



**CHAMPAIGN COUNTY MENTAL HEALTH BOARD**

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

*REMEMBER this meeting is being audio recorded. Please speak clearly  
into the microphone during the meeting.*

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

**WEDNESDAY, January 20, 2016**  
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. Townsend, President
2. Roll Call
3. Citizen Input/Public Participation
4. Additions to the Agenda
5. CCDDDB Information (pages 3-6)
6. Approval of CCMHB Minutes
  - A. 12/16/15 Board meeting\* (Pages 7-11 )  
*Minutes are included in the packet. Action is requested.*
7. President's Comments
8. Executive Director's Comments
9. Staff Reports  
*Reports from Mr. Driscoll (Pages 12-13), Ms. Canfield (Pages 12-20), and Ms. Summerville (Pages 21-28) are included in the packet.*
10. Consultant Report
11. Board to Board Reports

12. Agency Information

13. Financial Information\* (Pages 29-39)

*A copy of the claims report is included in the packet.  
Action is requested.*

14. New Business

A. Election of Officers\*

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

B. Justice and Mental Health Collaboration Program  
(JMHCP) presentation (pages 40-56)

*An overview of the Justice and Mental Health  
Collaboration Program planning grant will be  
provided by Bruce Barnard and Celeste Blodgett,  
Community Elements, and Chief Deputy Allen  
Jones, Champaign County Sheriff's Office. The  
powerpoint presentation, an overview of grant  
requirements, and a summary of the JMHCP  
Orientation Conference are included in the packet.*

C. Cultural and Linguistic Competence Update (Pages  
57-63)

*"Linguistic and Cultural Competence Guidelines for  
State of Illinois Subcontractors and Vendors," used  
as reference for agencies contracting with the  
state is included in the packet.*

D. CCMHB/CCDDB NOFA (Page 64)

*Included in the Board packet is a copy of the Notice  
of Funding Availability published in the News-  
Gazette on December 13, 2015.*

15. Old Business

A. Meeting Schedules (Pages 65-66)

*Copies of updated meeting schedules for the  
CCMHB and CCDDB are included in the packet.*

16. Board Announcements

17. Adjournment

*\*Board action*

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**CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT  
OF PERSONS WITH A DEVELOPMENTAL DISABILITY  
(CCDDB)  
BOARD MEETING**

*Minutes –November 18, 2015*

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

**DRAFT**

*6:30 p.m.*

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- MEMBERS PRESENT:** Joyce Dill, Phil Krein, Deb Ruesch, Mike Smith, Sue Suter *(by telephone)*
  - STAFF PRESENT:** Lynn Canfield, Nancy Crawford, Mark Driscoll, Stephanie Howard-Gallo
  - STAFF EXCUSED:** Peter Tracy
  - OTHERS PRESENT:** Danielle Mathews, Ron Bribrisco, Annette Becherer, Developmental Services Center (DSC); Patti Petrie, Sam Shore, Champaign County Board; Judi O'Connor, Champaign County Mental Health Board (CCMHB); Barb Bressner, Consultant; Jennifer Knapp, Linda Tortorelli, Community Choices; Dylan Boot, Persons Assuming Control of their Environment (PACE); Kathy Kessler, Community Elements (CE); Lisa Benson, Regional Planning Commission (RPC); Barb Horn, parent; Sam Davis, United Cerebral Palsy
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**CALL TO ORDER:**

Dr. Phil Krein called the meeting to order at 6:31 p.m.

**MOTION:** Ms. Ruesch moved to allow Ms. Suter to attend the Board meeting by telephone due to her recent surgery as is allowed in the CCDDB By-Laws. Ms. Dill seconded the motion. Krein, Ruesch, Dill and Smith all voted aye. The

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**motion passed and Ms. Suter was allowed to attend the meeting via telephone.**

**ROLL CALL:**

Roll call was taken and a quorum was present.

**ADDITIONS TO AGENDA:**

None.

**CITIZEN INPUT:**

Linda Tortorelli spoke regarding the number of children with I/DD children placed out of Champaign County for residential programs. Barb Horn shared her story about having to place her daughter out of the county.

**CCMHB INPUT:**

Minutes from the CCMHB October meeting were included in the Board packet for information only.

**APPROVAL OF CCDDDB MINUTES:**

Minutes from the October 21, 2015 CCDDDB meeting were included in the Board packet.

**MOTION: Mr. Smith moved to approve the minutes from the October 21, 2015 CCDDDB meeting. Ms. Dill seconded the motion. A voice vote was taken and the motion passed unanimously.**

**PRESIDENT'S COMMENTS:**

Dr. Krein thanked everyone for their participation in the Board retreat. He read a letter from Peter Tracy stating his intent to cancel the automatic extension in his employment contract so that his final day of employment will be November 30, 2018. Dr. Krein then read a letter from Dr. Townsend and him, accepting Mr. Tracy's letter and commending his expertise and commitment. The extension terms will be returned to his employment contract at his request should he change his mind.

**EXECUTIVE DIRECTOR'S REPORT:**

None.

**STAFF REPORT:**

Ms. Canfield's written report was included in the Board packet.



**CONSULATANT'S REPORT:**

Ms. Bressner's written report and summaries of evaluations for the disAbility Resource Expo were included in the packet for information only. She also provided a verbal update.

**AGENCY INFORMATION:**

Jennifer Knapp from Community Choices and Annette Becherer provided an update on Employment First.

Dylan Boot from Persons Assuming Control of their Environment (PACE) stated the last three months, the power doors have been off when he attempted to enter the Brookens Center. He will be writing a letter to Champaign County expressing his concern.

**FINANCIAL REPORT:**

A copy of the claims report was included in the Board packet.

**MOTION: Mr. Smith moved to accept the claims report as presented. Ms. Dill seconded the motion. A voice vote was taken and the motion passed unanimously.**

**NEW BUSINESS:**

**Integration Transition Successes:**

A recent employee at Home Depot has received 4 employee awards this year.

**First Quarter FY16 Agency Reports:**

Copies of First Quarter FY16 Service Activity Reports submitted per ID/DD program were included in the Board packet for information only.

**Demographic and Residency Data:**

Demographic and Residency Data for Champaign County was included in the Board packet for information only.

**OLD BUSINESS:**

**FY17 Allocation Criteria:**

A Decision Memorandum was included in the packet.

**MOTION: Ms. Ruesch moved to approve the CCDDDB FY17 Allocation Priorities and Decision Support Criteria as described in the memorandum. Mr. Smith seconded the motion. Discussion followed. A voice vote was taken and the motion passed unanimously.**

**Three-Year Plan with One-Year Objectives:**

A copy of the Three-Year Plan with One-Year Objectives was included in the Board packet.

**MOTION:** Mr. Smith moved to approve the three-Year Plan for fiscal years 2016 through 2018 with Objectives for Fiscal Year 2016 as presented. Ms. Dill seconded the motion. A voice vote was taken and the motion passed unanimously.

**BOARD ANNOUNCEMENTS:**

None.

**ADJOURNMENT:**

The meeting adjourned at 7:35 p.m.

Respectfully Submitted by: Stephanie Howard-Gallo

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

**DRAFT**



C. A.

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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD  
BOARD MEETING**

*Minutes—December 16, 2015*

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

*4:30 p.m.*

**DRAFT**

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**MEMBERS PRESENT:** Astrid Berkson, Aillinn Dannave, Susan Fowler, Deloris Henry, Thom Moore, Judi O'Connor, Julian Rappaport, Anne Robin, Deborah Townsend

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

**OTHERS PRESENT:** Juli Kartel, Sheila Ferguson, Community Elements (CE); Danielle Matthews, Dale Morrissey, Developmental Services Center (DSC); Patti Petrie, Champaign County Board; Gail Raney, Bruce Suardini, Shandra Summerville, Prairie Center Health Systems (PCHS); Lisa Benson, Regional Planning Commission (RPC); Darlene Kloeppel, Bobbi Trist, Margaret White, Citizens; Sue Suter, Champaign County Developmental Disabilities Board (CCDDDB);

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**CALL TO ORDER:**

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

**ROLL CALL:**

Roll call was taken and a quorum was present.

**CITIZEN INPUT / PUBLIC PARTICIPATION:**

Ms. Nancy Greenwalt addressed the number of uninsured clients at Promise Healthcare.

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Mr. Dale Morrissey addressed staff shortages at Developmental Services Center (DSC).

**ADDITIONS TO AGENDA:**

None.

**CCDDB INFORMATION:**

The CCDDB has changed their monthly meeting times. The new schedule has been posted on the County website.

**APPROVAL OF MINUTES:**

Minutes from the 11/18/15 Board meeting were included in the Board packet for approval.

**MOTION: Dr. Moore moved to approve the minutes from 11/18/15 as presented in the packet. Dr. Fowler seconded the motion. A voice vote was taken and the motion passed.**

**PRESIDENT'S COMMENTS:**

Dr. Townsend announced a letter of resignation had been received from Peter Tracy, Executive Director of the CCMHB and CCDDB effective June 30, 2016.

Mr. Mike McClellan, former CCMHB member, spoke regarding his support for Mr. Tracy's work.

**EXECUTIVE DIRECTOR'S COMMENTS:**

None.

**STAFF REPORTS:**

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

**CONSULTANT REPORT:**

None.

**BOARD TO BOARD:**

None.

**AGENCY INFORMATION:**

None.

**FINANCIAL INFORMATION:**

A copy of the claims report was included in the Board packet.



**MOTION: Dr. Henry moved to accept the claims as presented. Dr. Berkson seconded the motion. A voice vote was taken and the motion passed unanimously.**

**NEW BUSINESS:**

**Champaign Community Coalition—Commitment of Support:**

A Decision Memorandum was included in the Board packet for action. On November 19, 2014 the CCMHB approved the allocation of funding to support the efforts and work of the Champaign Community Coalition. At that time the CCMHB approved funding (\$107,000 for annual salary and benefits) to establish a full time CCMHB coordinator position to manage and lead the Champaign Community Coalition.

In the interim, the City of Champaign has assumed responsibility for funding this position and as of November 2, 2015 the position has been filled by Mr. Tracy Parsons. The money earmarked by the CCMHB to fund the position is now available for redirection in order to meet the objectives of this position and the Coalition. Specifically, the redirection of funding would include supporting our community-wide effort to build a system of care for multi-system involved youth that is trauma and justice informed. The Coalition includes key decision makers from virtually all youth-serving systems including juvenile justice, law enforcement, education, behavioral health, child welfare, recreation, local governments, local funders, and other key stakeholders.

Members of the Champaign Community Coalition are required to commit resources necessary to fund and support the work of the group. The CCMHB commitment to the Coalition was originally approved as funding for the Project Director position, and is now available to support other Coalition activities and projects.

The CCMHB is a charter member and strong supporter of the Champaign Community Coalition. The Coalition has been organized to address problems of youth violence in our communities and racial disparities reflected by the disproportional involvement of children and youth of color in juvenile justice, school suspensions and expulsion, and child welfare. The Coalition is committed to supporting (1) integration and coordination of resources; (2) improved police and community relations; (3) promotion of physically and mentally health youth; and (4) positive youth development.

During 2015 the Coalition sponsored, organized and provided a variety of training events and youth activities at which 880 individuals benefited. Examples include the Summer Youth Employment program for Urbana (35 youth), Midnight Basketball (150 youth), University of Illinois Recreation (140 youth), Trauma and Crisis Response, Anti-violence marketing campaign, Community Engagement, Cultural Competence Training, Targeted Youth Summer Initiative, Academic Enrichment, Leadership Development, Job Skill Development, Reading Enrichment, and Anti-bullying. Most of these activities were administered by the Don Moyer Boys and Girls Club.

CCMHB redirected funding will allow for continuation of many of these activities during 2016. The fiscal agent and program administrator will be the Don Moyer Boys and Girls Club. This action is budget neutral and is a redirection of dollars already approved by the CCMHB to support the Champaign Community Coalition.

**MOTION:** Dr. Henry moved to approve redirection of up to \$107,000 to contract with the Don Moyer Boys and Girls Club to administer and serve as fiscal agent for programs, services and supports organized and sponsored by the Champaign Community Coalition. This commitment will meet the CCMHB's revenue obligation to the Champaign Community Coalition. Dr. Berkson seconded the motion. Discussion followed.

**MOTION:** Ms. O'Connor moved to defer action on this motion supporting a commitment of support for the Champaign Community Coalition until the January Board meeting. Dr. Fowler seconded the motion. Discussion followed. Ms. O'Connor explained she considered the request to be out-of-cycle funding and felt transparency was needed to know what the money would be used for. A voice vote was taken. The motion failed.

Mr. Tracy Parsons, Community Relations Manager of the City of Champaign distributed a document detailing Champaign County Community Coalition 2015 priorities and accomplishments.

A roll call vote was taken regarding the Champaign Community Coalition support. All Board members voted aye. The motion passed unanimously.

#### **OLD BUSINESS:**

##### **Communication Process:**

A memorandum on the subject of Board communication from Dr. Fowler was included in the Board packet. Board discussion followed regarding parliamentary procedure and a public participation policy.

