
- <http://www.bhc.state.nm.us/BHServices/ServiceDefinition.html> (New Mexico)

*1915(c) Authority*

Some states have used the 1915(c) Home and Community-Based Services (HCBS) program to develop good benefit designs for children and youth with significant mental health conditions. The nine states that participated in the PRTF five-year demonstration grants utilized the 1915(c) waiver authority. These states included: Alaska, Georgia, Indiana, Kansas, Maryland, Mississippi, Montana, South Carolina and Virginia. Eight other states also use the 1915(c) authority for these children and youth. These states include: New York, Michigan, Wisconsin, Louisiana, Texas, Iowa, Kansas, and Wyoming. States have used these HCBS waivers to expand their array of home and community-based services and supports for this population with a view towards improving outcomes and reducing costs. Below are links to some states' 1915(c) HCBS Waivers for children and youth with significant mental health conditions:

[https://myshare.in.gov/FSSA/dmha/caprtf/PRTF%20Transition%20Waiver/1915c%20PRTF%20Transition%20Waiver\\_CMS%20Application.pdf](https://myshare.in.gov/FSSA/dmha/caprtf/PRTF%20Transition%20Waiver/1915c%20PRTF%20Transition%20Waiver_CMS%20Application.pdf). For more information about 1915(c) Home and Community Based Waivers, please access Medicaid.gov: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Home-and-Community-Based-1915-c-Waivers.html>

*1915(b) Authority*

1915(b) Waivers are one of several options available to states that allow the use of managed care in the Medicaid Program. When using the 1915(b) authority, states have various options for implementing managed care including the authority to restrict the types of providers that people can use to access Medicaid benefits and the ability to use the savings to the state from a managed care delivery system to provide additional services or restrict the number or type of providers who can provide specific Medicaid services. Louisiana, Michigan, Iowa and California are examples of states that have used the 1915(b) authority (and sometimes a combination of 1915(b) and 1915(c) and other authorities) for their children's mental health delivery systems. More information regarding their managed care approaches for these delivery systems can be found at:

- <http://new.dhh.louisiana.gov/index.cfm/page/538> (Louisiana)
- [http://www.ime.state.ia.us/Reports\\_Publications/RFP/IowaPlan.html](http://www.ime.state.ia.us/Reports_Publications/RFP/IowaPlan.html) (Iowa)
- [http://www.michigan.gov/documents/mdch/Managed\\_Speciality\\_Services\\_and\\_Supports\\_Waiver\\_364598\\_7.pdf](http://www.michigan.gov/documents/mdch/Managed_Speciality_Services_and_Supports_Waiver_364598_7.pdf) (Michigan)

*1115 Authorities*

Section 1115 of the Social Security Act gives the Secretary of HHS authority to approve experimental, pilot, or demonstration projects that further the objectives of the Medicaid and the Children’s Health Insurance Program (CHIP). These demonstrations give states additional flexibility to design and improve their programs, to demonstrate and evaluate policy approaches, such as providing services not typically covered by Medicaid, and using innovative service delivery systems that improve care, increase efficiency, and reduce costs. Many section 1115 demonstrations include mental health services for children and youth. Most recently, Arizona received approval for a section 1115 demonstration that integrates physical and behavioral health services provided to children enrolled in the Children’s Rehabilitative Services program. More information on this section 1115 demonstration can be found at:

<http://www.azahcccs.gov/reporting/federal/waiver.aspx>.

*1915(i) State Plan Amendment*

Section 1915(i) state plan amendment (SPA) provides an opportunity for states to amend their state Medicaid plans to offer intensive home and community-based behavioral health services that were previously provided primarily through 1915(c) HCBS waivers programs. Intensive care coordination, respite, parent and youth support partners, and other services can be offered under 1915(i) and serve children and youth with significant mental health conditions. Under 1915(i) states may not waive the requirement to provide services statewide, nor can they limit the number of participants in the state who may receive the services if they meet the population definition. Unlike the 1915(c) waiver program, the 1915(i) delinks the provision of services with participants meeting an institutional level of care. In order to target the initiative and limit costs, states may identify a specific population and establish additional needs-based criteria. For example, a state could develop need-based criteria only for children and youth at risk of removal from their homes or in need of intensive community-based services and behavioral interventions in their homes, schools, or communities to control aggressive behavior towards self and others. An example of a state with approved 1915(i) SPAs for children and youth with significant mental health conditions is:

- <http://www.dphhs.mt.gov/mentalhealth/children/i-home/PolicyManual.pdf> (Montana)

For more information about the 1915(i) SPA and beneficiary eligibility please access Medicaid.gov: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Home-and-Community-Based-Services/Home-and-Community-Based-Services-1915-i.html>.

*Section 2703 Health Homes*

Health homes (Affordable Care Act-Section 2703) are a Medicaid state plan option available for states to design programs to better serve persons with chronic conditions, including serious and persistent mental health conditions. Health homes must provide for an individual’s primary care and disability-specific service needs, and must provide care management and coordination for all of the services needed by each enrolled individual. The major goal is to provide more comprehensive, coordinated, and cost-effective care for individuals with chronic conditions, including children and youth with serious emotional disturbances, than generally provided when services are fragmented across multiple health providers and organizations.

