



**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, April 20, 2016**

Brookens Administrative Center

Lyle Shields Room

1776 E. Washington St.

Urbana, IL

**5:30 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. CCDDB Information
6. Approval of CCMHB Minutes
  - A. 3/23/16 Board meeting\* (*Pages 3-6*)  
*Minutes are included in the packet. Action is requested.*
7. President's Comments
8. Executive Director's Comments
9. Staff Reports  
*Deferred. See Program Summaries.*
10. Consultant Report  
*Deferred.*
11. Board to Board Reports

12. Agency Information

13. Financial Information\* (Pages 7-11)

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

14. New Business

A. FY17 Program Summaries

*Discussion of agencies requests for funding. A Briefing Memo (Page 12), glossary of terms (Pages 13-22), table of contents (Page 23), copies of the draft program summaries and reviews of agencies CLC Plans (pages 24-255) are included in the Board packet.*

B. CCMHB FY 2015 Annual Report\* (Pages 256-278)

*The FY15 Annual Report is included in the Board packet for review and approval. Action is requested.*

15. Old Business

A. Executive Director Search\* (Pages 279-282)

*A planning schedule to appoint the search committee is included in the packet. Action is requested on the document regarding criteria.*

B. CILA Update

*An oral report will be provided at the meeting.*

C. Alliance for the Promotion of Acceptance, Inclusion, and Respect

*An oral report recapping this year's event will be made at the Board meeting.*

16. Board Announcements

17. Adjournment

*\*Board action*

L.A.

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD  
BOARD MEETING**

*Minutes—March 23, 2016*

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

*4:30 p.m.*

**DRAFT**

**MEMBERS PRESENT:** Astrid Berkson, Susan Fowler, Thom Moore, Judi O'Connor, Elaine Palencia. Julian Rappaport, Anne Robin, Deborah Townsend, Margaret White

**STAFF PRESENT:** Mark Driscoll, Stephanie Howard-Gallo, Shandra Summerville

**STAFF EXCUSED:** Lynn Canfield, Nancy Crawford, Peter Tracy

**OTHERS PRESENT:** Juli Kartel, Community Elements (CE); Patti Petrie, Champaign County Board; Rebecca Woodard, Regional Planning Commission (RPC); Darlene Kloeppe, Citizen; Mike Smith, Deb Ruesch, CCDDDB; Dale Morrissey, Developmental Services Center (DSC); Charlene Guldbrandsen, GROW in Illinois, Lynn Watson, Head Start

**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:**

None.

**ADDITIONS TO AGENDA:**

None.

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**CCDDB INFORMATION:**

The CCDDB met last week. CCDDB members Deb Ruesch and Mike Smith are attending tonight's meeting.

**APPROVAL OF MINUTES:**

Minutes from the 2/17/16 Board meeting were included in the Board packet for approval.

**MOTION: Dr. Moore moved to approve the revised minutes from 2/17/16. Ms. White seconded the motion. A voice vote was taken and the motion passed.**

**PRESIDENT'S COMMENTS:**

Dr. Townsend stated she is working on liaison assignments and Board members will no notified soon of their assigned agency.

**EXECUTIVE DIRECTOR'S COMMENTS:**

None.

**STAFF REPORTS:**

Written staff reports from Mr. Driscoll, Ms. Canfield, and Ms. Summerville were included in the Board packet. Mr. Driscoll distributed instructions on how to access the online system in order to review funding applications. Ms. Summerville provided an update on her involvement in Ebertfest activities.

**CONSULTANT'S REPORT:**

None.

**BOARD TO BOARD:**

None.

**AGENCY INFORMATION:**

None.

**FINANCIAL INFORMATION:**

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

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

**NEW BUSINESS:**

**Roger Ebert Film Festival Discussion:**

A Briefing Memorandum on the 2016 Film Festival and other relevant documents were included in the Board packet. Dr. Berkson stated she felt that we should consider discontinuing Ebertfest. Dr. Berkson said our Ebertfest activities are not changing minds and we are reaching the same people each year. Dr. Fowler stated Ebertfest is worth evaluating in the near future. Dr. Rappaport praised Ebertfest and anti-stigma activities, although he would not be opposed to an evaluation. The subject will be revisited later in the year.

**OLD BUSINESS:**

**Revised Intergovernmental Agreement:**

A draft of a revised CCDDDB and CCMHB Intergovernmental Agreement was included in the packet for review. Dr. Fowler provided the details on the proposed changes in the document. Board members discussed the details of the document at length.

**MOTION: Dr. Fowler moved to approve the draft Intergovernmental Agreement dated March 16, 2016. Dr. Rappaport seconded the motion. A voice vote was taken. White, Fowler, Palencia, Moore, O'Connor, Rappaport, Robin and Townsend voted aye. Berkson voted nay. The motion passed.**

**Funding for Executive Director Search:**

A Decision Memorandum to allocate funds to support the executive director search process was included in the Board packet. The CCDDDB has already authorized to set aside \$3,750 as the CCDDDB share in the search and selection process.

**MOTION: Dr. Berkson moved to authorize and set aside \$3,750 as the CCMHB share of the Executive Director Search and selection process. Ms. White seconded the motion. A roll call vote was taken and all members voted aye. The motion passed.**

**CILA Update:**

The second CILA home is ready to open. Occupants have been identified; however, staffing for the home continues to be an issue.

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**BOARD ANNOUNCEMENTS:**

None.

**ADJOURNMENT:**

The meeting adjourned at 5:21 p.m.

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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CHAMPAIGN COUNTY  
EXPENDITURE APPROVAL LIST

4/07/16

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VENDOR NO	VENDOR NAME	TRN B DTE N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH										
*** DEPT NO. 053 MENTAL HEALTH BOARD										
25	CHAMPAIGN COUNTY TREASURER	4/01/16 02 VR 53- 124			540272	4/07/16	090-053-533.50-00	RENT-GENERAL CORP FACILITY/OFFICE RENTALS	APR OFFICE RENT VENDOR TOTAL	2,973.23 2,973.23 *
41	CHAMPAIGN COUNTY TREASURER	3/28/16 08 VR 620- 45			539385	3/31/16	090-053-513.06-00	HEALTH INSUR FND 620 EMPLOYEE HEALTH/LIFE INS	MAR HI, LI, & HRA VENDOR TOTAL	4,074.49 4,074.49 *
88	CHAMPAIGN COUNTY TREASURER	3/09/16 01 VR 88- 13 3/28/16 08 VR 88- 16			538359 539389	3/10/16 3/31/16	090-053-513.02-00	I.M.R.F. FUND 088 IMRF - EMPLOYER COST	IMRF 3/4 P/R IMRF 3/18 P/R VENDOR TOTAL	1,425.98 1,425.98 2,851.96 *
161	CHAMPAIGN COUNTY TREASURER	4/01/16 02 VR 53 112			540282	4/07/16	090-053-533.92-00	REG PLAN COMM FND075 CONTRIBUTIONS & GRANTS	APR YOUTH ASSMNT CT VENDOR TOTAL	2,167.00 2,167.00 *
176	CHAMPAIGN COUNTY TREASURER	3/15/16 04 VR 119- 8 3/22/16 08 VR 119- 16			538616 539022	3/18/16 3/24/16	090-053-513.04-00	SELF-FUND INS FND476 WORKERS' COMPENSATION	INSWKCOMP 1/8,22 PR FY1 INWORK COMP 2/5,19 P/ VENDOR TOTAL	92.36 198.28 290.64 *
179	CHAMPAIGN COUNTY TREASURER	4/01/16 02 VR 53- 111			540284	4/07/16	090-053-533.92-00	CHLD ADVC CTR FND679 CONTRIBUTIONS & GRANTS	APR CAC VENDOR TOTAL	3,090.00 3,090.00 *
188	CHAMPAIGN COUNTY TREASURER	3/09/16 01 VR 188- 20 3/28/16 08 VR 188- 24			538364 539395	3/10/16 3/31/16	090-053-513.01-00	SOCIAL SECUR FUND188 SOCIAL SECURITY-EMPLOYER	FICA 3/4 P/R FICA 3/18 P/R VENDOR TOTAL	1,265.51 1,265.51 2,531.02 *

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*** FUND NO. 090 MENTAL HEALTH											
5780	BP COMPUTER SERVICES	4/01/16	02 VR	53- 120		540300	4/07/16	090-053-533.07-00	PROFESSIONAL SERVICES	2ND QTR CONSULT FEE	750.00
										VENDOR TOTAL	750.00 *
18052	COMCAST CABLE - MENTAL HEALTH ACCT	3/14/16	03 VR	53- 95		538657	3/18/16	090-053-533.29-00	COMPUTER/INF TCH SERVICES	8771403010088314 3/	84.90
										VENDOR TOTAL	84.90 *
18203	COMMUNITY CHOICE, INC								SUITE 419		
		3/29/16	02 VR	53- 102		539438	3/31/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB COMMUNITY LIVIN	4,875.00
		4/01/16	02 VR	53- 103		540313	4/07/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR CUSTOM EMPLOY	4,583.00
		4/01/16	02 VR	53- 103		540313	4/07/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR SELF DETERMINAT	4,583.00
										VENDOR TOTAL	14,041.00 *
18209	COMMUNITY ELEMENTS										
		3/29/16	02 VR	53- 101		539439	3/31/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB TIMES CENTER	4,000.00
		4/01/16	02 VR	53- 104		540314	4/07/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR CRIMINAL JUSTIC	25,568.00
		4/01/16	02 VR	53- 104		540314	4/07/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR CRISIS/ACCESS	16,667.00
		4/01/16	02 VR	53- 104		540314	4/07/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR PSYCH/PRIM CARE	9,294.00
		4/01/16	02 VR	53- 104		540314	4/07/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR EARLY C'HOOD	7,500.00
		4/01/16	02 VR	53- 104		540314	4/07/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR PLL FRONT END	22,629.00
										VENDOR TOTAL	85,658.00 *
18230	COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY	4/01/16	02 VR	53- 105		540315	4/07/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR RESOURCE CONNEC	5,441.00
										VENDOR TOTAL	5,441.00 *
19260	COURAGE CONNECTION	4/01/16	02 VR	53- 106		540318	4/07/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR AWP	5,579.00
										VENDOR TOTAL	5,579.00 *
19346	CRISIS NURSERY	4/01/16	02 VR	53- 113		540319	4/07/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR BEYOND BLUE	5,833.00
										VENDOR TOTAL	5,833.00 *

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*** FUND NO. 090 MENTAL HEALTH												
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC	4/01/16	02 VR	53- 114			540324	4/07/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR INDIV/FAM SUP	31,345.00
											VENDOR TOTAL	31,345.00 *
22730	DON MOYER BOYS & GIRLS CLUB	4/01/16	02 VR	53- 115			540326	4/07/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR ENGAGE/SOC MRKT	6,500.00
		4/01/16	02 VR	53- 115			540326	4/07/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR YOUTH ENGAGE	14,167.00
											VENDOR TOTAL	20,667.00 *
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR	4/01/16	02 VR	53- 116			540330	4/07/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR FAM SUPPORT	1,083.00
											VENDOR TOTAL	1,083.00 *
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY GRANTS	4/01/16	02 VR	53- 107			540334	4/07/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR SELF HELP	2,369.00
		4/01/16	02 VR	53- 107			540334	4/07/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR SENIOR COUNSEL	11,861.00
											VENDOR TOTAL	14,230.00 *
44570	MAHOMET AREA YOUTH CLUB 601 EAST FRANKLIN	4/01/16	02 VR	53- 117			540357	4/07/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR UNIV SCREENING	833.00
		4/01/16	02 VR	53- 117			540357	4/07/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR BLAST	1,250.00
											VENDOR TOTAL	2,083.00 *
56750	PRAIRIE CENTER HEALTH SYSTEMS GRANTS	3/14/16	03 VR	53- 97			538727	3/18/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN YOUTH SVCS	6,044.91
		4/01/16	02 VR	53- 108			540368	4/07/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR CJ SUB TREATMEN	833.00
		4/01/16	02 VR	53- 108			540368	4/07/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR VIVITROL PILOT	849.00
		4/01/16	02 VR	53- 108			540368	4/07/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR PREVENTION	4,712.00
		4/01/16	02 VR	53- 108			540368	4/07/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR SPECIALTY COURT	15,619.00
		4/01/16	02 VR	53- 108			540368	4/07/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR PLL EXTEND CARE	20,108.00
		4/01/16	02 VR	53 108			540368	4/07/16	090-053-533.92 00	CONTRIBUTIONS & GRANTS	MAR PLL EXTEND CARE	20,105.00
											VENDOR TOTAL	68,270.91 *

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*** FUND NO. 090 MENTAL HEALTH											
57196	PROMISE HEALTHCARE	4/01/16	02 VR	53- 109		540373	4/07/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR WELLNESS/JUSTIC	3,333.00
		4/01/16	02 VR	53- 109		540373	4/07/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR MH SVCS	13,750.00
										VENDOR TOTAL	17,083.00 *
59434	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS	4/01/16	02 VR	53- 110		540378	4/07/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR RAPE/ADVC/COUNS	1,550.00
										VENDOR TOTAL	1,550.00 *
62674	SAVANNAH FAMILY INSTITUTE, INC.	4/01/16	02 VR	53- 122		540386	4/07/16	090-053-533.07-00	PROFESSIONAL SERVICES	4TH QTR CONSULT FEE	37,500.00
										VENDOR TOTAL	37,500.00 *
67867	SPOC LLC	3/21/16	02 VR	28- 50		427	3/24/16	090-053-533.33-00	TELEPHONE SERVICE	INV 1119233 3/9	36.32
		3/21/16	02 VR	28- 50		427	3/24/16	090-053-533.33-00	TELEPHONE SERVICE	INV 1119233 3/9	28.05
										VENDOR TOTAL	64.37 *
76609	UNITED WAY OF CHAMPAIGN COUNTY	4/01/16	02 VR	53- 123		540402	4/07/16	090-053-533.07-00	PROFESSIONAL SERVICES	4TH QTR 211 PATH SV	4,101.00
										VENDOR TOTAL	4,101.00 *
76867	UNIV OF IL SPONSORED PROG & RESEARCH ADM	4/01/16	02 VR	53- 127		540403	4/07/16	090-053-533.07-00	PROFESSIONAL SERVICES	APR MHB16-039 CONSL	4,454.00
										VENDOR TOTAL	4,454.00 *
77280	UP CENTER OF CHAMPAIGN COUNTY	4/01/16	02 VR	53- 119		540404	4/07/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR UP CENTER	1,000.00
										VENDOR TOTAL	1,000.00 *
78120	URBANA NEIGHBORHOOD CONNECTION CENTER	4/01/16	02 VR	53- 118		540405	4/07/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR UNIV SCREENING	1,000.00
										VENDOR TOTAL	1,000.00 *

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*** FUND NO. 090 MENTAL HEALTH												
78550	VERIZON WIRELESS-MENTAL HEALTH BOARD	3/29/16	02 VR	53-	98		539576	3/31/16	090-053-533.33-00	TELEPHONE SERVICE	38635688700001 3/20	148.46
											VENDOR TOTAL	148.46 *
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH	3/30/16	01 VR	53-	99		539587	3/31/16	090-053-522.44-00	EQUIPMENT LESS THAN \$50003930	STAPLES 2/18	86.99
		3/30/16	01 VR	53-	99		539587	3/31/16	090-053-522.44-00	EQUIPMENT LESS THAN \$50003930	ADOBE 2/19	31.84
		3/30/16	01 VR	53-	99		539587	3/31/16	090-053-533.95-00	CONFERENCES & TRAINING	3930 COSMO CLUB 2/2	580.53
		3/30/16	01 VR	53-	99		539587	3/31/16	090-053-533.95-00	CONFERENCES & TRAINING	3930 DOUBLETREE 3/5	143.60
		3/30/16	01 VR	53-	99		539587	3/31/16	090-053-522.44-00	EQUIPMENT LESS THAN \$50003930	PIER ONE 3/8	149.95
											VENDOR TOTAL	992.91 *
81610	XEROX CORPORATION	3/14/16	03 VR	53-	96		538777	3/18/16	090-053-533.85-00	PHOTOCOPY SERVICES	INV 140534772 2/4	285.89
		3/29/16	02 VR	53-	100		539596	3/31/16	090-053-533.85-00	PHOTOCOPY SERVICES	INV 141041978 3/5	285.89
											VENDOR TOTAL	571.78 *
602880	BRESSNER, BARBARA J.	4/01/16	02 VR	53-	121		540426	4/07/16	090-053-533.07-00	PROFESSIONAL SERVICES	APR PROFESSIONAL FE	1,968.75
											VENDOR TOTAL	1,968.75 *
604568	CANFIELD, LYNN	3/14/16	03 VR	53-	94		538797	3/18/16	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	65 MILE 1/4-2/16	35.10
		3/14/16	03 VR	53-	94		538797	3/18/16	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARKING 2/16	2.25
		3/14/16	03 VR	53-	94		538797	3/18/16	090-053-533.95-00	CONFERENCES & TRAINING	MEAL 2/21-24 WASH D	160.00
		3/14/16	03 VR	53-	94		538797	3/18/16	090-053-533.95-00	CONFERENCES & TRAINING	MEAL 2/25 CHICAGO	22.00
											VENDOR TOTAL	219.35 *
										MENTAL HEALTH BOARD	DEPARTMENT TOTAL	343,697.77 *
										MENTAL HEALTH	FUND TOTAL	343,697.77 *





14.A.

**BRIEFING MEMORANDUM**

DATE: April 20, 2016  
MEMO TO: Members, Champaign County Mental Health Board  
FROM: Peter Tracy  
SUBJECT: Program Summaries – FY17 Allocation Cycle

Traditionally, our April meeting is used to fully vet all applications for funding with final decisions made at our May meeting. To facilitate this process staff have completed Program Summaries on all applications including a review of the Cultural and Linguistic Competence Plan. The summaries glean salient information and provide opinions concerning alignment with our stated priorities and defined decision support criteria.

All applicants for CCMHB funding have received a letter with instructions on where to access a copy of their program summary and have been invited to notify us in writing if there are factual errors which should be corrected prior to completion of the FY17 award process. Written comments from providers will be shared with CCMHB members and errors will be corrected. Differences of opinion concerning alignment with decision support criteria and ratings will not result in changes unless directly related to a corrected factual error.

In addition, all applicant agencies are invited to attend the April meeting for the twofold purposes of (1) providing additional information directly to the Champaign County Mental Health Board (CCMHB) during the “Agency Information” portion of the agenda, and (2) answering direct questions from CCMHB members or staff concerning their application. CCMHB members have full and direct access to all applications through our online application system, and may at their discretion raise questions not addressed in the summaries.

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## Glossary of Terms and Acronyms

211 – Similar to 411 or 911. Provides telephone access to information and referral services.

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

ACA – Affordable Care Act

ACMHAI – Association of Community Mental Health Authorities of Illinois

APN – Advance Practice Nurse

ASAM – American Society of Addiction Medicine. May be referred to in regards to assessment and criteria for patient placement in level of treatment/care.

ASD – Autism Spectrum Disorder

ASQ – Ages and Stages Questionnaire. Screening tool used to evaluate a child's developmental and social emotional growth.

ATOD – Alcohol, Tobacco and Other Drugs

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

CANS – Child and Adolescent Needs and Strengths. The CANS is a multi-purpose tool developed to support decision making, including level of care, service planning, and monitoring of outcomes of services.

CBCL – Child Behavior Checklist.

CC – Champaign County

C-GAF – Children's Global Assessment of Functioning

CILA – Community Integrated Living Arrangement

CLC – Cultural and Linguistic Competence

CQL – Council on Equality and Leadership

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

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

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

DASA – Division of Alcoholism and Substance Abuse in the Illinois Department of Human Services.

DCFS – Illinois Department of Children and Family Services.

Detox – abbreviated reference to detoxification. It is a general reference to drug and alcohol detoxification program or services, e.g. Detox Program.

DD – Developmental Disability

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

DHFS – Illinois Department of Healthcare and Family Services. Previously known as IDPA (Illinois Department of Public Aid)

DHS – Illinois Department of Human Services

DMHARS – Division of Mental Health and Addiction Recovery Services. This is the new division at the Department of Human Services that brings together the Division of Alcohol and Substance Abuse and the Division of Mental Health.

DSM – Diagnostic Statistical Manual.

DT – Developmental Training

EI – Early Intervention

EPDS – Edinburgh Postnatal Depression Scale – Screening tool used to identify mothers with newborn children who may be at risk for prenatal depression.

EPSDT – Early Periodic Screening Diagnosis and Treatment. Intended to provide comprehensive and preventative health care services for children under age 21 who are enrolled in Medicaid.

ER – Emergency Room

FACES – Family Adaptability and Cohesion Evaluation Scale.

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

FOIA – Freedom of Information Act.

FQHC – Federally Qualified Health Center

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

FY – Fiscal Year, for the county runs from December to following November. Changing in 2015 to January through December.

GAF – Global Assessment of Functioning. A subjective rating scale used by clinicians to rate a client's level of social, occupational and psychological functioning. The scale included in the DSM-IV has been replaced in the DSM-V by another instrument.

GAIN-Q - Global Appraisal of Individual Needs-Quick. Is the most basic form of the assessment tool taking about 30 minutes to complete and consists of nine items that identify and estimate the severity of problems of the youth or adult.

GAIN Short Screen - Global Appraisal of Individual Needs, is made up of 20 items (four five-item subscales). The GAIN-SS subscales identify: internalizing disorders, externalizing disorders, substance use disorders, crime/violence.

HRSA – Health Resources and Services Administration. The agency is housed within the federal Department of Health and Human Resources and has responsibility for Federally Qualified Health Centers.

ICADV – Illinois Coalition Against Domestic Violence

ICASA – Illinois Coalition Against Sexual Assault

ICDVP - Illinois Certified Domestic Violence Professional

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ICJA - Illinois Criminal Justice Authority

ID – Intellectual Disability

I&R – Information and Referral

ISC – Independent Service Coordination

ISP – Individual Service Plan

ISSA – Independent Service & Support Advocacy

JJ – Juvenile Justice

JJPD – Juvenile Justice Post Detention

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

LGTBQ – Lesbian, Gay, Bi-Sexual, Transgender, Queer

LPC – Licensed Professional Counselor

MAYS<sup>1</sup> – Massachusetts Youth Screening Instrument. All youth entering the JDC are screened with this tool.

MH – Mental Health.

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

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

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

NTPC – NON - Treatment Plan Clients – This is a new client engaged in a given quarter with case records but no treatment plan - includes: recipients of material

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assistance, non-responsive outreach cases, cases closed before a plan was written because the client did not want further service beyond first few contacts or cases assessed for another agency. It is a category of service measurement providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II utilization form application/program plan and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application. Similar to TPCs, they may be divided into two groups – Continuing NTPCs - clients without treatment plans served before the first day of July and actively receiving services within the first quarter of the new program year. The first quarter of the program year is the only quarter in which this data is reported. Essentially it is a case carried from one program year into the next. The other is New TPCs that is the number of new clients in a given quarter of the program year.

NREPP – National Registry of Evidence-based Programs and Practices maintained by Substance Abuse Mental Health Services Administration (SAMHSA)

OMA – Open Meetings Act.

PAS – Pre-Admission Screening

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning

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

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

PTSD – Post-Traumatic Stress Disorder

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

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

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

QIDP – Qualified Intellectual Disabilities Professional

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

SA – Substance Abuse

SAMHSA – Substance Abuse Mental Health Services Administration.

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

SBIRT – Screening, Brief Intervention, Referral to Treatment. SAMHSA defines SBIRT as a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.

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

Seeking Safety - a present-focused treatment for clients with a history of trauma and substance abuse.

SFI – Savannah Family Institute. Manages the Parenting with Love and Limits (PLL) model.

TPCs - Treatment Plan Clients – This is the number of service recipients with case records and treatment plans. It is a category of service measurement providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II utilization form of the application/program plan and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application. Treatment Plan Clients may be divided into two groups – Continuing TPCs - clients with treatment plans written prior to the first day of July and

actively receiving services within the first quarter of the new program year. The first quarter of the program year is the only quarter in which this data is reported. Essentially it is a case carried from one program year into the next. The other is New TPCs that is the number of new clients with treatment plans written in a given quarter of the program year.

WHODAS – World Health Organization Disability Assessment Schedule. It is a generic assessment instrument for health and disability and can be used across all diseases, including mental and addictive disorders. The instrument covers 6 domains: Cognition, Mobility; Self-care; Getting along; Life activities; and Participation. Replaces the Global Assessment of Functioning in the DSM-V.

WRAP – Wellness Recovery Action Plan, is a manualized group intervention for adults that guides participants through the process of identifying and understanding their personal wellness resources and then helps them develop an individualized plan to use these resources on a daily basis to manage their mental illness.

## Agency and Program acronyms

AI – Access Initiative

BLAST – Bulldogs Learning and Succeeding Together. A Mahomet Area Youth Club program.

CAC - Children's Advocacy Center

CC – Community Choices

CCBoH – Champaign County Board of Health

CCDDB – Champaign County Developmental Disabilities Board

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

CCMHB – Champaign County Mental Health Board

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

CE – Community Elements

CN - Crisis Nursery

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

Courage Connection – agency previously known as The Center for Women in Transition

CYFS – Center for Youth and Family Solutions (formerly Catholic Charities)

DHS – Illinois Department of Human Services

DMBGC - Don Moyer Boys & Girls Club

DSC - Developmental Services Center

DSP – Direct Support Professional

ECMHD - Early Childhood Mental Health and Development, a program of Community Elements

FDC – Family Development Center

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FS - Family Service of Champaign County

FNHC - Frances Nelson Health Center

GAP – Girls Advocacy Program, a program component of the Psychological Service Center.

IDOC – Illinois Department of Corrections

JDC – Juvenile Detention Center

MAYC - Mahomet Area Youth Club

MRT – Moral Reconciliation Therapy, a systematic treatment strategy that seeks to decrease recidivism among juvenile and adult criminal offenders by increasing moral reasoning.