##### **Public Policy Discussion:**

A Briefing Memorandum was included in the Board packet regarding CCMHB responsibility for addressing service gaps created by the Illinois fiscal crisis.

#### **BOARD ANNOUNCEMENTS:**

None.

#### **ADJOURNMENT:**

The meeting adjourned at 6:10 p.m.

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Respectfully  
Submitted by: Stephanie Howard-Gallo  
CCMHB/CCDDB Staff

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

DRAFT





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**Mark Driscoll**

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

**Staff Report – January 20, 2016 Board Meeting**

**Summary of Activity**

**CCMHB Program Monitoring:** All programs monitored in December met expectations for documentation of reported service activity. Reports have been issued for all site visits completed in 2015. The next round of site visits have been scheduled and include most of the contracts with Community Elements and Prairie Center as well as Promise Healthcare's Mental Health Services program. After these site visits and accompanying reports are completed, 17 of the 28 programs for which I am responsible will have been monitored. Any program not scheduled for a site visit at this time will be monitored in late spring.

**FY 2017 Application Cycle:** The first step to initiating the FY 2017 application cycle took place on December 13, 2015 with publication of the Notice of Funding Availability. Minor revisions were made to the notice. A copy of the notice is included in the Board packet.

No changes were made to the operation of the online system for the new application cycle. The application instructions are reviewed each year and then reposted to the system. I took the lead on updating the instructions this year with input from Lynn Canfield, Nancy Crawford and Shandra Summerville, with Lynn posting the final document to the system. The Selection of Funding Source question is no longer required as the only source now is CCMHB. In the past, agencies submitting an application to the CCMHB could choose CCMHB, ACCESS Initiative or Quarter Cent. The latter two are no longer options making the question moot. References to the ACCESS Initiative have been struck from the instructions. Other minor changes also were made.

The system opened for applications on January 6<sup>th</sup> and will close on February 12<sup>th</sup>. Proposals submitted last year are cloned enabling agencies if they so choose, to work off the prior year's submission rather than starting from scratch. Programs can be reconfigured from the existing forms but new initiatives require a new set of forms be completed. New applicants must register on the system before they can access the application forms. I have had one inquiry from an individual interested in applying and provided him with an overview of the system including the registration process.

The contract with the online system consultant has been renewed. The contract is for system support. The consultant will attend the Mental Health Agencies Council meeting on January 26<sup>th</sup>.

**Criminal Justice-Mental Health:** It looks like the first Wednesday of the month will be dedicated to criminal justice mental health related meetings. The Crisis Intervention Team Steering Committee (CITSC) met the morning of January 6<sup>th</sup>, followed by the Reentry Council at noon and immediately followed by the Crisis Response Planning Committee – the planning body created under the DoJ Justice and Mental Health Collaboration grant.

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At the CITSC, being the first of the year, one of the topics was a review of the past years accomplishments as well as on-going issues. While state sponsored CIT training was postponed to May, there is the possibility that local law enforcement will fund a 40 hour CIT training for local police officers. In addition, the eight hour Mental Health First Aid for Law Enforcement is being offered by Urbana Police Lt. Sanders to local police departments. Community Elements reported on plans to merge with Rosecrance, headquartered in Rockford, Illinois. Lynn Canfield updated the group on the MHU app for mobile phones developed by Leon Evans group in Bexar County. Local alternatives for developing a similar app to the one from Bexar County were discussed. The Sheriff's Office shared numbers on contacts at the jail by "super utilizers." The U of I police reported on the high volume of mental health related contacts and suicides since the start of the 2015-16 school year. The importance of coordinating with the crisis team to meet the individual's mental health needs as an approach to reducing frequency of contacts was noted. The ability to uniformly report and track CIT contacts across police departments through ARMS (Automated Records Management System) will help the various departments identify individuals other law enforcement departments are having multiple contacts with in the community.

The Reentry Council had a report on the Justice Mental Health Collaboration Program conference, an update on the merger of Community Elements with Rosecrance, reaching out to the housing authority related to the housing needs of individuals reentering the community, and execution of linkage of agreements by providers involved with the Council. The program report included a review of screening activity and identified needs with assistance with enrollment in benefit plans/programs and employment assistance as the highest identified needs followed by behavioral health. Another reentry resource fair is being planned for mid-March.

The Crisis Response Planning Committee approved bylaws, approved a community representative to join the committee, and heard a report on the Justice and Mental Health Collaboration Program conference for grant recipients. A Planning and Implementation Guide for the grant was distributed and goals and timeline reviewed. Included on the CCMHB agenda under New Business is a presentation on the Justice and Mental Health Collaboration grant.

Parenting with Love and Limits: Second quarter reviews of the Parenting with Love and Limits – Front End program (PLL-FE) at Community Elements and the Parenting with Love and Limits – Extended Care program (PLL-EC) at Prairie Center were completed by Savannah Family Institute. The engagement rate (percent of families completing intake that attend groups) for PLL-FE through the second quarter was 92% and of those families participating in the program 89% completed all requirements, i.e. graduated. The engagement rate for the PLL-EC program through the second quarter was 86% and a completion rate of 82%. Savannah Family Institute sets a goal of 70% for both engagement and completion rates for program providers.

Other activity: The United Way Community Impact Committee reviewed plans for evaluating program proposals including the program interview instrument to be used by the review panels. Applications to United Way were due January 15<sup>th</sup>. At meeting of the Continuum of Care and Council of Service Providers to the Homeless, members heard updates on plans to conduct the point of time survey of the homeless population on January 28<sup>th</sup>, anticipated opening of the emergency family shelter, and CU at Homes annual "One Winter's Night" event scheduled for February 5<sup>th</sup>.

**Lynn Canfield, Associate Director for Intellectual and Developmental Disabilities  
Staff Report – January 20, 2016**

**FY2016 Contracts:** Second quarter reports are due January 29<sup>th</sup>, as are Cultural and Linguistic Competence Progress Reports, Financial Variance Reports (in case of a greater than 5% variance), and Persons Served reports. First quarter reports have been processed and some clarifications requested. Monthly billings are submitted via the Proviso RTS for two ID/DD programs.

**FY2017 Funding Applications:** Technical support for the application website has been primarily related to registration, as system was opened January 6<sup>th</sup>. Application instructions, including a distinct document for developing the agency Cultural and Linguistic Competence Plan, were revised and uploaded to the system prior to taking it 'live.' Current board documents and schedules are posted there, and application forms were also examined and revised. FY2016 applications were 'cloned' into FY2017 sections, in case current agency contracts are simply to be modified. Board users have read-access to all agency application forms and reports submitted through the system.

**Alliance for the Promotion of Acceptance, Inclusion, and Respect:** a group of steering committee members met for initial planning in mid-December, with follow-up through smaller meetings and emails. In addition to our sponsorship of an 'anti-stigma' film in the 2016 Roger Ebert's Film Festival, we will host an art show (one or two days), contribute local experts to the panel discussion on stigma and the arts, work with UIUC student support for Alliance activities, develop a short PSA style video to show between films, along with print and social media promotions, and explore other potential methods for spreading the message more broadly.

**Association Committee Calls and Miscellaneous Webinars:**

I participated in meetings of the **Association of Community Mental Health Authorities of Illinois (ACMHAI)** Executive Committee, Legislative Committee, and ID/DD Committee. (The Medicaid/Managed Care Committee call is scheduled for January 20<sup>th</sup>.) Executive Committee meetings focus on the transition from a full time Association Director, through short-term consultants, to the new part-time Coordinator; involvement of the officers has responded to each phase. The Legislative Committee discussed: statewide impact of the loss of psychiatric leadership and other grants; status of SB2046 (to fund human services not covered by court orders – it could pass with simple majority but will be vetoed by the governor, kicking it back to 3/5 majority requirement) and HB4150; the December leadership meetings, after which Speaker Madigan made a public remark about possibly starting the conversation on income tax hike; the bill review and tracking process we will use during this legislative schedule; and other housekeeping.

I was unable to join the December 22<sup>nd</sup> call of the **National Association of County Behavioral and Developmental Disabilities Directors (NACBHDD)** ID/DD committee, but the current



draft of our position paper appears in the CCDDDB board packet. While reviewing the minutes from this meeting, I noticed that Illinois was named as one of four states likely to be reviewed by Department of Justice (non-residential Olmstead) and asked for more detail on this note.

The December 16<sup>th</sup> **Office of Disability Employment Policy (ODEP)** webinar on Provider Transformation featured guest speakers from: the Arc of Westchester; SRVS, the largest provider of ID/DD services in Tennessee; SRVS Industries, their associated sheltered workshop; and New England Business Associates, a community provider. They touched on best practices and tools to support them, common challenges and solutions in the transformation to integrated non-residential services with highlights: the CQL interview process' impact on staff perspective; ending the use of piece rate; understanding that individuals' limited experience made it hard to express preferences from among choices they didn't know they had; soft skills curriculum; shift in expectations and concerns of families, board members, staff; partnering with churches and community centers along with larger corporations; use of job clubs to sustain friendships built in the workshop and to explore new work options; volunteer opportunities; the need for job development; average wages now higher than minimum and average hours 21/week; emphasis on team approach; revised time sheets to capture billable vs non-billable services; tracking through an 'employment scoreboard;' celebrating success stories; the continued need for wrap-around supports, transportation, increased funding and flexibility.

I viewed a **NACBHDD** webinar on the topic of "Introduction to Population Health, Prevention, and Integration" on December 17<sup>th</sup> with focus on a population health management model (with quadrants defined from very healthy to very unhealthy and no disease to severe disease), health literacy, health promotion, a new mix of performance measures (some perceptual), and the Baldrige Excellence Approach.

**Other Activity:** I participated in a bimonthly meeting of the **CIT Steering Committee** and the January **Champaign Community Coalition** Executive Committee and All Goal Teams meetings. The Coalition's next events around the film "Racial Taboo" will be January 28<sup>th</sup> at 6pm at the Vineyard Church, March (date and time TBD) at Parkland, and (date, time, and location TBD) in April, a special screening for youth. Announcements of interest from Coalition partners included: cultural competence training for the park districts' personnel and others; CU Neighborhood Champions information sessions February 2<sup>nd</sup> and 20<sup>th</sup>; the plan to expand on the success of the Urbana youth summer program; input sought for the state mandated I-Plan for CUPHD; a mid-February UIUC Walk as One, in advance of unofficial St. Patrick's Day; emergency shelter to open as a result of collaboration of local funders; Cradle to Career meeting on kindergarten readiness; ISU's Care For You grant for jobs training in both districts; Martin Luther King, Jr activities to be led by Will Patterson, 9:45AM on the 18<sup>th</sup> at the Urbana Civic Center.

**Ligas, PUNS, and Unmet Need:** the new Ligas Court Monitor has found Illinois to be out of compliance with the consent decree; there is an appropriate focus on the workforce crisis, primarily with DSP wages but also including nursing and supervisory staff. The major issues often discussed in Champaign County are also named in the monitor's statement: staffing crisis; scarcity of smaller CILAs and supports for those with intense needs; day and employment services not as flexible, person centered, or integrated as many prefer/need; and too many approved individuals (254 statewide) still waiting for their approved waiver services to start.

Data sorted for Champaign County, from the IDHS website's December 7 update, appear below, with the full report attached. Also attached is a page of data compiled by the CCRPC Independent Service Coordination Program, regarding the **262 Champaign County residents receiving HCBS ("waiver") services** as of January 2016.

10/4/11: 201 with emergency need; of 278 with critical need, 123 are recent or coming grads.  
9/10/12: 224 with emergency need; of 288 with critical need, 131 are recent or coming grads.  
10/15/13: 244 with emergency need; of 378 with critical need, 160 are recent or coming grads.  
9/9/14: 260 with emergency need; of 425 with critical need, 180 are recent or coming grads.  
9/8/15: 254 with emergency need; of 440 with critical need, 181 are recent or coming grads.  
12/7/15: 242 with emergency need; of 455 with critical need, 183 have exited school in the past 10 years or expect to in the next 3 years.

*Emergency need = person needs in-home, day, or out of home supports immediately.*

*Critical need = person needs supports within one year.*

**What People Have:** the majority of existing supports, in order, are Education, Transportation, Speech Therapy, Occupational Therapy, and Behavioral Supports.

**What People Want:** the most frequently identified desired supports, in order, are Transportation, Personal Support, Support to engage in work/activities in a disability setting, Occupational Therapy, Support to work in the community, Speech Therapy, Behavioral Supports, Other Transportation Service, Out-of-home residential services with 24-hour supports, Out-of-home residential services with less than 24-hour supports, Physical Therapy, Assistive Technology, and Respite.