Federal match of 90 percent is available for 2 years for the following services provided through the health home authority: comprehensive care management, care coordination, health promotion, comprehensive transitional care from inpatient to other settings including appropriate follow-up care, individual and family support, referral to community and support services, and the use of health information technology to link services. The health home state plan optional benefit under section 1945 of the Social Security Act is statutorily-defined as services for “eligible individuals with chronic conditions” and does not allow for coverage to be limited to a subcategory of individuals. However, CMS recognizes that the service needs of individuals within a population may vary, and therefore that the treatment modalities, protocols and provider network may involve different approaches for children as compared to adults for key health home activities such as coordinating, managing and monitoring services. States may develop different approaches that serve different age groups, based on distinctions between the health home needs of the population. Therefore, CMS will allow states to submit separate SPAs for children and youth with serious and persistent mental health conditions as long as another SPA for adults with serious and persistent mental health condition is submitted simultaneously.

States that have health homes SPAs specifically for individuals (including children and youth) with these conditions include Missouri, New York, and Ohio. Information on these approved state plans can be found at: <http://www.medicaid.gov/State-Resource-Center/Medicaid-State-Technical-Assistance/Health-Homes-Technical-Assistance/Approved-Health-Home-State-Plan-Amendments.html>. For more information about health homes, go to Medicaid.gov: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Integrating-Care/Health-Homes/Health-Homes.html>.

*Money Follows the Person Rebalancing Demonstration (MFP)*

MFP provides an opportunity for states to offer community based services and supports to individuals transitioning from qualifying institutions to qualifying home and community based settings, including children and youth 21 years of age and under who have been in PRTFs or psychiatric hospitals for at least 90 consecutive days and are transitioning to community settings, including family homes, foster homes, alternative family-based homes, or other community-based settings. MFP allows an enhanced federal match equal to an additional 50 percent of the state share with an upper limit of 90 percent. The enhanced federal match on qualified Medicaid services is available for 365 days after each individual’s discharge from the institution. The state may also provide additional supplemental transition services to support the youth to successfully move into the community, including but not limited to household set-up, home modifications, or peer support. States are required to have the ability to meet the needs of the children and youth after the 365-day period.

The MFP is a good vehicle for states to transition youth from PRTFs to the community, particularly because the average length for youth needing intensive community based services after discharge in the PRTF demonstration was consistently close to the 365 days – the allowable service duration of enhanced match under MFP. If the children and youth continue to need services and supports after 365 days in the community, services covered under other Medicaid authorities discussed above may be provided to address their needs.

For more information about MFP, go to Medicaid.gov: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Balancing/Money-Follows-the-Person.html>

### *Balancing Incentive Program*

The Balancing Incentive Program, created by the Affordable Care Act (Section 10202), authorizes grants to states to increase access to non-institutional, long-term services and supports (LTSS) and was effective as of October 1, 2011. The Balancing Incentive Program can help states transform their long-term care service systems by lowering costs through improved systems performance and efficiency, creating tools to help consumers with care planning and assessment and improving quality measurement and oversight. Enhanced federal match is available to states for 4 years. To participate in the Balancing Incentive Program, a state must have spent less than 50 percent of total Medicaid medical assistance expenditures on non-institutionally based LTSS for fiscal year 2009. The Balancing Incentive Program also provides new ways to serve more people in home and community-based settings, helping states comply with their obligations under the integration mandate of the ADA, as interpreted by the *Olmstead* decision. Most states that have approved applications under this program include mental health services in their rebalancing efforts. More information regarding this program can be found at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Balancing/Balancing-Incentive-Program.html>.

### **Quality Reporting**

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH), and the Affordable Care Act all introduced new clinical quality reporting programs that apply to Medicaid and CHIP providers. These clinical quality reporting programs add to existing Medicare quality reporting programs, as well as measure sets that may be used by state Medicaid programs and private plans, such as the Healthcare Effectiveness Data and Information Set (HEDIS) measures. Several core measure sets have now been identified, which include a number of measures related to hospital readmission rates for children and youth with mental health and substance use conditions.

Some specific reporting measures that states may consider in their approach to their tracking efforts are listed below. Please note that the quality measures and measure sets noted below are not exhaustive and will continue to evolve.