PEARLS - Program to Encourage Active Rewarding Lives

PCHS - Prairie Center Health Systems

PHC – Promise Healthcare

PSC - Psychological Services Center (University of Illinois)

RAC or ECIRMAC – East Central Illinois Refugee Mutual Assistance Center

RACES – Rape Advocacy, Counseling, and Education Services

RPC or CCRPC – Champaign County Regional Planning Commission

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

SEL – Social Emotional Learning

TALKS - TALKS Mentoring (Transferring A Little Knowledge Systematically)

TIMES Center – Transitional Initiative Men’s Emergency Shelter Center, a program of Community Elements

UAE – Urbana Adult Education

UCP – United Cerebral Palsy

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UHS – Urbana High School

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

UP Center – Uniting in Pride Center

UW – United Way of Champaign County

YAC – Youth Assessment Center. Screening and Assessment Center developed by the Champaign County Regional Planning Commission-Social Services Division with Quarter Cent funding.

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Children's Advocacy Center**

CCMHB/CCDDB 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

**Overall CLC Plan Comments-**

*CLC Plan was structured in the template and all of the benchmarks appeared in the plan that was submitted with the application. The Children's Advocacy Center has a very prescriptive approach with clients and the structure of the organization. Law Enforcement, DCFS, the States Attorney are members of the board of directors. It is recommended that the Board of Directors consider an annual cultural competence workshop on ways to continue to build a culturally responsive organization. There is a recommendation that cultural differences should not be viewed as issues. Cultural differences should be viewed as opportunities to learn how to relate to the client that may share different values.*

**Cultural Competence Training-**

**Benchmark:** CAC Staff will complete at least one cultural competence training in each six-month half of the plan year.

**Comments:** There is no benchmark that shows that Board of Directors will receive cultural competence training.

**Recruitment of a diverse Board and Staff**

**Benchmark:** The Board annually evaluates the diversity of the Board and the Multidisciplinary Team.

**Comments:** The benchmark shows that there is an annual evaluation.

**Cultural Competence Organizational Assessment/Evaluation**

**Benchmark:** CAC (Children's Advocacy Center) will use the OMS system surveys that are provided to parents/caregivers of the children's receiving services.



**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Children's Advocacy Center**

**Comments:** There was no mention of how the youth is able to evaluate services received from the actual young person.

**Policies and procedures which reflect Cultural Competence values**

- Allocation of funding/resources for cultural competence training
- CLC Plan is read and signed by all new staff.
- Ethnic and Demographic data are collected for each client.
- Existing CAC Staff will read and acknowledge any revisions to the CLC Plan within 11 month of adoption by the CAC Board.
- Social History is gathered during the development of their service plan

**Comments:** There are policies that show cultural competence values.

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

- Clients are referred to community based services that are culturally appropriate. Crisis services are contracted with licensed therapist who demonstrate a commitment of cultural competence in the provision of services.
- Ethnic/cultural background will be identified during intake to identify the natural and informal supports.
- Annually CAC will conduct one community engagement/or activity.

**Comments:** The plan shows that one outreach/engagement activity will be conducted. The clients of the organization are referred via law enforcement/court ordered

**Inter-Agency Collaboration-**

- Interpreters and community based agencies that demonstrate a commitment to the provision of culturally competent services. There is an Interagency Agreement with Illinois Refugee Mutual Assistance Center.
- Case Manager will utilize 2-1-1 to ensure that clients are provided with accurate and up-to date information.

**Comments:** The plan shows how CAC does work with other agencies to collaborate about services for clients.

# Draft CCMHB PY17 PROGRAM SUMMARY

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

**Program Name:** Champaign County Children's Advocacy Center

**Focus of Application:** MH X SA \_\_\_ DD \_\_\_

**Type of Contract:** Grant

**Financial Information:**

PY17 CCMHB Funding Request: \$37,080

PY17 Total Program Budget: \$195,668 (see comment in Budget Analysis section)

Current Year Funding (PY16): \$37,080

Proposed Change in Funding - PY16 to PY17: 0

Program Staff – CCMHB Funds: 0.54 FTE

Total Program Staff: 2.5 FTE

Budget Analysis: The Champaign County Children's Advocacy Center is a single purpose agency with two fulltime and one half-time employees and is part of county government. Funding from the CCMHB represents 19% of the total program budget. Three state contracts provide 71% of agency revenue: DCFS contract at 35%, Illinois Criminal Justice Information Authority (ICJIA) at 26%, and Illinois Attorney General at 10%. Other revenue sources include the National Children's Alliance grant at 5% and various local sources including voluntary assessments from local law enforcement at 5%.

Personnel related costs are the primary expense charged to CCMHB. As a percentage of the respective expense lines payroll taxes and benefits are charged off at disproportionately higher rates, over twice the rate allocated for salaries. Funds are also allocated to consumables and for membership dues.

New for FY17 is use of CCMHB funds to support virtually the entire cost of the half-time Forensic Interviewer position. In the past, CCMHB monies were allocated to the Executive Director position. The shift to the Forensic Interviewer is because funds used to establish the position were temporary and have been exhausted.

*Comment: The CAC Executive Director informed staff on March 6, 2016 that the ICJIA notified the CAC funding from the Authority for FY17 will be \$25,000 less and is changing how funds can be used. In response, the Champaign County Board was asked to provide a one-time emergency allocation to support the Forensic Interviewer position and the request was approved. CCMHB funds will be redirected to other expenses requiring modifications to the application's financial forms.*

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

Not Applicable \_\_\_\_\_

Audit Requirement Waived \_\_\_\_\_

Audit in Compliance X

Audit not in Compliance \_\_\_\_\_  
Auditor Finding \_\_\_\_\_

**Target Population:** Children and youth under age 18 that are victims of sexual abuse and/or serious physical abuse. Persons with an intellectual disability/developmental disability (ID/DD) who are older than 17 may also be interviewed at the CAC. Determination of abuse is made by law enforcement and DCFS investigators. The CAC may also be used to interview child victims/witnesses of other crimes.

**Service Locations(s)/Demographics:** The CAC is located in Champaign next to the C-U Public Health District office.

Residency and demographic data is for FY15. Of the 189 reported served, 35% were from Champaign, 29% from Urbana, 22% from Rantoul, 8% from Mahomet and 6% from other areas of the county. Demographic data reported finds 18% were age six or under, 36% from age 7 to age 12, and 46% age 13 or older; 55% were white, 27% were black, 1% Asian, and 17% other races including bi-racial/multi-racial; 7% were of Hispanic/Latino origin; and 75% were female.

**Service Description/Type:** Types of services include forensic interview, case management, and support services. Staff credentials are not referenced. Agency is accredited by the National Children's Alliance.

The CAC provides a safe neutral space to conduct and coordinate multidisciplinary case reviews including interviews of alleged child sexual abuse or serious physical abuse and to minimize anxiety and trauma for the alleged victim and non-offending family members. While interviews may be done by any properly trained investigator, the CAC created a child forensic interviewer position in 2014. Various benefits of a position dedicated to this purpose are cited including opportunity for position to develop and refine the specialized interview skill, to pursue additional specialized training, participate in peer reviews, and knowledge of advances in forensic interview protocols.

Case management by CAC staff and access to crisis counselors under contract continue to be offered to children and non-offending family members. Other support services may include periodic victim support groups, referral to other services, and community education. Staff also coordinates the monthly multidisciplinary team meetings.

**Access to Services for Rural Residents:** Transportation is provided by the investigating agency for the initial interview. The Case Manager may assist family with accessing other services and transportation.

**Program Performance Measures**

**ACCESS:** The facility is accessible by the multi-disciplinary team 24 hours a day and centrally located with access off of I-74. Law enforcement and DCFS make all referrals to CAC per established protocol.

Agencies ability to schedule an interview at the CAC within 48 hours of initial contact can be considered an access performance measure. Statistics on the number of child forensic interviews conducted the same day or following day of an agency's contact was reported at 98%. Length of engagement with the family averages six to twelve months, longer if the court case is still in process.

Agency has a Cooperative Services Agreement with the Refugee Assistance Center to assist with non-English speaking clients. Also, a bi-lingual Master's level clinician is under contract to conduct therapy.

**CONSUMER OUTCOMES:** The Case Manager assesses needs at intake, engages and refers client/family as appropriate to meet identified needs, tracks client progress, and evaluates services at case closure. Database has capacity to track status of legal proceedings and assess outcomes for cases using the CAC. No Specific measures in relation to these activities are defined.

The National Children’s Alliance has developed the Outcome Measurement System (OMS). The system uses a tablet based parent survey completed at the end of the initial visit. Responses are uploaded to a secure website allowing the CAC results to be compared to state and national benchmarks. The OMS also has a multi-disciplinary team survey. Survey results will presented annually to the CAC Board.

**UTILIZATION:** Service categories include: Treatment Plan Clients (TPCs) defined as Champaign County children and youth interviewed as a potential victim and/or are receiving services at the CAC; Non-Treatment Plan Clients (NTPCs) – are either Champaign County children and youth interviewed as non-victim witnesses, those of any age with ID/DD, or a courtesy use of the facility for an out of county investigation. Community Service Events (CSEs) represent various events/activities to promote awareness of the CAC and the issue of child sexual abuse and/or physical abuse. The CAC exceeded projections for FY15 and is on track to do so for FY16. Target for FY17 is 140 TPCS and 10 NTPCs, and 12 CSEs.

**CCMHB FY17 Decision Priorities and Decision Support Criteria**

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – System of Care for Youth & Families: N/A

Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: Program assists child victims of sexual abuse and serious physical abuse and non-offending family members.

**Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: Review of CLC Plan prefaces program summary.

Anti-Stigma Efforts: Agency reduces need for multiple interviews of child victims of sexual abuse.

Countywide Access: Initial contact is by law enforcement and/or DCFS.

Budget-Program Connectedness: CCMHB funds support new staff position although redirection likely due to notice of reduction in a state contract and response by Champaign County Board.

Realignment of FY16 Contracts to Priorities: Existing contract with link to criminal justice system.

**Technical Criteria:**

Approach/Methods/Innovation: Agency is accredited by the National Children’s Alliance.

Staff Credentials: Not referenced.

**Applicant Review and Input**

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

**Recommendation:** Pending

**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Champaign County Regional Planning Commission- Community Services**

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

**Overall CLC Plan Comments**

*The CLC Plan followed the template format. The component that was missing was the Inter-Agency collaboration. It is recommended that a Cultural Competence Training/Workshop be offered to board members. The Actions that were listed in your plan seem very broad. It is recommended that you simplify your actions in order to have additional clear benchmarks and timeframes for completing the benchmarks.*

Comments:

**Recruitment of a diverse Board and Staff**

*Board Members are recruited from the client base and staff members hired for the Youth Assessment Center speak Spanish Fluently.*

Comments: It is recommended that you ensure that there is a balanced board. One client on the Community Action Board is not the only step to ensure cultural competence and is reflective of diverse make-up of the Board and Staff.

**Cultural Competence Organizational Assessment/Evaluation**

*Conduct Community Needs Assessment Community Stakeholders provided survey to provide information on community needs. Staff and Community participated.*

Comments: *A community needs assessment is different than an organizational cultural competence assessment. There is a recommendation that you assess how you measure culturally responsive practices/policies as an organization.*

**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Champaign County Regional Planning Commission- Community Services**

**Policies and procedures which reflect Cultural Competence values**

- *List of County Translators is updated and distributed*
- *Universal Assessment tools are used that identify both strengths and challenges that is used to develop service plans/*
- *CCRPC is open M-F, 8:00 am-4:30 pm, however the ISC team responds to emergency situations via live answering service 24 hours/7 days per week. The activities proposed for this project would likely occur during regular work hours, however staff will schedule appointments outside of regular business hour to accommodate individuals' schedules.*
- *Wellness at Work Program incentive that provides a paid leave day by random drawing*

Comments:

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

- *Scheduled events to attempt to engage underserved populations who are not in school, focusing on increasing the registration of minority populations*
- *Outreach to high schools throughout Champaign County to coordinate staff participation in IEP meetings for DD students'*
- *Services are offered in Champaign, Urbana, and Rantoul Only*
- *Quarterly outreach events provided by each team*

Comments: It is recommended that you have a clear time-frame for conducting your community engagement. Please consider other rural areas in Champaign County to ensure additional accessibility.

**Inter-Agency Collaboration-**

*No Inter-Agency Collaboration mentioned in CLC Plan*

Comments:

# Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** Champaign County Regional Planning Commission

**Program Name:** Youth Assessment Center (CCMHB Companion Grant).

**Focus of Application:** MH X SA \_\_\_ DD \_\_\_

**Type of Contract:** Grant

**Financial Information:**

PY17 CCMHB Funding Request: \$26,000

PY17 Total Program Budget: \$311,860

Current Year Funding (PY16): \$26,000

Proposed Change in Funding - PY16 to PY17: 0

Program Staff – CCMHB Funds: 0.4 FTE

Total Program Staff: 4.39 FTE

Budget Analysis: All program revenue is from local sources. The single largest source is Champaign County Quarter Cent for Public Safety Tax revenue accounting for 75% of the program budget. Funds requested from the CCMHB are 8% of revenue. Other local sources – City of Champaign, Urbana, and Rantoul, and in-kind contributions provide the remaining 17%.

Personnel related expenses account for the majority of costs charged to CCMHB and represent about 10% of total costs for salaries, payroll taxes and benefits for the program. Of the other six expense lines budgeted, the occupancy line is the only one to include costs charged to CCMHB. All four staff positions supported with CCMHB funds are case managers.

*Technical Note - Revenue section of Budget Narrative needs to be revised as it does not align with Revenue Form.*

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

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

**Target Population:** The Youth Assessment Center (YAC) primary focus is youth age 10 – 17, arrested for minor offenses or status offenses referred by police departments in Champaign County and placed on station adjustment. Referrals of youth with challenging behaviors are also accepted from school districts, agencies, and families.

A subset of this population is the focus of CCMHB funded services. Eligible youth are those having been referred to two or more times and scoring as moderate to high risk on the Youth Assessment and Screening Instrument (YASI).

**Service Locations(s)/Demographics:** The YAC is located in Champaign at 402 N. Randolph St.

Residency and demographic data is based on 236 youth for whom data was reported in FY15. Of youth served, 51% were from Champaign, 25% from Urbana, 9% from Rantoul, and 15% from other areas of the county. Demographic data finds 12% were age 12 or younger and 88% were 13 or older; 50% were black, 39% were white, 1% were Asian, and 10% were other races including bi-racial/multi-racial; 5% were of Hispanic/Latino origin; and, 53% were male.

**Service Description/Type:** Type of service provided is screening, assessment, and referral. The YAC serves as an entry point to the system of care for youth at-risk of criminal justice system involvement. Staff education and training is referenced and appropriate for engaging the population. Two staff are fluent in Spanish.

As the population to be served is comprised of repeat offenders, case managers place an increased effort on contacting and engaging the youth. Following the pre-screening completed on all youth, this population will have the Youth Assessment and Screening Instrument (YASI) completed with the outcome driving a service plan prepared in consult with the youth and family. The plan addresses needs as well as builds on strengths, identifying appropriate services to whom the family will be linked. Case managers are available to work with the youth and family until they are accepted into referred services. Access to trauma specific screening and support in connecting to trauma focused cognitive behavior therapy is also referenced. The office is open to other providers to offer more services onsite.

**Access to Services for Rural Residents:** In addition to the YAC office in Champaign, youth may also be seen at the Brookens Building in Urbana and the Community Service Center in Rantoul. Staff may also travel to outlying communities and school districts to meet with youth.

*Comment: Program is one of few CCMHB agencies to utilize the Community Service Center in Rantoul as a location to meet with clients. Use of the Center enables Rantoul and northern Champaign County residents to access services without traveling to C-U.*

### **Program Performance Measures**

**ACCESS:** The YAC is open day and evening hours Monday through Saturday. Staff hours are flexible to schedule meetings with families in late afternoon and evening hours and can be held outside the office in locations more convenient for the family.

Staff will attempt to contact youth referred, but not transported to the YAC by law enforcement, the next business day after the referral is received and continue efforts to make contact for up to three weeks. Youth with police contact are placed on station adjustments that last up to four months. Youth completing the YASI will be referred to services within one week and follow-up/monitoring of engagement lasting through the end of the station adjustment.

Program projects 80% of youth will engage in referred services and be served for three months or longer. Program will also track YASI scores at entry and exit, number of referrals to YAC, and utilize a client satisfaction survey on access to services.



**CONSUMER OUTCOMES:** Program success is measured by connecting youth to services and lowering the level of risk (change in YASI score). Recidivism is tracked for youth with formal station adjustments. Collateral measures referenced include improved behavior and performance at school. The Juvenile Justice Council is planning to compile an annual report on youth involvement in the criminal justice system. No specific performance goals are identified for the outcome measures listed.

**UTILIZATION:** Service categories for Treatment Plan Clients (TPCs), Non-Treatment Plan Clients (NTPCs), Service Contacts (SCs), and Community Services Events (CSEs) are well defined with targets established. TPCs are re-referred youth with moderate to high risk YASI score and linked to services. NTPCs are re-referred youth with no to low risk YASI score indicating no service is necessary. SCs are repeat referrals the YAC is unable to contact/engage in services. CSEs are various community and staff related activities.

Program is on track to meet or exceed targets set for FY16.

### **CCMHB FY17 Decision Priorities and Decision Support Criteria**

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – System of Care for Youth & Families: Program is an entry point for assessment and referral to services for youth placed on station adjustment/police contact, and resource for schools, other providers, and families.

Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: Program is targeted to youth at risk of juvenile justice system involvement.

#### **Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: Review of CLC Plan prefaces program summary.

Anti-Stigma Efforts: Not addressed.

Countywide Access: Program will connect with youth in communities if not able to present at main location. Also utilizes the Community Service Center in Rantoul.

Budget-Program Connectedness: Program aligns with budget. All funding is from local sources.

Realignment of FY16 Contracts to Priorities: Program is an existing contract serving youth on station adjustment/police contact.

#### **Technical Criteria:**

Approach/Methods/Innovation: Entry point for screening and referral of youth with police contact.

Staff Credentials: Education levels and training noted.

#### **Applicant Review and Input**

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

**Recommendation:** Pending

**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Champaign-Urbana Area Project**

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

**Overall CLC Plan Comments-**

**Cultural Competence Training-**

- *Executive Director will coordinate annual training for support staff and governing body. Executive Director will also be required to partake in a minimum of one training.*

Comments: NONE

**Recruitment of a diverse Board and Staff**

- *Identify, recruit and select members of the board of director's body that are reflective of the focus population of CUAP (including informal and formal cultural leaders, faith-based communities, youth representatives and family members)*
- *The Board of Directors will seek to hire/retain an Executive Director who has demonstrated the ability to work with a diverse population and who will uphold the principles, policies, and procedures of the CUAP CLCP.*
- *Develop employment criteria for the program manager/staff which includes requirements for demonstrated skills in working with the populations of focus and diverse populations*

Comments:

**Cultural Competence Organizational Assessment/Evaluation**

- *The Executive Director will conduct an annual assessment of the facility to ensure the space is inviting and culturally respectful to all youth, families, and guests.*

-

Comments: None

**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Champaign-Urbana Area Project**

**Policies and procedures which reflect Cultural Competence values**

- Develop a communications policy that will ensure an effective, consistent flow of information between the system of care and community stakeholders (inclusive of those stakeholders representing the diversity of the community) including family members and youth
- Review and update the Cultural and Linguistic Competence Plan including a policy for the timely provision of interpretation services and allocation of bilingual staff.
- Create and/or revise the mission statement to affirm support of a CLC perspective to governance, management and service delivery.
- Allocation of funds will be approved during the annual budget process. CUAP staff will attend annual culturally responsive activities or attend at least one CLC education class, which shall include web-based trainings.
- Develop performance indicators related to the delivery of cultural and linguistic competence and include them in performance reviews and professional development plans

Comments: NONE

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

- Service area is the urban communities in Champaign-Urbana where the data and evidence indicates high level of trauma and violence, specifically gun violence. Rural residents will have access to services and communication through the county-wide anti-violence and public education outreach campaigns.

Comments: It is recommended to assess needs in rural communities to ensure that information from the county wide anti-violence and public outreach campaigns are able to access the services provided.

**Inter-Agency Collaboration**

- Develop formal partnerships, MOU's, etc. with cultural community agencies, faith-based entities, traditional cultural providers, and other culturally-relevant organizations.
- Champaign County Sherriff's Department
- First Followers Re-Entry Program

Comments: NONE

# Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** Champaign Urbana Area Project

**Program Name:** C-U Neighborhood Champions (2017)

**Focus of Application:** MH X SA \_\_\_ DD \_\_\_

**Type of Contract:** Grant

**Financial Information:**

PY17 CCMHB Funding Request: \$19,189

PY17 Total Program Budget: \$19,189

Current Year Funding (PY16): New Application – N/A

Proposed Change in Funding - PY16 to PY17: New Application - N/A

Program Staff – CCMHB Funds: 0.04 FTE

Total Program Staff: 0.04 FTE

Budget Analysis: This project is to be primarily funded with CCMHB revenue. The CCMHB is identified as the sole funder for the agency and the program. If funded the budget will require corrections so that narrative matches up with the budget. The expense budget is to be \$19,189 and is to be comprised of professional fees and consultants, general operating, local transportation, and specific assistance. No personnel related expenses are budgeted although 4% of the Executive Directors time is allocated to the program.

Technical note: The expense form and budget narrative require revisions. Staff costs listed on the personnel form need to be posted to the expense form plus payroll taxes and as appropriate benefits.

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

Not Applicable X

Audit Requirement Waived \_\_\_\_\_

Audit in Compliance \_\_\_\_\_

Audit not in Compliance \_\_\_\_\_

Auditor Finding \_\_\_\_\_

Comments: This is a new application.

**Target Population:**

This application is aligned with the Champaign Community Coalition and is a system of care partner. The focus is on youth and families who live in areas impacted by gun violence and related trauma. These neighborhoods are Garden Hills, the Historic North End, and East Urbana. The

second focus will be on individuals in the neighborhoods who have been directly impacted by violence, and the third foci will be community level peer leaders and helpers (interrupters).

**Service Locations(s)/Demographics:**

The Champaign and Urbana neighborhoods identified above. The target population is primarily African American.

**Service Description/Type:**

The service components of this project are based on the ACES study and the impact of trauma and violence on communities, individuals and families. The goal of the project is to reduce violence in the identified neighborhoods. Without trauma informed intervention there will be significant adverse impact on the people who live in the neighborhoods.

The project will use the Youth-CAN evidence based model which will assist communities in coordinating resources and collaborating more effectively to address violence. The services goals include increasing community understanding of trauma, supporting people impacted by trauma, increasing the number of people who are available to provide support, identification of other resources who can respond in crisis situations (e.g., gun violence), linkage to services for people impacted, and reduce community violence.

The project will train 5-7 additional local individuals in the Youth-CAN model, and implement a “train the trainer” model to assure sustainability.

**Access to Services for Rural Residents:**

While the program is focused on Champaign and Urbana neighborhoods, the linkages with the Champaign County Sheriff (within the Champaign Community Coalition) will be used to plan for expansion to other areas in the county.

**Program Performance Measures**

**ACCESS:**

The Youth-CAN trainees will be recruited through the Coalition. The Champions will be recruited by the Youth-CAN trainees and other Coalition partners. The Train the Trainer participants will be recruited through the Coalition partners. This project is a public health type approach to addressing violence and the related trauma.

**CONSUMER OUTCOMES:**

The project will collect basic demographic information, the number of referrals and contacts made by Champions, the number of training events, person satisfaction surveys, and a measure of the effectiveness of the collaboration efforts will be sought. The numbers of referrals to other service providers will be maintained, as well as logs kept by community leaders involved in the project.

All participants will complete an individualized action plan which will be monitored by the UIC. The project will report to and work with the Community Coalition to assure effective collaboration with community partners.

**UTILIZATION:**

The project estimates there will be 70 service contacts and twelve community service events. In addition, 75 people will be trained in the Youth-CAN model with another 6 being trained to be trainers.

**CCMHB FY17 Decision Priorities and Decision Support Criteria**

**Priority #1: Collaboration with the Champaign County Developmental Disabilities Board:** N/A

**Priority #2 – System of Care for Youth & Families:** This program is a very high priority and is directly tied to the CCMHB commitment to sustain system-of-care programs and services. The direct involvement with people in neighborhoods adversely impacted by gun violence is a priority, as is the collaboration other community partners in the Community Coalition and system-of-care.

**Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface:** N/A

**Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: Review of Plan prefaces program summary.

Anti-Stigma Efforts: YES

Countywide Access: YES

Budget-Program Connectedness: NO – needs revision

Realignment of FY16 Contracts to Priorities: NOT APPLICABLE – NEW APPLICATION

**Technical Criteria:**

Approach/Methods/Innovation: YES – evidence based

Staff Credentials: YES

**Applicant Review and Input**

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

**Recommendation:** Pending

# Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** Champaign Urbana Area Project

**Program Name:** TRUCE (2017)

**Focus of Application:** MH X SA \_\_\_ DD \_\_\_

**Type of Contract:** Grant

**Financial Information:**

PY17 CCMHB Funding Request: \$173,334

PY17 Total Program Budget: \$234,724

Current Year Funding (PY16): New Application – N/A

Proposed Change in Funding - PY16 to PY17: New Application - N/A

Program Staff – CCMHB Funds: 1.75 FTE

Total Program Staff: 3.35 FTE

Budget Analysis: The CCMHB is identified as the sole funder for the agency and the program. This project is to be primarily funded by the CCMHB with an additional amount listed as in-kind and fund raising contributions. The additional revenue is not explained in the narrative. If funded by the CCMHB, the budget and narrative will require corrections and further explanation. The CCMHB expense budget is to be \$173,334 and is to be comprised of salaries and fringe benefits (\$94,239), professional fees (\$7,200), client wages (\$41,600), with the remainder in other support lines. Based on revenue and expenses listed, the program is expected to operate at a loss.

Technical note: The expense form and budget narrative require revisions.

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

Not Applicable X

Audit Requirement Waived \_\_\_\_\_

Audit in Compliance \_\_\_\_\_

Audit not in Compliance \_\_\_\_\_

Auditor Finding \_\_\_\_\_

Comments: This is a new application.

**Target Population:**

The Projects target population includes youth and youth adults aged 15-26 years in areas where homicides and shootings have reached epidemic levels. This cohort is judged to be at high risk of being shot, or being a shooter. They have a history of prior offenses and arrests, and have been in prison or jail because of violence. They are involved in high risk street activities.

**Service Locations(s)/Demographics:** The CUAP office and in the high violence community neighborhoods. The population is primarily African American.