*Because eligibility determination is done after selection from PUNS rather than upon enrollment, these data will include an unknown number of individuals who do not have a qualifying diagnosis. An FY2016 CCDDDB contract with RPC ISC begins to resolve this by providing some eligibility determinations at enrollment and upon request. Persons likely to qualify as Ligas members (toward state awards for Home and Community Based services) may be currently served by CCDDDB and CCMHB funded programs while enrolled in PUNS. As a result, these data will also include individuals whose short-term service and support needs may be met (in full or in part) while they wait for long-term state funding.*



**Division of Developmental Disabilities**  
**Prioritization of Urgency of Needs for Services (PUNS)**  
**Summary By County and Selection Detail**

December 07, 2015

**County: Champaign**

**Reason for PUNS or PUNS Update**

New	176
Annual Update	118
Change of category (Emergency, Planning, or Critical)	19
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	21
Person is fully served or is not requesting any supports within the next five (5) years	154
Moved to another state, close PUNS	8
Person withdraws, close PUNS	16
Deceased	10
Unable to locate	2
Other, supports still needed	3
Other, close PUNS	85

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

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	9
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	29
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	5
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	17

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

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	27
2. Death of the care giver with no other supports available.	3
3. Person has been committed by the court or is at risk of incarceration.	2
4. Person is living in a setting where there is suspicion of abuse or neglect.	7
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	9
6. Other crisis, Specify:	134

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	54
2. Person has a care giver (age 60+) and will need supports within the next year.	36
3. Person has an ill care giver who will be unable to continue providing care within the next year.	9
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	52
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	15
6. There has been a death or other family crisis, requiring additional supports.	5
7. Person has a care giver who would be unable to work if services are not provided.	35
8. Person or care giver needs an alternative living arrangement.	13
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	183
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	2
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	7
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	1
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	6
14. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment supports in the next year.	3
20. Person wants to leave current setting within the next year.	7
21. Person needs services within the next year for some other reason, specify:	27

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**Division of Developmental Disabilities**  
**Prioritization of Urgency of Needs for Services (PUNS)**  
**Summary By County and Selection Detail**

December 07, 2015

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

1. Person is not currently in need of services, but will need service if something happens to the care giver.	89
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	3
4. Person wishes to move to a different geographic location in Illinois.	2
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	2
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	1
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	1
8. Person or care giver needs increased supports.	93
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	1
13. Person is residing in an out-of-home residential setting and is losing funding from the public school system within 1-5 years.	1
14. Other, Explain:	10

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	16
Respite Supports (<24 hour)	28
Behavioral Supports (includes behavioral intervention, therapy and counseling)	115
Physical Therapy	80
Occupational Therapy	132
Speech Therapy	165
Education	221
Assistive Technology	52
Homemaker/Chore Services	5
Adaptions to Home or Vehicle	9
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	12
Medical Equipment/Supplies	20
Nursing Services in the Home, Provided Intermittently	4
Other Individual Supports	26

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	131
Other Transportation Service	72
Senior Adult Day Services	1
Developmental Training	90
"Regular Work"/Sheltered Employment	79
Supported Employment	39
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	13
Other Day Supports (e.g. volunteering, community experience)	17

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	4
Community Integrated Living Arrangement (CILA)/Intermittent	5
Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	33
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	13
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
Skilled Nursing Facility/Pediatrics (SNF/PED)	4
Supported Living Arrangement	3
Shelter Care/Board Home	1
Children's Residential Services	6

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**Division of Developmental Disabilities**  
**Prioritization of Urgency of Needs for Services (PUNS)**  
**Summary By County and Selection Detail**

December 07, 2015

Child Care Institutions (Including Residential Schools)	4
Other Residential Support (including homeless shelters)	9
<b>SUPPORTS NEEDED</b>	
Personal Support (includes habilitation, personal care and intermittent respite services)	289
Respite Supports (24 hours or greater)	75
Behavioral Supports (includes behavioral intervention, therapy and counseling)	153
Physical Therapy	104
Occupational Therapy	187
Speech Therapy	172
Assistive Technology	101
Adaptations to Home or Vehicle	30
Nursing Services in the Home, Provided Intermittently	10
Other Individual Supports	48
<b>TRANSPORTATION NEEDED</b>	
Transportation (include trip/mileage reimbursement)	301
Other Transportation Service	149
<b>VOCATIONAL OR OTHER STRUCTURED ACTIVITIES</b>	
Support to work at home (e.g., self employment or earning at home)	6
Support to work in the community	187
Support to engage in work/activities in a disability setting	196
<b>RESIDENTIAL SUPPORTS NEEDED</b>	
Out-of-home residential services with less than 24-hour supports	111
Out-of-home residential services with 24-hour supports	124

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Champaign County  
 State DD Waiver Funding-January 2016

<b>Waiver Type</b>	
AHBS	79
CHBS	11
Family CILA	0
Intermittent CILA	4
CILA	115
DT	3
31 U	43
ICF	7
<b>total</b>	<b>262</b>

<b>Total CILA</b>	<b>115</b>
<b>RDI</b>	<b>54</b>
Adams-Philo	6
Chestnut-St. Joe	4
Cureton-Urbana	8
Gates-Rantoul	8
Pond-Urbana	4
Rockland-Rantoul	7
Rodney-Champaign	6
Curtis-Ogden	7
Scovill-Urbana	4
<b>DSC</b>	<b>48</b>
Campbell-Rantoul	7
Chickory-Champaign	7
Creve Coeur-Champaign	3
Kathryn-Urbana	8
Kerr-Urbana	1
Mahomet	0
Lincolnshire-Champaign	3
Trail way-Champaign	6
Georgetown-Champaign	5
Hartle-Urbana	8
<b>CTF</b>	<b>7</b>
Devonshire-Champaign	7
<b>IAG</b>	<b>6</b>
Aberdean-Champaign	3
Royal Oak-Champaign	3
Swann Special Care	7

**Shandra Summerville**  
**Cultural and Linguistic Competence Coordinator-CCDDB/CCMHB**  
**Staff Report- January 20, 2016**

**CCMHB FY17 Application Process:**

The FY17 CLC Plan instructions were updated and uploaded to the system. The CLC Guidelines required by the State of Illinois for DHS contracts were reviewed and have been provided for information in this board packet to ensure board members are aware of the continuity of Champaign County with the state guidelines. Please see the opportunity for CLC Consultation for the upcoming PY17. This will be an opportunity to bring questions about how to develop the CLC Plan that is required for FY Application Program.

**National Updates:**

I serve as a member of the National Federation of Families Board of Directors. This organization works to ensure that family voice/consumer voice is at the front of all conversations regarding children's' mental health. There will be a Board of Directors retreat scheduled in February to discuss next steps of the strategic planning.

[www.ffcmh.org](http://www.ffcmh.org)

**State Updates**

No Updates

**Local Updates**

Consultation, Technical Assistance and Training are available for all agencies funded by the CCDDB/CCMHB. If you have a request for consultation, please feel free to contact me at [shandra@ccmhb.org](mailto:shandra@ccmhb.org) or 217-367-5703 ext 2428

Currently these are organizations that have Cultural Competence/Diversity Committees that have invited me for direct involvement as a member of their committee:

- Prairie Center Health System- Multi-Cultural Services Advisory Committee
- Promise Health Care Center- Cultural Competence Committee

Ebert Festival: There will be a collaboration with the Associate Director of Developmental Disabilities on upcoming activities and Anti-Stigma Activities.

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**Upcoming Trainings:**

**FY17 CLC Plan Consultation:** The purpose of this session is to provide guidance on how to develop the plan for your application and to answer any questions about infusing Cultural Competence throughout your organization. Space is Limited (Sign-Up Is Encouraged). If you are not available to attend one of these sessions in person, please feel free to contact me and I will set up an alternate time.

**January 20, 2016- 10:00-11:30am- Brookens Building Meeting Room 3**

**February 3, 2016- 10:00-11:30am- Brookens Building- Jennifer Putman Room**

**Organization Training:**

**Tuesday, February 23, 2016 6:00pm- Promise Healthcare Board Meeting "Introduction to Cultural Competence" (For Promise Healthcare Board Members Only)**

## Cultural and Linguistic Competence Plan Instructions and Template

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

The Cultural and Linguistic Competence Plan (CLCP) is designed to ensure that services and policies support the needs of diverse populations that are currently being served and individuals that are employed within an organization. The overarching goal of the CLCP is to ensure that agencies provide examples of specific tasks and responsibilities within six critical domains related to cultural and linguistic competence: *(1) governance and organizational infrastructure; (2) services and supports; (3) planning and continuous quality improvement; (4) collaboration; (5) communication; and (6) workforce development.* The CLCP is structured such that specific tasks and action steps from the six domains are provided for all levels of accountability within the agency, including the policy and governance, administrative, practice, and individual and family levels of service. This format also reflects the importance of a team approach and shared responsibilities in working towards the development of a culturally and linguistically responsive organization. Everyone, including the governance body, is responsible for prioritizing cultural and linguistic competence throughout an organization. Remember, this is a journey not a destination.

*CCMHB/CCDDDB will review all CLCP plans submitted with FY2017 applications for funding, with particular attention to benchmarks for each of the following action areas:*

1. *Annual Cultural Competence Training*
2. *Diverse Board and Staff Recruitment*
3. *Cultural Competence Organizational Assessment/Evaluation*
4. *Implementation of Cultural Competence Values in Policy and Procedure*
5. *Outreach and Engagement of Underrepresented Populations defined in the criteria*
6. *Inter-Agency Collaboration*

Each section should outline clear outcome measures/benchmarks reflecting the applicant organization's journey toward cultural competence.

- **Role/Responsibility:** describe the overarching missions of individuals at each accountability level as they relate to cultural and linguistic competence. These broad descriptions should provide direction for the development of all action steps within the CLC Plan table.
- **Action Steps:** explicitly state the measurable and time-sensitive tasks to be completed within a year by those responsible at each level of accountability.
- **Time Frame:** provide task completion dates and the frequency of tasks conducted more than once. It is recommended that time frames for task completion fall within the same period as the funding request.

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**ADMINISTRATION/MANAGEMENT LEVEL**

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

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
<b>2.1. Organize a Cultural and Linguistic Competence Committee with authority to monitor goals of Cultural Competence Plan and create action steps.</b>			
<b>2.2. Assess and modify the physical facility to reflect the population of focus, to be welcoming, clean, and attractive by providing cultural art, magazines, refreshments, etc.</b>			
<b>2.3 Develop Communication and Language assistance protocol for staff to access language assistance.</b>			

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**DIRECT SERVICE LEVEL**

<b>Role/Responsibility: To provide quality care and service in a culturally and linguistically responsive way to underserved and diverse populations.</b>			
<b>Action Steps</b>	<b>Time Frame</b>	<b>Person(s) Responsible</b>	<b>Benchmarks</b>
3.1. Read and sign agreement that CLC plan has been read and practices will be implemented within the designated time period.			
3.2. Develop a directory of local providers, organizations, and other community supports.			

**CONSUMER/CLIENT/INDIVIDUAL LEVEL**

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

<b>Action Steps</b>	<b>Time Frame</b>	<b>Person(s) Responsible</b>	<b>Benchmarks</b>
Conduct regular focus groups or opportunities for clients to discuss services that were delivered.			

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## APPENDIX: GLOSSARY OF TERMS

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

### **Cultural Competence is**

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

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

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

*(Wade Noble MD adapted from the TA Partnership)*

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

## Champaign County Mental Health Board/Developmental Disabilities Board Cultural and Linguistic Competence Progress Reporting

### Instructions:

CLCP progress will be reported following the 2<sup>nd</sup> and the 4<sup>th</sup> Quarters of PY2017, according to the schedule of other required reports. Please submit your CLCP with an additional column that talks about the progress that you have made on your action steps listed on your CLCP. You should be prepared to report on how the actions have prioritized Cultural and Linguistic Competence as a value within the organization.

### Below is a list of actual guidelines that should be a part of action steps within the CLCP.

- Develop and review Cultural and Linguistic Competence Plan bi-annually with feedback from board of directors, management, staff, and individuals served by the organization.
- Develop a policy for timely provision for communication and language assistance.
- Develop a plan for inter-agency collaboration to support diverse populations.
- Conduct organizational Cultural Competence evaluation.
  - Conducting Focus Groups
  - Client Satisfaction Surveys
  - Organizational Assessments
  - Employee Cultural Competence Self-Assessments
- Begin to identify and recruit diverse membership on Board of Directors and workforce, clients
- Read and Sign CLC Plan
- Complete annual Cultural Competence Training.
- Establish a plan to support, or incentives for, supervisors and workers to prevent burn-out and compassion fatigue (e.g. Mental Health Days, Reflective Supervision, Employee Assistance Program, etc.)
- Plan and implement outreach and engagement activities to promote behavioral health/disability awareness.
- A plan to ensure that individuals and their family or identified support system will have a primary decision-making role in the development of their service plan. Ensure that the family's preferences/needs are present in the plan.
- Assess and modify the physical facility to ensure accessibility, to reflect the population of focus, and to be welcoming, clean, and attractive, by providing cultural art, magazines, toys, etc.
- Collect and enter data on race, ethnicity, and primary language of individuals and families in file and within the management information system.
- Plan appointments/meetings that are accessible for individuals and families and that will not conflict with their work.
- Plan and implement outreach and engagement activities to promote behavioral health/disability awareness and that will include the target population in the planning and implementation.
- Build for individuals with lived experience to serve on advisory board that reflect a diverse population.