Follow-up after hospitalization for mental illness among patient 6 years and older (NQF #576). Applicable measure sets include:

- [CHIPRA Core Set of Pediatric Quality Measures](#)
- [Initial Core set of Health Care Quality Measures for Medicaid- Eligible Adults](#)
- Health Home Core Set
- Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment (NQF #1365). Applicable measure sets include:
  - [HITECH Act: Meaningful Use of Electronic Health Records](#)



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In addition to these measures, the CMHI and PRTF demonstration program collected specific measures that providers were required to provide as a condition of participation in these programs. These measures consisted of a set of process measures that were related to the goals of the program, especially regarding safety. There are other resources states may consider for developing specific outcomes for children and youth with significant mental health conditions, including:

- Child and Adolescent Functional Assessment Scale (CAFAS) - <http://www.fasoutcomes.com/Content.aspx?ContentID=12>
- Child and Adolescent Needs and Strengths (CANS) – [https://dmha.fssa.in.gov/DARMHA/Documents/IN%20Short%20CANS%20Form%205-17\\_712011\\_Manual.pdf](https://dmha.fssa.in.gov/DARMHA/Documents/IN%20Short%20CANS%20Form%205-17_712011_Manual.pdf)

CHAMPAIGN COUNTY

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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												
*** DEPT NO. 053 MENTAL HEALTH BOARD												
41	CHAMPAIGN COUNTY TREASURER	5/28/13	06	VR	620- 93		488243	5/31/13	090-053-513.06-00	HEALTH INSUR FND 620 EMPLOYEE HEALTH/LIFE INS	MAY HI, LI, & HRA VENDOR TOTAL	2,944.59 2,944.59 *
88	CHAMPAIGN COUNTY TREASURER	5/28/13	03	VR	88- 35		488247	5/31/13	090-053-513.02-00	I.M.R.F. FUND 088 IMRF - EMPLOYER COST	IMRF 4/19 P/R	1,385.36
		5/28/13	06	VR	88- 37		488248	5/31/13	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 5/3 P/R	1,386.14
		5/28/13	06	VR	88- 39		488248	5/31/13	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 5/17 P/R VENDOR TOTAL	1,386.19 4,157.69 *
188	CHAMPAIGN COUNTY TREASURER	5/28/13	03	VR	188- 51		488254	5/31/13	090-053-513.01-00	SOCIAL SECUR FUND188 SOCIAL SECURITY-EMPLOYER	FICA 4/19 P/R	1,029.93
		5/28/13	06	VR	188- 53		488255	5/31/13	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 5/3 P/R	1,030.52
		5/28/13	06	VR	188- 57		488256	5/31/13	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 5/17 P/R VENDOR TOTAL	1,030.55 3,091.00 *
572	ABSOPURE WATER	5/14/13	05	VR	53- 191		487405	5/16/13	090-053-522.02-00	OFFICE SUPPLIES	INV 82775297 4/24	13.90
		5/14/13	05	VR	53- 191		487405	5/16/13	090-053-533.51-00	EQUIPMENT RENTALS	INV 54026269 4/24 VENDOR TOTAL	9.00 22.90 *
13376	CENTER FOR YOUTH & FAMILY SOLUTIONS	6/03/13	02	VR	53- 200		488647	6/06/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR COUNSELING VENDOR TOTAL	973.08 973.08 *
18052	COMCAST CABLE - MENTAL HEALTH ACCT	5/20/13	06	VR	53- 194		487908	5/24/13	090-053-533.29-00	AC#8771403010088314 COMPUTER/INF TCH SERVICES8771403010088314	5/ VENDOR TOTAL	84.90 84.90 *
18209	COMMUNITY ELEMENTS	5/20/13	06	VR	53- 197		487911	5/24/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR TIME CENTER VENDOR TOTAL	3,528.96 3,528.96 *

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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. 090 MENTAL HEALTH											
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY								GRANTS		
		5/20/13	06 VR	53- 196		487923	5/24/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR FAM COUNSELING	3,610.36
										VENDOR TOTAL	3,610.36 *
35557	IL ASSOC OF MICROBOARDS & COOPERATIVES										
		5/14/13	05 VR	53- 190		487484	5/16/13	090-053-533.07-00	PROFESSIONAL SERVICES	INV 108 5/5	5,575.00
										VENDOR TOTAL	5,575.00 *
50106	NATIONAL ASSOC OF COUNTY BEHAVIORAL HLTH & DVLPMNT DISAB DIRE										
		5/14/13	05 VR	53- 188		487512	5/16/13	090-053-533.93-00	DUES AND LICENSES	2013 MEMBERSHIP	750.00
										VENDOR TOTAL	750.00 *
67867	SPOC LLC								D/B/A CHAMPAIGN TEL		
		5/29/13	04 VR	28- 91		488378	5/31/13	090-053-533.33-00	TELEPHONE SERVICE	INV 1094985 5/14	30.48
										VENDOR TOTAL	30.48 *
81610	XEROX CORPORATION										
		5/20/13	06 VR	53- 195		488033	5/24/13	090-053-533.85-00	PHOTOCOPY SERVICES	INV 124460744 5/4	292.69
		5/22/13	02 VR	53- 177		488033	5/24/13	090-053-533.85-00	PHOTOCOPY SERVICES	INV 122636991 1/5	292.69
										VENDOR TOTAL	585.38 *
602880	BRESSNER, BARBARA J.										
		5/14/13	05 VR	53- 189		487577	5/16/13	090-053-533.89-00	PUBLIC RELATIONS	263 MILE 5/2-5/5	148.60
		5/14/13	05 VR	53- 189		487577	5/16/13	090-053-533.89-00	PUBLIC RELATIONS	TOLLS 5/4	7.20
		5/14/13	05 VR	53- 189		487577	5/16/13	090-053-533.89-00	PUBLIC RELATIONS	MEALS 5/2-5	186.00
		5/14/13	05 VR	53- 189		487577	5/16/13	090-053-533.89-00	PUBLIC RELATIONS	BAGGAGE GRAT 5/2	5.00
		5/14/13	05 VR	53- 189		487577	5/16/13	090-053-533.89-00	PUBLIC RELATIONS	STAPLES ANTI-STG 4/	116.77
		5/14/13	05 VR	53- 189		487577	5/16/13	090-053-533.89-00	PUBLIC RELATIONS	STAPLES EXPO EXP 4/	50.15
		5/14/13	05 VR	53- 189		487577	5/16/13	090-053-533.89-00	PUBLIC RELATIONS	STAPLES EXPO EXP 4/	132.75
		5/14/13	05 VR	53- 189		487577	5/16/13	090-053-533.89-00	PUBLIC RELATIONS	ANTI STIGMA EXP 4/1	63.52
		5/14/13	05 VR	53- 189		487577	5/16/13	090-053-533.89-00	PUBLIC RELATIONS	ANTI STIGMA 4/20	5.53
		5/14/13	05 VR	53- 189		487577	5/16/13	090-053-533.89-00	PUBLIC RELATIONS	EXPO EXP 4/28	25.97