**Service Description/Type:**

The Project will use Truce Peace Seekers (violence interrupters) in a model adapted from Cure Violence (formerly Cease Fire). This is an evidence based violence reduction, community development and restorative program. Further it is a public health approach designed to detect and interrupt conflicts, identify and treat the highest risk individuals, and change social norms.

The Project will also include anti-violence public education events which will seek to break the cycle of violence in our community.

These services will be delivered by 4 part-time violence interrupters. Two will be recruited from the target neighborhoods (Garden Hills, Historic North End, Beardsley Park, and East Urbana) and the other two will be referred by First Followers Reentry Program.

The Violence Interrupters will have had experience with violence, strong relationships in the neighborhoods, have street level credibility, use restorative approaches, access to services for referral and linkage, and will provide anti-violence training sessions in the jail and JDC twice a month.

The Project is closely linked to the Champaign Community Coalition, and the Fresh Start project sponsored by the Coalition and community partners.

**Access to Services for Rural Residents:**

While the program is focused on Champaign and Urbana neighborhoods, people throughout the county will be reached by countywide anti-violence and public education outreach efforts

**Program Performance Measures**

**ACCESS:**

The Truce Peace Seekers (interrupters) will operate at non-tradition hours in community locations. They will work in the streets, in homes, community spaces/businesses, and other natural spaces. Concentration of effort will be made in the four neighborhoods listed above. The Peace Seekers will work about 16 hours per week to provide on the spot alternatives to violence. They will also be linked to the Coalition, the Neighborhood Champions, City of Champaign Neighborhood sector leaders, Block Captains, faith leaders, community programs and services, probation, parole, First Followers, and other entities.

**CONSUMER OUTCOMES:**

The project will conduct pre-post anonymous surveys, as well as target community surveys. The following information will be gathered and tracked: demographic information; risk characteristics; referrals for other services/supports; level of poverty; acts of fighting and physical distress; street conflict mediation; overall impact of gun violence; public education and community mobilization; and the impact of the Project on community norms.

Coalition partner Nicole Allen, Ph.D. and a student under her supervision will work with the Project to develop assessment and tracking tools to measure outcomes and program effectiveness.



**UTILIZATION:**

The project estimates there will be 100 service contacts and 52 community service events. In addition, 90 people will benefit from direct services engagement activities which will increase their knowledge about the effects of violence and trauma. All of these efforts will impact on 439 unduplicated people in the target neighborhoods.

**CCMHB FY17 Decision Priorities and Decision Support Criteria**

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – System of Care for Youth & Families: This program is a very high priority and is directly tied to the CCMHB commitment to sustain system-of-care programs and services. The direct involvement with people in neighborhoods adversely impacted by gun violence is a priority, as is the collaboration other community partners in the Community Coalition and system-of-care.

Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: This program is a very high priority and is directly related to the efforts of Fresh Start and the Community Coalition.

**Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: Review of Plan prefaces program summary.  
Anti-Stigma Efforts: YES  
Countywide Access: YES  
Budget-Program Connectedness: NO – needs revision  
Realignment of FY16 Contracts to Priorities: NOT APPLICABLE – NEW APPLICATION

**Technical Criteria:**

Approach/Methods/Innovation: YES – evidence based  
Staff Credentials: YES

**Applicant Review and Input**

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

**Recommendation:** Pending

**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Community Elements**

CCMHB/CCDDB 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- Yes
2. Diverse Board and Staff Recruitment- Yes
3. Cultural Competence Organizational Assessment/Evaluation- Yes
4. Implementation of Cultural Competence Values in Policy and Procedure-Yes
5. Outreach and Engagement of Underrepresented Populations defined in the Criteria-Yes
6. Inter-Agency Collaboration- Yes

**Overall CLC Plan Comments**

The CLCP followed the template that was outlined in the application. In addition, an attachment was provided outlining the specific details that capture the CLC Activities of Community Elements. There were actions that provided a specific timeframe and accountability. Due to the broad spectrum of services that are provided organizationally some of the actions are conducted on an on-going basis. There is access to interpreter services for a 24 hour time period.

**Cultural Competence Training**

- *The Board of Directors will be offered an opportunity to participate in at least one cultural competency event.*
- *Due to varying shifts of the 24-7 Operation several options of cultural competence training is offered to staff. Each department is required to conduct at least 2 cultural competence trainings each year.*
  - o *Culture of Poverty*
  - o *Assessing your Ethnocentrism*
  - o *Trauma Informed Care*
  - o *Review of SAMHSA's American Indian Culture Card*
  - o *Lunch and Learn viewing of: "Homestretch" exploring homeless youth culture.*

Comments:

**Recruitment of a diverse Board and Staff**

- *The Board of Directors has been committed to recruiting members who reflect the diversity of our community. This includes diversity that goes beyond race. Community members and board*

**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Community Elements**

*members are invited to participate Program Quality Review Committee that is an advisory committee that advises the board of directors. Input is taken from community members and persons with lived experience of a mental health challenge.*

*- The Agency Scorecard is reviewed annually by the Board of Directors and the Cultural Competency Committee. The percent of Black/African American employees has grown each year from 15.9% in 2011 to 18.2% in 2015. Employees who identify as two or more races make up 2.8% of our staff, which is an increase from 1.2% in 2011. Hispanic/Latino and Asian employees are 1.3% and American Indian/Alaskan Native employees are at .6%. Caucasian employees are at 75.8%.*

**Comments:**

**Cultural Competence Organizational Assessment/Evaluation**

*In July 2015 the agency adopted a new organizational assessment. Results are currently being reviewed by the Cultural Competency Committee with recommendations to follow. Analyzing the results of this tool is where our agency could use additional technical assistance.*

**Comments:**

**Policies and procedures which reflect Cultural Competence values**

*Our agency and services are grounded in the principles of Recovery and Trauma Informed Care. We have over 180 Policies, Rules and Procedures (PRP) that guide our practices in providing client- centered ethical, compassionate care.*

**Comments:**

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

*- Disability Expo Fair, NAMI events; Garden Hill's Neighborhood Resource Fair; Champaign-Urbana Gay Pride, Love Clinic Health and Wellness Fair, Migrant Season Farm Workers Interagency Group, Dobbins Down Play Group and weekly visits to the Phoenix.*

*- In 2015 our agency served over 4,000 unduplicated clients. Thirty-three percent of our clients were Black/African American; 2% Asian; 2.9% Hispanic, 7% listed as unknown and 58% were Caucasian. Sixty-three percent had an income below the federal poverty level.*

**Inter-Agency Collaboration**

We have over 180 signed collaborative agreements on file.

# Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** Community Elements, Inc.

**Program Name:** Criminal Justice

**Focus of Application:** MH  SA  DD

**Type of Contract:** Grant

**Financial Information:**

PY17 CCMHB Funding Request: \$333,520

PY17 Total Program Budget: \$557,295

Current Year Funding (PY16): \$306,816

Proposed Change in Funding - PY16 to PY17: increase of \$26,704

Program Staff – CCMHB Funds: 5.2 FTE

Total Program Staff: 9.12 FTE

Budget Analysis: Amount requested from the CCMHB is 60% of total program funding. The Champaign County Reentry contract accounts for 18% of revenue. Billing to private insurance adds another 18%. The remaining 4% of revenue is a Department of Human Services-Division of Alcohol and Drug Abuse (DASA) contract. The requested increase of \$26,704 includes \$17,500 in matching funds for the second year of the Department of Justice grant award. How the match is expensed is not explained in the budget narrative.

In a change from past practice where CCMHB funds supported very high percentages of select positions with no funds allocated to other positions in the program, this application allocates CCMHB funds across all positions in the direct service staff. CCMHB funds support 57% of each direct service position. Included in the CCMHB supported staff positions are two Reentry program positions funded by the Champaign County contract.

Expenses charged to CCMHB average 57% per budgeted line. The one exception is the professional fees/consultants line that accounts for 81% of the total program funding allocated for this purpose. It may be the amount allocated for consultants in this line includes the Champaign County Health Care Consumers (CCHCC) subcontract to assist criminal justice system involved adults with benefit applications or it may be the subcontract was included in the Crisis, Access, Benefits, and Engagement application. The subcontract was \$48,000 in FY16.

*Comment: Clarification is needed on how the Department of Justice matching funds are expensed. Personnel costs associated with the two Champaign County Reentry supported staff positions needs to be adjusted. An explanation for the higher percentage of costs for professional fees/consultants line in this application and in the Crisis, Access, Benefits, and Engagement application including which application funds the CCHCC subcontract is needed.*

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

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

**Target Population:** Identified as participants in Problem Solving Court (Drug Court) with a mental health issue, those in the Champaign County jail or in the community with a recent history of criminal justice involvement (past six months), and individuals with a substance use disorder without a pay source for services. Substance abuse treatment is open to any client with a level I or Level II substance use disorder although criminal justice involvement creates a priority for services.

In addition to clients with no pay source, eligibility for substance use disorder treatment is expanded to include those enrolled in Medicaid Managed Care Plans with high deductibles or Medicaid with spend down requirements that do not cover services until the deductible or spend down requirement is met. It is implied the provider will not serve these clients until after the high deductible/spenddown requirement is met unless CCMHB funds are available.

*Comment: The addition of the Managed Care Plan high deductible and Medicaid spenddown language is new and expands eligibility allowing services to clients covered under those plans to be charged to CCMHB funds. Enrollment in these plans is considered establishing a pay source other than the CCMHB and at present would not be considered an eligible population.*

*As described in the target population section of the application treatment for addiction does not appear to be directly associated with criminal justice system involvement. This point needs to be clarified.*

**Service Locations(s)/Demographics:** Locations for serving the criminal justice involved population include the Champaign County jail, Champaign County Probation Office, Community Elements-Walnut Street location, and in the community such as the client's home. Substance abuse treatment is provided at the Walnut Street location.

Residency and demographic data is from FY15 Criminal Justice Problem Solving Courts and Criminal Justice Integrated Behavioral Health contracts. Total reported was 213 new clients (includes all TPCs plus NTPCS from fourth quarter only). Residency by zip code finds 54% were from Champaign, 25% from Urbana, 8% from Rantoul, and 13% from other areas of the County. Demographic data reported finds all are adults; 47% are black, 47% are white, 1% Asian and 5% other races including biracial/multi-racial; 4% of Hispanic/Latino origin; and 70% male.

**Service Description/Type:** Types of services offered include case management, screening and assessment, support services, and counseling including specialized groups. Assistance with completing benefit applications at the jail and elsewhere is provided by Champaign County Health Care Consumers.

Staff credentials are appropriate to services and include Bachelors and Masters level case managers and clinicians. Program coordinators are licensed. One staff member is pursuing state certification as a Wellness Recovery Action Plan facilitator. The program holds forensic team meetings twice a month to review cases, coordinate services and update one another on program activities. Staff from criminal justice, reentry, and crisis programs participate in the meetings.

Various elements of program services are described including identification/screening, referral and engagement. Case management will address mental health issues as well as basic needs including housing, employment, and medical care through linkage to other providers or internal referral as appropriate. Moral Reconciliation Therapy (MRT) groups are offered at the jail. MRT and Coping with Anger groups are offered at county probation office and Community Elements Walnut Street location. For clients with substance use disorders or co-occurring disorders, outpatient/intensive outpatient individual and group treatment is offered.

*Comment: Prior to FY16, substance use disorder treatment was a separate program known as Integrated Behavioral Health. It was rolled into the Criminal Justice program as part of the FY16 application. That the population served extends beyond those involved with the criminal justice system raises the question of whether such services should again be under separate application and because of the pay source question placed on fee for service.*

**Access to Services for Rural Residents:** Alternative arrangements can be made to ensure access to services including coordination of transportation or home visits. For court involved clients or those required to report to probation, clients can access services at the Courthouse/Court Services office.

*Comment: Reference is made in this section to delivering services at TIMES Center. Those services are accounted for under the TIMES Center application.*

### **Program Performance Measures**

**ACCESS:** Timeframe and points of access are identified. Problem solving court participants have immediate access to services. For other criminal justice services, staff will engage client within five working days. Screenings and assessments can be completed at the jail or through the Access program at the Walnut Street office. The Access program will complete an assessment that day or refer the individual on to the appropriate program for an assessment.

No outcome measure or tracking associated with these timeframes is proposed or reported.

**CONSUMER OUTCOMES:** Program reports recidivism data for FY15 treatment plan clients while acknowledging need for technical assistance with gathering and reporting the data. Methodology for calculating the recidivism rate is provided. Results reported found 77% did not recidivate. Of the 15% that did recidivate, 4% were for misdemeanors and 11% were for felonies. The other 8% had charges pending, were found unfit for trial or could not be located in the county system.

For FY16, the same approach will be used to report recidivism.

*Comment: Work by the Reentry Council and Crisis Response Planning Committee may yield the assistance requested for tracking recidivism.*

**UTILIZATION:** Service categories for FY17 are clearly defined with targets established. Treatment Plan Clients (TPCs) include community based criminal justice clients plus those engaged in substance use treatment and those participating in Drug Court for a target of 200 TPCs. Non-treatment Plan Clients (NTPCs) are those in jail receiving case management for a target of 470 NTPCs.

Projections for all FY16 based on two quarters of results finds TPCs exceeding target and NTPCs on track or slightly underperforming target. For FY15 results underperformed target for both TPCs and NTPCs.

## CCMHB FY17 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – System of Care for Youth & Families: N/A

Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: Program is the centerpiece of efforts to engage adults with mental health needs in the jail, at Drug Court, and in the community.

### **Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: CLC Plan review prefaces program summaries.

Anti-Stigma Efforts: This criteria is not specifically addressed.

Countywide Access: Access to services is tied to involvement with the criminal justice system.

Budget-Program Connectedness: Questions on allocation of personnel expenses, professional fees/consultant expense line, and CCHCC subcontract is needed.

Realignment of FY16 Contracts to Priorities: Department of Justice match requirement is majority of increase requested and a onetime expense.

### **Technical Criteria:**

Approach/Methods/Innovation: Supported by early intervention through jail based case management, use of evidence based models, e.g. MRT, and participation in Drug Court.

Staff Credentials: Clearly identified for all direct service staff.

### **Applicant Review and Input**

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

**Recommendation:** Pending

# Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** Community Elements, Inc.

**Program Name:** Crisis, Access, Benefits, & Engagement

**Focus of Application:** MH X SA     DD    

**Type of Contract:** Grant

**Financial Information:**

PY17 CCMHB Funding Request: \$306,895

PY17 Total Program Budget: \$938,044

Current Year Funding (PY16): \$200,000

Proposed Change in Funding - PY16 to PY17: increase of \$106,895

Program Staff – CCMHB Funds: 4.8 FTE

Total Program Staff: 15.91 FTE

**Budget Analysis:** Funding requested from the CCMHB increased by 53% over the amount awarded for FY16. CCMHB funding represents 33% of the total program budget. Other revenue sources include two state contracts (one grant/one fee for service) accounting for 43% of revenue, local fee for service contracts with Carle Foundation Hospital, Presence Hospital, and the University of Illinois totaling 16% of revenue, and insurance payments for the remaining 8% of revenue.

Community Elements has modified how CCMHB funds are used to support staff positions. In the past, CCMHB funds supported very high percentages of select positions with no funds allocated to other positions in the program. This application allocates CCMHB funds across all positions in the program. For the 13.73 FTE direct service positions CCMHB funding averages 30% of each position (4.13 FTE). Indirect personnel account for the remaining 2.18 FTE of staff time allocated to the program with CCMHB supporting one third of this time (.67 FTE). Two positions – Behavioral Health Engagement and Support Specialists - are new to the program.

Expenses charged to CCMHB average 30% per budgeted line. The one exception is the professional fees/consultants line that accounts for 56% of the total program funding allocated for this purpose. No justification for this higher rate and specifically the amount for consultants, is provided in the budget narrative or elsewhere in the application.

*Comment: An explanation for the higher percentage of costs for professional fees/consultants line in this application and in the Criminal Justice application including which application funds the CCHCC subcontract is needed.*

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

Not Applicable           

Audit Requirement Waived



Audit in Compliance   X    
Audit not in Compliance \_\_\_\_\_  
Auditor Finding \_\_\_\_\_

**Target Population:** Non-specific description of who is eligible equates to anyone who presents for one of the services – anyone with a mental health crisis (crisis line/team), anyone with social/emotional or behavioral health needs meeting admission criteria (access), anyone seeking behavioral health services that may qualify for entitlements (benefit assistance), and anyone presenting with a behavioral health condition that needs assistance linking to services and supports to reduce symptoms and improve overall health and wellness (behavioral health engagement).

**Service Locations(s)/Demographics:** Depending on the particular service needed, an individual may call or present at the Walnut Street location during business hours for crisis intervention and for access services including behavioral health referral and engagement. After hours, the crisis line can refer to the crisis team for assessments/intervention or can be accessed through the hospital emergency departments. Assistance with benefit applications is provided at the Walnut Street location and at the jail.

Residency and demographic data reported is for clients assisted with benefit applications. Total served reported in FY15 was 305. Of clients assisted, 71% were from Champaign, 13% from Urbana, 7% from Rantoul, and 9% from the balance of the county. All were adults of which 5% were age 60 or older, racial characteristics found 57% were white, 40% were black, and 3% were other races including bi-racial/multi-racial, 1% were of Hispanic/Latino origin, and 69% were male.

**Service Description/Type:** Types of services offered include Crisis, Access, and Support Services including benefit applications assistance and behavioral health referral and engagement. Staff credentials are noted for the various services/staff positions.

Crisis services are available 24 hours a day. The crisis line is staffed by the crisis team and trained volunteers. Community education/outreach on crisis services is also referenced. An internal reorganization has combined the crisis and access screening and assessment functions. Staff is available to consult/collaborate with police. Benefit application assistance is provided in-house by a Benefits Case Manager and at the jail by Champaign County Health Care Consumers.

The application proposes to expand the scope of services to include behavioral health referral and engagement. Two new staff positions are proposed to support this activity one of which whose time will be divided between direct service and supervision. The new staff will link clients to service and supports to improve health, wellness and functioning. Assistance with connecting the person to services available outside the agency is limited to three months. The staff will have a limited presence at The Phoenix drop-in center. The DUKE Health Profile will screen for physical and mental health needs and when indicated use other screening tools.

*Comment: More detail on the extent of collaboration with law enforcement is of interest. No mention is made about outreach or community education on crisis services to neighborhoods/communities experiencing traumatic events. Regarding the Behavioral Health Engagement and Referral Specialists, it is not clear how the responsibilities of the two new positions is different from what access staff already does with the exception of adding the DUKE Health Profile.*

**Access to Services for Rural Residents:** The crisis line provides access to critical services any time of day. Other services are site based although crisis services can be accessed at emergency departments.

*Comment: Reference is made here in the application to effective care integration beginning “where the client presents” citing locations like emergency departments, shelters, and on the streets rather than waiting for them to come to a mental health center. Proposed delivery of services does not appear to align with the research cited. Other than the crisis team responding to emergency departments and staff spending a couple of hours a week at the Phoenix drop-in center, clients must present at the Walnut Street location for services.*

**Program Performance Measures**

**ACCESS:** Measures associated with various service elements are identified. Calls to Access will be answered live 95% of the time and 95% of clients presenting during walk-in hours for screening or assessments will be seen the same day. Crisis team will respond within 30 minutes 90% of the time and crisis line callers will be contacted within 15 minutes of initial call.

Those referred to Behavioral Health Referral and Engagement Specialists will be contacted within 48 hours and the specialist available to meet the person at Community Elements, Emergency Departments, or the community. Of those contacted, 50% are projected to engage.

**CONSUMER OUTCOMES:** The Duke Health Profile will be used to measure outcomes. The profile will be completed at initial contact and at discharge. The self-report screening tool asks 17 questions associated with physical health, mental health and wellness. Target outcome is for 30% of clients will report improvement in at least one area as measured by the profile. This is the only consumer outcome measure for the program.

*Comment: While not directly stated, the use of the DUKE Health Profile appears to be a function of the new Behavioral Health Referral and Engagement services.*

**UTILIZATION:** Targets are established for the new Behavioral Health Referral and Engagement services (100 Treatment Plan Clients/TPC), crisis line calls (4,400 Service Contacts), mental health assessments completed by access staff (350 Non-treatment Plan Clients/NTPC), Community presentations or other event (30 Community Service Events) and assistance with benefit applications (Other – 200).

For existing services, only mental health assessments is significantly underperforming in relation to the FY16 target. Community Elements ties the downturn in assessments completed to the closing of psychiatric services.

*Comment: Program does not identify any target associated with the crisis team contacts, or as a subset of ~~crisis team contacts~~ those with law enforcement. At present, program does report crisis team contacts and those involving law enforcement as supplemental information on quarterly reports but there is no target. Through second quarter of FY16, the crisis team has completed 888 contacts and 29 contacts with law enforcement.*

**CCMHB FY17 Decision Priorities and Decision Support Criteria**

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – System of Care for Youth & Families: N/A

Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: Crisis in particular, but also access and benefits assistance align with this priority.

**Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: Review of CLC Plan prefaces program summaries.  
Anti-Stigma Efforts: Community education by crisis coordinator may align with criteria but not specifically addressed in application.  
Countywide Access: 24 hour crisis line and calling access for screen during office hours. All other services require client to present in person at emergency department or agency's Walnut Street location.  
Budget-Program Connectedness: Requested \$106,895 increase in funding. Staff supported by CCMHB are no longer designated positions but rather 30% of each program staff position. 56% of professional fees/consultation expense line is charged to CCMHB without explanation. Application introduces new behavioral health service component.  
Realignment of FY16 Contracts to Priorities: To fund requested \$106,895 increase would require realignment.

**Technical Criteria:**

Approach/Methods/Innovation: Yes, although more detail on working with law enforcement is needed.  
Staff Credentials: Yes, clearly stated.

**Applicant Review and Input**

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

**Recommendation:** Pending

# Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** Community Elements, Inc.

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

**Focus of Application:** MH X SA     DD    

**Type of Contract:** Grant

**Financial Information:**

PY17 CCMHB Funding Request: \$95,000

PY17 Total Program Budget: \$843,888

Current Year Funding (PY16): \$90,000

Proposed Change in Funding - PY16 to PY17: increase of \$5,000

Program Staff – CCMHB Funds: 1.94 FTE

Total Program Staff: 16.36 FTE

Budget Analysis: Other than the 11% of funding requested from the CCMHB all program revenue (89%) is from state contracts/sources.

CCMHB funding is cost allocated across all expense lines for the program, averaging 7% to 12% per line. Fourteen direct service staff are supported with CCMHB funds at 12% of salary. A small percentage of the Directors position is also paid. Funds are also allocated for indirect staff time tied to administration. Three program staff positions were vacant at time of application.

*Comment: An explanation of how the program has been sustained through FY16 without the state making payments on contracts is of interest.*

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

Not Applicable           

Audit Requirement Waived           

Audit in Compliance   X  

Audit not in Compliance           

Auditor Finding           

**Target Population:** Families with children age birth to 5. Program is comprised of three distinct program components whose eligibility criteria varies but fall within this range. All 3 programs include consideration of parent and/or child risk factors in determining eligibility.

**Service Locations(s)/Demographics:** Services are delivered in client homes and community locations such as schools and churches at the convenience of the client.

In FY15, program served 79 new clients. Residency by zip code finds 38% were from Champaign, 37% from Urbana, 9% from Rantoul, and 16% from other areas of the county. Demographic data finds 20% were teen parents and 80% adults; 54% were black, 37% were white, 4% Asian, and 5% were other races including bi-racial/multi-racial; 4% were of Hispanic/Latino origin; and 86% were women.

**Service Description/Type:** Types of services are considered prevention/early intervention activities. The ECMHD program is three interrelated programs - Healthy Families, Healthy Young Families and the Prevention Initiative. The ECMHD applies a research based Infant Mental Health model. Program goals are to prevent abuse/neglect, increase positive parent-child relationships, and promote family development, functioning and independence. All ECMHD staff have either Associate, Bachelors or Masters Degrees and receive extensive specialized training. One staff member is bi-lingual.

Screening and assessments use standardized tools such as the Parent Survey (Kemp Family Checklist) used by the Healthy Families program and the Life Skills Progression Scale used by the Healthy Young Families program. Other screening and assessment tools completed include the Ages and Stages Questionnaire and the Edinburgh Postnatal Depression Scale. Services include home visits with frequency tied to family needs, case management, parenting groups and parent education including one targeted to fathers, and child developmental screening. Staff collaborates with other providers including Crisis Nursery, C-UPHD, schools and early childhood programs.

**Access to Services for Rural Residents:** Standard practice of the program is home based services and use of community locations for groups.

#### **Program Performance Measures**

**ACCESS:** Program eligibility for each component is described. Referral and collaboration with multiple healthcare providers and participation in quarterly meetings of the Birth to Three Service Coordinating Council are referenced.

Program goal is within 48 hours of referral the client will be contacted by a member of ECMHD staff and tracked on referral forms and database. Efforts to engage families can continue for up to three months. Once engaged, clients may continue services for long periods, possibly lasting years. The length of engagement limits the number of openings available over the year. Of the three program components, only Prevention Initiative maintains a waitlist. Services are delivered in the home or community settings by a racially diverse staff. Meeting client and child in the natural setting of the home is said to enhance cultural sensitivity. Services are delivered in English and Spanish.

**CONSUMER OUTCOMES:** Measures used are defined and monitored by state funders and compared to established benchmarks. The measures may vary by program and are associated with program capacity, immunization rates, completion of developmental screenings for risk of developmental delay, and initiation of breastfeeding. Clients are screened for depression at regular intervals using the Edinburgh Postnatal Depression Scale. The program has an Advisory Group comprised of participants and stakeholders, for input on program improvements.

Program identifies targets of 90% completion rates for select measures and reports measures were met in FY15 and on track for FY16 except for Healthy Young Families that underperformed due to staff vacancies.

**UTILIZATION:** Program Service categories are well defined. Program reports activity as Service Contacts (SCs), Treatment Plan Clients (TPCs), and Community Service Events (CSEs). Program makes

slight reductions targets for FY17. SCs move to 190 from 200 and to TPCs move to 200 (120 continuing and 80 new) from 230 (140 continuing and 90 new). Target for CSEs is unchanged at 140.