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*** FUND NO. 090 MENTAL HEALTH											
*** DEPT NO. 053 MENTAL HEALTH BOARD											
25	CHAMPAIGN COUNTY TREASURER	1/04/16	03 VR	53- 22		535389	1/08/16	090-053-533.50-00	RENT-GENERAL CORP FACILITY/OFFICE RENTALS	JAN OFFICE RENT VENDOR TOTAL	2,952.68 2,952.68 *
41	CHAMPAIGN COUNTY TREASURER	12/23/15	01 VR	620- 179		535245	12/31/15	090-053-513.06-00	HEALTH INSUR FND 620 EMPLOYEE HEALTH/LIFE INS	DEC HI, LI, & HRA	3,294.09
		12/29/15	02 VR	620- 184		535246	12/31/15	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	NOV-DEC FSA&HRA ADM VENDOR TOTAL	49.00 3,343.09 *
88	CHAMPAIGN COUNTY TREASURER	12/28/15	02 VR	88- 68		535250	12/31/15	090-053-513.02-00	I.M.R.F. FUND 088 IMRF - EMPLOYER COST	IMRF 12/11 P/R	1,287.97
		12/28/15	03 VR	88- 71		535251	12/31/15	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 12/23 P/R VENDOR TOTAL	1,287.97 2,575.94 *
161	CHAMPAIGN COUNTY TREASURER	1/04/16	03 VR	53- 9		535400	1/08/16	090-053-533.92-00	REG PLAN COMM FND075 CONTRIBUTIONS & GRANTS	JAN YOUTH ASSMNT CT VENDOR TOTAL	2,167.00 2,167.00 *
176	CHAMPAIGN COUNTY TREASURER	12/04/15	01 VR	119- 79		534429	12/10/15	090-053-513.04-00	SELF-FUND INS FND476 WORKERS' COMPENSATION	INSWORK COMP 11/13,25P VENDOR TOTAL	185.23 185.23 *
179	CHAMPAIGN COUNTY TREASURER	1/04/16	03 VR	53- 8		535403	1/08/16	090-053-533.92-00	CHLD ADVC CTR FND679 CONTRIBUTIONS & GRANTS	JAN CAC VENDOR TOTAL	3,090.00 3,090.00 *
188	CHAMPAIGN COUNTY TREASURER	12/28/15	03 VR	188- 115		535255	12/31/15	090-053-513.01-00	SOCIAL SECUR FUND188 SOCIAL SECURITY-EMPLOYER FICA	FICA 12/23 P/R	789.58
		12/28/15	02 VR	188- 111		535255	12/31/15	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER FICA	FICA 12/11 P/R VENDOR TOTAL	789.56 1,579.14 *

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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												
5780	BP COMPUTER SERVICES											
		12/10/15	03	VR	53- 427		157	12/18/15	090-053-522.44-00	EQUIPMENT LESS THAN \$5000	INV 4945 11/30	1,330.00
		12/10/15	03	VR	53- 427		157	12/18/15	090-053-522.44-00	EQUIPMENT LESS THAN \$5000	INV 4944 11/30	1,195.00
		1/04/16	03	VR	53- 18		535421	1/08/16	090-053-533.07-00	PROFESSIONAL SERVICES	1ST QTR CONSULT FEE	750.00
		1/04/16	03	VR	53- 443		535421	1/08/16	090-053-522.44-00	EQUIPMENT LESS THAN \$5000	INV 4962 12/30	1,597.00
											VENDOR TOTAL	4,872.00 *
15460	CHAMPAIGN TELEPHONE COMPANY											
		1/04/16	03	VR	53- 440		535445	1/08/16	090-053-533.33-00	TELEPHONE SERVICE	INV 1117229 12/22	50.00
		1/04/16	03	VR	53- 440		535445	1/08/16	090-053-522.02-00	OFFICE SUPPLIES	INV 1117229 12/22	6.00
											VENDOR TOTAL	56.00 *
18052	COMCAST CABLE - MENTAL HEALTH								ACCT AC#8771403010088314			
		12/16/15	01	VR	53- 432		534662	12/18/15	090-053-533.29-00	COMPUTER/INF TCH SERVICES	8771403010088314 DE	84.90
		1/04/16	03	VR	53- 26		535452	1/08/16	090-053-533.29-00	COMPUTER/INF TCH SERVICES	8771403010217756 JA	85.85
											VENDOR TOTAL	170.75 *
18203	COMMUNITY CHOICE, INC								SUITE 419			
		1/04/16	03	VR	53- 10		535453	1/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN SELF DETERMINAT	4,583.00
		1/04/16	03	VR	53- 10		535453	1/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN CUSTOM EMPLOY	4,583.00
											VENDOR TOTAL	9,166.00 *
18209	COMMUNITY ELEMENTS											
		12/10/15	03	VR	53- 428		534664	12/18/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS	PSYCH/PRIM INCREASE	29,192.00
		1/04/16	03	VR	53- 1		535454	1/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN CRIMINAL JUSTIC	25,568.00
		1/04/16	03	VR	53- 1		535454	1/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN CRISIS/ACCESS	16,667.00
		1/04/16	03	VR	53- 1		535454	1/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN PSYCH/PRIM CARE	9,294.00
		1/04/16	03	VR	53- 1		535454	1/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN EARLY C'HOOD	7,500.00
		1/04/16	03	VR	53- 1		535454	1/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN PLL FRONT END	22,629.00
											VENDOR TOTAL	110,850.00 *
18230	COMMUNITY SERVICE CENTER OF NORTHERN								CHAMPAIGN COUNTY			
		1/04/16	03	VR	53- 2		535455	1/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN RESOURCE CONNEC	5,441.00
											VENDOR TOTAL	5,441.00 *

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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											
19260	COURAGE CONNECTION	1/04/16	03 VR	53-	3	535459	1/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN AWP	5,579.00
										VENDOR TOTAL	5,579.00 *
19346	CRISIS NURSERY	1/04/16	03 VR	53-	11	535462	1/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN BEYOND BLUE	5,833.00
										VENDOR TOTAL	5,833.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF	1/04/16	03 VR	53-	12	535466	1/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN INDIV/FAM SUP	31,345.00
	CHAMPAIGN COUNTY INC									VENDOR TOTAL	31,345.00 *
22730	DON MOYER BOYS & GIRLS CLUB	1/04/16	03 VR	53-	13	535467	1/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN ENGAGE/SOC MRKT	6,500.00
		1/04/16	03 VR	53-	13	535467	1/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN YOUTH ENGAGE	14,167.00
										VENDOR TOTAL	20,667.00 *
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR	1/04/16	03 VR	53-	14	535471	1/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN FAMILY SUPPORT	1,083.00
										VENDOR TOTAL	1,083.00 *
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY	1/04/16	03 VR	53-	4	535481	1/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN SELF HELP	2,369.00
	GRANTS	1/04/16	03 VR	53-	4	535481	1/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN SENIOR COUNSEL	11,861.00
										VENDOR TOTAL	14,230.00 *
44570	MAHOMET AREA YOUTH CLUB	1/04/16	03 VR	53-	15	535519	1/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN UNIV SCREENING	833.00
	601 EAST FRANKLIN	1/04/16	03 VR	53-	15	535519	1/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN BLAST	1,250.00
										VENDOR TOTAL	2,083.00 *
47428	MEYER CAPEL LAW OFFICE, P.C.	12/16/15	01 VR	53-	430	534736	12/18/15	090-053-533.07-00	PROFESSIONAL SERVICES	INV 208536 12/10	265.50



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*** FUND NO. 090 MENTAL HEALTH												
		12/16/15	01 VR	53-	430		534736	12/18/15	090-053-533.07-00	PROFESSIONAL SERVICES	INV 206574 11/9	472.00
											VENDOR TOTAL	737.50 *
49495	MOVERS 4 LESS											
		12/30/15	01 VR	53-	436		535299	12/31/15	090-053-533.73-00	EMPLOYEE/OFFC RELOCATION	MOVING FEE 12/21	230.00
											VENDOR TOTAL	230.00 *
54650	PEPSI COLA CHAMPAIGN-URBANA BOTTLING											
		12/10/15	03 VR	53-	426		534750	12/18/15	090-053-522.02-00	OFFICE SUPPLIES	INV 566510 11/9	5.73
		12/10/15	03 VR	53-	426		534750	12/18/15	090-053-522.02-00	OFFICE SUPPLIES	INV 585811 11/23	5.73
		12/10/15	03 VR	53-	426		534750	12/18/15	090-053-533.51-00	EQUIPMENT RENTALS	AC 5734 DEC RENT	6.95
											VENDOR TOTAL	18.41 *
56750	PRAIRIE CENTER HEALTH SYSTEMS									GRANTS		
		12/30/15	01 VR	53-	434		535305	12/31/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS	PREVENTION AMENDMEN	20,737.00
		1/04/16	03 VR	53-	5		535539	1/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN CJ SUB TREATMEN	833.00
		1/04/16	03 VR	53-	5		535539	1/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN VIVITROL PILOT	849.00
		1/04/16	03 VR	53-	5		535539	1/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN PREVENTION	4,712.00
		1/04/16	03 VR	53-	5		535539	1/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN SPECIALTY COURT	15,619.00
		1/04/16	03 VR	53-	5		535539	1/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN PLL EXTEND CARE	24,325.00
											VENDOR TOTAL	67,075.00 *
57196	PROMISE HEALTHCARE											
		12/28/15	01 VR	53-	437		535307	12/31/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MH SVCS AMENDMENT	51,000.00
		1/04/16	03 VR	53-	6		535542	1/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN WELLNESS/JUSTIC	3,333.00
		1/04/16	03 VR	53-	6		535542	1/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN MH SVCS	13,750.00
											VENDOR TOTAL	68,083.00 *
59434	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS											
		1/04/16	03 VR	53-	7		535547	1/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN RAPE/ADVC/COUNS	1,550.00
											VENDOR TOTAL	1,550.00 *



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VENDOR NO	VENDOR NAME	TRN DTE	B N CD	TR NO	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
62674	SAVANNAH FAMILY INSTITUTE, INC.	1/04/16	03 VR	53-	23		535555	1/08/16	090-053-533.07-00	PROFESSIONAL SERVICES	3RD QTR CONSULT FEE	37,500.00
											VENDOR TOTAL	37,500.00 *
67867	SPOC LLC	1/04/16	92 VR	28-	228		241	1/08/16	090-053-533.33-00	TELEPHONE SERVICE	INV 1117079 12/14	33.31
		1/04/16	92 VR	28-	228		241	1/08/16	090-053-533.33-00	TELEPHONE SERVICE	INV 1117079 12/14	24.47
											VENDOR TOTAL	57.78 *
74550	TROPHYTIME, INC.	1/04/16	93 VR	53-	438		535571	1/08/16	090-053-533.95-00	CONFERENCES & TRAINING	INV 121168 12/28	18.80
											VENDOR TOTAL	18.80 *
76609	UNITED WAY OF CHAMPAIGN COUNTY	1/04/16	03 VR	53-	20		535576	1/08/16	090-053-533.07-00	PROFESSIONAL SERVICES	3RD QTR 211 PATH SV	4,100.00
											VENDOR TOTAL	4,100.00 *
76867	UNIV OF IL SPONSORED PROG & RESEARCH ADM	1/04/16	03 VR	53-	21		535577	1/08/16	090-053-533.07-00	PROFESSIONAL SERVICES	JAN MHB16-039 CONSL	4,454.00
											VENDOR TOTAL	4,454.00 *
76916	UNIVERSITY OF IL FOUNDATION-EBERTFEST	1/06/16	01 VR	53-	27		245	1/08/16	090-053-533.89-00	PUBLIC RELATIONS	EBERTFEST SPNSR 201	25,000.00
											VENDOR TOTAL	25,000.00 *
77280	UP CENTER OF CHAMPAIGN COUNTY	1/04/16	03 VR	53-	17		535580	1/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN UP CENTER	1,000.00
											VENDOR TOTAL	1,000.00 *
78120	URBANA NEIGHBORHOOD CONNECTION CENTER	1/04/16	03 VR	53-	16		535585	1/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN UNIV SCREENING	1,000.00
											VENDOR TOTAL	1,000.00 *