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VENDOR NO	VENDOR NAME	TRN DTE	B N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH											
		5/14/13	05 VR	53- 189		487577	5/16/13	090-053-533.95-00	CONFERENCES & TRAINING	EXPO EXP 5/1	120.00
										VENDOR TOTAL	861.49 *
609500	CRAWFORD, NANCY K								MENTAL HEALTH BOARD		
		5/14/13	08 VR	53- 192		487586	5/16/13	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	28.50 MILE 5/6-9	16.10
		5/14/13	08 VR	53- 192		487586	5/16/13	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	MEALS 5/5-9 CHAMPAI	18.10
		5/14/13	08 VR	53- 192		487586	5/16/13	090-053-533.95-00	CONFERENCES & TRAINING	TOLLS 5/2-5	7.35
		5/14/13	08 VR	53- 192		487586	5/16/13	090-053-533.95-00	CONFERENCES & TRAINING	MEALS 5/2-5 NEW JER	186.00
		5/14/13	08 VR	53- 192		487586	5/16/13	090-053-533.95-00	CONFERENCES & TRAINING	BAGGAGE GRAT 5/2-5/	25.00
										VENDOR TOTAL	252.55 *
619548	HOWARD-GALLO, STEPHANIE								MENTAL HEALTH BD		
		5/14/13	05 VR	53- 193		487608	5/16/13	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	32 MILE 4/8-29	18.08
		5/14/13	05 VR	53- 193		487608	5/16/13	090-053-522.06-00	POSTAGE, UPS, FED EXPRESS	POSTAGE 4/18	39.40
										VENDOR TOTAL	57.48 *
									MENTAL HEALTH BOARD	DEPARTMENT TOTAL	26,525.86 *
									MENTAL HEALTH	FUND TOTAL	26,525.86 *

CHAMPAIGN COUNTY

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VENDOR NO	VENDOR NAME	TRN DTE	B TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 641 ACCESS INITIATIVE GRANT											
*** DEPT NO. 053 MENTAL HEALTH BOARD											
41	CHAMPAIGN COUNTY TREASURER							HEALTH INSUR FND 620			
		5/28/13	06 VR	620- 93		488243	5/31/13	641-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	MAY HI, LI, & HRA	576.60
										VENDOR TOTAL	576.60 *
88	CHAMPAIGN COUNTY TREASURER							I.M.R.F. FUND 088			
		5/28/13	03 VR	88- 35		488247	5/31/13	641-053-513.02-00	IMRF - EMPLOYER COST	IMRF 4/19 P/R	386.75
		5/28/13	06 VR	88- 37		488248	5/31/13	641-053-513.02-00	IMRF - EMPLOYER COST	IMRF 5/3 P/R	402.40
		5/28/13	06 VR	88- 39		488248	5/31/13	641-053-513.02-00	IMRF - EMPLOYER COST	IMRF 5/17 P/R	403.52
										VENDOR TOTAL	1,192.67 *
188	CHAMPAIGN COUNTY TREASURER							SOCIAL SECUR FUND188			
		5/28/13	03 VR	188- 51		488254	5/31/13	641-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 4/19 P/R	287.52
		5/28/13	06 VR	188- 53		488255	5/31/13	641-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 5/3 P/R	299.15
		5/28/13	06 VR	188- 57		488255	5/31/13	641-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 5/17 P/R	300.00
										VENDOR TOTAL	886.67 *
572	ABSOPURE WATER										
		5/14/13	05 VR	641- 65		487405	5/16/13	641-053-522.02-00	OFFICE SUPPLIES	INV 82775302 4/24	26.90
		5/14/13	05 VR	641- 65		487405	5/16/13	641-053-533.51-00	EQUIPMENT RENTALS	INV 54030978 4/24	9.00
										VENDOR TOTAL	35.90 *
18053	COMCAST CABLE - ACCESS INITIATIVE ACCT							AC#8771403010217756			
		5/14/13	05 VR	641- 66		487441	5/16/13	641-053-533.85-00	PHOTOCOPY SERVICES	87714030102177564/2	91.90
										VENDOR TOTAL	91.90 *
51340	NEOPOST USA INC										
		5/21/13	01 VR	641- 68		487963	5/24/13	641-053-533.51-00	EQUIPMENT RENTALS	INV 50108245 5/1	140.85
										VENDOR TOTAL	140.85 *
67867	SPOC LLC							D/B/A CHAMPAIGN TEL			
		5/29/13	04 VR	28- 91		488378	5/31/13	641-053-533.33-00	TELEPHONE SERVICE	INV 1094985 5/14	23.19
										VENDOR TOTAL	23.19 *