Activity reported for FY15 align with targets for FY17. However, activity reported for the first half of FY16 is significantly below current SC and TPC targets. Staff vacancies are cited as a contributing factor to the lower level of activity.

*Comment: Reporting of staff vacancies as required by contract is inconsistent. Staff vacancies are a primary cause of excess revenue.*

### **CCMHB FY17 Decision Priorities and Decision Support Criteria**

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – System of Care for Youth & Families: N/A

Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: N/A

#### **Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: CLC Plan review prefaces program summaries.

Anti-Stigma Efforts: Not addressed in the application.

Countywide Access: Program provides services in the natural settings – home and communities.

Budget-Program Connectedness: Program is primarily state funded with CCMHB the only local source of revenue. CCMHB funds pay percentage of all expense lines and all program staff positions.

Realignment of FY16 Contracts to Priorities: Program is an existing contract and requests small increase.

#### **Technical Criteria:**

Approach/Methods/Innovation: Screening and assessment tools are identified. Services are delivered in the home or community.

Staff Credentials: Minimum education requirements are noted. Each program component has specific training that must be completed.

#### **Applicant Review and Input**

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

**Recommendation:** Pending

# Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** Community Elements, Inc.

**Program Name:** Parenting with Love and Limits Front End (PLL-FE)

**Focus of Application:** MH  SA  DD

**Type of Contract:** Grant

**Financial Information:**

PY17 CCMHB Funding Request: \$282,663

PY17 Total Program Budget: \$282,663

Current Year Funding (PY16): \$283,079

Proposed Change in Funding - PY16 to PY17: decrease of \$416

Program Staff – CCMHB Funds: 5.42 FTE

Total Program Staff: 5.42 FTE

**Budget Analysis:** The CCMHB is the sole source of revenue for the program. Staff positions supported with CCMHB funds include 4.75 FTE (Full Time Equivalent) program related staff and 0.67 FTE indirect staff involved with agency administrative functions. Program staff include the three fulltime PLL Therapists, the fulltime Family Therapist (vacant at time of application), part time Peer Support (.09 FTE), Supervisor (.65 FTE) and Director (.10). All expenses are the responsibility of the CCMHB.

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

Not Applicable

Audit Requirement Waived

Audit in Compliance

Audit not in Compliance

Auditor Finding

**Target Population:** Youth age 10 to 17 on station adjustment, on probation for misdemeanor, or in trouble at school, home or the community. The Youth Assessment Center may refer station adjusted youth based on Youth Assessment and Screening Instrument (YASI) scores. Youth screened with the YASI and scored as low risk are referred to this program while youth scored moderate/high risk are referred to PLL-Extended Care at Prairie Center for follow-up. Most referrals come from schools, other social service agencies, or parents/self-referrals. Youth's parent/caregiver must also be willing to participate.

**Service Locations(s)/Demographics:** Groups are held at Community Elements. Although groups and family coaching sessions may be held at other locations if more convenient to the participating families.

Community Elements PLL program served 79 new families in FY15. Residency by zip code finds 46% were from Champaign, 29% were from Urbana, 10% from Rantoul, and 15% from other areas of the county. Demographic data finds 27% were age 12 of under and 73% were age 13 to 17; 54% were black,

28% were white, and 18% were other races including bi-racial/multi-racial; 3% were of Hispanic/Latino origin; and 54% were male.

**Service Description/Type:** Types of services are Outpatient Group and Family Counseling using the Brief Family Therapy Model. The three PLL therapists are Master's level clinicians trained in the evidence based PLL model. The Supervisor is an LCSW and may also lead group sessions. The Family Support Specialist position (vacant) requires a Bachelor's degree and must complete PLL training. A part-time PLL Peer Support position who is a graduate of the program assists the team.

A motivational telephone call is used to gauge interest and determine appropriate level of engagement – either PLL-Front End or PLL-Extended Care – using a PLL screening tool. A motivational interview follows at intake to secure a commitment to participate in the program. PLL-Front End provides a series of six group and six family coaching sessions including behavioral contracts with the intent of providing the skills to meet the family's needs and reestablishing positive relationships between youth and family. After graduating from the program, follow-up contacts are made at 30 and 60 days as well as providing tune up sessions as needed. Support services include assistance with transportation and referral, linkage, and advocacy to meet other needs. Incentives are provided to youth for participating. Interpreters are provided for non-English speaking participants.

**Access to Services for Rural Residents:** Staff will assist families in finding solutions to transportation needs. Staff may hold groups at other locations in the county if easier for the majority of group to attend.

#### **Program Performance Measures**

**ACCESS:** Under the license agreement and supervision contract with CCMHB, Savannah Family Institute (SFI) tracks referrals and engagement data for the program as a whole and by therapist. PLL Therapists use a protocol for initiating contact and engaging youth and families in the program.

Staff implemented a marketing plan in FY15 to promote the program and maintain contact with referral sources. Staff also participates in monthly Unit #4 Attendance Improvement Committee meetings and JDC service provider meetings to improve coordination and collaboration of services with a particular emphasis on meeting the needs of disproportionately represented black youth.

Savannah Family Institute has established a target of 70% of referrals completing the intake process will attend the first group session. For FY15, 82% of referrals completing an intake attended the first group session.

**CONSUMER OUTCOMES:** Measures are defined in the SFI Center of Excellence Agreement. Staff completes Child Behavioral Checklist (CBCL) and FACES IV at defined intervals. Quarterly and Year-End Reports are provided by SFI under the license agreement. The Year-End Report includes data analysis for program performance and changes in behavior and family functioning using the CBCL and FACES IV. The PLL-FE program demonstrated positive results for all CBCL measures and expected levels of change for most FACES IV measures.

Savannah Family Institute has established a target of 70% for families attending two or more sessions will complete or graduate from the program. For FY15, the program had a graduation rate of 87%.

**UTILIZATION:** The license agreement with SFI supports a maximum of 128 youth (Treatment Plan Clients or TPCs) served by the PLL-FE program. Each PLL-FE Therapist has a clinical minimum of 24 youth to maintain clinical skills. For FY17, this establishes a range of 72 to 128 youth to be served.



Another 18 youth may be served by the Supervisor if was engaged in services for the year but will not be due to other responsibilities. Community Elements uses the 128 figure as its annual target for the program.

For FY15, the staffing pattern included two PLL therapists plus the lead PLL therapist (supervisor) establishing minimum target of 66 and maximum of 128 to be served. For FY15, program served 70 new families and another 9 that continued from the prior year. Program had an overall graduation rate of 87%. Savannah Family Institute tracks referral and engagement rates that are reported as part of quarterly and year-end reports.

**CCMHB FY17 Decision Priorities and Decision Support Criteria**

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – System of Care for Youth & Families: Parenting with Love and Limits meets criteria identified for this priority.

Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: N/A

**Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: CLC Plan review prefaces program summaries.

Anti-Stigma Efforts: Not a focus of the program.

Countywide Access: Program may assist with identifying transportation options. While groups/sessions may be held at other locations in the community, all groups are being held at Community Elements.

Budget-Program Connectedness: Budget aligns with program and required staffing. CCMHB is sole funder.

Realignment of FY16 Contracts to Priorities: Program request is slightly less than FY16 award. Program has in recent years returned funds as excess revenue.

**Technical Criteria:**

Approach/Methods/Innovation: PLL is an evidence based model. Pre and Post-test measures are used to track and report change in the family.

Staff Credentials: All staff are trained in the PLL model.

**Applicant Review and Input**

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

**Recommendation:** Pending

# Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** Community Elements, Inc.

**Program Name:** TIMES Center (Screening MI/SA)

**Focus of Application:** MH  SA  DD

**Type of Contract:** Fee For Service

**Financial Information:**

PY17 CCMHB Funding Request: \$99,275

PY17 Total Program Budget: \$474,895

Current Year Funding (PY16): \$48,000

Proposed Change in Funding - PY16 to PY17: increase of \$51,275

Program Staff – CCMHB Funds: 2.13 FTE

Total Program Staff: 9.96 FTE

Budget Analysis: The CCMHB is one of multiple sources of revenue for the program. Funding requested from the CCMHB is 21% of total program revenue and paid on a fee for service basis. That amount includes an increase of \$51,275. The largest source of support is from fundraising and contributions at 29% of program revenue. Two state contracts add another 22% and federal pass through funds are 8% of the budget. Other local revenue include United Way funding at 12%, City of Urbana grant at 4% and transitional program fees (client fees) at 4%.

All CCMHB funds are allocated to personnel related expenses – salaries, payroll taxes and benefits. Staff time supported with CCMHB funds equals just over two fulltime positions (2.13 FTE) of which 1.77 FTE are involved in direct service. Three-fourths of one new fulltime position would be supported with CCMHB funds. Other direct service staff positions supported in part by the CCMHB include a Case Manager position and the TIMES Center Supervisor.

Program is billing an average of \$5,727 per month through the first seven months of FY16. While the program cannot bill over the contract maximum, the current rate would yield an annualized billing of \$68,724. For FY15, program was awarded \$48,000 and billed \$53,707 with overage paid from excess revenue redirected from other Community Elements contract. In FY14, program was awarded \$70,617 and billed \$45,287.

*Comment: Explanation of requested increase of \$51,275 is not provided, leaving question of how it is justified by recent billing history. New to FY16 was the addition of a criminogenic risk screen but billed separately from the other screens that are all completed during the intake process. The criminogenic screen should be incorporated into the screening contacts activity and billed at the existing rate for screening contacts.*

*Technical note - An error on the personnel form needs to be corrected.*

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

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

**Target Population:** Adult men who are homeless including those with mental health and or substance use disorders entering the TIMES Center, a transitional housing program. Many are involved with or have a history of contact with the criminal justice system. Any person receiving housing, food or case management at the TIMES Center is eligible for services.

**Service Locations(s)/Demographics:** Service location is the TIMES Center located in Champaign.

Residency and demographic data is for FY15 and based on screenings completed on 252 new residents. Residency by zip code reported finds 78% were from Champaign, 16% were from Urbana, 4% from Rantoul, and 2% from other areas of the county. Demographic data finds all were adult men and 6% age 60 or older; 51% were white, 44% were black; and 5% were other races including bi-racial/multi-racial.

*Comment: The zip code (61820) that includes TIMES Center accounts for the high percentage of Champaign residents and skews results for determining residency prior to entering the facility.*

**Service Description/Type:** Types of services offered include screenings for mental health, drug, and alcohol, and criminogenic risk as well as various groups including relapse prevention, MRT, and Anger Management. Program proposes adding an intensive outpatient substance use disorder treatment program (IOP) providing assessments and individual and group sessions, onsite. New Masters level addictions clinician will be hired.

Bachelor’s level case manager conducts screenings as part of the intake process and will link client to services based on outcome of screenings including benefits assistance, criminal justice case management or substance use treatment including completion of an assessment.

Applicant reports finding increased eligibility for Medicaid/Managed Care Plan among clients although plans may provide limited coverage or caps on services. Services to be billed to Medicaid when possible.

**Access to Services for Rural Residents:** Services are available onsite at TIMES Center. Community education on the TIMES Center transitional housing program and other services available is conducted. Rural residents may be assisted with arranging transportation from churches or other community resource.

**Program Performance Measures**

**ACCESS:** TIMES Center open seven days a week but closed during weekdays from 9AM to 5PM although calls and referrals can be made any time of day and an intake scheduled. During weekdays IOP services will be offered in response to a need for more residential treatment supports onsite. TIMES Center location is licensed for Level I and Level II substance use disorder treatment. TIMES Center participates in the Continuum of Care and Council of Service Providers for the Homeless, the two bodies with primary responsibility for coordinating and addressing issues of homelessness and also collaborates with law enforcement.

**CONSUMER OUTCOMES:** Outcome measures include completing screenings on 90% of all admissions with 100% of those with an identified need receiving a referral to appropriate services. Other measures include use of a version of Clients Writes to gauge client satisfaction with TIMES Center. A nearly 100% response rate was reported finding 69% felt their situation had changed for the better as a resident, 67% reported satisfaction with the program, 80% indicated they would refer TIMES center to a friend. Comments on strengths and weaknesses of the program were also generated by the survey.

TIMES Center will share data as appropriate with the Criminal Justice Data Project in an effort to measure recidivism.

**UTILIZATION:** Program is fee for service with established rate for screenings and a separate rate for individual and group services identified. Target for projected new unduplicated clients, Non-treatment Plan Clients (NTPCs), to be screened is 250 in FY17 reduced from 380 in FY16.

While differences exist between what the agency references in the application and what was reported to the CCMHB, the outcome is the same – program under performed in number served in FY15 and is likely to do so again in FY16. Program does report average length of stay increased in FY15.

*Comment: Billable activities need to be specifically identified rather than generic statement of activity.*

### **CCMHB FY17 Decision Priorities and Decision Support Criteria**

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – System of Care for Youth & Families: N/A

Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: Services include a screening for criminogenic risk as well as MRT groups targeted to criminal justice involved residents. Linkage is also provided to the criminal justice program.

#### **Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: CLC Plan review prefaces program summaries.

Anti-Stigma Efforts: None indicated.

Countywide Access: Services only accessible at TIMES Center

Budget-Program Connectedness: Justification of requested increase is needed. Billable activities need to be specified.

Realignment of FY16 Contracts to Priorities: Increase funding requested likely requires redirection of funds from other programs of the provider or from other agencies.

#### **Technical Criteria:**

Approach/Methods/Innovation: Uses MRT an evidence based practice. Proposes to add intensive outpatient treatment onsite. TIMES Center is licensed for Level I and Level II substance use disorder treatment.

Staff Credentials: Identified for primary staff.

#### **Applicant Review and Input**

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

**Recommendation:** Pending

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Community Foundation- DREAAM House**

CCMHB/CCDDB 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- Yes
2. Diverse Board and Staff Recruitment- Yes
3. Cultural Competence Organizational Assessment/Evaluation- Yes
4. Implementation of Cultural Competence Values in Policy and Procedure-Yes
5. Outreach and Engagement of Underrepresented Populations defined in the Criteria-Yes
6. Inter-Agency Collaboration- Yes

**Overall CLC Plan Comments**

The CLCP followed the template that was outlined in the application. It is recommended that there be clear timeframes for the actions. Although the actions are on-going they should be completed within the program year.

**Cultural Competence Training**

*Allocate adequate funds annually for training activities related to cultural and linguistic competence*

Comments:

**Recruitment of a diverse Board and Staff**

*Identify, recruit and select members of the DREAAM House Advisory Board that are reflective of the population of focus (including faith-based communities, youth representatives and family members). 50% of the board members will be represented with youth and family members.*

*- African Males will be recruited for key leadership positions and direct service positions to serve as program staff for the population of focus.*

Comments:

61

**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Community Foundation- DREAM House**

**Cultural Competence Organizational Assessment/Evaluation**

- Executive Director will complete an organizational assessment inclusive of having each staff member complete a CLC self-assessment and collect customer satisfaction surveys at the end of the program year.

-Develop services with input from young adults and families.

Comments:

**Policies and procedures which reflect Cultural Competence values**

Board of directors, management staff and individuals that are served will read and sign new Cultural Competence Plan during the program year.

- Identify natural supports and community resources to support the individual and family

- Organize cultural and linguistic competence committee and provide with the authority to monitor service delivery and create action steps.

- A policy will be developed for timely provision for communicating and language assistance for families that are African born.

Comments: It is recommended that a communication and language assistance plan is developed to ensure access for families that have Limited English and literacy levels before program implementation.

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

- Program will hold at least two seats for rural residents. Transportation assistance will be provided to low-income rural residents, because the program location will be in Champaign. This assistance may include arranging carpooling and/or pick up service.

- Executive Director will annually implement two community engagement and/or outreach activities to raise awareness and recruit program participants.

Comments:

**Inter-Agency Collaboration**

Develop formal partnerships with cultural providers, faith-based entities, and other culturally-relevant organizations.

- 4-H Club in collaboration with University of Illinois Extension

- In partnership with Big Brothers Big Sisters, each child participant will have a mentor

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# Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** Community Foundation – DREAAM House

**Program Name:** DREAAM House (2017)

**Focus of Application:** MH X SA     DD    

**Type of Contract:** Grant

**Financial Information:**

PY17 CCMHB Funding Request: \$50,000

PY17 Total Program Budget: \$76,000

Current Year Funding (PY16): \$ New Application – N/A

Proposed Change in Funding - PY16 to PY17: N/A

Program Staff – CCMHB Funds: 0.75 FTE

Total Program Staff: 0.75 FTE

Budget Analysis: This program is to be fully funded by this application with no additional revenue sources. Most of the CCMHB revenue will be used for salaries and professional fees (82%) with the remainder for program support. No funds are allocated for payroll taxes. Salary information in the narrative has error and will need to be clarified and corrected if the Board decides to fund this project.

Technical note: The expense form and budget narrative require revisions.

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

Not Applicable   X  

Audit Requirement Waived           

Audit in Compliance           

Audit not in Compliance           

Auditor Finding           

Comments: New application

**Target Population:** Boys aged 5-7 with a focus on African American boys who are experiencing social, emotional, and behavioral challenges. This cohort typically lives in high crime neighborhoods and are at-risk for involvement in special education, child welfare, and mental health systems of care. Families and caregivers are also involved with the program.

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**Service Locations(s)/Demographics:** The program will serve primarily African American boys and their families/caregivers from Champaign and Urbana. Two slots will be reserved for youth from rural areas of the county.

**Service Description/Type:** The project is to be comprehensive and year round with 3-4 contacts per week and will include the following components: (1) The Summer Jumpstart Program; (2) After School program; (3) mentoring through Big Brothers Big Sisters; (4) Sports in partnership with the YMCA; (5) Family engagement; (6) Parent training and workshops; (7) Universal screenings; and (8) linkage services.

**Access to Services for Rural Residents:** The programs reserve two slots for rural youth and assist with transportation.

**Program Performance Measures**

**ACCESS:** Children will be identified for referral/access by schools, daycare providers, churches, social agencies, and word of mouth. Targets for access to services are the 20-25 youth who will participate in the Summer Jumpstart Project.

**CONSUMER OUTCOMES:**

The project will use daily attendance logs to document participation and will collect the following process and outcome data: (1) demographic information; (2) hours of service; (3) number of parent trainings and workshops; (4) school outcomes; (5) social and emotional development; (6) number of family engagement activities and attendance; (7) client satisfaction survey and focus groups; (8) number and quality of program collaborations.

**UTILIZATION:**

The project estimates there will be 35 child participants and 40 parent/caregiver, and 20 family engagement participants. In addition, there will be 200 service contacts and 15 community service events.

**CCMHB FY17 Decision Priorities and Decision Support Criteria**

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – System of Care for Youth & Families: This application is consistent with system of care principles and values.

Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: N/A

**Overarching Decision Support Criteria:**

Underserved Populations/Cultural Competence Plan: Review of Plan prefaces program summary.

Anti-Stigma Efforts: YES

Countywide Access: YES

Budget-Program Connectedness: YES

Realignment of FY16 Contracts to Priorities: NOT APPLICABLE





**Technical Criteria:**

Approach/Methods/Innovation: Not an evidence based approach

Staff Credentials: Not specified.

**Applicant Review and Input**

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

**Recommendation:** Pending

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Community Service Center of Northern Champaign County**

CCMHB/CCDDB 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- Yes
2. Diverse Board and Staff Recruitment- Yes
3. Cultural Competence Organizational Assessment/Evaluation- Yes
4. Implementation of Cultural Competence Values in Policy and Procedure-Yes
5. Outreach and Engagement of Underrepresented Populations defined in the Criteria-Yes
6. Inter-Agency Collaboration- Yes

**Overall CLC Plan Comments**

The CLCP followed the template that was outlined in the application. There was a timeframe allotted of the completion of activities during the program year. It is recommended that you assign a specific timeframe to complete activities and this information can be reported in the bi-annual report of the CLCP.

**Cultural Competence Training**

- *Staff will be allowed 6 hours per year for cultural competence training.*
- *Set aside one meeting during the year for board CLC training*

Comments:

**Recruitment of a diverse Board and Staff**

- *A list of qualities and experiences for recruitment of board members is being developed to ensure recruitment of a diverse board of directors. This action will take place in 2017*

Comments:

**Cultural Competence Organizational Assessment/Evaluation**

- *Assess and modify the physical facility to reflect the population of focus, to be welcoming, clean, and attractive by providing cultural art, magazines, etc.*
- *Conduct an annual client satisfaction survey which includes questions on agency's CLC in August annually.*
- *Utilize feedback from the satisfaction survey in the delivery of services.*

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Community Service Center of Northern Champaign County**

Comments:

**Policies and procedures which reflect Cultural Competence values**

- *A selection of Spanish language magazines will be added to the magazine rack by January 2017. Spanish language brochures will be provided from other agencies.*
- *Communication and Language assistance protocol for staff to access language assistance will be completed in January 2017.*
- *Read and sign agreement that CLC plan has been read and practices will be implemented within the designated time period.*

Comments:

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

*Computer access/assistance service to download forms, LINK applications, etc. on a limited basis*

*Translation, advocacy, and related services for Latino population (through CSC, the Multicultural Center, and the Community Health Partnership of Illinois.*

Comments:

**Inter-Agency Collaboration**

- *Develop a directory of local providers, organizations, and other community supports for Latino and GLBQ clients.*
- *CSC office space available for other agencies' staff (during and outside regular office hours)*

Comments:

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# Draft CCMHB PY17 PROGRAM SUMMARY

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

**Program Name:** Resource Connection

**Focus of Application:** MH  SA  DD

**Type of Contract:** Grant

**Financial Information:**

PY17 CCMHB Funding Request: \$65,290

PY17 Total Program Budget: \$248,719

Current Year Funding (PY16): \$65,290

Proposed Change in Funding - PY16 to PY17: 0

Program Staff – CCMHB Funds: 1.81 FTE

Total Program Staff: 3.19 FTE

**Budget Analysis:** This program relies on local support to operate. Amount requested from CCMHB is 26% of program revenue. Support from United Way adds another 25%. The fundraising and contributions lines combined account for 32% of funding. Grants from local governments plus one pass through of federal funds adds 10% with the remaining 7% coming from other sources including rental income.

All of CCMHB funds are allocated to the salaries and payroll taxes. CCMHB funds pay 53% of program salaries and 14% of payroll taxes. Personnel supported includes some percentage of all four agency staff positions - the service and intake coordinators, bookkeeper, and executive director.

While not supported by CCMHB, program notes loss of state funding for Rantoul Area Project program. Budget narrative states the loss of these funds and other anticipated reductions in revenue account for a reduction of 18% in total agency funding. Agency states CCMHB funding is critical to agency and program operations.

*Comment: Agency notes in budget narrative CCMHB investment over ten years ago to renovate the current facility. Investment was in part to provide space for use by other agencies to increase local resident's access to services. The agency also noted that while local funding is key to maintaining operations, they did not seek an increase from the CCMHB for FY17 recognizing the pressures the state budget crisis places on demand for CCMHB funding.*

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

Not Applicable \_\_\_\_\_  
Audit Requirement Waived \_\_\_\_\_  
Audit in Compliance  \_\_\_\_\_  
Audit not in Compliance \_\_\_\_\_  
Auditor Finding \_\_\_\_\_

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**Target Population:** Program serves residents of nine northern most Champaign County townships. Low-income and transient/homeless populations are eligible for direct assistance services including emergency food and prescription assistance and to those seeking information about services.

**Service Locations(s)/Demographics:** Agency is based in Rantoul and serves as a satellite site for other Champaign and Urbana based providers including some CCMHB funded agencies.

Unduplicated households receiving direct client assistance in FY15 totaled 1,571. Residency data reported by zip code finds 87% were from Rantoul, 10% were from other areas of the county and the remaining 3% from Champaign and Urbana. Demographic data reported finds all were adults with 15% age sixty or older; 46% were white, 28% were black, 1% were Asian, and 25% other races including bi-racial/multi-racial; 24% were of Hispanic/Latino origin; and 66% were women.

**Service Description/Type:** Types of services include support services and information and referral for clients, and office space for other providers. Staff credentials are listed in the budget narrative.

Residents will continue to have access to information and referral services as well as other basic services provided by CSCNCC and those available from providers using the agency as a satellite site. Support services offered include the food pantry and other emergency services such as limited utility and prescription drug assistance, and client advocacy to assist with accessing other services; access to local telephone, fax/copy machine (small fee), and internet. Case management available for frequent users of food pantry and other resources. Bi-lingual services and materials are also available. Program also participates in community events such as the Disability Resource Expo.

Office space is utilized by some Champaign-Urbana based providers and space available is promoted to other programs/providers. Space can be utilized during and after business hours. As part of on-going information and referral activity, information on mental health and other CCMHB funded services not accessible onsite is provided including linkage to other mental health, substance use disorder and developmental disability resources. Referral to 211 is made as needed.

**Access to Services for Rural Residents:** Agency is located in Rantoul the largest community in the northern nine township service area. The building also houses the Public Health Department WIC office.

### **Program Performance Measures**

**ACCESS:** Program cites research supporting importance of ease of access to services. Access is measured by number of contacts and frequency of use for program services and services provided as a satellite site. The number of contacts declined by 14% from FY14 to FY15. The agency reports total number of households overall was unchanged but experienced an increase in new households while continuing clients decreased. Over 23% of clients self-report as being disabled. Unmet needs are also tracked with 7% of requests for assistance going unmet; primarily food, baby needs, shelter, and utilities.

Slight increase in contacts from 576 to 607 for CCMHB funded agencies was reported – mainly for Community Elements, Prairie Center and Regional Planning Commission. The agency has also been used as a community awareness site for several DSC consumers living a local group home. For all satellite agency contacts, the total increased from 2,589 to 2,830, mostly a result of temporary employment agencies using the using the meeting room to screen applicants.

**CONSUMER OUTCOMES:** Outcomes are primarily the access measures referred to above. Program cites previously reported results from a client satisfaction survey. Responses were positive in all areas including satisfaction with services/staff, being culturally sensitive, and use of satellite agency services were well received. Other result was an analysis of contacts – 7% of households had 12 or more contacts over twelve month period while 78% had six or fewer contacts. Program is working with U of I Statistics in the Community program to update the satisfaction survey for distribution this summer.

**UTILIZATION:** Service categories are consistent with past years. Service Contacts (SC) are number of requests for assistance and Non-Treatment Plan Clients (NTPCs) are number of unduplicated households served. The Other category are contacts with other providers.