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VENDOR NO	VENDOR NAME	TRN DTE	B N CD	TR NO	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
78550	VERIZON WIRELESS-MENTAL HEALTH BOARD								AC 386356887-00001			
		1/04/16	03 VR	53-	25		535588	1/08/16	090-053-533.33-00	TELEPHONE SERVICE	38635688700001 12/2	147.43
											VENDOR TOTAL	147.43 *
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH								AC#4798510049573930			
		12/22/15	02 VR	53-	435		535056	12/23/15	090-053-533.89-00	PUBLIC RELATIONS	3930 URB GARDN 11/1	179.35
		12/22/15	02 VR	53-	435		535056	12/23/15	090-053-522.02-00	OFFICE SUPPLIES	3930 STAPLES 11/20	11.99
		12/22/15	02 VR	53-	435		535056	12/23/15	090-053-522.04-00	COPIER SUPPLIES	3930 STAPLES 11/20	107.98
		12/22/15	02 VR	53-	435		535056	12/23/15	090-053-522.06-00	POSTAGE, UPS, FED EXPRESS	3930 USPS 11/23	5.75
		12/22/15	02 VR	53-	435		535056	12/23/15	090-053-522.04-00	COPIER SUPPLIES	3930 OFC SUPPL 11/2	330.82
		12/22/15	02 VR	53-	435		535056	12/23/15	090-053-522.04-00	COPIER SUPPLIES	3930 STAPLES 11/24	59.98
		12/22/15	02 VR	53-	435		535056	12/23/15	090-053-533.89-00	PUBLIC RELATIONS	3930 OPH MTG 11/24	43.24
		12/22/15	02 VR	53-	435		535056	12/23/15	090-053-522.02-00	OFFICE SUPPLIES	3930 ADOBE 11/25	10.61
		12/22/15	02 VR	53-	435		535056	12/23/15	090-053-522.04-00	COPIER SUPPLIES	3930 STAPLES 12/9	29.99
		12/22/15	02 VR	53-	435		535056	12/23/15	090-053-522.02-00	OFFICE SUPPLIES	3930 STAPLES 12/9	64.16
		12/22/15	02 VR	53-	435		535056	12/23/15	090-053-522.04-00	COPIER SUPPLIES	3930 STAPLES 12/9	29.99
		12/22/15	02 VR	53-	435		535056	12/23/15	090-053-522.02-00	OFFICE SUPPLIES	3930 STAPLES 12/9	69.94
		12/22/15	02 VR	53-	435		535056	12/23/15	090-053-522.04-00	COPIER SUPPLIES	3930 STAPLES 12/9	26.99
		12/22/15	02 VR	53-	435		535056	12/23/15	090-053-522.02-00	OFFICE SUPPLIES	3930 STAPLES 12/9	111.55
		12/22/15	02 VR	53-	435		535056	12/23/15	090-053-533.95-00	CONFERENCES & TRAINING	3930 HARD ROCK 11/1	101.27-
		12/22/15	02 VR	53-	435		535056	12/23/15	090-053-533.95-00	CONFERENCES & TRAINING	3930 HARD ROCK 11/1	101.27-
		12/22/15	02 VR	53-	435		535056	12/23/15	090-053-533.95-00	CONFERENCES & TRAINING	3930 HARD ROCK 11/1	254.92
		12/22/15	02 VR	53-	435		535056	12/23/15	090-053-533.95-00	CONFERENCES & TRAINING	3930 HARD ROCK 11/1	254.92
		12/22/15	02 VR	53-	435		535056	12/23/15	090-053-533.95-00	CONFERENCES & TRAINING	3930 HARD ROCK 12/4	50.00
											VENDOR TOTAL	1,439.64 *
81610	XEROX CORPORATION											
		12/16/15	01 VR	53-	431		534804	12/18/15	090-053-533.85-00	PHOTOCOPY SERVICES	INV 139522859 12/3	292.69
											VENDOR TOTAL	292.69 *
602880	BRESSNER, BARBARA J.											
		1/04/16	03 VR	53-	19		535611	1/08/16	090-053-533.07-00	PROFESSIONAL SERVICES	JAN PROFESSIONAL FE	1,968.75
											VENDOR TOTAL	1,968.75 *

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*** FUND NO. 090 MENTAL HEALTH												
603719	BRUSVEEN, JOHN	1/04/16	93 VR	53-	444		535612	1/08/16	090-053-533.07-00	PROFESSIONAL SERVICES	AUDIT RE 11/21-12/3	800.00
											VENDOR TOTAL	800.00 *
604568	CANFIELD, LYNN	1/04/16	93 VR	53-	441		535614	1/08/16	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	103 MILE 11/3-12/16	59.23
		1/04/16	93 VR	53-	441		535614	1/08/16	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARKING 11/3-12/16	7.50
											VENDOR TOTAL	66.73 *
609500	CRAWFORD, NANCY K	1/04/16	93 VR	53-	439		535615	1/08/16	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	128 MILE 11/4-12/23	73.60
		1/04/16	93 VR	53-	439		535615	1/08/16	090-053-522.06-00	POSTAGE, UPS, FED EXPRESSREIM USPS	11/4	2.54
											VENDOR TOTAL	76.14 *
611802	DRISCOLL, MARK	12/30/15	01 VR	53-	433		535357	12/31/15	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	192 MILE 11/3-12/17	110.40
		12/30/15	01 VR	53-	433		535357	12/31/15	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARKING 11/3-12/17	2.50
											VENDOR TOTAL	112.90 *
618915	HENRY, DELORIS	12/10/15	03 VR	53-	429		534821	12/18/15	090-053-533.95-00	CONFERENCES & TRAINING	298 MILE 12/3-4	171.35
											VENDOR TOTAL	171.35 *
619548	HOWARD-GALLO, STEPHANIE	1/04/16	93 VR	53-	442		535624	1/08/16	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	37 MILE 12/1-17	21.28
											VENDOR TOTAL	21.28 *
										MENTAL HEALTH BOARD	DEPARTMENT TOTAL	443,190.23 *
										MENTAL HEALTH	FUND TOTAL	443,190.23 *

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VENDOR NO	VENDOR NAME	TRN B DTE N CD	TR NO	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 106 PUBL SAFETY SALES TAX FND											
*** DEPT NO. 237 DELINQ PREVENTION GRANTS											
161	CHAMPAIGN COUNTY TREASURER							REG PLAN COMM FND075			
	12/18/15 02 VR 106-	36				534976	12/23/15	106-237-533.92-00	CONTRIBUTIONS & GRANTS	DEC YOUTH ASMT CTR	19,508.75
										VENDOR TOTAL	19,508.75 *
									DELINQ PREVENTION GRANTS	DEPARTMENT TOTAL	19,508.75 *
									PUBL SAFETY SALES TAX FND	FUND TOTAL	19,508.75 *



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VENDOR NO	VENDOR NAME	TRN DTE	B N CD	TR TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 641 ACCESS INITIATIVE GRANT											
*** DEPT NO. 053 MENTAL HEALTH BOARD											
16	CHAMPAIGN COUNTY TREASURER							GENERAL CORP FND 080			
		12/28/15	01 VR 641-	74				535243 12/31/15 641-053-533.01-00	AUDIT & ACCOUNTING SERVCSFY15	AUDITOR SERV	2,356.74
		12/28/15	01 VR 641-	74				535243 12/31/15 641-053-533.01-00	AUDIT & ACCOUNTING SERVCSFY15	HLTH/LIFE 020	228.02
		12/28/15	01 VR 641-	74				535243 12/31/15 641-053-533.01-00	AUDIT & ACCOUNTING SERVCSFY14	OUTSID AUDT 64	1,067.00
										VENDOR TOTAL	3,651.76 *
41	CHAMPAIGN COUNTY TREASURER							HEALTH INSUR FND 620			
		12/29/15	02 VR 620-	184				535245 12/31/15 641-053-513.06-00	EMPLOYEE HEALTH/LIFE INS NOV-DEC	FSA&HRA ADM	9.80
										VENDOR TOTAL	9.80 *
76	CHAMPAIGN COUNTY TREASURER							TORT IMMUNITY FND076			
		12/28/15	01 VR 641-	74				535248 12/31/15 641-053-533.01-00	AUDIT & ACCOUNTING SERVCSFY15	WK COMP 020	11.36
		12/28/15	01 VR 641-	74				535248 12/31/15 641-053-533.01-00	AUDIT & ACCOUNTING SERVCSFY15	UNEMP 020	25.36
										VENDOR TOTAL	36.72 *
88	CHAMPAIGN COUNTY TREASURER							I.M.R.F. FUND 088			
		12/28/15	01 VR 641-	74				535251 12/31/15 641-053-533.01-00	AUDIT & ACCOUNTING SERVCSFY15	IMRF 020	204.84
										VENDOR TOTAL	204.84 *
188	CHAMPAIGN COUNTY TREASURER							SOCIAL SECUR FUND188			
		12/28/15	01 VR 641-	74				535256 12/31/15 641-053-533.01-00	AUDIT & ACCOUNTING SERVCSFY15	FICA 020	157.96
										VENDOR TOTAL	157.96 *
										MENTAL HEALTH BOARD	DEPARTMENT TOTAL 4,061.08 *
										ACCESS INITIATIVE GRANT	FUND TOTAL 4,061.08 *

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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. 685 SPECIALTY COURTS FUND											
*** DEPT NO. 031 CIRCUIT COURT											
41	CHAMPAIGN COUNTY TREASURER							HEALTH INSUR FND 620			
		12/23/15	01 VR	620- 179		535245	12/31/15	685-031-513.06-00	EMPLOYEE HEALTH/LIFE INS	DEC HI, LI, & HRA	669.00
		12/29/15	02 VR	620- 184		535245	12/31/15	685-031-513.06-00	EMPLOYEE HEALTH/LIFE INS	NOV-DEC FSA&HRA ADM	9.80
										VENDOR TOTAL	678.80 *
88	CHAMPAIGN COUNTY TREASURER							I.M.R.F. FUND 088			
		12/28/15	02 VR	88- 68		535250	12/31/15	685-031-513.02-00	IMRF - EMPLOYER COST	IMRF 12/11 P/R	132.06
		12/28/15	03 VR	88- 71		535251	12/31/15	685-031-513.02-00	IMRF - EMPLOYER COST	IMRF 12/23 P/R	132.06
										VENDOR TOTAL	264.12 *
176	CHAMPAIGN COUNTY TREASURER							SELF-FUND INS FND476			
		12/04/15	01 VR	119- 79		534429	12/10/15	685-031-513.04-00	WORKERS' COMPENSATION	INSWORK COMP 11/13,25P	17.92
										VENDOR TOTAL	17.92 *
188	CHAMPAIGN COUNTY TREASURER							SOCIAL SECUR FUND188			
		12/28/15	03 VR	188- 115		535255	12/31/15	685-031-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 12/23 P/R	112.63
		12/28/15	02 VR	188- 111		535255	12/31/15	685-031-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 12/11 P/R	112.62
										VENDOR TOTAL	225.25 *
78877	VISA CARDMEMBER SERVICE - CIRCUIT COURT							AC#4798510049574003			
		12/29/15	05 VR	685- 37		535332	12/31/15	685-031-533.53-00	SPECIALTY COURTS EXPENSES4003	NA WRLD 11/19	819.27
		12/29/15	05 VR	685- 37		535332	12/31/15	685-031-533.53-00	SPECIALTY COURTS EXPENSES4003	AMAZON 11/19	93.12
		12/29/15	05 VR	685- 37		535332	12/31/15	685-031-533.53-00	SPECIALTY COURTS EXPENSES4003	AMAZON 11/19	39.92
		12/29/15	05 VR	685- 37		535332	12/31/15	685-031-533.53-00	SPECIALTY COURTS EXPENSES4003	AMAZON 11/22	142.01
		12/29/15	05 VR	685- 37		535332	12/31/15	685-031-533.53-00	SPECIALTY COURTS EXPENSES4003	AAWS PUBL 11/1	312.48
		12/29/15	05 VR	685- 37		535332	12/31/15	685-031-533.53-00	SPECIALTY COURTS EXPENSES4003	AMAZON 11/23	26.98
		12/29/15	05 VR	685- 37		535332	12/31/15	685-031-533.53-00	SPECIALTY COURTS EXPENSES4003	WALMART 11/25	202.36
		12/29/15	05 VR	685- 37		535332	12/31/15	685-031-533.53-00	SPECIALTY COURTS EXPENSES4003	CNTY MRKT 11/3	187.49
		12/29/15	05 VR	685- 37		535332	12/31/15	685-031-533.53-00	SPECIALTY COURTS EXPENSES4003	CNTY MRKT 11/3	7.98
		12/29/15	05 VR	685- 37		535332	12/31/15	685-031-533.53-00	SPECIALTY COURTS EXPENSES4003	CU MTD 12/1	99.00



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*** FUND NO. 685 SPECIALTY COURTS FUND												
		12/29/15	05	VR	685-	37	535332	12/31/15	685-031-533.53-00	SPECIALTY COURTS EXPENSES4003	GREYHOUND 12/1	42.50
		12/29/15	05	VR	685-	37	535332	12/31/15	685-031-533.53-00	SPECIALTY COURTS EXPENSES4003	PARTY CTY 12/4	64.93
		12/29/15	05	VR	685-	37	535332	12/31/15	685-031-533.53-00	SPECIALTY COURTS EXPENSES4003	HOBBY LBY 12/4	32.37
		12/29/15	05	VR	685-	37	535332	12/31/15	685-031-533.53-00	SPECIALTY COURTS EXPENSES4003	WALMART 12/4	446.06
											VENDOR TOTAL	2,516.47 *
612275	EDMONDS, AMBER											
		1/04/16	94	VR	685-	39	535620	1/08/16	685-031-533.53-00	SPECIALTY COURTS EXPENSESREIM	PHOTOS 12/6	25.40
											VENDOR TOTAL	25.40 *
616231	GRIFFITH, REBECCA											
		1/04/16	94	VR	685-	38	535621	1/08/16	685-031-533.53-00	SPECIALTY COURTS EXPENSESREIM	SNACKS 12/7	7.69
											VENDOR TOTAL	7.69 *
											CIRCUIT COURT	
											DEPARTMENT TOTAL	3,735.65 *
											SPECIALTY COURTS FUND	
											FUND TOTAL	3,735.65 *
											REPORT TOTAL *****	777,174.71 *