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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													
78552	VERIZON WIRELESS-MNTL	5/21/13	01 VR		641-		67	488010	5/24/13	641-053-533.33-00	TELEPHONE SERVICE	28636916600001 5/1	483.57
											VENDOR TOTAL	483.57 *	
78892	VISA CARDMEMBER SERVICES-ACCESS	5/21/13	01 VR		641-		71	488022	5/24/13	641-053-533.18-00	NON-EMPLOYEE TRAINING,SEM1939	EXPEDIA 4/23	196.00
		5/21/13	01 VR		641-		71	488022	5/24/13	641-053-533.95-00	CONFERENCES & TRAINING 1939	MGMT CNCPT 4/2	769.00
		5/21/13	01 VR		641-		71	488022	5/24/13	641-053-533.84-00	BUSINESS MEALS/EXPENSES 1939	CULVER 4/4	38.51
		5/21/13	01 VR		641-		71	488022	5/24/13	641-053-533.84-00	BUSINESS MEALS/EXPENSES 1939	AVANTI 4/9	42.10
		5/21/13	01 VR		641-		71	488022	5/24/13	641-053-533.18-00	NON-EMPLOYEE TRAINING,SEM1939	BAGGAGE 4/9	25.00
		5/21/13	01 VR		641-		71	488022	5/24/13	641-053-533.18-00	NON-EMPLOYEE TRAINING,SEM1939	BAGGAGE 4/9	25.00
		5/21/13	01 VR		641-		71	488022	5/24/13	641-053-533.95-00	CONFERENCES & TRAINING 1939	BAGGAGE 4/9	25.00
		5/21/13	01 VR		641-		71	488022	5/24/13	641-053-533.18-00	NON-EMPLOYEE TRAINING,SEM1939	CHAMP TAXI 4/	110.00
		5/21/13	01 VR		641-		71	488022	5/24/13	641-053-533.95-00	CONFERENCES & TRAINING 1939	CHAMP TAXI 4/	55.00
		5/21/13	01 VR		641-		71	488022	5/24/13	641-053-533.95-00	CONFERENCES & TRAINING 1939	MRGRTVILLE 4/9	26.42
		5/21/13	01 VR		641-		71	488022	5/24/13	641-053-533.95-00	CONFERENCES & TRAINING 1939	HNDRSN TAXI 4/	29.00
		5/21/13	01 VR		641-		71	488022	5/24/13	641-053-533.84-00	BUSINESS MEALS/EXPENSES 1939	CAESARS 4/10	77.10
		5/21/13	01 VR		641-		71	488022	5/24/13	641-053-533.18-00	NON-EMPLOYEE TRAINING,SEM1939	BAGGAGE 4/11	25.00
		5/21/13	01 VR		641-		71	488022	5/24/13	641-053-533.84-00	BUSINESS MEALS/EXPENSES 1939	CHILIS 4/12	65.27
		5/21/13	01 VR		641-		71	488022	5/24/13	641-053-533.95-00	CONFERENCES & TRAINING 1939	QUIZNO 4/12	10.90
		5/21/13	01 VR		641-		71	488022	5/24/13	641-053-533.29-00	COMPUTER/INF TCH SERVICES1939	CNCNTRC SV 4/1	11.95
		5/21/13	01 VR		641-		71	488022	5/24/13	641-053-533.95-00	CONFERENCES & TRAINING 1939	J ROCKETS 4/11	28.97
		5/21/13	01 VR		641-		71	488022	5/24/13	641-053-533.95-00	CONFERENCES & TRAINING 1939	WEDSB TAXI 4/1	19.20
		5/21/13	01 VR		641-		71	488022	5/24/13	641-053-533.95-00	CONFERENCES & TRAINING 1939	FLAMINGO 4/12	322.88
		5/21/13	01 VR		641-		71	488022	5/24/13	641-053-533.18-00	NON-EMPLOYEE TRAINING,SEM1939	FLAMINGO 4/12	288.37
		5/21/13	01 VR		641-		71	488022	5/24/13	641-053-533.95-00	CONFERENCES & TRAINING 1939	FLAMINGO 4/1	10.00
		5/21/13	01 VR		641-		71	488022	5/24/13	641-053-533.29-00	COMPUTER/INF TCH SERVICES1939	MITEL 4/14	73.10
		5/21/13	01 VR		641-		71	488022	5/24/13	641-053-533.18-00	NON-EMPLOYEE TRAINING,SEM1939	FLAMINGO 4/1	170.79
		5/21/13	01 VR		641-		71	488022	5/24/13	641-053-533.18-00	NON-EMPLOYEE TRAINING,SEM1939	HSPITALTY 4/1	6.95
		5/21/13	01 VR		641-		71	488022	5/24/13	641-053-533.18-00	NON-EMPLOYEE TRAINING,SEM1939	BAGGAGE 4/12	25.00
		5/21/13	01 VR		641-		71	488022	5/24/13	641-053-533.95-00	CONFERENCES & TRAINING 1939	BAGGAGE 4/12	25.00
		5/21/13	01 VR		641-		71	488022	5/24/13	641-053-533.18-00	NON-EMPLOYEE TRAINING,SEM1939	CHAMP TAXI 4/1	82.50