Fluctuations in unduplicated households served over the last six years is presented as well as some observations on frequency of service contacts. Trends noted result in slight adjustments to FY17 targets: SCs are reduced by 400 to 6,000; NTPCs unchanged at 1,700; and Other is at 2,700.

### **CCMHB FY17 Decision Priorities and Decision Support Criteria**

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – System of Care for Youth & Families: N/A

Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: N/A

### **Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: Review of CLC Plan prefaces program summary.

Anti-Stigma Efforts: This is not a focus of the application.

Countywide Access: Primary service area is northern nine townships of Champaign County.

Budget-Program Connectedness: Budget clearly aligns with program. Agency and program is heavily reliant on local sources of support.

Realignment of FY16 Contracts to Priorities: Is an existing contract and does not seek an increase.

### **Technical Criteria:**

Approach/Methods/Innovation: Program serves as a satellite site for other providers as well providing services to assist with meeting basic needs or information and referral for needs not addressed onsite.

Staff Credentials: Credentials and experience are noted for each position.

### **Applicant Review and Input**

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

**Recommendation:** Pending

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Courage Connection**

CCMHB/CCDDB 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- Yes
2. Diverse Board and Staff Recruitment- Yes
3. Cultural Competence Organizational Assessment/Evaluation- Yes
4. Implementation of Cultural Competence Values in Policy and Procedure-Yes
5. Outreach and Engagement of Underrepresented Populations defined in the Criteria-Yes
6. Inter-Agency Collaboration- Yes

**Overall CLC Plan Comments**

The CLCP followed the template that was outlined in the application. The plan outlined clear specific actions with actual timeframes for accomplishing the benchmarks.

**Cultural Competence Training**

- *Financial resources will be available for staff development and training that culturally responsive.*
- *Biannual trainings at the team level focused on an aspect of cultural competency.*

Comments:

**Recruitment of a diverse Board and Staff**

- *Begin to identify and recruit diverse membership on the Board of Directors with diverse cultural experiences, skills, and cultural experiences.*
- *Publishing of job opportunities with clear language about desires for diverse applicants.*

Comments:

**Cultural Competence Organizational Assessment/Evaluation**

- *The development and completion of a self-assessment annually during the grant application process for staff to provide feedback about the agency's culturally responsive values.*
- *Develop services with input from young adults and families.*
- *Assess cultural competency through clients via a culturally and linguistically appropriate non-residential consumer feedback form.*

**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Courage Connection**

**Policies and procedures which reflect Cultural Competence values**

- *Board of directors, management staff and individuals that are served will read and sign new Cultural Competence Plan during the program year.*
- *Maintenance of building decorations as representative of diverse sources.*
- *Maintenance of environment as accessible to people with disabilities.*
- *Maintenance of toys, reading material, and other leisure and learning resources in English and Spanish*
- *Resources for interpreters are updated at least annually.*
- *Use of telephone language line will only occur when all other resources are exhausted.*
- *Maintenance of accommodation of staff's cultural or religious needs whenever possible*

Comments:

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

- *-Support to clients in rural areas is primarily provided through our 24/7 domestic violence hotline, including safety planning, crisis intervention, transitional housing, the Virtual Legal Clinic, and information/referrals.*
- *A primary function of Courage Connection is providing services that empower clients to regain control of their lives and live independently of abuse. Services are provided to both residential and non-residential clients. Both residential and non-residential counseling clients complete a service plan to identify goals they want to achieve while receiving our services.*
- *Presenting staff ensure issues of cultural competency are reflected in the development of Community Service Events and are present in any material present.*

Comments: It is recommended that cultural differences should not be viewed as issues but opportunities of raising awareness about cultural backgrounds.

**Inter-Agency Collaboration**

- *Maintenance of translation and interpretation tools, including relationships with volunteer-based East Central Illinois Refugee Mutual Assistance Center (ECIRMAC) and the University of Illinois, and paid professional services.*

Comments:

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# Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** Courage Connection

**Program Name:** Courage Connection

**Focus of Application:** MH  SA  DD

**Type of Contract:** Grant

**Financial Information:**

PY17 CCMHB Funding Request: \$66,948

PY17 Total Program Budget: \$763,200

Current Year Funding (PY16): \$66,948

Proposed Change in Funding - PY16 to PY17: 0

Program Staff – CCMHB Funds: 2.15 FTE

Total Program Staff: 16.76 FTE

Budget Analysis: Program revenue comes from a wide range of sources. The single largest source being the state DHS-Domestic Violence contract at 55% of the total program funding. Another 4% of state funding comes through the Attorney General. Federal funds, from HUD and from the Victim of Crime Act passed through the Illinois Coalition Against Domestic Violence, are 20% of revenue. United Way, fundraising and other contributions or local sources are 13% of the budget. CCMHB funding is 9% of program revenue.

All CCMHB funds are allocated to personnel costs - salaries and payroll taxes. Direct service staff time charged off to CCMHB includes 35% of the two domestic violence counselors and between 22% to 26% of five domestic violence client advocates positions. A little over 25% of the fiscal manager's time is charged as indirect staff expense.

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

Not Applicable

Audit Requirement Waived

Audit in Compliance

Audit not in Compliance

Auditor Finding

**Target Population:** Adults and their children who self-report as being or having been victims of or threatened with domestic violence. This may be either physical or mental violence as defined by the Illinois Domestic Violence Act. Program serves Champaign, Douglas, Ford and Piatt Counties with priority to residents of Champaign County, said to be 90% of clients served.

**Service Locations(s)/Demographics:** The transitional housing/emergency shelter is located in Urbana.

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Program served 265 victims of domestic violence from Champaign County in FY15. Residency by zip code finds 41% were from Champaign, 26% from Urbana, 14% from Rantoul, and 19% from other areas of the county. Demographic data finds 31% were children or youth, 69% were adults including 4% age 60 or older; 52% were white, 41% were black; 2% Asian, and 5% other races including bi-racial/multi-racial; 8% were of Hispanic/Latino origin; and 84% were female.

**Service Description/Type:** Types of funded services are counseling and case management. Program operates as a transitional housing/emergency shelter for victims of domestic violence and a 24 hour domestic violence hotline for crisis intervention and information and referral. A client does not need to be a resident of the shelter or transitional housing to receive services.

Various advocacy and support services are available including intake assessments and service planning, individual and family centered counseling (not therapy), life skills groups, case management, court advocacy, children’s programming, and community education. Frequency of contact is driven by needs of the client. Counseling and other services are defined by and tracked using the state Infonet database. All services comply with the Illinois Coalition Against Domestic Violence (ICADV) and the Illinois Domestic Violence Services Guideline Manual. All staff complete state mandated 40 hour training.

**Access to Services for Rural Residents:** A 24 hour hotline provides crisis intervention, information and referral, and safety planning for victims of domestic violence. Taxis and bus service is provided to get victims fleeing abuse to the shelter. Program information is distributed throughout the county.

**Program Performance Measures**

**ACCESS:** All staff complete the ICADV 40 hour training prior to working with victims. Staff answer calls made to the 24 hour hotline and assist clients presenting at the shelter. Stays in the shelter are limited to 30 days and in the transitional housing program to one year but can be extended. There are no limits to how often either residential service can be used by an eligible client. Timeframes associated with referral, assessment, and engagement in counseling are described and targets established.

**CONSUMER OUTCOMES:** Goal is for the clients to have an improved sense of safety and self-empowerment as a result of engaging in services. Identified measures associated with the goal of safety include categorization of residential clients “reason for leaving.” Program projects 60% of discharges will be recorded in one of the positive categories. For self-empowerment (life skills and confidence), responses to an Infonet based survey will be used to measure counseling outcomes. Program projects 75% survey completion rate with 90% of responses to be positive.

**UTILIZATION:** Service categories are defined for FY17 including clarification on who is reported as new clients and continuing clients under Treatment Plan Client (TPC) and Non-Treatment Plan Client (NTPC). Targets for FY17 of 320 TPCs and 150 Community Service Events are same as FY16. Target of 45 NTPCs is a reduction of 15 and 600 Service Contacts (hotline calls) is a reduction of 200 from FY16. Adjusted targets for FY17 align with results from FY15 and first six month of FY16 with the exception of NTPCs where target may still be too high.

**CCMHB FY17 Decision Priorities and Decision Support Criteria**

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – System of Care for Youth & Families: N/A

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Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: Program provides supports to victims of domestic violence including emergency and transitional housing, counseling, court advocacy, and case management.

**Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: Review of CLC Plan prefaces program summary.

Anti-Stigma Efforts: Program activity includes community education on domestic violence.

Countywide Access: Domestic violence hotline is open 24/7.

Budget-Program Connectedness: Wide range of revenue sources with state contract as largest funder. CCMHB funds support counseling and case management activity.

Realignment of FY16 Contracts to Priorities: Program is an existing contract and no increase requested.

**Technical Criteria:**

Approach/Methods/Innovation: All services comply with ICADV requirements and the Illinois Domestic Violence Services Guideline Manual.

Staff Credentials: All staff complete state mandated 40 hour training.

**Applicant Review and Input**

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

**Recommendation:** Pending

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Crisis Nursery**

CCMHB/CCDDB 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- Yes
2. Diverse Board and Staff Recruitment- Yes
3. Cultural Competence Organizational Assessment/Evaluation- Yes
4. Implementation of Cultural Competence Values in Policy and Procedure-Yes
5. Outreach and Engagement of Underrepresented Populations defined in the Criteria-Yes
6. Inter-Agency Collaboration- Yes

**Overall CLC Plan Comments**

The CLCP followed the template that was outlined in the application. The plan outlined clear specific actions with actual timeframes for accomplishing the benchmarks. There was additional detailed provided in the CLC that outlined the benchmarks in the highlighted areas. The on-going activities that are highlighted has outlined timeframe within the action and benchmarks. This process ensured accountability as well as an opportunity to enhance the benchmark that may have been set during the time frame.

**Cultural Competence Training**

- *Staff are trained annually in the elements of CLC at a mandatory all-staff meeting. At least 2 additional opportunities for CLC training will be provided to staff as part of CN's staff professional development schedule.*
- *CN provides at least 2 trainings annually on "Spanish for Non-Spanish speakers."*

Comments:

**Recruitment of a diverse Board and Staff**

- *CN will maintain a makeup of 10-15% of board members of other ethnicities by actively recruiting members from diverse populations.*
- *CN will utilize a demographic chart to reflect age, sex, race, area and employment of our Board to analyze and plan for diverse representation and composition.*

Comments: none

**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Crisis Nursery**

**Cultural Competence Organizational Assessment/Evaluation**

*- All CN clients will have the opportunity to participate in an outcomes survey which is administered interview-style by Crisis Advocates.*

*-Develop services with input from young adults and families.*

**Policies and procedures which reflect Cultural Competence values**

- Board of directors, management staff and individuals that are served will read and sign new Cultural Competence Plan during the program year.*
- Crisis Nursery will maintain a client grievance policy*
- Staff will utilize a "cheat sheet" for Spanish speaking intake calls when the staff answering the phone does not speak Spanish. Pronunciation lessons will be given to staff by Spanish speakers.*
- CN will have a policy in place for staff to use their personal/sick days for family needs (with the definition of "family" being defined by the staff member).*
- CN will have a policy in place that allows staff to observe a religious holiday of their choice in place of Good Friday if they don't identify with the Christian faith*

Comments:

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

- Staff will participate in 4-8 public events in neighborhoods or ethnically-focused family events.*
- Staff conducts quarterly events at CN to encourage community and agencies to experience the Nursery without experiencing a crisis.*

Comments:

**Inter-Agency Collaboration**

- To prompt appropriate referrals, we have Memorandums of Understanding with all social service agencies and similar organizations in our community that serve our target clientele.*
- Crisis Nursery has representatives participating in many collaborative groups in our community, including the Local Area Network, Human Service Council, Continuum of Care, Council of Service Providers to the Homeless, Cradle to Career, the Child Abuse Prevention Coalition, and the Champaign County Community Coalition*

# Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** Crisis Nursery

**Program Name:** Beyond Blue - Champaign County

**Focus of Application:** MH X SA     DD    

**Type of Contract:** Grant

**Financial Information:**

PY17 CCMHB Funding Request: \$75,000

PY17 Total Program Budget: \$172,525

Current Year Funding (PY16): \$70,000

Proposed Change in Funding - PY16 to PY17: increase of \$5,000

Program Staff – CCMHB Funds: 1.44 FTE

Total Program Staff: 3.57 FTE

Budget Analysis: The CCMHB is the single largest source of support providing 43% of program revenue. Only 9% of funding comes from a state contract. All other funds are either designations to the agency through United Way (7%) or fundraising/contributions by Crisis Nursery (41%) allocated to the program.

CCMHB funds pay 46% of total program personnel related expenses. This supports 1.44 fulltime equivalent positions (FTE) with staff involved in direct services at 1.40 FTE including part of two Family Specialists time (1.25 FTE) and for supervision by the Program Director (0.15 FTE), and indirect staff (0.04 FTE) responsible for management and administration. Other costs paid by CCMHB include 78% of the transportation expense line that pays for staff to visit client’s homes or community sites used for group sessions. The five remaining expense lines are charged primarily to other sources.

*Comment: Program originated as a special initiative in conjunction with the Champaign County Board of Health. While the Board of Health has not contributed financial support for a number of years, program is funded primarily from local sources.*

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

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

**Target Population:** Mothers identified as “at risk” of peri- and post-natal depression who reside in Champaign County and are pregnant or have a child or children less than one year of age. “At risk” includes low-income and/or a family history of depression or experienced depression during pregnancy, limited social supports, or are experiencing marital discord. Referral sources include various medical

providers, internally from Crisis Nursery, and self-referrals. Research supporting screenings and early intervention with mothers at risk of perinatal depression is cited.

**Service Locations(s)/Demographics:** Services are delivered in client's homes, in their communities and at Crisis Nursery. Program reported serving 35 new mothers in FY15. Residency by zip code reported finds 37% were from Champaign, 9% from Urbana, 23% from Rantoul and 31% from other areas of the county. Demographic data finds all mothers served were adults; 60% were white, 31% were black, 6% Asian; 3% other races including bi-racial/multi-racial; and 6% were of Hispanic/Latino origin.

*Comment: By contract, 50% of those served are required to be from outside Champaign and Urbana.*

**Service Description/Type:** Types of service include Screening, Assessment, Support Groups, and Individual and Group Counseling. Mix of home visits, parent-child interaction groups, and support groups are designed to reduce social isolation, educate the parent on depression, child development, and improve parenting skills. Services are provided by Bachelors level Family Specialists under supervision of Program Director (MSW) and Executive Director (LCSW). Additional staff training and professional consultation is available to program staff.

Initial contact with the mother includes completion of the Edinburgh Postnatal Depression Scale (EPDS) if not provided as part of the referral. Home visits assess for depressive symptoms, provide counseling and education, and individualized support and care management. The Ages and Stages Questionnaire (ASQ) is used to track child development and completed as part of home visits. Participation in Parent-Child Interaction (PCI) groups, an evidence based model, and in perinatal support groups reduce isolation and address child development, positive parent-child interaction and bonding. The groups may include parents from the Strong Families program to reduce stigma. Referral and linkage to other services also occurs. Respite care at Crisis Nursery is offered as an in-kind service of the program. Services are offered until the child turns one and referred as necessary to other child development programs including the Crisis Nursery Strong Families program. Community education is intended to reduce stigma associated with post-natal depression and promote Beyond Blue as a resource.

**Access to Services for Rural Residents:** More than 50% of mothers served must be from rural Champaign County. Staff conducts home visits and may hold PCI groups in rural locations.

### **Program Performance Measures**

**ACCESS:** Program cites established relationships and protocols for referrals with healthcare providers and describes on-going outreach at various providers' locations including WIC office in Rantoul. Access points are client's homes and group sessions held in primarily urban settings including Crisis Nursery.

Crisis Nursery is open 24 hours a day enabling the agency to make referrals and respond to contacts within 24 hours and a home visit within three days. Those engaged in the program have identified risk factors and scored 10 or higher on the Edinburgh Postnatal Depression Scale. Participation in services may continue until the child is one year old when a referral to other child development/early intervention programs may occur.

**CONSUMER OUTCOMES:** Three tools are used to measure consumer outcomes: crisis nursery survey instrument, the Edinburgh Postnatal Depression Scale (EDPS), and the Ages and Stages Questionnaire (ASQ). The measures, particularly the EDPS and ASQ, have a direct relationship to the program. Contact is also made six months after case is closed to assess lasting impacts of the program.

Results reported for the EPDS for FY15 finds 53% of mothers showed a decrease in symptoms from first screening to last. The ASQ assesses child development and can assist in educating the parent on the child's developmental progress. Of 34 ASQ's completed, three identified delays that resulted in referrals for further screening.

The crisis nursery survey instrument used is the ARCH CR1 used by all crisis nurseries in the state to evaluate adult client outcomes. Of parents surveyed, 80% reported reduced stress, 93% reported improved parenting skills, and 100% believed services reduced risk of child harm. Results less than 85% are reviewed for quality improvement.

**UTILIZATION:** Program defines service categories in relation to program services. Targets established for FY17 are same as prior year. The program projects serving 35 mothers as Treatment Plan Clients (TPCs), and 82 babies/children/other family members as Non-Treatment Plan Clients (NTPCs). Service contacts target is 980 and include screenings, home visits, referrals, and telephone contacts. CSEs target is 136 and includes PCI groups, support groups, community presentations and associated activities. Hours of respite care provided as an in-kind service will be reported in the Other category with a target of 2,420 hours. Program exceeded all targets in FY15 with the exception of respite care hours.

### **CCMHB FY17 Decision Priorities and Decision Support Criteria**

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – System of Care for Youth & Families: N/A

Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: N/A

### **Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: Review of CLC Plan prefaces program summary.

Anti-Stigma Efforts: Various services attempt to reduce stigma associated with post-natal depression.

Countywide Access: Program originated as an initiative to serve rural Champaign County. 50% or more of families served will be from outside Champaign and Urbana.

Budget-Program Connectedness: Budget aligns with program services and staffing pattern.

Realignment of FY16 Contracts to Priorities: Existing program requests an increase in funding for FY17.

### **Technical Criteria:**

Approach/Methods/Innovation: Screening/assessment tools and PCI groups are evidence based.

Staff Credentials: Noted for program staff and supervisors.

### **Applicant Review and Input**

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

**Recommendation:** Pending

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Don Moyer Boys and Girls Club (DMBGC)**

CCMHB/CCDDB 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- Yes
2. Diverse Board and Staff Recruitment- Yes
3. Cultural Competence Organizational Assessment/Evaluation- Yes
4. Implementation of Cultural Competence Values in Policy and Procedure-Yes
5. Outreach and Engagement of Underrepresented Populations defined in the Criteria-Yes
6. Inter-Agency Collaboration- Yes

**Overall CLC Plan Comments-**

The CLCP followed the template and criteria. The timeframes and accountability were specific. It is recommended that set specific actions on how you will recruit diversity of staff and board members.

**Cultural Competence Training**

- Staff will be allowed 8 hours per year for cultural competence training
- All Board of Directors, Administration, and Staff members will read and sign a copy of CLC Plan by September 30, 2016
- 

Comments:

**Recruitment of a diverse Board and Staff**

Demographic information collected on Board of Directors, DMBGC staff members, and DMBGC clients will reflect diverse populations.

Comments:

**Cultural Competence Organizational Assessment/Evaluation**

- Cultural and Linguistic Competence Committee will meet bi-annually with authority to monitor goals of Cultural Competence Plan and create action steps.
- Two to four opportunities will be provided at scheduled at Club youth/families events to discuss services that were delivered.
- An annual satisfaction survey will be given to youth and families

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Don Moyer Boys and Girls Club (DMBGC)**

- *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.*

Comments:

**Policies and procedures which reflect Cultural Competence values**

- *Documentation and attendance participation of cultural competence training completed before June 30, 2017*
- *Develop and review Cultural and Linguistic Competence Plan bi-annually with feedback from board of directors, management, staff, and individuals served by the organization.*
- *Service Plans developed with youth and parent/guardians served by DMBGC will be influenced by family decisions on services and supports*

Comments:

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

- The C-U CHANGE program will be open to serve all youth and families in Champaign County. Referrals will be accepted from Juvenile Probation, Local School Districts, Champaign County Youth Assessment Center, and other community organizations serving youth at risk.
- Program Staff will meet with families, in their home when needed.
- The program will be inclusive of all child serving systems, social agencies, family support organizations, faith-based organizations, civic/social groups and community-based entities that have a vested interest to improve outcomes for youth and families, including those located in rural areas.
- Awareness activities/events will be incorporated in scheduled youth and family Club events. Youth and Families will participate in the planning and implementation of these activities/events.

Comments:

**Inter-Agency Collaboration**

- *DMBC will work with the Champaign County School Districts, Police Departments, Champaign County Youth Assessment Center, Court Services and Juvenile Probation, as well as community organizations to build awareness about services offered.*

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# Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** Don Moyer Boys and Girls Club

**Program Name:** C-U Change (2017)

**Focus of Application:** MH X SA \_\_\_ DD \_\_\_

**Type of Contract:** Grant

**Financial Information:**

PY17 CCMHB Funding Request: \$100,000

PY17 Total Program Budget: \$123,007

Current Year Funding (PY16): \$ New Application – N/A

Proposed Change in Funding - PY16 to PY17: N/A

Program Staff – CCMHB Funds: 2.7 FTE

Total Program Staff: 2.7 FTE

Budget Analysis: The project is to be primarily funded by CCMHB dollars with \$23,007 coming from contributions. The CCMHB expense column is incorrect and will need to be fixed. Almost all CCMHB funds will be used for salaries and benefits, with the remaining budget line funded from other sources.

Technical note: The expense form and budget narrative require revisions.

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

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

Comments: This is a new application; however, we have an audit on file which was predicated by contracts in previous years.

**Target Population:**

This project will serve at-risk youth aged 12-17 (grades 9-12). These youth manifest juvenile justice involvement, school maladaptive behavior, and family/community issues which make them at-risk for social service intervention. The project will initially focus on freshmen and sophomores with new students admitted as graduations occur.

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**Service Locations(s)/Demographics:** Services will occur onsite at schools and at the club. Most youth served are minority (i.e., African American).

**Service Description/Type:**

This project is part of the CCMHB system-of-care sustainability plan and will provide services which are strength based, trauma informed, youth guided, and family driven. The program will provide direct intervention in collaboration with schools with an after school component at the Don Moyer Boys and Girls Club. Services will include adult led group counseling and planning, immediate intervention, bi-monthly progress reporting, peer support opportunities, daily guidance and mentoring, and case management. The mentoring services will have two levels based on the extent of the presenting problems. The project will use OJJDP approved evidence based programs (e.g., Project Learn; Positive Action and SMART Leaders). This program is linked to the Community Coalition and involves significant collaboration with schools and other community partners.

**Access to Services for Rural Residents:**

The program is open to all youth defined in the target population living in Champaign County. Program staff will be available to meet with families at their homes to work out arrangements for participation.

**Program Performance Measures**

**ACCESS:**

Service access is predicated on community partnerships including local school districts, police departments, probation, the Youth Assessment Center, and other community partners serving youth at-risk. This project is fully engaged with the Community Coalition and system-of-care.

**CONSUMER OUTCOMES:**

All youth will participate in Project Learn, Positive Action, and SMART Leaders, and will be matched with a mentor.

Case management services will track the following information: reductions in school suspensions, improvement in classroom behavior, improvement in compliance with probation and court services, and decreased interaction with the juvenile justice system.

Increased opportunities for positive interaction will be tracked including participation in intake and orientation processes, parent participation in school progress meetings, participation in quarterly program reviews, and participation in C-U Change achievement ceremonies.

Educational achievement and progress will be tracked including improvement in attendance, improved grade point, progress to graduation, and development of post-school plans.

**UTILIZATION:** The project anticipates serving 40 youth and their families/caregivers, with 420 service contacts, and 144 community service events.

**CCMHB FY17 Decision Priorities and Decision Support Criteria**

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

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Priority #2 – System of Care for Youth & Families: This program is a very high priority and is directly tied to the CCMHB commitment to sustain system-of-care programs and services. The direct involvement with priority at-risk youth in collaboration with education and other community partners is a priority for the Community Coalition and system-of-care

Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: N/A

**Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: Review of Plan prefaces program summary.

Anti-Stigma Efforts: YES

Countywide Access: YES

Budget-Program Connectedness: YES

Realignment of FY16 Contracts to Priorities: NOT APPLICABLE – NEW APPLICATION

**Technical Criteria:**

Approach/Methods/Innovation: YES – evidence based

Staff Credentials: YES

**Applicant Review and Input**

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

**Recommendation:** Pending

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Eastern Central IL Refugee Mutual Assistance Center**

CCMHB/CCDDB 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- Yes
2. Diverse Board and Staff Recruitment- Yes
3. Cultural Competence Organizational Assessment/Evaluation- Yes
4. Implementation of Cultural Competence Values in Policy and Procedure-Yes
5. Outreach and Engagement of Underrepresented Populations defined in the Criteria-Yes
6. Inter-Agency Collaboration- Yes

**Overall CLC Plan Comments-**

The CLC Plan followed the template outlined in the application. It is recommended that you provide more specific details in your CLC Plan. Due to the array of services, natural supports, and resources that you provide it is a challenge to capture all actions. I would recommend that you report on the specific actions during the CLCP bi-annual reporting period.