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community  
elements

wellness and recovery for the community



14A

**Justice and Mental Health**  
**Collaboration Program**  
**(JMHCP)**



14B

# Grant Details

- Awarding Agency – Department of Justice
- Awardee – Champaign County
- Amount Awarded - \$149,999
- Project Period – 24 months
- Other Assistance – Technical Assistance is being provided by Subject Matter Experts at the Council of State Governments Justice Center

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# Category 1

## Planning Grant

- This grant will support collaborative County approaches to reducing the prevalence of individuals with mental disorders in jail.
- The project will be jointly administered by:
  - Champaign County Sheriff's Office
    - Chief Deputy Allen Jones
  - Community Elements
    - Sheila Ferguson, CEO



# Project Roles

- Collaborative Consultant – Thomas Hawkins
- Project Director – Bruce Barnard
- Project Coordinator – Celeste Blodgett
- Network Administration – Community Elements Staff
- Data Consultant – Not yet identified

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# Project Activities

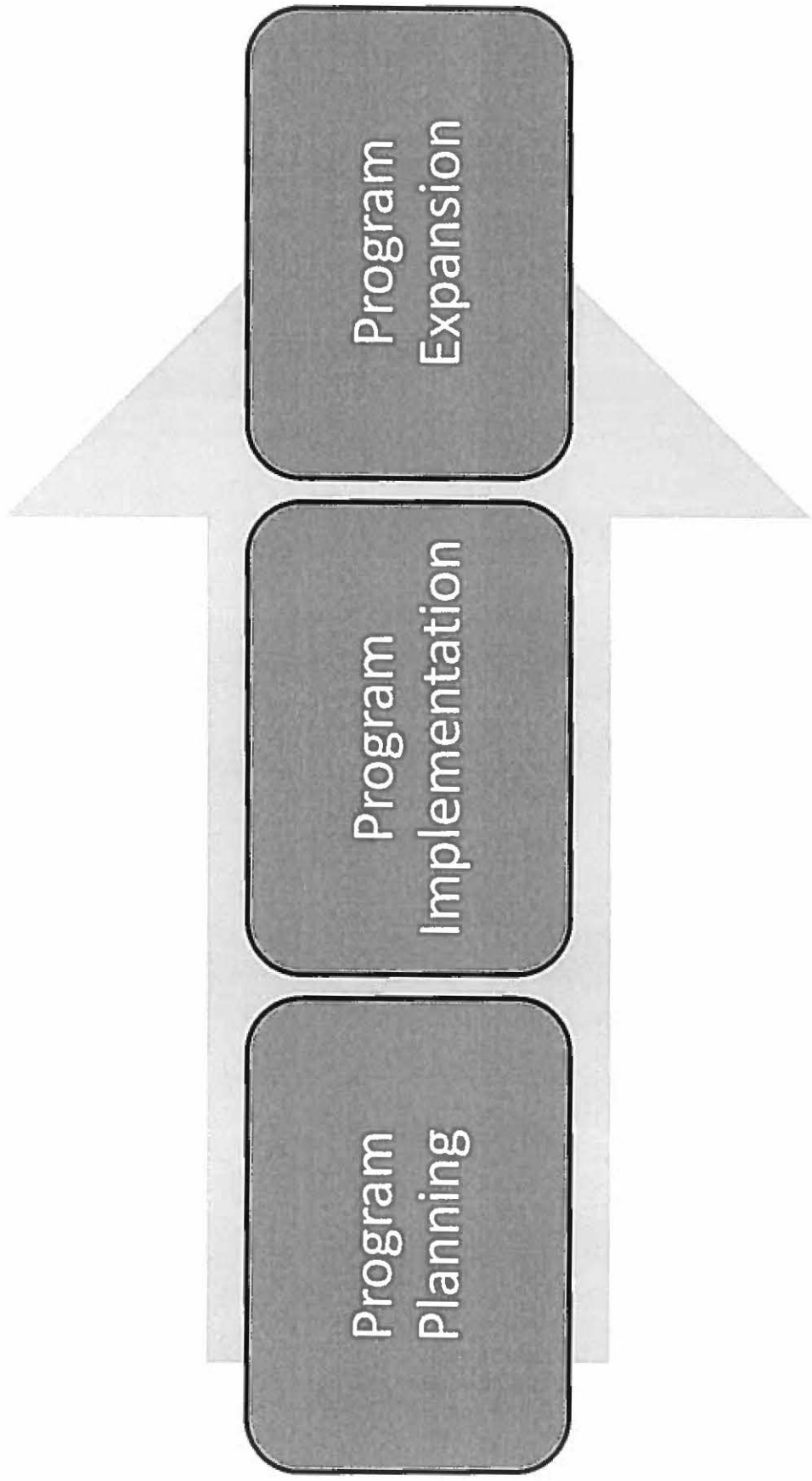
- Convening a Crisis Response Planning Committee
- Assessing the current system
- Identifying gaps
- Establishing common definitions required for system-wide outcomes monitoring and measurement of prevalence rates
- Conducting a data-driven analysis of the need for:
  - Improved screening and engagement processes
  - A diversion center
  - Enhanced law enforcement crisis response
  - Targeted information sharing systems
  - Additional strategies





# Multi-Year Funding Opportunity

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# Crisis Response Planning Committee

1. Champaign County Board – Jim McGuire
2. Champaign County Mental Health Board – Mark Driscoll
3. Champaign County State's Attorney – Julia Rietz
4. Champaign County Jail Administrator – Karee Voges
5. Champaign County Health Care Consumers – Claudia Lennhoff
6. Community Elements – Monica Cherry
7. Community Elements, Reentry Liaison (non-voting) – Bruce Barnard
8. The Judiciary – Roger Holland
9. National Alliance on Mental Illness (NAMI) – Nancy Carter/Diane Zell
10. Prairie Center – Bruce Suardini/Gail Raney
11. University of Illinois Police Department – Jeff Christensen/Brian Tison
12. Champaign County Sheriff – Allen Jones
13. Community Elements – Sheila Ferguson
14. Community Elements (non-voting) – Thomas Hawkins
15. Community Elements (non-voting) – Celeste Blodgett
16. Champaign County Continuum of Care – Mike Benner
17. Citizen Representative – To be determined

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# Target Population Requirements

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**Individuals** who have been **diagnosed** as having a **mental illness** or **co-occurring mental health and substance use disorders** and have **faced, are facing, or could face criminal charges for a misdemeanor or felony that is a non-violent offense** (an offense that does not have as an element the use or attempted use or threatened use of physical force against the person or property of another or is not a felony that by its nature involves a substantial risk that physical force against the person or property of another may be used in the course of committing the offense).

# Goals & Objectives

1. Determine and recruit representatives from additional constituencies or with special expertise necessary for the collaborative planning process.
2. Draft formal agreements regarding the organization and composition of the Planning Committee.
3. Reach consensus regarding a statement of program goals and objectives.
4. Draft a detailed work plan.
5. Identify services and resources necessary to complete the project.
6. Define the target population.
7. Define system-wide outcome measures.

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4.9

# Questions

## The Justice and Mental Health Collaboration Program Grant

**Awarding Agency:** Department of Justice, Bureau of Justice Assistance  
**Awardee:** Champaign County  
**Amount Awarded:** \$149,999  
**Project Period:** 24 months

**Category 1:** This grant will support collaborative County approaches to reducing the prevalence of individuals with mental disorders in jail.

**Administration:** The project will be jointly administered by Champaign County Sheriff's Office Chief Deputy Allen Jones and Community Elements CEO Sheila Ferguson to conduct planning activities focused on law enforcement response to persons with mental and co-occurring mental and substance use disorders.

### **Project Roles:**

- Project Coordinator – Celeste Blodgett
- Project Director – Bruce Barnard
- Network Administration – Community Elements Staff
- Maintenance Technician – Community Elements Staff
- Collaboration Consultant – Dr. Thomas Hawkins via MOU
- Data Consultant – Not Identified

### **Activities include:**

- Convening a Crisis Response Planning Committee
- Assessing the current system
- Identifying gaps
- Establishing common definitions required for system-wide outcomes monitoring and measurement of prevalence rates
- Conducting a data-driven analysis of the need for:
  - Improved screening and engagement processes
  - A diversion center
  - Enhanced law enforcement crisis response
  - Targeted information sharing systems
  - Additional strategies



<b>Crisis Response Planning Committee (initial partnering agencies &amp; representatives)</b>	
1. Champaign County Board	Jim McGuire
2. Champaign County Mental Health Board (CCMHB)	Mark Driscoll
3. Champaign County State's Attorney	Julia Rietz
4. Champaign County Sheriff Corrections Administration	Karee Voges
5. Champaign County Health Care Consumers (CCHCC)	Claudia Lennhoff
6. Community Elements Crisis Response Level Personnel	Monica Cherry
7. National Alliance on Mental Illness (NAMI)	Nancy Carter
8. Prairie Center	Bruce Suardini
9. Police Administration Representative (UIPD)	Jeff Christensen
10. Police CIT Level Representative (UIPD)	Brian Tison
11. The Judiciary	Roger Holland

State Representative Carol Ammons, the Champaign County Circuit Court Presiding Judge and Court Administrator, Carle Foundation Hospital, Presence Health – Covenant Medical Center, Promise Healthcare, University of Illinois Police Department, and leaders of the University of Illinois, Parkland College, and Villages of Rantoul of Savoy have also pledged their support to assist in the implementation of a crisis response planning process.

**Target Population Requirements:**

Individuals who have been diagnosed as having a mental illness or co-occurring mental health and substance use disorders and have faced, are facing, or could face criminal charges for a misdemeanor or felony that is a non-violent offense (an offense that does not have as an element the use or attempted use or threatened use of physical force against the person or property of another or is not a felony that by its nature involves a substantial risk that physical force against the person or property of another may be used in the course of committing the offense).

**Goals and Objectives:**

1. Determine and recruit representatives from additional constituencies or with special expertise necessary for the collaborative planning process.
2. Draft formal agreements regarding the organization and composition of the Planning Committee.
3. Reach consensus regarding a statement of program goals and objectives.
4. Draft a detailed work plan.
5. Identify services and resources necessary to complete the project.
6. Define the target population.
7. Define system-wide outcome measures.

8. Draft and adopt operational guidelines including the adoption of evidence-based screening and assessment tools which are gender appropriate and trauma informed for identifying persons in need of mental health and co-occurring mental health and substance abuse services and provide emergency crisis response for non-violent persons diverted from jail.
9. Identify key data elements to measure system performance.
10. Gather baseline data from all sources.
11. Develop a data driven decision making strategy.
12. Align current system policies, resources, and strategies to meet the goal of improving the accessibility and efficacy of the community-based services available to persons engaged with the criminal justice system.

**Technical Assistance:**

The Council of State Governments Justice Center (Justice Center) is the designated Technical Assistance (TA) provider for JMHCP.

Summary of JMHCP Orientation and Conference  
Washington, D.C. – December 14-16, 2015

**Day One – Monday, December 14, 2015**

The Orientation and Conference opened to approximately 100-150 people, all of whom were affiliated with FY15 JMHCP grantees. When not attending plenaries, we met with our TA providers and the other four JMHCP County Approaches/Category 1 (Planning) Grantees from Athens-Clark County, GA; Burleigh County, ND; Pacific County, WA; and Pitt County, NC. The groups introduced themselves and their counties, and discussed TA needs, priorities, and questions. We learned that the other counties are experiencing similar issues to the ones we face. For example, data sharing and establishing a reliable baseline of the county jail's recidivism rate – for incarcerated populations both with and without mental health disorders, is a significant challenge. Our TA providers presented us with a Planning and Implementation Guide (P & I Guide), to guide our Committee discussions and planning period. We must complete and submit our own P& I Guide by the end of our grant period, September 2017. Further, we discussed the four key outcomes listed in the P & I Guide:

1. Reduce the number of people with mental illness booked into jail
2. Shorten the length of stay for people with mental illnesses in jail
3. Increase the percentage of people with mental illnesses in jail connected to the right services and supports
4. Lower rates of recidivism

**Day Two – Tuesday, December 15, 2015**

Opening remarks included welcoming FY13 JMHCP Grantees to the event, which increased the number of attendees to approximately 250-300. Shortly thereafter, a plenary session convened to present and discuss the President's Task Force Report on 21<sup>st</sup> Century Policing: Building Partnerships to Increase Diversion for People with Behavioral Health Needs. Highlighted items of the report most relevant to local programming include:

- **Building Trust and Legitimacy** – Law enforcement (LE) agencies should carefully consider and review their policies toward using physical control equipment and techniques against vulnerable populations and adopt policies if none are in place.
- **Policy and Oversight** – LE agency policies for training on use of force should emphasize de-escalation and alternatives to arrest.
- **Community Policing and Crime Reduction** – LE agencies should consider adopting preferences for seeking “least harm” resolutions, such as diversion programs or warnings and citations in lieu of arrest for minor infractions, engaging multi-disciplinary, community team approaches for planning, implementing, and responding to crisis situations with complex causal factors; Communities should look to involve peer support counselors as part of multi-disciplinary teams, evaluate efficacy of CIT, and support a

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culture and practice of policing that reflects the values of protection and promotion of the dignity of all, especially the most vulnerable.