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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. 641 ACCESS INITIATIVE GRANT												
		5/21/13	01	VR	641-	71	488022	5/24/13	641-053-533.89-00	PUBLIC RELATIONS	1939 NATL RENT 4/1	217.76
		5/21/13	01	VR	641-	71	488022	5/24/13	641-053-533.89-00	PUBLIC RELATIONS	1939 NATL RENT 4/1	217.76
		5/21/13	01	VR	641-	71	488022	5/24/13	641-053-533.84-00	BUSINESS MEALS/EXPENSES	1939 JUPITER'S 4/1	38.55
		5/21/13	01	VR	641-	71	488022	5/24/13	641-053-533.84-00	BUSINESS MEALS/EXPENSES	1939 CONTY MRKT 4/2	15.90
		5/21/13	01	VR	641-	71	488022	5/24/13	641-053-533.84-00	BUSINESS MEALS/EXPENSES	1939 SEABOAT 4/25	112.40
		5/21/13	01	VR	641-	71	488022	5/24/13	641-053-533.95-00	CONFERENCES & TRAINING	1939 CHAMP TAXI 4/1	82.50
										VENDOR TOTAL		3,268.88 *
81610	XEROX CORPORATION											
		5/21/13	01	VR	641-	69	488034	5/24/13	641-053-533.85-00	PHOTOCOPY SERVICES	INV 067761479 5/1	498.26
										VENDOR TOTAL		498.26 *
609500	CRAWFORD, NANCY K									MENTAL HEALTH BOARD		
		5/21/13	01	VR	641-	70	488051	5/24/13	641-053-533.95-00	CONFERENCES & TRAINING	242 MILES 5/14-19	136.74
		5/21/13	01	VR	641-	70	488051	5/24/13	641-053-533.95-00	CONFERENCES & TRAINING	GRATUITIES 5/14-19	40.00
		5/21/13	01	VR	641-	70	488051	5/24/13	641-053-533.95-00	CONFERENCES & TRAINING	MLS INDYDNVR 5/14-1	255.00
		5/21/13	01	VR	641-	70	488051	5/24/13	641-053-533.95-00	CONFERENCES & TRAINING	CAB FARE 5/14-19	240.50
										VENDOR TOTAL		672.24 *
										MENTAL HEALTH BOARD	DEPARTMENT TOTAL	7,870.73 *
										ACCESS INITIATIVE GRANT	FUND TOTAL	7,870.73 *
										REPORT TOTAL *****		49,212.59 *

12.A.

## **Gambling 101**

### **A partial list of topics includes:**

- Defining Gambling
- Types of Gamblers
- Prevalence of Gambling
- Phases of Compulsive Gambling
- Suicide and the Compulsive Gambler
- Gambling and Substance Abuse Similarities and Differences

### **OBJECTIVES**

#### **By the end of this workshop participants will:**

1. Become informed about the Compulsive Gambler
2. Be aware of how this progressive behavior disorder will compromise, disrupt and eventually destroy an individual's personal life and relationships.

### **About the Presenter**

Kenneth Ivy CADC/PCGC employed with Haymarket Center since 2007. Worked in the capacity of an Intensive Outpatient Counselor, Out Patient Counselor; currently working in the capacity as DUI Counselor, Anger Management and gambling group facilitator.



Margo Bristow, President CCET Connections  
MA, LPC, CADC, PCGC, ICCGC, CAMSI

Margo Bristow has a Master's degree in Counseling Psychology from Lewis University in Romeoville, Illinois. Margo is a Substance Abuse and Problem gambling, and other process addictions counselor. She has been working with adult, teens and their families for over 25 years.