**Cultural Competence Training**

- *Interpreter/Cultural Training*

**Comments:**

**Recruitment of a diverse Board and Staff**

- *Identify & recruit additional diverse members for board*

**Comments:**

**Cultural Competence Organizational Assessment/Evaluation**

- *Assess Facilities—Welcoming and wheel chair accessible.*
- *Review Staff/Volunteer Language Expertise Directory*

**Comments:**

**Policies and procedures which reflect Cultural Competence values**

- *Materials & periodicals in multiple languages. Coloring books for children. Newsletter in four languages.*
- *Participate in Cultural Celebrations*

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Eastern Central IL Refugee Mutual Assistance Center**

Comments:

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

- *Develop Directory of Cultural Informants annually*
- *Educational workshops are offered to interested families.*
- *Families identified as needing the knowledge being provided by the workshops are given extra encouragement and support to attend.*
- *Workshops are conducted either in the participants' native language or an interpreter is used when it is more culturally appropriate to use a non-native language facilitator.*

Comments:

**Inter-Agency Collaboration**

- *The Refugee Mutual Assistance Center is the leading agency to provide linkage, case management, and resources for immigrants, undocumented adults, an unaccompanied youth that are experiencing mental health and substance use challenges.*
- *They have agreements with 8 providers to provide language and communication assistance.*

Comments:

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# Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** East Central Illinois Refugee Mutual Assistance Center

**Program Name:** Family Support & Strengthening

**Focus of Application:** MH  SA  DD

**Type of Contract:** Grant

**Financial Information:**

PY17 CCMHB Funding Request: \$25,000

PY17 Total Program Budget: \$234,784

Current Year Funding (PY16): \$13,000

Proposed Change in Funding - PY16 to PY17: increase of \$12,000

Program Staff – CCMHB Funds: .93 FTE

Total Program Staff: 6.63 FTE

Budget Analysis: With the exception of 10% from a potential state grant, all program revenue is from local sources. Requested funding from CCMHB equates to 11% of the budget. Other sources include funding requested from United Way at 30% of revenue. Fundraising and contributions is projected at 35% of funding. Service fees for interpreter services plus small local grants provides the remaining 14%. There is virtually no difference between total program and total agency funding.

Costs charged to CCMHB are about 10% of each expense line with the exception of the conferences/staff development line. CCMHB funds allocated to that line pay 77% expenses that support four educational workshops put on by the agency. Seven staff positions are supported to some extent with CCMHB funds.

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

Not Applicable \_\_\_\_\_  
Audit Requirement Waived  \_\_\_\_\_  
Audit in Compliance \_\_\_\_\_  
Audit not in Compliance \_\_\_\_\_  
Auditor Finding \_\_\_\_\_

**Target Population:** Legally admitted refugees, former refugees, asylees, immigrants and their families that have relocated to Champaign County. Special attention is given to those refugees that lack family support, are at risk of mental illness, are families with young children or children struggling in school, or with elderly members. The program also assists local agencies with whom the target population interacts.

**Service Locations(s)/Demographics:** Office is located in Urbana with other locations in the community used for group meetings, workshops, or special events. Agency as a whole reported serving 2,061 clients in FY15. Residency by zip code data finds 53% were from Champaign, 36% from Urbana, 10% from Rantoul, and 1% from other areas of the county. Demographic data finds 30% were children or youth, and

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70% were adults including 4% age sixty or older; 56% were white, 11% were black, and 33% were Asian; 52% were of Hispanic/Latino origin; and 51% were women.

**Service Description/Type:** Type of service is Prevention. Utilizing natural support networks within the different ethnic communities, the program assists with client's transition to a new culture. Staff is bi-lingual/multi-lingual, speaking nine different languages, and knowledgeable of social services.

Program activities include: Family Strengthening workshops, ongoing assistance to mutual support groups; linkages with mainstream service providers; counseling for families in crisis; one on one counseling/education about American culture and society, Peer to Peer Workshops, Saturday tutoring and enrichment for children and youth, educational programs on topics including parenting, money management, and health, and bi-annual newsletter. The program is a resource for many local providers, police departments and the courts.

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

**Program Performance Measures**

**ACCESS:** Program conducts outreach and accepts referrals from multiple sources. Appointments for families in crisis are a priority. Program also assists with interpretive services for clients medical/mental health appointments. Staff can also assist agencies with understanding the client's native culture.

**CONSUMER OUTCOMES:** Program solicits feedback directly from families served. Results of pre and post surveys or exit questionnaires are said to show client's satisfaction and more common suggestions used as input to improve the program. Eight measures associated with various services are listed. One measure is related to criminal justice/domestic violence where 14 households have attended sessions. Saturday morning tutoring averages 30 to 40 students a week.

**UTILIZATION:** Program reports groups, special events, newsletters, and community education activities under Community Service Events (CSEs) and for specialized workshops on topics such as managing money or health and wellness under Other. Target for FY17 for CSEs is 75 and for Other is 28. Program met or exceeded targets in FY15.

**CCMHB FY17 Decision Priorities and Decision Support Criteria**

**Priority #1: Collaboration with the Champaign County Developmental Disabilities Board:** N/A

**Priority #2 – System of Care for Youth & Families:** N/A

**Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface:** N/A

**Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: Review of CLC Plan prefaces program summary.

Anti-Stigma Efforts: Program helps new immigrants, refugees and asylees assimilate through education, counseling and other support services. Also assists providers, schools and justice system.

Countywide Access: Location of services is Champaign and Urbana.

Budget-Program Connectedness: Program relies heavily on private contributions and fundraising as primary source of revenue. CCMHB funds allocated to personnel and workshop expenses.

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Realignment of FY16 Contracts to Priorities: Program seeks increase in support for FY17.

**Technical Criteria:**

Approach/Methods/Innovation: Uses natural support networks, peer support and mentoring.

Staff Credentials: Staff is bi-lingual/multi-lingual.

**Applicant Review and Input**

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

**Recommendation:** Pending

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Family Service Center of Champaign County**

CCMHB/CCDDB 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- Yes
2. Diverse Board and Staff Recruitment- Yes
3. Cultural Competence Organizational Assessment/Evaluation- Yes
4. Implementation of Cultural Competence Values in Policy and Procedure-Yes
5. Outreach and Engagement of Underrepresented Populations defined in the Criteria-Yes
6. Inter-Agency Collaboration- Yes

**Overall CLC Plan Comments**

The CLCP followed the template instructions in the application. Family service provided detail about their on-going activities. There was an actual detailed information and historical information provided as a context to how the value of CLC has continued to be a part of their strategic plan.

**Cultural Competence Training**

- *Cultural Competence Training is provided annually to all staff. In the updated strategic plan cultural competence training will happen during the board of director's orientation session. New board members will receive training about the CLCP and provide input and feedback on changes as a part of strategic planning.*

Comments:

**Recruitment of a diverse Board and Staff**

- *Develop and adopt a board development plan that reflects the agency's commitment to having a board of directors that is diverse and representative of our community and those whom we serve and that includes specific procedures for recruiting diverse board members. This will be reviewed in December when officer elections take place.*
- *Affirmative Action Policy was updated in 2015 and it is followed when recruiting and hiring new employees; policy includes procedure to send information on position*

**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Family Service Center of Champaign County**

*openings to a list of community agencies and locations to ensure outreach to a diverse applicant pool.*

Comments:

**Cultural Competence Organizational Assessment/Evaluation**

- *In order to assess the agency's progress in implementing CLC principles and strategies, conduct an annual analysis that compares the percentage of people of color being served by the agency to the percentage of people of color in Champaign County and to the percentage of people of color on staff in order to assure that our staff is diverse and reflective of those whom we serve and that persons of color are utilizing our services.*
- *Clients will receive satisfaction surveys at the conclusion of service or annually; survey results will be compiled and shared with appropriate staff and with the Program Committee of the Board of Directors*

Comments: none

**Policies and procedures which reflect Cultural Competence values**

- *Assure that all position descriptions include a requirement that staff demonstrate or develop a knowledge of and sensitivity to cultural issues and assess each employee's demonstrated ability to provide service in a culturally competent manner during interviews of prospective employees and during employee performance evaluations.*
- *Assure that all new and existing employees receive a copy of the agency CLCP upon hire and whenever the plan is modified; review and discuss plan with employees.*
- *All program advisory committees will include consumers or their representatives as well as other community stakeholders*

Comments: none

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

- *Conduct community outreach and engagement activities that target key access points such as places of worship, community centers, service agencies, senior and low-income housing and primary and public health providers.*
- *Program Directors will identify at least two outreach and engagement activities for each service that were targeted to community key access points*

Comments: none

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Family Service Center of Champaign County**

**Inter-Agency Collaboration**

*Collaborate with other agencies serving diverse populations, e.g., the East Central Illinois Refugee Mutual Assistance Center, to assure that their clients have access to our services as needed and to utilize their staff as cultural consultants for our clients as appropriate*

# Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** Family Service of Champaign County

**Program Name:** Counseling

**Focus of Application:** MH  SA  DD

**Type of Contract:** Fee for Service

**Financial Information:**

PY17 CCMHB Funding Request: \$40,000

PY17 Total Program Budget: \$79,980

Current Year Funding (PY16): \$40,000

Proposed Change in Funding - PY16 to PY17: 0

Program Staff – CCMHB Funds: 0.93 FTE

Total Program Staff: 1.86 FTE

Budget Analysis: All funding for the counseling program comes from local sources or client fees. The CCMHB is the largest source of support at 50% of program revenue. Contributions allocated by Family Service or made directly to the program are budgeted at 25% of revenue and client sliding scale fees projected to generate another 19%. The remaining 6% is a combination of United Way designations and a City of Urbana grant. Costs charged to CCMHB for each expense line are proportional to percent of revenue. Staffing includes two part-time therapists and the program director plus administration.

The contract is fee for service. Funding for FY16 was reduced based on under billing of prior contracts. Billings through eight months of the FY16 contract is significantly under the amount awarded.

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

Not Applicable \_\_\_\_\_

Audit Requirement Waived \_\_\_\_\_

Audit in Compliance  \_\_\_\_\_

Audit not in Compliance \_\_\_\_\_

Auditor Finding \_\_\_\_\_

**Target Population:** Open to children, adolescents and adults. Referrals from the Champaign County Problem Solving Courts (Drug Court) are a priority population and will have the co-pay fee waived at the request of the court. Family Service has agreements with various providers including the Youth Assessment Center to give those agencies' clients with mental health, substance use, or developmental disabilities priority for mental health counseling. Program has started outreach to schools, clergy, and veterans to promote the program.

**Service Locations(s)/Demographics:** Services are provided on-site although Drug Court clients may be seen off-site. Program Director participates in Problem Solving Court team meetings.

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Program reported serving 74 unduplicated clients in FY15. Residency by zip code finds 54% were from Champaign, 24% from Urbana, 4% from Rantoul, and 18% from other areas of the county. Demographic data finds 21% were children and youth and 79% adults; 76% were white, 18% black, 3% Asian, and 3% other races including bi-racial/multi-racial; 5% were of Hispanic/Latino origin and 60% were female.

**Service Description/Type:** Type of service is outpatient counseling. The program offers individual, couple, and family counseling to address mental health and substance use issues using a strength based model. Services are provided by two licensed therapists (LCSW/LCPC) with one responsible for clinical supervision, and have experience working with diverse populations including persons with an intellectual disability/developmental disability. Both work part time at Family Service. The counselors and program director will complete DCFS trauma informed credentialing.

Client services following intake include an assessment scheduled within two days of intake and treatment plan developed by the client in consultation with the therapist and reviewed at regular intervals. Counseling addresses wide range of issues such as anger management, abuse that may include adult and/or child abuse, child behavioral issues, family discord, grief, and substance abuse. Creative approaches are used to engage the client. The Counseling program includes services to clients referred from Champaign County Problem Solving Courts. The Program Director attends Drug Court Team meetings and reports on client progress.

**Access to Services for Rural Residents:** Services are delivered on-site with limited evening office hours available. Program information is distributed to organizations/professionals serving the rural population.

**Program Performance Measures**

**ACCESS:** Office location in Champaign is on an MTD line and offers some evening hour appointments. Sliding fee scale enables low-income families/clients to access services and there is typically no limit to number of sessions/length of engagement by the client. Sliding fee waived for Drug Court clients on request by the Court. Services are coordinated with other providers for integrated care planning.

**CONSUMER OUTCOMES:** Program identifies, defines, tracks, and reports results for three of four methods of measuring client outcomes referenced. Methods include use of Global Assessment of Functioning (GAF) scores, Outcome Rating Scales (ORS), rating completion of clients' treatment plan goals, and client self-report at sessions.

Client scores for GAF and ORS indicate positive progress/client outcomes. Initial GAF scores averaged 70 at start of therapy and 76 at case closure indicating an improvement in overall functioning of the client. The ORS is completed by adults. For those choosing to complete the ORS, the average score at start was 30 and at case closure 38 indicating an improvement in well-being and relationships. Of cases closed in FY15 with a treatment plan, 82% met target of 90% of treatment goals completed.

**UTILIZATION:** Program is fee for service with payment based on billed service activity. Program served 74 clients in FY15 against a target of 120. Projected unduplicated clients was 100 for FY16 and is well below target.

**CCMHB FY17 Decision Priorities and Decision Support Criteria**

**Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A**

Priority #2 – System of Care for Youth & Families: N/A

Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: Program has some involvement with Drug Court.

**Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: Review of CLC Plan prefaces program summary.

Anti-Stigma Efforts: This criteria is not a focus of the application.

Countywide Access: Services are office based.

Budget-Program Connectedness: The CCMHB funding is 50% of program revenue and pays an equal share of expenses.

Realignment of FY16 Contracts to Priorities: FY16 contract award was reduced by 20% from FY15 level. FY16 contract to date is significantly under billed.

**Technical Criteria:**

Approach/Methods/Innovation: Type of service is outpatient counseling/therapy.

Staff Credentials: Program staff are Master's level licensed therapists.

**Applicant Review and Input**

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

**Recommendation:** Pending

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# Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** Family Service of Champaign County

**Program Name:** Self-Help Center

**Focus of Application:** MH  SA  DD

**Type of Contract:** Grant

**Financial Information:**

PY17 CCMHB Funding Request: \$28,928

PY17 Total Program Budget: \$36,328

Current Year Funding (PY16): \$28,428

Proposed Change in Funding - PY16 to PY17: increase of \$500

Program Staff – CCMHB Funds: 0.62 FTE

Total Program Staff: 0.76 FTE

Budget Analysis: Program is supported entirely with local funds. CCMHB is 80% of revenue. A Carle Foundation Hospital grant is 7% of the budget. The remaining 13% is from allocations within Family Service- contributions to support the program and bi-annual conference and miscellaneous income. The \$500 increase requested from CCMHB is for scholarships to the bi-annual self-help conference.

Expenses are charged off at a rate equal to the Board's share of revenue. The one exception being the specific assistance line for \$500 worth of scholarships. Personnel involved with the program include the half-time self-help coordinator and a portion of the program directors time plus indirect staff time for agency administration and other staff support.

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

Not Applicable \_\_\_\_\_

Audit Requirement Waived \_\_\_\_\_

Audit in Compliance  \_\_\_\_\_

Audit not in Compliance \_\_\_\_\_

Auditor Finding \_\_\_\_\_

**Target Population:** Those seeking a self-help/support group or interested in forming a group where none exists, group leaders and members, and professionals seeking to assist a group or make a referral.

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

**Service Description/Type:** Type of activity is Support Services. The Self Help Center provides a wide range of services to assist with start-up and support of groups and raise community awareness of the

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groups available. Staff maintains a database of all support groups in Champaign County. Provides consultation and educational materials for those wanting to start a self-help group. Publishes and distributes a self-help directory and specialized lists by general topic, maintains online web presence with information on groups, publishes newsletter for group leaders and professionals, conducts workshops and participates in community events. The self-help conference is held every other year with the next scheduled for the spring of 2017. Coordinator has a Master's degree in Counseling and has considerable experience and knowledge of community resources.

**Access to Services for Rural Residents:** Information on self-help groups is accessible by telephone, online and by e-mail. Libraries and churches are sent the Self-Help Newsletter, directories and other meeting information. Program also participates in various community fairs/events.

### **Program Performance Measures**

**ACCESS:** Program maintains a log to track volume of contacts and responses to inquiries. All contacts by telephone or e-mail are responded to within 24 hours. Use of the online database provides immediate access for consumers, group facilitators, and professionals. Coordinator is active in various coalitions/councils helping to promote the center and to stay informed of new initiatives.

**CONSUMER OUTCOMES:** Limited information is collected on contacts but does include if the contact is from a professional or lay person and the topic/group associated with the inquiry. Events organized by the Self-Help Center include evaluations by participants and compared to 2005 evaluation benchmark. Small Group Workshop evaluations had a good to excellent rating on all evaluations submitted.

**UTILIZATION:** Target for FY17 is adjusted upward from 270 to 280 Community Service Events (CSEs) to account for planning and hosting the self-help conference. CSEs are the only service category tracked. In FY15, program reported 285 CSEs meeting target of 280 and is on track to meet FY16 target. Program also reported web-site traffic increased by almost 20%.

### **CCMHB FY17 Decision Priorities and Decision Support Criteria**

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – System of Care for Youth & Families: N/A

Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: N/A

### **Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: Review of CLC Plan prefaces program summary.  
Anti-Stigma Efforts: Program connects consumers and professionals to local support groups and provides training for self-help group facilitators.  
Countywide Access: Via telephone, e-mail, and the web.  
Budget-Program Connectedness: CCMHB funding sustains the program. Costs are allocated equal to percentage of budget.  
Realignment of FY16 Contracts to Priorities: Slight increase in request is for FY17 self-help conference.

**Technical Criteria:**

Approach/Methods/Innovation: Training and support services provided to group leaders and community. Self-Help Center is only one in state.  
Staff Credentials: Noted for Coordinator position.

**Applicant Review and Input**

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

**Recommendation:** Pending

# Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** Family Service of Champaign County

**Program Name:** Senior Counseling & Advocacy

**Focus of Application:** MH X SA    DD X

**Type of Contract:** Grant

**Financial Information:**

PY17 CCMHB Funding Request: \$142,337

PY17 Total Program Budget: \$539,610

Current Year Funding (PY16): \$142,337

Proposed Change in Funding - PY16 to PY17: 0

Program Staff – CCMHB Funds: 3.31 FTE

Total Program Staff: 12.14 FTE

Budget Analysis: Funding for the program is a mix of local, state, and federal funds. Funding from CCMHB is 27% of program revenue. Other local sources, primarily United Way, account for another 6%. The Illinois Department on Aging Adult Protective Services contract plus several very small contracts are 27% of the budget. Federal funds, primarily through the Area Agency on Aging, is 40% of the budget. Some state and federal funds require local match however CCMHB is not cited as a source.

Expenses are charged off to CCMHB at a rate commensurate with percentage of revenue. All sixteen direct service positions are supported to some extent by the CCMHB. Percentage of staff time charged is proportional to revenue.

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

Not Applicable           

Audit Requirement Waived           

Audit in Compliance   X  

Audit not in Compliance           

Auditor Finding           

**Target Population:** Adults age 60 and older living at home/non-institutional setting and need assistance with anxiety, depression or other mental health issue, isolation, family issues, abuse or neglect including self-neglect and/or need to access other services or benefits. The range of program funding broadens the scope of those eligible for services to include grandparents raising grandchildren or others raising related minors, adults providing care to aging family members, and to adults with disabilities age 18 to 59 who may be experiencing abuse, neglect or financial exploitation. Also cited are various state and federal statistics on mental health of the aging population and other risk factors including for suicide.

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**Service Locations(s)/Demographics:** Initial screening by telephone followed up with home visit(s) as necessary for assessment and engagement. Advocacy on clients behalf may be office based or in the community.

Program reported serving 1,877 clients in FY15. Where available, residency by zip code finds 40% were from Champaign, 33% from Urbana, 8% from Rantoul, and 19% from other areas of the county. Demographic data finds 9% were adults under age 60 and 91% were age 60 or older; 67% were white, 29% were black, 2% were Asian; and, 2% were other races including bi-racial/multi-racial; 2% were of Hispanic/Latino origin; and 75% were women. Some percentages are based on smaller data set due data not available.

**Service Description/Type:** Types of services include screening, assessment, advocacy, and counseling. The Counseling and Advocacy program is the Coordinated Point of Entry for Champaign County and Aging and Disability Resource Center. This designation makes services available to adults age 18 to 59 with disabilities. Program uses Options Counseling, a tool designed to assist the elderly and adults with disabilities develop an individualized, person centered plan of long-term supports, emphasizing self-determination.

The program offers a range of services based on assessed need. Advocacy, linkage, and referral is offered when an identified need or risk factor requires engagement with another provider. Program offers PEARLS (Program to Encourage Active Rewarding Lives) designed to empower seniors to manage mild depressive symptoms and improve quality of life. Note that clients with a chronic mental health illness or other clinical condition (schizophrenia, bipolar disorder, substance use disorder or dementia) are not eligible for PEARLS and are referred to Community Elements or another provider. Brief Solution Focused Therapy may be used with the client to set goals and identify solutions and problem-solving techniques. Supportive counseling is offered to assist with grief, anxiety and changing life roles. Adult Protective Service clients may engage in any of the services noted.

All caseworkers have a minimum of a Bachelor's degree and some have Master's degree. Program Manager has a Master's degree and considerable work experience in the field. Staff are trained in PEARLS, Solution Focused Brief Therapy, and are Certified Aging Information and Referral Specialists (CIRS-A). On renewal of the CIRS-A credential, staff will also be certified in the area of disabilities (CIRS-AD). All staff have completed Mental Health First Aid training. Clinical supervision and training in therapeutic techniques is provided.

**Access to Services for Rural Residents:** Services are delivered in the client's home and over the telephone. Transportation may be provided to assist client access medical and social services.

### **Program Performance Measures**

**ACCESS:** Timeframes for responding to referrals and engaging in services are identified by type of client and primary service activity. PEARLS screening/eligibility process is described and sets a target of fifty percent of those engaging in PEARLS will complete the program. Adult Protective Service cases have state mandated timeline for completing assessments and services. Supportive counseling services are open ended with a target of 80% of clients engaging within two weeks of assessment. Non-Treatment Plan Clients can transition to Treatment Plan Client if need for services extends beyond two months.

Program reports positive results for FY15 on completion of assessments, treatment plans, and engagement within timeframes.

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**CONSUMER OUTCOMES:** Outcomes and measurement tools for various services are identified and results reported. Clients engaging in PEARLS, Brief Solution Focused Therapy, and other interventions to reduce depression, anxiety and social isolation, and to improve feelings of empowerment, access to services, and address unmet needs have outcomes associated with the activity. Results reported met or exceeded targets.

**UTILIZATION:** Service categories are defined with targets identified for FY17. Service Contacts (SCs) - telephone contacts providing information and assistance to seniors, family members/care givers, professionals, and others - target is increased from 8,650 to 9,200. Treatment Plan Clients (TPCs) - seniors with long-term and/or complex needs including mental health issues that have completed an assessment and treatment plan - target is unchanged at 320. Non-Treatment Plan Clients (NTPCs) - seniors with an assessment but no treatment plan and the presenting issue can be addressed in three sessions - target is increased from 1,250 to 1,275. Other – services provided to caregivers – target is unchanged at 200.

Program exceeded FY15 targets for all categories except TPCs that was off target by 1% (3 clients). Program is on track to meet or exceed FY16 targets.

**CCMHB FY17 Decision Priorities and Decision Support Criteria**

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – System of Care for Youth & Families: N/A

Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: N/A

**Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: Review of CLC Plan prefaces program summary.

Anti-Stigma Efforts: Not specifically addressed in the application.

Countywide Access: Program conducts home visits throughout the county.

Budget-Program Connectedness: The CCMHB funding is 27% of program revenue and pays equal share of expenses. Revenue is from multiple local, state, and federal sources.

Realignment of FY16 Contracts to Priorities: Funding requested is unchanged from FY16 and consistent with past awards.

**Technical Criteria:**

Approach/Methods/Innovation: Program designated Coordinated Point of Entry/Aging and Disability Resource Center.

Staff Credentials: Education and extensive training certifications are referenced.

**Applicant Review and Input**

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

**Recommendation:** Pending

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**First Followers Program**

CCMHB/CCDDB 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- Yes
2. Diverse Board and Staff Recruitment- No
3. Cultural Competence Organizational Assessment/Evaluation- Yes
4. Implementation of Cultural Competence Values in Policy and Procedure-Yes
5. Outreach and Engagement of Underrepresented Populations defined in the Criteria-Yes
6. Inter-Agency Collaboration- Yes

**Overall CLC Plan Comments**

*The template format was followed from the application instructions. It is recommended that time-frames for accomplishing the actions stated in the CLCP. First Followers in a grass-roots effort that is operated with volunteer staff.*

**Cultural Competence Training**

Board of Directors will allocate funding for cultural competence training and events,  
All board members, staff, and volunteers will receive annual cultural competence training.

Comments:

**Recruitment of a diverse Board and Staff**

*First Followers is in its formative period. There is no information about a plan of recruiting board members and staff. They are building a services through volunteerism and mentors that provide support to individuals post-incarceration.*

Comments:

**Cultural Competence Organizational Assessment/Evaluation**

Assess facility to reflect and accommodate inclusiveness  
Administer a survey that gauges the cultural climate.

Comments: This form of assessment is very broad. It is recommended you are specific about the type of accessibility and cultural climate.

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**First Followers Program**

**Policies and procedures which reflect Cultural Competence values**

*Develop communications and language assistance protocol.*

Comments: It is recommended that you provide specific timeframe on the completion of the communications and language assistance protocol.

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

*Engage in informal conversations/observations to gather feedback regarding culture climate.*

Comments:

**Inter-Agency Collaboration**

*We promote our program at public events county wide and through our contacts with State Representative Carol Ammons, Resource Fairs, the Interfaith Alliance, and the University YMCA.*

Comments:



# Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** First Followers

**Program Name:** Peer Mentoring for Re-entry (2017)

**Focus of Application:** MH X SA X DD \_\_\_\_\_

**Type of Contract:** Grant

**Financial Information:**

PY17 CCMHB Funding Request: \$29,764

PY17 Total Program Budget: \$33,764

Current Year Funding (PY16): \$ New Application – N/A

Proposed Change in Funding - PY16 to PY17: N/A

Program Staff – CCMHB Funds: 0.5 FTE

Total Program Staff: 0.5 FTE

Budget Analysis: The budget is simple and straight forward. Most of the agency's revenue is associated with this application. \$15,600 is committed to salaries and wages but none to payroll taxes, with another \$7,240 for client wages and benefits. The remainder is for program support and administrative requirements including the necessary outside audit.

Technical note: The expense form needs to be revised.

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

Not Applicable X \_\_\_\_\_

Audit Requirement Waived \_\_\_\_\_

Audit in Compliance \_\_\_\_\_

Audit not in Compliance \_\_\_\_\_

Auditor Finding \_\_\_\_\_

**Target Population:** People from Champaign County with behavioral health and criminal justice involvement with the following additional characteristics/issues: poverty; lack of education or job skills; minorities (over half are African American); post-incarceration syndrome (PICS); lack of employment; housing challenges; stigma and discrimination; a general lack of support/help.