- **Training and Education** – Police Officer Support Teams (POSTs) should make CIT training part of both basic recruit and in-service officer training, and ensure that basic recruit and in-service officer training include curriculum on the disease of addiction.

<https://www.youtube.com/watch?v=tKrB7YW34io&list=PLvoZLdtBgik156Be63Md-uG7wFHX8VM4S&index=2>

Three plenaries convened, all focused on various aspects of Risk, Need, and Responsivity Assessments. The session we attended offered new information, derived from recent, empirical research, specifically regarding how responsivity factors fit in the Risk-Needs-Responsivity paradigm with particular regard for offenders with mental illness, which, until recently, has not been carefully considered. For example, in a recent study by Federal Probation, the differentiation between offenders assessed as low-risk versus those assessed as high-risk were the number of responsivity factors there were to address. That is, those who were assessed as low-risk had less responsivity factors needing to be addressed than those assessed as high-risk. Responsivity factors should be thought of as *indirect* criminogenic factors and may include, but are not limited to, psychosis/mania, gender, trauma, self-esteem, anxiety, lack of parenting skills, medical needs, primary language, literacy level, eviction pending, learning disability, etc.

[https://www.youtube.com/watch?v=l60c7\\_pTe\\_Q&list=PLvoZLdtBgik156Be63Md-uG7wFHX8VM4S&index=3](https://www.youtube.com/watch?v=l60c7_pTe_Q&list=PLvoZLdtBgik156Be63Md-uG7wFHX8VM4S&index=3)

Breakout sessions we attended included topics such as the use of data to demonstrate progress in programming and building sustainability plans. The data discussion reviewed the four outcomes listed in the P&I Guide that are at the center of Program planning. The sustainability discussion reviewed well-known strategies, such as applying for grants and approaching philanthropic foundations with goals and ideals aligned with those of the Program, and determining which public funding bodies realize savings as a consequence of program activities.

During Tuesday's closing remarks, Writer and Investigative Reporter, Pete Earley, formerly of the Washington Post, spoke about his personal experience with the criminal justice and behavioral health systems, when trying to obtain help for his adult son (diagnosed with bipolar disorder). When his son came into contact with the criminal justice system as a result of experiencing psychotic episodes and despite his family's affluence and influence, was unable to obtain the appropriate help required to effectively navigate the system and obtain the help needed. Mr. Earley's non-fiction book, *Crazy: A Father's Search Through America's Mental Health Madness*, details the experience and results of his ensuing investigation of the systems involved.

<https://www.youtube.com/watch?v=XOE1eqxo8xg&index=4&list=PLvoZLdtBgik156Be63Md-uG7wFHX8VM4S>



### Day Three – Wednesday, December 16, 2015

Opening remarks included welcoming FY14 and FY15 Second Chance Act (SCA) Grantees to the event, which increased the number of attendees to approximately 1,500-2,000. U.S. Attorney General, Loretta Lynch, and Senior Advisor to the President, Valerie Jarrett, reinforced the Obama Administration's focus on criminal justice reform, especially as it relates to those with mental illness and co-occurring substance abuse disorders. Each spoke about the importance of community-level diversion and reentry programming.

<https://www.youtube.com/watch?v=MyY0DDgmbLA&index=7&list=PLvoZLdtBgik156Be63Md-uG7wFHX8VM4S>

<https://www.youtube.com/watch?v=ysFqeBBYlWc&list=PLvoZLdtBgik156Be63Md-uG7wFHX8VM4S&index=8>

A breakout session focused on Integrating Consumers, Peers, and Family Members into Behavioral Health and Criminal Justice Programs, in which Bob Cluck, a member of NAMI – Northern Virginia, spoke about finding much needed support in NAMI when his adult son, who was diagnosed with co-occurring mental and substance use disorders, became involved in the criminal justice system and, after a long, roller coaster-like involvement in the system, died. Daryl McGraw, a former inmate of the DOC, and the current Associate Director of the Office of Recovery Community Affairs spoke about the importance of a peer mentoring component in diversion and reentry programming.

Another breakout focused on the challenges of program evaluation and the importance of developing on-going research partners. A number of strategies were discussed to improve the efficacy of program evaluations by developing meaningful researcher/practitioner partnerships.

A plenary session on Bipartisan Support for the criminal justice/mental health movement was held. Representing the respective parties were Van Jones, environmental advocate, civil rights activist, attorney, and CNN contributor, and Mark Holden, Senior Vice President, General Counsel, and Secretary of Koch Industries, Inc.

[https://www.youtube.com/watch?v=6\\_RQgDmt7h8&list=PLvoZLdtBgik156Be63Md-uG7wFHX8VM4S&index=9](https://www.youtube.com/watch?v=6_RQgDmt7h8&list=PLvoZLdtBgik156Be63Md-uG7wFHX8VM4S&index=9)

During the plenary session: Working Collaboratively to Address Housing and Health Needs, Secretary Castro spoke about the vital role housing resources and family reunification play in addressing the most fundamental needs of people returning to the community after incarceration. In his speech, Secretary Castro highlighted a variety of programs working to address the substantial barrier formerly incarcerated people face when seeking housing. Details of these programs are included on the handout, *Reentry Housing Programs throughout the United States*.

<https://www.youtube.com/watch?v=9JkHNXu8Pzk&index=11&list=PLvoZLdtBgik156Be63Md-uG7wFHX8VM4S>

Closing the JMHCP portion of the event were Tim Robbins, American Actor, and Sabra Williams, British Actor and Presenter. Together, they presented the audience with a short documentary and information about The Actors' Gang Prison Project, which invites inmates to learn the craft of acting and take part in theater exercises that its organizers believe to be

rehabilitative. The program encourages inmates to express themselves, explore their emotions, and learn emotive control through acting exercises. Program participants' recidivism rate is reportedly 10%.

<https://www.youtube.com/watch?v=VmTzlokr0Ic&list=PLvoZLdtBgik156Be63Md-uG7wFHX8VM4S&index=12>

The Conference was informative and inspiring. The event allowed us to meet with and learn from technical assistance providers, as well as peers grappling with the same types of issues we are, in addressing criminal justice issues in Champaign County. We were pleased to hear that many of the initiatives we have been developing and implementing in Champaign County are considered the cornerstones of improvement from those who are considered national models.

It was truly a wonderful experience and privilege to actually attend, in person, an event where such high-level political leaders, experts, and practitioners convened to express the same message; that in America, we do not throw people away. Our criminal justice system and mental health system must respond more effectively and improve reentry outcomes as well as enhance alternatives to incarceration. Reforming the systems will help formerly incarcerated individuals become more successful and provide needed community based services for those involved in the criminal justice system. These efforts strengthen our society, as a whole. It was truly amazing to be part of this event, knowing that our community has been selected to demonstrate and reflect this cultural shift underway within the law enforcement, mental health, and public policy constituencies.

Link to all plenaries of the Conference:

<https://www.youtube.com/playlist?list=PLvoZLdtBgik156Be63Md-uG7wFHX8VM4S>

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# LINGUISTIC AND CULTURAL COMPETENCE GUIDELINES FOR STATE OF ILLINOIS SUBCONTRACTORS AND VENDORS

**Final November 20, 2008**

**Developed for the Governor's Office of New Americans Policy and Advocacy**



**MILLENNIA  
CONSULTING**

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## Introduction

In early 2008, The State of Illinois through the Governor's Office of New Americans Policy and Advocacy convened a group of subcontractors/vendors to participate in the development of Linguistic and Cultural Competence Guidelines. These guidelines were to be developed as a mechanism for improving language and cultural accessibility and sensitivity in state-funded services delivered by this constellation of organizations that receive grants and contracts to serve residents of the Illinois. Fifty-eight individuals representing 36 subcontractors/vendors doing business with ten state agencies were invited to participate. Twenty-two of the invited organizations and thirty-two representatives chose to actively participate in the development of these guidelines. We called this group the "Peer Pilot Group".

The Peer Pilot Group of State of Illinois Subcontractors and Vendors met four times between July and November 2008 to develop, test, and approve the attached *Linguistic and Cultural Competence Guidelines for State of Illinois Subcontractors and Vendors*.

They chose to adapt the guidelines from several well-established sources including: 1) The National Standards on Culturally Appropriate Health Care Services, better known as the CLAS standards; 2) Cultural Competence Standards in Managed Care Mental Health Services: Four Underserved/ Underrepresented Racial/Ethnic Groups and; 3) National Association of State Workforce Agencies: Checklist for Developing a Limited English Proficiency (LEP). Pilot Group members also made suggestions based on their own experience in the field.



In recommending the attached guidelines, the Peer Pilot Group wishes to make the following points about their future use by the State of Illinois.

1. The Pilot Group recommends that the guidelines be viewed as a set of recommended strategies by which subcontractors and vendors, *in partnership with the State*, strive to progress along the linguistic and cultural competence continuum. This emphasis on partnership recognizes that subcontractors and vendors are mostly nonprofit organizations with limited funds and personnel that strive to serve their clients with high quality services but have very limited budgets. Pilot Group members are wary of unfunded mandates especially in the current economic environment in which most of these organizations are suffering funding cuts.
2. The Pilot Group recommends that the guidelines be part of the State's Request for Proposal (RFP) process and treated as one variable in a larger set of goals and outcomes promised by the contracting agency. Applicants should be directed to the guidelines and asked to explain how they will strive to meet the provisions of the guidelines with immediate and longer term goals and strategies for improving their language and cultural competence.
3. The Pilot Group recommends that the scoring mechanism attached to the guidelines be used by the subcontractor/ vendor to self-assess progress along the competence continuum rather than as a mechanism used by State monitors to punish non-compliance.
4. The Pilot Group recommends that State develop resources that will support the implementation of the guidelines. For example, subcontractors/vendors would like to be able to access - training, on-site and telephonic interpreter services, and translated materials at no or low cost.
5. The Pilot Group recommends that subcontractors/vendors receive additional funding for activities that improve subcontractors/vendors' linguistic and cultural competence. For example, language services and training hours should be considered billable hours in fee-for-service contracts.
6. The Pilot Group recommends that the "meaningful access" definition be highlighted because it offers flexibility rather than mandating particular thresholds. In particular, refugee organizations that serve many, many language groups are concerned about mandates that would require the hiring of bilingual personnel or interpreters for every single language group. It is however, incumbent upon the subcontractor/vendor to provide a rationale for its approach to linguistic and cultural competence.



**LINGUISTIC AND CULTURAL COMPETENCE GUIDELINES  
FOR STATE OF ILLINOIS SUBCONTRACTORS AND VENDORS <sup>1</sup>**  
Final November 2008

Adapted from the National Standards on Culturally and Linguistically Appropriate Health Services (CLAS)

**Parameters:** The following guidelines are recommended for all subcontractors/vendors of the State of Illinois whose contracts or grants require them to provide direct services to individuals or families. The guidelines apply only to the program(s) funded by the State but are recommended for the organization as a whole. They were developed by a representative sample of subcontractors/vendors from across ten state agencies. (Subcontractors/vendors will also be referred to as "organizations in this document.)

It is understood that achieving linguistic and cultural competence is a process that takes time and that in recommending these guidelines, the State of Illinois pledges support for this effort by providing informational resources, technical resources, and where possible, financial support for the implementation of these guidelines. This support implies that subcontractors and vendors are engaged in a mutually supportive partnership with the State of Illinois to increase the linguistic and cultural competence of all services.

**Definitions:**

- **Cultural Competence:** "A set of congruent behaviors, attitudes, and policies, that come together in a system, agency, or amongst professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations."<sup>2</sup>
- **Language Access:** Provision of language assistance services, including bilingual personnel and interpreter services, at no cost to each consumer with Limited English Proficiency (LEP), at key points of contact, in a timely manner. Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color or national origin including actions that *delay, deny, or provide different* quality services to a particular individual or group of individuals.
- **Meaningful Access:** Subcontractors/vendors are required to take reasonable steps to ensure meaningful access to its services and programs by Limited English Proficient (LEP) persons. Compliance involves the subcontractor/vendor's self-assessment balancing four factors: 1) the number and proportion of eligible LEP persons, 2) the frequency of contact, 3) the importance or impact of the contact upon the lives of the person(s) served, and 4) the resources available to the organization. The organization will collect data on primary spoken language and, as appropriate, develop a plan to meet the needs of LEP customers.<sup>3</sup>

<sup>1</sup> These standards have been developed by adapting standards from a number of different sources. These include: 1) *National Standards on Culturally and Linguistically Appropriate Health Care Services (CLAS)*, Office of Minority Health, US Department Health and Human Services <http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=15>; 2) *Cultural Competence Standards in Managed Care Mental Health Services: Four Underserved/Underrepresented Racial/Ethnic Groups*. <http://mentalhealth.samhsa.gov/publications/allpubs/SMA00-3457/ch2.asp>; 3) *National Association of State Workforce Agencies: Checklist for Developing a Limited English Proficiency (LEP) Plan*. [www.WorkForceATM.org](http://www.WorkForceATM.org)

<sup>2</sup> Cross, Terry. *Towards a Culturally Competent System of Care, Volume I*, Washington, D. C. CASSP Technical Assistance Center, Center for Child Health and Mental Health Policy, Georgetown University Child Development Center, March 1989.