Margo is a past Core Adjunct Instructor at Triton College in the Basic Addiction Counseling programs. Additionally she is an Adjunct Associate Professor (Graduate Counseling Psychology and Graduate Guidance and Counseling Programs) at Lewis University in Romeoville, Illinois. She has also presented on Adolescent and Young Adult Addictions, Family Issues in Addictions, Gambling, Teen Internet Abuse, Rational Recovery, Alternative methods in Substance Abuse Treatment, Harm Reduction, and Crisis Intervention locally, on a state level, and nationally. Margo is the past Substance Abuse Counselor and Safe School Coordinator for Oak Park and River Forest High School. She is the Past President of the Illinois Council on Problem Gambling and present Board Member. She has a private practice in Oak Park and in Downers Grove, Illinois where she provides psychotherapy, consultation, and training for adults and adolescents in group, individual and family formats.

Present certifications include a C.A.D.C. and P.C.G.C. from the Illinois Alcohol and Other Drug Abuse Professional Certification Association, Inc. (IAODAPCA). Additional certifications are Internationally Certified Compulsive Gambling Counselor (ICCGC) and Certified Anger Management Specialist I (CAMI).

Margo is a member of the Motivational Interviewing Network of Trainers.



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

**DECISION MEMORANDUM**

**DATE:** June 19, 2013  
**TO:** Members, Champaign County Mental Health Board (CCMHB)  
**FROM:** Peter Tracy, Executive Director  
**SUBJECT:** FY14 Champaign County Budget Submission

**Recommended Action:** The purpose of this memorandum is to seek approval of the preliminary budgets managed by the Champaign County Mental Health Board (CCMHB) for County Fiscal Year 2014 (December 1, 2013 through November 30, 2014).

**Issue:** All Champaign County Departments are required to submit their proposed operating budgets to the Champaign County Administrator in July and the Champaign County Board in August for review, comment, and disposition. In November, final budgets for county departments are formally approved by the Champaign County Board.

**Programs:** The attached documents include the following proposed FY14 budgets managed by the Champaign County Mental Health Board:

- Champaign County Mental Health Board
- Quarter Cent for Public Safety
- Champaign County Drug Court

**Fiscal/Budget Impact:** Approval of these budgets by the CCMHB and the Champaign County Board will allow us to conduct business and meet our contracted obligations as specified in the FY14 allocation decisions made by the CCMHB in May 2013.

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**Decision Section:** Motion to approve the attached budget documents for County Fiscal Year 2014 for the Champaign County Mental Health Board, Quarter Cent for Public Safety Fund, and Champaign County Drug Court.

- \_\_\_\_\_ Approved
- \_\_\_\_\_ Denied
- \_\_\_\_\_ Modified
- \_\_\_\_\_ Additional Information Needed

12.B.

**Proposed Budget**

Line Item	Description	FY13 BUDGET as of 4/30/13	PROPOSED FY14 BUDGET (13 MO) 1.5%>
Revenue			
311.24	Property Taxes, Current	3,906,389	3,964,985
313.24	Back Property Taxes	500	500
314.10	Mobile Home Tax	4,000	4,000
315.10	Payment in Lieu of Taxes	700	700
336.23	DD Revenue	317,517	347,616
361.10	Investment Interest	1,100	1,100
363.10	Gifts & Donations	10,000	10,000
	<b>TOTAL</b>	<b>4,240,206</b>	<b>4,328,900</b>

Line Item	Description	FY13 BUDGET	PROPOSED
<b>Expenditures</b>		372,512	421,550
511.02	Appointed Official	125,179	141,020
511.03	Reg FTE	176,109	199,130
511.24	Joint Staff	71,224	81,400
511.28	Employee Bonus	2,200	
513.01	FICA	28,665	33,044
513.02	IMRF	38,595	45,325
513.04	W-Comp	2,061	2,472
513.05	Unemployment	3,650	3,750
513.06	H/L Insurance	36,787	48,750
		484,470	554,891
522.01	Printing	1,000	1,000
522.02	Office Supplies	3,250	3,500
522.03	Books/Periodicals	500	500
522.04	Copier Supplies	1,000	1,250
522.06	Postage/UPS/Fed X	4,250	2,750
522.44	Equip Under \$1,000	5,000	5,000
		15,000	14,000
533.07	Professional Fees	224,550	225,000
533.12	Travel	4,000	4,500
533.20	Insurance	5,000	5,500
533.29	Computer Services	4,385	5,500
533.33	Telephone	1,925	2,715
533.42	Equipment Maintenance	750	750
533.50	Office Rental	25,542	28,225
533.51	Equipment Rental	650	650
533.70	Legal Notices/Ads	150	150
533.72	Dept Operating Expense	450	200
533.84	Business Meals/Expense	1,500	1,500
533.85	Photocopy Services	3,540	3,575
533.89	Public Relations	55,000	55,000
533.92	Contributions/Grants	3,359,094	3,373,244
533.93	Dues/Licenses	26,500	26,000
533.95	Conferences/Training	22,500	22,500
		3,735,536	3,755,009
534.37	Finance Charges Bank Fees	200	
544.33	Furnishings/Equipment	5,000	5,000
	<b>TOTAL</b>	<b>4,240,206</b>	<b>4,328,900</b>