**Service Locations(s)/Demographics:** First Followers operates a drop-in center located in Urbana, but peer support is planned to be community wide. A high percentage of clients to be served by the program are people of color.

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**Service Description/Type:** Building out from the drop-in center, this program will provide peer mentoring, anti-stigma advocacy, outreach to the target population, support groups, assistance with reconnection with families, behavioral health peer support and linkage with services, and a “climate study which will be presented at a town hall meeting.

**Access to Services for Rural Residents:** All people in the target population from Champaign County are eligible for service regardless of where they live. Most people in the target population are required by conditions of their criminal justice involvement to come to the cities of Champaign and Urbana and are eligible for the drop-in center. If special arrangements with individuals are necessary, the program will provide services in mutually agreeable locations.

**Program Performance Measures**

**ACCESS:** The program uses the drop-in center, their website, other social media, as well as postcards and letters to incarcerated people as their strategies for linking people to the program. In addition, resource fairs, community events, the interfaith alliance, McKinley YMCA, and elected officials provide information about the program and how to get involved.

**CONSUMER OUTCOMES:** The program will have 12 mentors employed part time; add five employers to the Employment Network; completion of climate study report; monthly support group meetings with 10 participants each; and they will track quantitative outputs such as participants involved with anti-stigma efforts; number of job placements; and will maintain a file of sign-in sheets for all activities.

**UTILIZATION:** The current year manifests 31 participants in job placement preparations workshops.

**CCMHB FY17 Decision Priorities and Decision Support Criteria**

**Priority #1: Collaboration with the Champaign County Developmental Disabilities Board:** N/A

**Priority #2 – System of Care for Youth & Families:** N/A

**Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface:** This program is a very high priority and is the only application received with includes peer mentoring. Peer mentoring is a component of all successful criminal justice behavioral health programs, and it is this component which pushes this application to the top.

**Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: Review of Plan prefaces program summary.

Anti-Stigma Efforts: YES

Countywide Access: YES

Budget-Program Connectedness: YES

Realignment of FY16 Contracts to Priorities: NOT APPLICABLE

**Technical Criteria:**

Approach/Methods/Innovation: YES

Staff Credentials: YES

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**Applicant Review and Input**

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

**Recommendation:** Pending

**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Mahomet Area Youth Club**

CCMHB/CCDDB 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- Yes
2. Diverse Board and Staff Recruitment- Yes
3. Cultural Competence Organizational Assessment/Evaluation- Yes
4. Implementation of Cultural Competence Values in Policy and Procedure-Yes
5. Outreach and Engagement of Underrepresented Populations defined in the Criteria-Yes
6. Inter-Agency Collaboration- Yes

**Overall CLC Plan Comments-**

The CLCP Template was utilized and followed the instructions outlined in the applications. It is recommended that you give on-going activities an actual timeframe for completion.

**Cultural Competence Training**

*Annual Cultural Competence training will held before the school year begins for program, staff and volunteers. During the training the new CLCP is presented and feedback will be provided to the executive director.*

Comments:

**Recruitment of a diverse Board and Staff**

**Seek possible members through the BLAST program families by April 2016**

Comments: - Are families that participate in MACY Matters invited to serve as board members?

**Cultural Competence Organizational Assessment/Evaluation**

Develop and review Cultural Competency Plan annually, with feedback from administrative staff and individuals served by the program.

Staff will assess club and BLAST spaces for necessary improvement and make suggestions to the board for approval as needed.

Encourage families to take BLAST surveys and continually make suggestions regarding programming and other cultural needs

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Mahomet Area Youth Club**

Comments:

**Policies and procedures which reflect Cultural Competence values**

- Refer concerns and suggestions related to cultural competency to MAYC administrative staff, when necessary
- Develop a volunteer expectations and orientation packet for new BLAST volunteers, which include information about cultural sensitivity
- Different parents/families will be contacted each month to be invited to the following month's board meeting

Comments: It is recommended that all families are invited to attend board meetings.

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

*While most access to MAYC programs is provided by families, MAYC funds a late bus from the high school to participant's homes. If transportation is an obstacle for a student to participate in MAYC programming, we will make sure that they have transportation to participate.*

*. The focus is to target kids from low income families, who will be integrated within the community and have access to inclusive safe age appropriate high quality enrichment programming and activities.*

Comments: It is recommended that you include outreach and engagement efforts that are used to raise awareness and recruit the students that are members of your program.

**Inter-Agency Collaboration**

*There is a partnership with Mahomet School District to provide a location for services during the school year. Referrals from social service agencies and additional partnerships are being formalized in 2016.*

Comments: It is recommended that you include additional information about the collaborations that you will partner with for the "Tropical Sno Project"

# Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** Mahomet Area Youth Club

**Program Name:** Bulldogs Learning and Succeeding Together (BLAST)

**Focus of Application:** MH X SA X DD \_\_\_\_\_

**Type of Contract:** Grant

**Financial Information:**

PY17 CCMHB Funding Request: \$15,000

PY17 Total Program Budget: \$332,418 (see Budget Analysis)

Current Year Funding (PY16): \$15,000

Proposed Change in Funding - PY16 to PY17: 0

Program Staff – CCMHB Funds: 2 FTE

Total Program Staff: 2 FTE

Budget Analysis: Total program revenue amounts from all sources are posted to both agency applications submitted to CCMHB. Two sources in the BLAST application also appear to have errors. As a result of the duplicated amounts, total program revenue and expenses specific to either of the two applications cannot be determined. As submitted, the BLAST program has revenue \$156,000 greater than expenses.

Based on revenue sources listed, agency/programs are entirely reliant on local grants and fundraising/contributions to support activities. Amount requested from CCMHB is estimated at 6% of total program budget. Salary is sole expense charged to CCMHB. Staff supported (FTE) is incorrect.

*Technical Note: Revenue and expense forms need to be corrected. Personnel form has errors on amount of time dedicated to program that also needs to be revised.*

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

Not Applicable \_\_\_\_\_

Audit Requirement Waived X \_\_\_\_\_

Audit in Compliance \_\_\_\_\_

Audit not in Compliance \_\_\_\_\_

Auditor Finding \_\_\_\_\_

**Target Population:** The program is focused on low income and disadvantaged youth, from first grade through senior year in high school. The program reports 25% of participating students qualify for free and reduced lunch.

**Service Locations(s)/Demographics:** Services delivered on-site at Mahomet-Seymour School District facilities. Percentages for residency and demographic data are based on 404 youth served through the first six months of FY16. All, 100%, of the youth reside in Mahomet, zip code 61853. Demographic data finds

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17% are age six or under, 69% are age 7 to 12, and 14% are age 13 or older; 85% are white, 7% are black, 4% are Asian, and 4% other races including bi-racial/multi-racial; 4% are of Hispanic/Latino origin, 52% were female.

*Comment: Agency reported serving 1,876 youth in FY15 but used the same data set for the MAYC Members Matter and the BLAST programs.*

**Service Description/Type:** Type of service is prevention based. Program is a collaborative effort with Mahomet-Seymour School District providing enrichment activities, academic support and community based programming. Impact of BLAST services is defined in relation to the forty developmental assets identified by the Search Institute. Developmental assets are activities and experiences that influence a child's positive growth and healthy functioning. The BLAST program is said to support 25 or more of the developmental assets with various examples cited. CCMHB funds are intended to continue services for low-income students and expand outreach to students with non-economic risk factors, e.g. special education students.

Enrichment programming is offered twice per semester in six week series four days per week in 60 to 90 minutes sessions at three schools. Activities are age appropriate providing a wide range of experiences. When enrichment programming is not offered students may participate in a schools' after school programs. The middle school and high school host a MAYC afterschool club with activities and help with homework. High school students can also participate in a robotics class. Students also have the opportunity to experience community based activities.

**Access to Services for Rural Residents:** All program participants are Mahomet-Seymour School District students.

### **Program Performance Measures**

**ACCESS:** Information is distributed through various avenues to all students in the school district. Efforts include information sent home from school with students, community meetings, posting on the school website and list-serve, and personal phone calls by MAYC staff.

To enroll, a registration packet must be completed including the payment of the registration fee. The low-income population is given priority. Classes are filled on a first come first served basis with some students placed in their second or third choice. Demand for some classes has resulted in shifting volunteers to allow for additional students to participate. From start of registration to participation is approximately three weeks. Registration, attendance/participation is tracked by the program. Students who qualify for special education services participate in many activities.

**CONSUMER OUTCOMES:** Two measures are identified. The first is number enrolled and level of attendance. The second is a parent survey on satisfaction with classes, access to information, and programming suggestions. The parent survey will be conducted twice per year. Program reports having reached the maximum number of participants it can serve and number of classes it can offer. No results of the parent survey are provided.

*Comment: Prior applications and reiterated for FY17 is the intent to compare enrollment and participation data and parent survey results to other similar programs in the region and nation. However, the results are not presented and such comparison may be beyond the capacity of the program. On a similar note, prior applications expressed intent to develop and report on measures related to success in*



*school. With the BLAST program strong linkages with the school district, the school based measures may be a more viable approach to demonstrating impact.*

**UTILIZATION:** Program tracks and reports activity primarily for Non-Treatment Plan Clients (NTPCs), Screening Contacts (SCs) and Community Service Events (CSEs). Targets are established for each category. Through the first half of FY16, program is on track to meet or exceed targets for each category – NTPCs, SCs, and CSEs.

**CCMHB FY17 Decision Priorities and Decision Support Criteria**

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – System of Care for Youth & Families: Provides prevention based enrichment classes and activities to improve performance in schools and exposure to new activities to build self-esteem.

Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: N/A

**Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: Review of CLC Plan prefaces program summary.

Anti-Stigma Efforts: Not a focus of the application.

Countywide Access: Limited to Mahomet-Seymour School District students.

Budget-Program Connectedness: Cannot be determined due to errors on financial forms.

Realignment of FY16 Contracts to Priorities: Existing contract, no increase requested.

**Technical Criteria:**

Approach/Methods/Innovation: Collaborative project between school district and MAYC.

Staff Credentials: Not referenced.

**Applicant Review and Input**

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

**Recommendation:** Pending



# Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** Mahomet Area Youth Club

**Program Name:** MAYC Members Matter!

**Focus of Application:** MH X SA X DD \_\_\_\_\_

**Type of Contract:** Grant

**Financial Information:**

PY17 CCMHB Funding Request: \$15,000

PY17 Total Program Budget: \$252,580 (*see Budget Analysis*)

Current Year Funding (PY16): \$10,000

Proposed Change in Funding - PY16 to PY17: increase of \$5,000

Program Staff – CCMHB Funds: 1.5 FTE

Total Program Staff: 1.5 FTE

Budget Analysis: Total program revenue amounts from all sources are posted to both agency applications submitted to CCMHB. As a result of the duplicated amounts, total program revenue and expenses specific to either of the two applications cannot be determined. As submitted, the Members Matter program has revenue of almost \$42,000 greater than expenses.

Based on revenue sources listed, agency/programs are entirely reliant on local grants and fundraising/contributions to support activities. Amount requested from CCMHB is about 6% of total program budget. Salary is sole expense charged to CCMHB. Staff supported (FTE) is incorrect.

*Technical Note: Revenue and expense forms need to be corrected. Personnel form has errors on amount of time dedicated to program that also need to be revised.*

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

Not Applicable \_\_\_\_\_

Audit Requirement Waived X

Audit in Compliance \_\_\_\_\_

Audit not in Compliance \_\_\_\_\_

Auditor Finding \_\_\_\_\_

**Target Population:** Program is open to children and youth age 6 to 18. An emphasis is placed on recruiting children and youth from low-income families into the program.

**Service Locations(s)/Demographics:** Provided in Mahomet at the Mahomet Area Youth Club. Percentages for residency and demographic data are based on 48 youth served through the first six months of FY16. All, 100%, of the youth reside in Mahomet, zip code 61853. Demographic data finds 98% are

age 7 to 12 and 2% are age 13 or older; 85% are white, 13% are black, and 2% other races including bi-racial/multi-racial; 2% are of Hispanic/Latino origin, 54% were male.

*Comment: Agency reported serving 1,876 youth in FY15 but used the same data set for the MAYC Members Matter and the BLAST programs.*

**Service Description/Type:** Type of service is prevention oriented. Program operates an afterschool program called the MAYC Members Matter! Junior High Club during the school year and an all-day summer program. Activities focus on the five core values of the Club: Character and Stewardship; Health and Life Skills; Education and Leadership; Creative Arts and Expression; and, Sports and Recreation.

The afterschool program involves the services of a certified teacher whose time is paid by MAYC to work with students. MAYC staff also collaborate with the school principal for outreach to struggling students. The goal is to improve school performance and behavior. The summer program provides a safe and healthy environment with youth participating in positive social, physical, and educational activities.

**Access to Services for Rural Residents:** Program serves youth primarily from the Mahomet-Seymour School District. MAYC provides some transportation.

### **Program Performance Measures**

**ACCESS:** MAYC is a youth membership organization. A membership fee of \$10 is required but scholarships and reduced fees are offered. Positive behavior is expected and recognized. Tours of the club are offered to parents and youth interested in earning more before joining. An e-mail list is used to keep parents updated on activities. The MAYC Board includes parents of members. MAYC also has the Parent's Club so they can provide input on activities and access information on other services.

**CONSUMER OUTCOMES:** Program identifies five value areas to enrich participating members. Activities are designed to teach members 1) to be self-sufficient in school and utilize age appropriate life skills; 2) to discuss and seek out educational/vocational opportunities; 3) Develop skills to make appropriate behavioral decisions; 4) Learn and share about the importance of community service; and, 5) expand parental involvement through the Parent's Club. The values are shared and reinforced throughout the process of enrolling new members and engaging in Club activities.

MAYC utilizes and promotes the PBIS (Positive Behavioral Interventions and Supports) structure for expectations and consequences related to behavior toward themselves, other members, staff and volunteers or the public.

**UTILIZATION:** Program tracks and reports activity primarily for Non-Treatment Plan Clients (NTPCs), Screening Contacts (SCs) and Community Service Events (CSEs). Targets are established for each category. Through the first half of FY16, program is slightly underperforming on NTPCs and on track to meet or exceed targets for SCs and CSEs.

### **CCMHB FY17 Decision Priorities and Decision Support Criteria**

**Priority #1: Collaboration with the Champaign County Developmental Disabilities Board:** N/A

**Priority #2 – System of Care for Youth & Families:** Yes, provides prevention based activities tied to improved performance and behavior in schools.

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Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: N/A

**Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: Review of CLC Plan prefaces program summary.

Anti-Stigma Efforts: Not addressed in the application.

Countywide Access: Program is targeted to Mahomet-Seymour area.

Budget-Program Connectedness: Cannot be determined due to errors on financial forms.

Realignment of FY16 Contracts to Priorities: Existing contract. Increase funding requested.

**Technical Criteria:**

Approach/Methods/Innovation: Offers afterschool and summer program activities

Staff Credentials: Not referenced.

**Applicant Review and Input**

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

**Recommendation:** Pending

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Prairie Center Health Systems**

CCMHB/CCDDB 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- Yes
2. Diverse Board and Staff Recruitment- Yes
3. Cultural Competence Organizational Assessment/Evaluation- Yes
4. Implementation of Cultural Competence Values in Policy and Procedure-Yes
5. Outreach and Engagement of Underrepresented Populations defined in the Criteria-Yes
6. Inter-Agency Collaboration- Yes

**Overall CLC Plan Comments**

*The CLCP Template was followed that was highlighted in the application process. The ongoing efforts that were highlighted in the plan have quarterly timeframes attached to the information. It is recommended that you highlight additional outreach and engagement efforts in the CLCP.*

**Cultural Competence Training**

- *Funding to cover CEU's for cultural competence trainings will be budgeted annually; trainings to take place during monthly staff in-service times.*

Comments:

**Recruitment of a diverse Board and Staff**

*Board demographics to mirror as closely as possible the population being served, including Board members with lived substance use disorders experience*

Comments:

**Cultural Competence Organizational Assessment/Evaluation**

Complete and implement annual agency-level CLC Action Plan in response to FY16 CLC staff survey

Conduct bi-annual agency-wide individual staff CLC self-assessments

Continue plan to recruit and retain a diverse workforce, including collaborating with area universities in offering internship opportunities in substance abuse services

Comments:



**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Prairie Center Health Systems**

**Policies and procedures which reflect Cultural Competence values**

- *Budget funds to cover 24 hours of personal time per year and EAP services for staff*
- 

Comments:

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

*Former/current clients will assist with educating community, policy makers, funders, family members, and prospective clients about substance use disorders and Prairie Center services.*

Comments:

**Inter-Agency Collaboration**

*Maintain working agreements with other organizations which support diverse populations*

*Translation and interpretive services are contracted with other agencies.*

Comments:

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# Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** Prairie Center Health Systems, Inc.

**Program Name:** Criminal Justice Substance Use Treatment

**Focus of Application:** MH \_\_\_ SA X DD \_\_\_

**Type of Contract:** Grant

**Financial Information:**

PY17 CCMHB Funding Request: \$10,300

PY17 Total Program Budget: \$17,900

Current Year Funding (PY16): \$10,000

Proposed Change in Funding - PY16 to PY17: increase of \$300

Program Staff – CCMHB Funds: .29 FTE

Total Program Staff: .37 FTE

Budget Analysis: The CCMHB and Department of Human Services Division of Alcohol and Substance Abuse (DASA) are the two sources of funding for the program. CCMHB provides about 58% of revenue and DASA 42%. Budget narrative states CCMHB funds do not supplement funding for DASA eligible clients/services. Narrative identifies activities associated with the program that fall outside the scope of DASA eligible services.

The Case Manager assigned to visit the jail accounts for almost all the staff time allocated to the program and charged to the CCMHB. Other than a portion of personnel costs, the only other CCMHB budgeted expense line is local transportation.

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

Not Applicable \_\_\_\_\_

Audit Requirement Waived \_\_\_\_\_

Audit in Compliance X \_\_\_\_\_

Audit not in Compliance \_\_\_\_\_

Auditor Finding \_\_\_\_\_

**Target Population:** Adults incarcerated in the Champaign County Correctional Center (jail) identified as having substance use issues. Staff will identify current clients/open cases and new individuals for contact. Referrals may be made by the correctional center healthcare provider, sheriff's deputies, Community Elements criminal justice staff, or by the inmate as a self-referral. Program also cites national statistics on jail inmates with history of drug abuse/use as demonstration of need and coordination of services to improve outcomes.

**Service Locations(s)/Demographics:** Staff will visit the Champaign County Jail Monday through Thursday to make contact. Post release, services are at Prairie Center Killarney Street location. Residency

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and demographic data is tracked on clients engaging in treatment after release back into the community. Contacts made at the jail is the primary service activity but does not generate such data. For FY15 no new treatment plan clients presented for service after release.

**Service Description/Type:** Types of service provided include screening, brief intervention, and case management. The focus is to identify existing clients and others that can benefit from treatment upon release and engage them while incarcerated. Staff credentials are noted. Agency states all staff provide consumer driven, strength based, trauma informed services with sensitivity to culture, race and ethnicity among other attributes.

Staff identifies existing clients and collaborates with other onsite providers to identify new individuals for contact and service coordination. Attempt is made to engage the individual while in the jail using motivational interviewing, conduct brief intervention, and complete a screening using the GAINS Short Screen. Where indicated, staff can schedule an assessment or the person can present for a walk-in assessment at PCHS Urbana Office.

*Comment: Activity occurring at the jail presents an opportunity to connect with existing clients and potential new clients. However, new clients following through and engaging in services once released has been a challenge.*

**Access to Services for Rural Residents:** Initial contact occurs at the jail. Post release, services can be accessed at the Urbana location or at the satellite office at the Community Service Center in Rantoul.

### **Program Performance Measures**

**ACCESS:** Accessibility to services at the agency upon release from jail is described. Appointments will be scheduled within five business days of release with services starting within five days of assessment. Due to inmates not following through upon release, the case manager will collect contact information from those expressing an interest in treatment during jail based interventions and attempt to continue engagement after the person's release. Specific outcome measures are modified to reflect activity occurring in the jail rather than community based activity.

**CONSUMER OUTCOMES:** Two prior program specific measures tied to post incarceration engagement are noted but had no new clients engaged. For FY17, one program specific measure will track inmates that engage with the case manager post release.

Broader agency wide consumer outcome measures are evaluated using the Mental Health Statistics Improvement Program (MHSIP) Consumer Satisfaction Survey. Four broad based satisfaction measures include general satisfaction with services, with treatment outcomes, with quality and appropriateness of services, and with access to services. Each measure reported very high levels of satisfaction exceeding national and regional benchmarks. Results are based on 185 surveys.

**UTILIZATION:** Service categories track activity at the jail including hours of service and client engagement after release. Number of inmates receiving services at the jail is reported as Non-treatment Plan Clients (NTPCs) and hours of service reported under "Other." The NTPCs target has been adjusted to more accurately reflect number served; FY17 target is 150. Treatment Plan Clients and Service Contacts are tied to inmates presenting for service at PCHS after release from jail. Both have single digit targets and have had mixed results in the past.

### **CCMHB FY17 Decision Priorities and Decision Support Criteria**

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Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – System of Care for Youth & Families: N/A

Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: Program attempts to engage individuals with substance use/abuse or treatment histories while in the jail using screening, brief intervention, and case management. Arrangements to continue treatment upon release are provided but typically not followed through by the client once released.

**Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: Review of CLC Plan prefaces program summary.

Anti-Stigma Efforts: Not addressed.

Countywide Access: Limited to jail population.

Budget-Program Connectedness: CCMHB is the larger of two funders. The other source of funding is a state contract.

Realignment of FY16 Contracts to Priorities: Program is an existing contract serving criminal justice involved population.

**Technical Criteria:**

Approach/Methods/Innovation: Attempts to engage clients while incarcerated. Uses evidence based GAIN-Short Screen as screening instrument.

Staff Credentials: Specified for program and agency as a whole.

**Applicant Review and Input**

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

**Recommendation:** Pending

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## Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** Prairie Center Health Systems

**Program Name:** Fresh Start (2017)

**Focus of Application:** MH X SA X DD \_\_\_\_\_

**Type of Contract:** Grant

**Financial Information:**

PY17 CCMHB Funding Request: \$75,000

PY17 Total Program Budget: \$75,000

Current Year Funding (PY16): \$ New Application – N/A

Proposed Change in Funding - PY16 to PY17: N/A

Program Staff – CCMHB Funds: 1.18 FTE

Total Program Staff: 1.18 FTE

**Budget Analysis:** The budget reflects a program to be fully funded by this application with no other sources of revenue. About \$67,000 of the budget is allocated for personnel salaries and benefits. The rest is spread across support lines and are appropriate.

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

Not Applicable \_\_\_\_\_

Audit Requirement Waived \_\_\_\_\_

Audit in Compliance X

Audit not in Compliance \_\_\_\_\_

Auditor Finding \_\_\_\_\_

**Target Population:** People from Champaign County with behavioral health (i.e., substance use disorders) and violent offenses including the use of guns. This group has been involved with 125 shooting incident since February 2015. Three young men died, 19 were injured and 153 people were in homes or vehicles where shootings took place. The program will focus on a target population is about 25 people with prior gun arrests and/or violent offences.

**Service Locations(s)/Demographics:** A high percentage of the target population are African American. Prairie Center’s facilities are the service location with outreach to community locations. Most program participants will be from the cities of Champaign and Urbana.

**Service Description/Type:** In collaboration with the Champaign Community Coalition, this program will emulate the David M. Kennedy model “Don’t Shoot: One Man Street Fellowship

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and the End of Violence in Intercity America. This model has been implemented in Peoria, Illinois, and numerous community and public officials have viewed the program firsthand in Peoria.

In the Champaign Coalition Model (i.e. Fresh Start), a case manager will serve as the linkage between the 25 people identified and referred to the program and the Fresh Start Steering Committee. It is thought that about 12 will participate. The case manager be knowledgeable about behavioral health resources and will work with the people referred to develop individualized service plans, and will then provide care management to support and implement the service plan.

**Access to Services for Rural Residents:** All people in the target population from Champaign County are eligible for service regardless of where they live. All meetings and contacts will be at mutually agreeable locations.

**Program Performance Measures**

**ACCESS:** The program participants will be identified by the steering committee which includes officials from the criminal justice system including law enforcement.

**CONSUMER OUTCOMES:** The program will assure all participants will receive case management services. The program expects to see a reduction in criminal activities and the use of guns for the 25 program participants.

**UTILIZATION:** The program in collaboration with the Steering Committee will identify 25 people who meet the program criteria. It is estimated that 12 will follow through with the program.

**CCMHB FY17 Decision Priorities and Decision Support Criteria**

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board:

Priority #2 – System of Care for Youth & Families:

Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: This program is a very high priority and is directly tied to the Champaign Community Coalition and its efforts to significantly reduce the number of shooting in Champaign County. The focus is violent offenders with substance use disorders.

**Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: Review of CLC Plan prefaces program summaries.

Anti-Stigma Efforts: YES

Countywide Access: YES

Budget-Program Connectedness: YES

Realignment of FY16 Contracts to Priorities: NOT APPLICABLE

**Technical Criteria:**

Approach/Methods/Innovation: YES

Staff Credentials: YES

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**Applicant Review and Input**

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

**Recommendation:** Pending

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# Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** Prairie Center Health Systems, Inc.

**Program Name:** Parenting with Love and Limits – Extended Care (PLL-EC)

**Focus of Application:** MH X SA \_\_\_ DD \_\_\_

**Type of Contract:** Grant

**Financial Information:**

PY17 CCMHB Funding Request: \$300,660

PY17 Total Program Budget: \$300,660

Current Year Funding (PY16): \$291,903

Proposed Change in Funding - PY16 to PY17: increase of \$8,757

Program Staff – CCMHB Funds: 4.83 FTE

Total Program Staff: 4.83 FTE

**Budget Analysis:** The CCMHB is the sole source of revenue for the program. Staff positions supported with CCMHB funds include 4.15 FTE (Full Time Equivalent) program related staff and 0.68 FTE indirect staff involved with agency administrative functions. Program staff include the three fulltime PLL Therapists (one vacant at time of application), PLL Case Manager, and Clinical Director (.15). All program expenses are the responsibility of the CCMHB. Performance based incentives are available to the Therapists and Case Manager.