<sup>3</sup> Illinois Department of Human Services Inter-Office. Draft Memorandum. 5-05.

GUIDELINE	OUTCOMES	SUGGESTED STRATEGIES	SCORE	
			1=does not meet outcome; 2=meets outcome; 3=exceeds outcome	
<p>1. Organizations should have a linguistic and cultural competence plan for the funded program(s) or for the organization as a whole that includes clear goals, outcomes, policies and/or procedures related to the provision of culturally and linguistically appropriate services. (CLAS 8, 9, 10, 11)</p>	1. The plan addresses in a meaningful way the 10 standards in this document and is consistent with the organization's mission.	<ul style="list-style-type: none"> <li>Examine your prior experience with LEP encounters; identify the breadth and scope of language services that were needed.</li> <li>Identify and include language minority populations that are eligible for your services but may be underserved as a result of language or cultural barriers.</li> <li>Collect and analyze data for the area served, as well as from your own consumer data base.</li> <li>Determine the frequency of LEP encounters.</li> <li>Determine which languages are needed most often.</li> <li>Consider the nature and importance of the program, activity or services to the consumer.</li> <li>Determine whether denial or delay of services has serious implications for the LEP consumer.<sup>4</sup></li> </ul>	1 2 3	
	2. The plan has defined short-term and longer-term goals and outcomes that incrementally improve services to LEPs.		1 2 3	
	3. There is an identifiable executive responsible for overseeing its implementation.		1 2 3	
	4. The plan is data driven, based on analysis of verifiable demographic and service data. (CLAS 10)		1 2 3	
	5. The data includes the consumers' self-identified primary spoken language, race, and ethnicity. (CLAS 10)		1 2 3	
	6. The data assesses new and emerging community/population needs. (CLAS 11)		1 2 3	
	1. Demonstrated effort in the hiring, retention, and promotion of personnel of racial/ethnic backgrounds representative of target population served.		1 2 3	
2. Organizations should implement strategies to recruit, retain, and promote at all levels, diverse personnel and leadership that are representative of the demographic characteristics of the service area. (CLAS 2)		<ul style="list-style-type: none"> <li>Written plan for recruitment, retention, and promotion of personnel of racial/ethnic backgrounds representative of target population served.</li> <li>Incentives such as a Standards of Excellence continuum in which high performers receive recognition. Evidence that incentives exist and are utilized.</li> <li>Cultural competence performance is an integral part of employee performance evaluation system.</li> </ul>	1 2 3	

<sup>4</sup> National Association of State Workforce Agencies: Checklist for Developing a Limited English Proficiency (LEP) Plan. www.WorkForceATM.org

GUIDELINE	OUTCOMES	SUGGESTED STRATEGIES	SCORE	
<p>3. Organizations should ensure that personnel at different levels and across relevant disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. (CLAS 3)</p>	<p>1. Priority is placed on training for direct service personnel who regularly provide language assistance and/or interact with culturally diverse populations.</p>	<ul style="list-style-type: none"> <li>• Many training curricula have already been developed across the country and can be adapted to the needs of your organization. Conduct an internet search.</li> <li>• Look for training curricula that include pre and post tests that evaluate knowledge and skill acquisition.</li> <li>• Work with the State of Illinois to develop mutually beneficial training that supports achievement of linguistic and cultural competence.</li> </ul>	1 2 3	
	<p>2. Evidence that all new employees receive basic cultural competence training and that more advanced training is offered periodically.</p>		1 2 3	
	<p>3. Evidence that training has improved skills and knowledge regarding group values, traditions, cultural competence principles (e.g. pre and post tests of knowledge and skills acquisition).</p>		1 2 3	
<p>4. Organizations should ensure that every effort is made to ensure that consumers receive effective, understandable, and respectful services, provided in the consumer's preferred language and in a manner sensitive to cultural beliefs and practices. (CLAS 1)</p>	<p>1. Consumer satisfaction with language access services and organizational sensitivity to consumer's culture.</p>	<ul style="list-style-type: none"> <li>• Consumers receive direct services provided by bilingual/bi-cultural personnel or interpreters supervised by practitioners who understand the essential elements of language access and cultural competence.</li> <li>• Develop a consumer satisfaction assessment process that uses quantitative and/or qualitative methods that are sensitive to language and culture.</li> </ul>	1 2 3	
<p>5. Organizations should provide language assistance services, including bilingual personnel and interpreter services, at no cost to each consumer with limited English proficiency, at key points of contact, in a timely manner that facilitates maximum access to services. (CLAS 4)</p>	<p>1. Evidence that appropriate language services are provided to the LEP consumer in a timely manner.</p>	<ul style="list-style-type: none"> <li>• Determine how you will provide language services.</li> <li>• Make sure that you have sufficient numbers of qualified and trained bilingual/bicultural personnel and/or interpreters to provide timely, competent communication to consumers.</li> <li>• Bilingual personnel and interpreters should be assessed for their fluency in their language as well as their ability to interpret in their field of service. They should be trained in the art and skills of interpreting so that they learn to respect confidentiality, impartiality, roles and responsibilities etc.</li> <li>• Interpreter (oral) services should be provided by candidates who</li> </ul>	1 2 3	

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GUIDELINE	OUTCOMES	SUGGESTED STRATEGIES	SCORE	
	<p>2. Language fluency is assessed to determine the level of competence of personnel and interpreters to provide language services in their specific field of service. CLAS 6</p>	<p>demonstrate proficiency and the ability to communicate information accurately in both English and the other language and are able to identify and employ appropriate modes of interpreting e.g. consecutive, summarization, or sight translation. They must show respect for confidentiality etc.</p> <ul style="list-style-type: none"> <li>Use an oral interview and written assessment that ensures that interpretations and translations accurately reflect information being shared between two or more parties.</li> </ul>	1 2 3	
	<p>3. Family and friends are not used to provide interpretation services. Exceptions to this provision include: specific request of the consumer and/or approval of organization's personnel and; in refugee reunion cases where family members are under contract to sponsor the refugee and provide language assistance). CLAS 6</p>	<ul style="list-style-type: none"> <li>Using friends and family to interpret or translate is generally frowned upon especially in situations that call for confidentiality such as in a medical interview or discussion of finances. Organizations should strive to provide professional language services.</li> <li>Document circumstances in which the client has refused professional bilingual/interpreter services in the client record.</li> </ul>	1 2 3	
<p>6. Organizations should provide to consumers in their preferred language both verbal and written notices of their right to receive language assistance services that are culturally appropriate. (CLAS 5)</p>	<p>1. Visible notices posted in pertinent languages.</p>	<ul style="list-style-type: none"> <li>Translation refers to written documents. Most languages have dialects and slang that are specific to geographic regions or sub-cultures. It is therefore important that translations are reviewed by multiple bilingual professionals to verify their accuracy, cultural sensitivity, and appropriateness.</li> </ul>	1 2 3	
	<p>2. Consumer satisfaction with language access services and organizational sensitivity to consumer's culture.</p>	<ul style="list-style-type: none"> <li>Ensure that all pertinent written, oral, and symbolic consumer and family materials (including consent forms, statement of rights forms, posters, signs, and audio tape recordings) are available in the languages of the consumer.</li> </ul>	1 2 3	
<p>7. Organizations should make available easily understood consumer-related materials and post signage in languages of commonly encountered groups represented in the service area. (CLAS 7)</p>	<p>1. Pertinent written, oral, and symbolic consumer materials (including consent forms, statement of rights forms, posters, signs, and audio tape recordings) are available in the language of the consumer and available at all key points of access.</p>	<ul style="list-style-type: none"> <li>Consider using language communications cards which invite the LEP person to identify his/her language needs.</li> <li>Post notices and signs in commonly encountered languages at key points of entry and contact.</li> <li>Provide key materials and forms in frequently used languages.</li> <li>Have several bilinguals translate and back-translate materials to ensure accuracy, consistency with cultures and dialects.</li> <li>Provide key materials and forms in frequently used languages with consideration of the prevalence of low literacy levels among LEP populations.</li> </ul>	1 2 3	
	<p>2. Quality assurance measures in place to verify accuracy of translated documents.</p>		1 2 3	

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GUIDELINE	OUTCOMES	SUGGESTED STRATEGIES	SCORE	
	3. Consumer satisfaction with language access services and organizational sensitivity to consumers' cultural needs.		1 2 3	
8. Organizations should partner with communities and utilize a variety of formal and informal mechanisms to advocate for, design and implement language access and culturally competent activities.(CLAS 12)	1. Evidence that the organization engages ethnically/racially diverse leadership and community organizations in the regular assessment of community needs.	<ul style="list-style-type: none"> <li>• Linguistic and cultural knowledge is best provided by members of ethnic/racial communities themselves.</li> <li>• Engaging community leadership in assessment and planning activities will make for the most linguistically and culturally competent plan.</li> </ul>	1 2 3	
	2. Other evidence of linkages/partnerships	<ul style="list-style-type: none"> <li>• Activities and materials, including an updated listing of community resources, are provided in the language(s) of the population(s) being served.</li> <li>• Identify and involve community resources, (e.g., spiritual leaders, churches, civic clubs, and community organizations) for purposes of integrated consumer support and service delivery.</li> </ul>	1 2 3	
9. Organizations should ensure that conflict resolution processes are in place that can identify and resolve cross-cultural conflicts. (CLAS 13)	1. Conflict resolution processes exists.	<ul style="list-style-type: none"> <li>• Conflict resolution procedures for both consumers and personnel with timely adjudication.</li> <li>• Focus groups, suggestion boxes, and regular customer satisfaction surveys are useful tools in this arena.</li> </ul>	1 2 3	
	2. Timely resolution of conflicts.		1 2 3	
10. Organizations should make information available to the public about progress and successful innovations in implementing language and cultural competence guidelines and provide public notice in their communities of the availability of this information. (CLAS 14)	1. Evidence of efforts to publicize e.g. radio spots, signage, newspaper articles etc.	<ul style="list-style-type: none"> <li>• Post signs in appropriate languages at key intake areas and other entry points.</li> <li>• Publicize in program brochures and outreach documents that language services are available.</li> <li>• Work with partner organizations to publicize. Include notices in local foreign language newspapers, TV and radio stations.</li> <li>• Give presentations at schools and religious organizations that serve LEP consumers.</li> </ul>	1 2 3	
	2. Consumer satisfaction with language access services and organizational sensitivity to consumers' cultural needs.		1 2 3	
	Does not meet outcome 25-40; meets outcome 41-60; exceeds outcome 61-75		Total Score	0

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14.D.

**Notification of Funding Availability -- Champaign  
County Mental Health Board (CCMHB)/ Champaign  
County Board for Care and Treatment of Persons  
with a Developmental Disability (CCDDB)**

The two funding sources listed above are utilizing a web-based registration and application system for submission of funding requests for the contract year beginning July 1, 2016 and ending June 30, 2017. The web-based system will be accessible to applicants beginning January 6, 2016. All applicants shall register (if not previously registered) and log-in to access the application forms, allocation decision support criteria, and instructions. Deadline to submit applications is 4:30 p.m. on February 12, 2016. All applications shall be received by the deadline. There will be no consideration for late applications. Final allocation decisions shall be made no later than June 30, 2016.

For more information or for technical assistance regarding the web-based application system contact:  
Ms. Stephanie Howard-Gallo, CCMHB/CCDDB  
217/367-5703 [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org)

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## CCMHB 2016 Meeting Schedule

First Wednesday after the third Monday of each month--4:30 p.m.  
Brookens Administrative Center  
Lyle Shields Room  
1776 E. Washington St., Urbana, IL (unless noted otherwise)

*January 20, 2016*  
*February 17, 2016*  
*March 23, 2016*  
*April 20, 2016*  
*May 18, 2016*  
*June 22, 2016*  
*July 20, 2016*  
*August 17, 2016*  
*September 21, 2016*  
*October 19, 2016*  
*November 16, 2016*  
*December 14, 2016*

*\*This schedule is subject to change due to unforeseen circumstances. Please call the CCMHB-CCDDB office to confirm all meetings.*

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# CCDDB 2016 Meeting Schedule

## Board Meetings

8:00AM and Noon, variously

Brookens Administrative Building, Lyle Shields Room  
1776 East Washington Street, Urbana, IL

January 20, 2016 – Noon

February 17, 2016 – 8:00 AM

March 16, 2016 – 8:00 AM

April 27, 2016 – 8:00 AM (off cycle)

May 18, 2016 – 8:00 AM

June 22, 2016 – 8:00 AM

July 20, 2016 – Noon

*This schedule is subject to change due to unforeseen circumstances.*

*Please call the CCMHB/CCDDB office to confirm all meetings.*

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