Revenue over Expenses (0) 0

CCMHB Indiv Budget Worksheet FY013 nkc 6/11/13

2013

2014

	DD % of Expenses	DD % of Expenses
Total Expenditures less 533.92/Savannah	753,112	827,656
Adj Expenditures x 42.155%(as of FY14=42%)	317,474	347,616
Monthly Total for DD Admin	26,456	26,740

13 month budget

**Delinquency Prevention Grant - County FY14 BUDGET**

<b>Budget Projections</b>			<b>DRAFT</b>
<b>Line Item</b>	<b>Description</b>	<b>FY13 Budget</b>	<b>Proposed FY14 Budget</b>
<b>REVENUE</b>			13 Month Budget
369.90	Other Misc. Revenue	-	
371.06	Public Safety Tax Fund Revenue	228,330	247,358
	<b>Total Revenue</b>	<b>228,330</b>	<b>247,358</b>
533.92	Contributions & Grants	228,380	247,358
	<b>Total Expenditures</b>	<b>228,380</b>	<b>247,358</b>
<i>JJPD Budget FY14 - nkc - 6/11/2013</i>			

Proposed BUDGET COUNTY FY14			
Drug Courts Program Grant 685-053			
		Budget County FY13	Proposed Budget County FY13
<b>REVENUE</b>			
685-053-331.78	Federal Grants Justice Drug Courts Program	100,000	36,667
685-053-341.10	Court Fees & Charges	20,000	24,050
685-053-361.10	Investment Interest	25	25
685-053-363.10	Gifts and Donations	1,000	500
	TOTAL	121,025	61,242
<b>EXPENDITURES</b>			
685-053-533.92	Contributions & Grants (FFS)	121,025	61,242
		121,025	61,242
<i>Drug Court Budget/Financials 2014 6/11/13 nkc</i>			13 Month Budget

B.A.

**Reaching Out For Answers: Disability Resource Expo  
Board Report  
June, 2013**

The 7<sup>th</sup> annual “Reaching Out For Answers: Disability Resource Expo” will be held on Saturday, October 12, 2013. The target area for this years’ Expo has been expanded to East Central IL.

The Expo Steering Committee and the various sub-committees are hard at work planning for this years’ event. The next Steering Committee meeting will be held on June 20 at the Fluid Events Center, which is the new site for the 2013 Expo.

Accessibility – Three interpreters have been confirmed for this years’ Expo. A potential fourth interpreter has been identified, depending on the need. Angie A. will develop new guidelines related to exhibitor formatting needs. This information will be coordinated with the Exhibitor Committee prior to the “Call For Exhibitor” correspondence going out. The Disability Etiquette 101 bookmarks have been put into large print making it accessible to those who may need this format.

Entertainment – This committee has narrowed down a line-up for entertainment for this years’ Expo. Those acts identified are currently being contacted to determine cost and availability.

Marketing/Sponsorship – This committee has been meeting frequently to develop a plan for promotion of the Expo, as well as a fundraising plan. CU Banners has agreed to provide folks who wish to help promote the Expo with automobile window clings advertising for a largely discounted fee. These decals cover the entire rear window of your vehicle, and are a wonderful way to advertise. Please let Barb Bressner know if you are willing to help advertise the Expo with your personal vehicle. The Expo sponsored a booth at Health Alliance’s annual Senior Health & Fitness Fair on May 29. Save-The-Date flyers were distributed to a large number of folks during this event. Thank you, Vickie Tolf, from DSC for manning this booth. We will be ordering Save-The-Date t-shirts from Project Te to help with our promotional efforts. The Committee has decided to do some advertising through the MTD with rear bus posters. The number of bus ads we will do is still to be determined. We have a website up and operational! The site is [www.disabilityresourceexpo.com](http://www.disabilityresourceexpo.com) or [www.disabilityresourceexpo.org](http://www.disabilityresourceexpo.org). Thank you Lynn for all your hard work on getting this site up and running. The site currently has some great pics from the 2012 Expo, as well as our 2012 Resource Book. Discussion is in progress regarding further information we’d like to see on this website. Several corporate sponsorship sites are being explored. Bill Conlin is exploring our potential to tap into additional funding from some of these sources.

Exhibitors – Several exhibitors identified from the Newark, NJ Abilities Expo have been contacted. We are waiting to hear of their potential interest in having a booth. The Exhibitor Committee, with the help of a staff member at CUSR, is updating our exhibitor listing in preparation of the “Call For Exhibitors” that will go out in early July.

Respectfully submitted  
Barb Bressner, Consultant