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

Not Applicable \_\_\_\_\_

Audit Requirement Waived \_\_\_\_\_

Audit in Compliance X

Audit not in Compliance \_\_\_\_\_

Auditor Finding \_\_\_\_\_

**Target Population:** Youth age 10 to 17 involved with the juvenile justice system and may be on probation, charged with a felony, and/or are chronic offenders. Any youth to be served must also have a parent/caregiver willing to participate in PLL. Youth diagnosed with a Serious Emotional Disturbance (SED) are eligible. Youth are screened with the Youth Assessment and Screening Instrument (YASI) and score moderate to high risk (low risk scores are referred to PLL- Front End for follow-up). Many of the youth have a history of emotional/behavioral problems and frequently co-occurring issues – substance use disorder, truancy, domestic violence, and/or runaways. Not appropriate for PLL are sex offenders, youth with severe developmental disabilities, or actively psychotic.

**Service Locations(s)/Demographics:** Groups and family coaching sessions are held at Prairie Center's Urbana Office and the Juvenile Detention Center. Intake and family coaching sessions may occur in the home or community.

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Demographic and residency data is calculated on the 49 new youth/families served in FY15. Residency by zip code finds 48% were from Champaign, 32% from Urbana, 7% from Rantoul, and 13% from other areas of the county. Demographic data finds 17% of youth were age 12 or younger and 83% were age 13 to 18; 44% were white, 52% were black, and 4% were other races including bi-racial/multi-racial; 2% were of Hispanic/Latino origin; and, 69% were male.

**Service Description/Type:** Type of services is Outpatient Group and Family Counseling using the Brief Family Therapy Model. The three PLL Therapists (one position vacant) have Master's degrees and have been trained in the evidence based PLL model. The Clinical Director is an LCSW. The Case Manager has a Bachelor's degree and has been trained in the PLL model. The Case Manager co-facilitates PLL groups as well providing additional family support including advocacy with courts and schools.

After initial contact, a family focused, culturally sensitive motivational interview is held to engage the youth/family. PLL-Extended Care provides a series of eight group and family coaching sessions including behavioral contracts, skill building, wound work, and family therapy to equip the family with tools, skills, and understanding needed to meet real life situations and to set and maintain expectations while rebuilding the relationship between youth and family. After graduating from the program, follow-up contacts are made with the families at 30, 60, and 90 days as well as providing tune up sessions if requested. All four PLL staff provide multi-system supports, advocacy and, linkage to meet other needs as part of their work with families.

**Access to Services for Rural Residents:** Sessions are held at Prairie Center's Urbana office or at the Juvenile Detention Center. Help with transportation is provided as needed. Motivational interviews as part of the intake process and individual family coaching sessions may be held in the home or community.

### **Program Performance Measures**

**ACCESS:** PLL collaborates with various juvenile justice system stakeholders as part of a coordinated referral process. Non-traditional approaches to contact and engage the youth at various points in the juvenile justice process provides support and builds trust with the youth and family. Through the motivational interview process youth and families committed to participating in PLL execute a PLL Participation and Graduation Agreement. The family is then scheduled for the next group. Other bi-lingual staff at PCHS or outside interpreters are used for non-English speaking participants.

Under the license agreement and supervision contract with CCMHB, Savannah Family Institute (SFI) tracks referrals and engagement data. For FY15, 78% of new referrals completing the intake process attended the first group session. PLL has established a rate of 70% as the target.

**CONSUMER OUTCOMES:** Measures are defined in the SFI Center of Excellence Agreement. Staff completes Child Behavioral Checklist (CBCL) and FACES IV at defined intervals. In FY15, the Youth CBCL and FACES IV completion rate was 91%. Results for each measure are included in the year-end report. Staff submits weekly reports on client referrals and engagement to SFI. Bi-weekly supervision is provided by SFI through video/teleconferences. Quarterly reports and a Year-End Report are prepared by SFI and reviewed with the PLL team and stakeholders.

*Comment: A recidivism study by an independent body was presented to the Board in November, 2013. The study demonstrated the effectiveness of the program in reducing recidivism. Savannah Family Institute is interested in revisiting the study to determine recidivism rates for original participants during the two years since the initial study was completed.*

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**UTILIZATION:** The license agreement with SFI supports a maximum of 100 youth (Treatment Plan Clients or TPCs) served by the PLL-EC program and sets a clinical minimum of 18 youth served by the lead PLL therapist and 24 youth served by each of the other two therapists. This establishes a range of 66 to 100 youth to be served by the PLL-Extended Care program.

The six year average (FY10 through FY15) is 75 families initially engaging in the program although some may have an administrative discharge or drop out before completing all sessions. Over this six year period the program had a graduation rate of 76% surpassing the benchmark of 70%. Data provided by SFI finds for FY15 the program served 49 new youth and their families of which 36 completed the program for a graduation rate of 73%.

*Comment: Lower utilization reported for FY15 is result of extended vacancies in two therapist positions that occurred during the contract year.*

### **CCMHB FY17 Decision Priorities and Decision Support Criteria**

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – System of Care for Youth & Families: Parenting with Love and Limits meets criteria identified for this priority.

Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: N/A

#### **Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: Review of CLC Plan prefaces program summaries.

Anti-Stigma Efforts: Not a focus of the program.

Countywide Access: Eligibility requires criminal justice system involvement. Services are delivered at PCHS office and Juvenile Detention Center although some may be held in the home/community.

Budget-Program Connectedness: Aligns with program and required staffing. CCMHB is sole funder.

Realignment of FY16 Contracts to Priorities: Increase of 3% requested for FY17.

#### **Technical Criteria:**

Approach/Methods/Innovation: PLL is an evidence based model. Pre and Post-test measures are used to track and report change in the family.

Staff Credentials: All staff have been trained in the PLL model.

#### **Applicant Review and Input**

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

**Recommendation:** Pending

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# Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** Prairie Center Health Systems, Inc.

**Program Name:** Prevention Program

**Focus of Application:** MH \_\_\_ SA X DD \_\_\_

**Type of Contract:** Grant

**Financial Information:**

PY17 CCMHB Funding Request: \$58,247

PY17 Total Program Budget: \$234,184

Current Year Funding (PY16): \$56,550

Proposed Change in Funding - PY16 to PY17: increase of \$1,697

Program Staff – CCMHB Funds: 1.03 FTE

Total Program Staff: 4.33 FTE

**Budget Analysis:** The single largest source of support is a state DHS-Division of Alcohol and Substance Abuse (DASA) contract at 61% of program revenue. The CCMHB is the second largest source at 25%. Remaining revenue, 14%, is a mix of local support although not all from Champaign County.

Percentage of CCHMB funds allocated to each expense line varies by line. The single largest expense is for personnel and is charged at a rate slightly less than the 25% of revenue from the Board. Personnel directly involved with services include the Prevention Coordinator and two Prevention Specialists with CCMHB funds supporting less than one-third of each position (0.94 FTE). Remaining staff time (0.09 FTE) is for indirect support to the program including administration.

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

Not Applicable \_\_\_\_\_

Audit Requirement Waived \_\_\_\_\_

Audit in Compliance X \_\_\_\_\_

Audit not in Compliance \_\_\_\_\_

Auditor Finding \_\_\_\_\_

**Target Population:** Three groups are listed: youth primarily 4<sup>th</sup> through 8<sup>th</sup> grade; parents of school age children; and the community at large. Results of Illinois Youth Survey are used to identify schools to target for services. When possible the program also responds to schools requests for services. Parent and community education are also an emphasis of the program.

**Service Locations(s)/Demographics:** Service locations include schools and other community sites throughout the county.

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Of the 1,055 community service events (classroom sessions/community presentations) reported by the Prevention program for FY15, 57% were in Urbana, 35% were in Champaign, 1% were in Rantoul and 7% in other areas of the county.

**Service Description/Type:** Type of service is Prevention. Services are designed to fit the audience – youth, parents and community. Staff is trained in the curricula, participates in agency cultural competence training, and is encouraged to attend trainings on programming for diverse populations.

Classroom based youth services use the evidence based Too Good for Drugs and Too Good for Violence curricula that address alcohol, tobacco and other drugs (ATOD), life skills and violence prevention using grade specific interactive methods. The evidence based curricula have been proven effective with diverse populations and are recognized by SAMHSA as model programs. The curricula also meet State of Illinois standards for health education. Parent education occurs through “Home Workouts” - materials shared with students as part of classroom based sessions – that reinforce what youth learn in the classroom and inform parents on the risks and harms of drug use.

Community oriented activities include participation in events to increase awareness of the dangers associated with ATOD. Staff is involved in various community coalitions and is the lead agency for the Champaign-Urbana Youth Committee and communication campaign. The communication campaign on the risk and harms associated with marijuana use at Urbana Middle School and Jefferson Middle School is on-going. Impact of the campaign will be measured through the Illinois Youth Survey. This initiative is supported in large part with state funding.

**Access to Services for Rural Residents:** Services are promoted throughout the county. Program is marketed to rural schools and will deliver services at the requesting school/organization’s location. Program notes involvement with Mahomet-Seymour High School and Ludlow School District.

**Program Performance Measures**

**ACCESS:** Curricula used were selected for proven effectiveness with diverse populations and settings. The evidence based Too Good for Drugs is ten sessions usually presented over ten weeks in the classroom while The Too Good for Violence is seven sessions delivered over a seven week period. Some afterschool programming is done on request with sessions on life skills, substance abuse education or violence prevention. Program does afterschool programming at several schools in Urbana School District.

**CONSUMER OUTCOMES:** Pre- and Post-Tests from the two curriculums are used to assess youth knowledge and teacher perceptions of the material and youth response. The program also makes an observation regarding retention of information from one grade to the next as students are exposed to advancing levels of material at the middle schools (sessions are typically held at each middle school grade level). For schools where retention from one year to the next was tracked, pre-test scores were 8% to 16% higher from sixth grade to eighth grade, with retention rates progressively higher with each grade.

Too Good for Drugs pre- and post-test results from three middle schools (Urbana Middle School, Franklin Middle School, and Mahomet Middle School) were also reported. The average increase in knowledge, across all grade levels, varied by school for a range of 12% to 16%.

Teacher satisfaction surveys cited for the Too Good for Violence from St. Joseph Grade School and Urbana Middle School had positive results regarding changes in student’s behavior. Parent feedback received was positive noting the materials sent home with students gave families the opportunity to discuss drugs and violence. Community events enjoy broad support through coalition building efforts.



**UTILIZATION:** Program reports prevention presentations/class room sessions as Community Service Events (CSEs). FY17 target of is unchanged at 900 CSEs.

For FY15, program exceeded target of 900 by 17% reporting 1,055 events. Program is on track to exceed target for FY16.

**CCMHB FY17 Decision Priorities and Decision Support Criteria**

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – System of Care for Youth & Families: N/A

Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: N/A

**Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: Review of CLC Plan prefaces program summaries.

Anti-Stigma Efforts: Program includes prevention education activities in the community.

Countywide Access: Program is in various school districts around the county.

Budget-Program Connectedness: Budget aligns with services. CCMHB is second largest revenue source.

Realignment of FY16 Contracts to Priorities: Existing contract, requests 3% increase for FY17.

**Technical Criteria:**

Approach/Methods/Innovation: Evidence based curricula used in classrooms. Pre- and Post-tests used to measure change in students understanding/knowledge of risk from using alcohol, tobacco and other drugs.

Staff Credentials: Staff are trained in curricula.

**Applicant Review and Input**

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

**Recommendation:** Pending

# Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** Prairie Center Health Systems, Inc. (PCHS)

**Program Name:** Specialty Courts (previously Drug Court)

**Focus of Application:** MH \_\_\_ SA X DD \_\_\_

**Type of Contract:** Grant

**Financial Information:**

PY17 CCMHB Funding Request: \$199,050

PY17 Total Program Budget: \$352,550

Current Year Funding (PY16): \$187,425

Proposed Change in Funding - PY16 to PY17: increase of \$11,625

Program Staff – CCMHB Funds: 3.51 FTE

Total Program Staff: 6.2 FTE

Budget Analysis: The CCMHB funding is 56% of program revenue and provided as a grant. Other projected revenue sources are fee for service contracts including DASA at 11%, Medicaid at 9%, and Managed Care Plans (MCO) at 23%. The remaining 1% is tied to client fees/co-payments. Budget narrative states CCMHB funds do not supplement funding for DASA, Medicaid or MCO eligible clients/services and identifies program services/activities that fall outside the scope of these contracts, in particular drug court specific activities.

Personnel expenses are charged off at a rate equal to CCMHB revenue. Of the nine other expense lines used, all are charged off at a higher rate except the interest expense line where no CCMHB funds are allocated. This offsets the higher allocation rates of the other expense lines. Staffing pattern supported with CCMHB funds finds the single largest percentage of time allocated to the drug court counselors and case manager position. Other direct service staff either provide supervision and/or services in which drug court clients participate, e.g. group therapy.

*Comment: Last year, a Drug Court Vivitrol Pilot was instituted to provide opioid treatment to Drug Court clients, supported in part under separate contract with the CCMHB for \$10,192. While not stated in the revenue section of the Budget Narrative, other references in the application suggests the increased amount requested includes support for the Vivitrol Pilot. Confirmation of this point would be helpful.*

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

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

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**Target Population:** Adults are referred by Champaign County Court and Treatment Alternatives for Safer Communities (TASC). All referred clients have non-violent felony offenses, may have been incarcerated in the past, and have a history of attempted treatment for substance use disorders. Clients are assessed using DSM and ASAM placement criteria to determine level of care.

Through the first half of FY16, PCHS states 40% (33 of 82 clients) have no other pay source (Medicaid or MCO Plan) and case management is not a billable activity regardless of coverage by these payors.

*Comment: In last year's FY16 application only five clients were cited as having other coverage. The expansion of Medicaid and enrollment in MCO Plans appears to at least be holding the amount requested for this program steady if not declining (excluding funds for the Vivitrol Pilot).*

**Service Locations(s)/Demographics:** Services or required meetings may be held at Champaign County Courthouse, PCHS location on Killarney Street in Urbana for outpatient care and at Hill Street in Champaign for residential treatment.

Residency and demographic data is for FY15. Of the 109 clients served, 48% were from Champaign, 23% from Urbana, 13% from Rantoul and 16% from other areas of the county. Demographic data reported finds all were adults with 2% age 60 or older; 49% were white, 47% were black, 1% Asian, and 3% of other races including bi-racial/multi-racial; 2% were of Hispanic/Latino origin and 62% were male.

**Service Description/Type:** Types of services include assessment, outpatient and intensive outpatient individual and group counseling, and intensive case management. Staff credentials are referenced. Agency states all staff provide consumer driven, strength based, trauma informed services with sensitivity to culture, race and ethnicity among other attributes.

Clients receive an intensive level of treatment and are frequently monitored for compliance. Collaboration between the courts under the leadership of Judge Ford and associated criminal justice system partners and various providers is key to the longstanding success of Drug Court. Use of evidence based assessments and treatment approaches such as the Matrix Model, Seeking Safety, and Hazeldon Co-Occurring Disorders Program are cited. Also noted is a high degree of service coordination and other required activities by staff that is not billable to other pay sources or provided outside of the program.

Reference to continuation of the Vivitrol Pilot project is included here. The pilot targets Drug Court clients addicted to heroin or other opioids for medically assisted treatment. It is a collaboration between the courts, the correctional center/jail, Carle Foundation Hospital and pharmaceutical companies with PCHS medical and nursing staff playing a central role.

**Access to Services for Rural Residents:** Participation is tied to involvement with Drug Court. Counseling provided at PCHS Urbana location, at Probation, at the jail, or one day a week for group sessions in Rantoul at the Community Service Center. Case manager will assist with transportation.

*Comment: PCHS use of the Community Service Center in Rantoul is of particular note. This facility is an underutilized resource that if used can increase access to services for residents of Rantoul.*

### **Program Performance Measures**

**ACCESS:** When services are offered is described as are responsibilities of the Drug Court counselors and case manager to engage, support, and coordinate client's services. Drug Court participants receive priority

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for services. Assessments are completed within three business days of referral and may occur in the jail, with engagement in treatment following within three business days.

Four specific access measures are identified for FY17 and consistent with prior years: client assessed within three days; client engaged in treatment within three days of assessment, if not incarcerated; will receive case management if barriers identified; and number of graduates. Access performance targets are set at 95% or higher for each measure and reported as achieved or exceeded.

**CONSUMER OUTCOMES:** Measures are number of graduates; no legal involvement six months prior to graduation; and, involvement in 12-step program or other community support at time of graduation. Graduation cannot occur without second and third measures having been met, as such data is only reported on number of graduates. There were 24 graduates in FY15 and 13 so far in FY16. Recidivism rate is tracked by the Champaign County Drug Court Coordinator. Drug Court graduates during the five year period studied, had a recidivism rate of 29%.

Agency also tracks and reports consumer outcome measures across all programs using the Mental Health Statistics Improvement Program (MHSIP) Consumer Satisfaction Survey. Four broad based satisfaction measures include general satisfaction with services, with treatment outcomes, with quality and appropriateness of services, and with access to services. PCHS results reported very high levels of satisfaction, exceeding national and regional benchmarks.

**UTILIZATION:** Service categories were revised for FY16 – specifically “Service Contacts” and “Other” to track hours of service. Treatment Plan Clients (TPCs) represent Drug Court clients served by Prairie Center with FY17 target of 95. Service contacts tracked are hours of service billable only to CCMHB with a target of 4500 hours. Community Service Events (CSEs) are set at 6 and represent number of media contacts and graduations. The “Other” category reports hours related to treatment services that depending on client eligibility may be billed to another pay source, target is 25,094 hours.

Program exceeded targets in use for FY15 and is on track to meet or exceed targets set for FY16.

### **CCMHB FY17 Decision Priorities and Decision Support Criteria**

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – System of Care for Youth & Families: N/A

Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: Specialty Court program serves participants of Champaign County Problem Solving Courts (Drug Court).

#### **Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: Review of CLC Plan prefaces program summary.

Anti-Stigma Efforts: Not addressed.

Countywide Access: Services may be accessed at PCHS offices although one day a week groups are also offered in Rantoul. Participants must present one day a week at the Courthouse for Drug Court.

Budget-Program Connectedness: Relationship of funding streams to services and use of CCMHB funds to support non-billable activity is explained. Confirmation of funds budgeted for Vivitrol Pilot requested.

Realignment of FY16 Contracts to Priorities: Program is an existing contract serving criminal justice involved population.

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**Technical Criteria:**

Approach/Methods/Innovation: Program is well established. Uses evidence based practices.

Staff Credentials: Required credentials identified for program and agency.

**Applicant Review and Input**

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

**Recommendation:** Pending

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# Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** Prairie Center Health Systems, Inc.

**Program Name:** Youth Services

**Focus of Application:** MH \_\_\_ SA X DD \_\_\_

**Type of Contract:** Fee for Service

**Financial Information:**

PY17 CCMHB Funding Request: \$108,150

PY17 Total Program Budget: \$154,950

Current Year Funding (PY16): \$105,000

Proposed Change in Funding - PY16 to PY17: increase of \$3,150

Program Staff – CCMHB Funds: 1.92 FTE

Total Program Staff: 2.84 FTE

Budget Analysis: Requested funding from the CCMHB is 70% of the total program budget. State funding from DHS-Division of Alcohol and Substance Abuse contributes 23% of revenue with the remaining 7% coming from Title XX Donated Funds Initiative monies. All three contracts are fee for service.

Percentage of CCHMB funds allocated to each expense line varies by line. The single largest expense is for personnel and is charged at a rate slightly less than the 70% of revenue from the Board. Some lines are at higher rates due to costs specific to the Seven Challenges model such as license fee and materials (Seven Challenges Journals). Direct program staff supported in part with CCMHB funds include the two youth counselors and clinical director (1.65 FTE). Funds also support indirect staff performing agency administrative functions (.27 FTE).

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

Not Applicable \_\_\_\_\_

Audit Requirement Waived \_\_\_\_\_

Audit in Compliance X \_\_\_\_\_

Audit not in Compliance \_\_\_\_\_

Auditor Finding \_\_\_\_\_

**Target Population:** Youth age 12 to 18 with a substance use disorder diagnosis. In addition to the diagnosis, many youth report having other issues and behaviors as well as barriers to treatment. Multiple referral sources are identified including criminal justice partners said to account for 30 to 40% of referrals. Adults are also educated about the program to improve outcomes of engaged youth.

**Service Locations(s)/Demographics:** Services are provided in school settings including READY School, at the Youth Assessment Center and Prairie Center Urbana Office. Home visits or elsewhere in the community may also be made to build trust/engage the family.

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For the FY15 program, residency and demographic data was provided on 102 youth. Residency by zip code finds 55% were from Champaign, 28% from Urbana, 6% from Rantoul, and 11% from other areas of the county. Demographic data finds 3% were age 12 and 97% were age 13 to 18; 52% were black, 41% were white, 2% were Asian, and 5% were other races including bi-racial/multi-racial; 4% were of Hispanic/Latino origin; and, 62% were male.

**Service Description/Type:** Types of services provided include outpatient counseling and case management. Services are provided by Masters level staff with clinical supervision provided by the Clinical Director (LCSW). All are trained in the Seven Challenges model with the director being a Seven Challenges Leader (certified trainer). The Seven Challenges counseling program addresses substance use disorder issues as well as co-occurring problems and life skills. The model has been proven to work effectively with a variety of cultures, races and ethnicities, genders, sexual orientation, and disabilities.

Youth referred are screened with the CRAFFT, a six question screening tool, to determine if an assessment is needed. Where indicated an assessment is completed followed by the treatment plan. Individual and group sessions involving motivational interviewing and trauma focused cognitive behavioral therapy is used to engage the youth in the evidenced based Seven Challenges treatment model. Program references need for increased case management not currently supported by available funding.

Activities required to implement the Seven Challenges model and/or not covered by funding other than from the CCMHB are noted.

*Comment: Last year as the program transitioned to fee for service these unfunded activities were defined and rates established as part of contract negotiations. The rates and eligible activities will be revisited for FY17 as more detail needs to be added to the rate structure included in the FY17 application.*

**Access to Services for Rural Residents:** Program conducts home visits as part of initial effort to engage the youth and family in treatment. Groups are held at the PCHS Urbana office. Assistance with transportation is available.

**Program Performance Measures**

**ACCESS:** Three measures associated with access are identified. Target for FY17 is 65% of youth referred to the program will be assessed within five days of referral; 60% will engage in treatment within five days after an assessment is completed; and, 90% of youth with potential barriers to treatment will receive case management. FY15 results reported for these three measures finds assessment and engagement targets were met and case management slightly underperformed.

*Comment: Program does well in identifying and reporting results for Access related measures.*

**CONSUMER OUTCOMES:** Program proposes to use a new tool, the DSM 5 level 1 Cross-Cutting Symptom Measure in addition to the Seven Challenges survey to measure consumer outcomes. The Cross-Cutting Symptom Measure child rated version consists of 25 questions across 12 domains. It will be used at intake and discharge. Target for FY17 is 50% of treatment plan clients will show improvement in 60% of the 12 domains. The Seven Challenges tool is a client satisfaction survey completed at discharge. Preliminary results from FY16 reported are close to identified targets.

**UTILIZATION:** Program defines service categories and sets targets for FY17 based on past performance. Youth engaging in services following an assessment are Treatment Plan Clients (TPCs).

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Target is 90. Non-treatment Plan Clients (NTPCs) are clients not recommended for treatment or do not engage following assessment. Target is 50. Service Contacts represent screenings completed. Target is 100. Community Service Events (presentations at schools and in the community) is set at 12. Other (hours of service including screenings, assessment, treatment, and case management) is 1,100.

Program met or exceeded target for FY15 and is on track to meet or exceed targets for FY16.

### **CCMHB FY17 Decision Priorities and Decision Support Criteria**

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – System of Care for Youth & Families: Program uses Seven Challenges model with youth that have a substance use disorder diagnosis.

Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: N/A

#### **Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: Review of CLC Plan prefaces program summary.

Anti-Stigma Efforts: Not a focus of the application.

Countywide Access: Home visits may occur as part of initial engagement. Services delivered at PCHS Killarney Street location and may assist with transportation. Services also provided at READY School.

Budget-Program Connectedness: CCMHB is primary source of support. Allocation of funds support services including expenses specific to Seven Challenges model and staffing pattern.

Realignment of FY16 Contracts to Priorities: Existing contract, requests 3% increase.

#### **Technical Criteria:**

Approach/Methods/Innovation: Uses evidence based Seven Challenges Model and engages youth in school based setting (READY School), at PCHS Killarney St. office, and if needed in the community.

Staff Credentials: Services provided by Master level staff trained in Seven Challenges model.

#### **Applicant Review and Input**

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

**Recommendation:** Pending

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Promise Healthcare/Francis Nelson**

CCMHB/CCDDB 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- Yes
2. Diverse Board and Staff Recruitment- Yes
3. Cultural Competence Organizational Assessment/Evaluation- Yes
4. Implementation of Cultural Competence Values in Policy and Procedure-Yes
5. Outreach and Engagement of Underrepresented Populations defined in the Criteria-Yes
6. Inter-Agency Collaboration- Yes

**Overall CLC Plan Comments-**

The CLC Template was followed according to the instructions provided. Clear benchmarks and time frames were provided with additional detail about process and engagement within the staff culture.

**Cultural Competence Training**

*Provide board training annually on cultural and linguistic competency.*

Comments:

**Recruitment of a diverse Board and Staff**

*Board membership is reflective of diverse backgrounds and actual patients of Promise Health Care facilities.*

Comments:

**Cultural Competence Organizational Assessment/Evaluation**

Self-assessment tools provided to all staff annually

Patients are provided with a satisfaction survey and the information is provided to the

Comments:

**Policies and procedures which reflect Cultural Competence values**

- *Established a plan to support, or incentives for supervisors and workers to prevent burn-out and compassion fatigue. Using Employment Assistance Program supports.*
- *Services provided on a sliding fee scale based on income*

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Promise Healthcare/Francis Nelson**

- *Bilingual English/Spanish, English/French,*
- *English/Mandarin speaking staff are on site*
- *Spanish option messages are available on phone system*
- *All forms are translated into Spanish*
- *New patient packets and prenatal documents translated to French and Mandarin*
- *Printed forms, educational materials, brochures and videos are culturally and linguistically appropriate.*
- *Patient education materials are at appropriate reading level*
- *Client satisfaction is measured by satisfaction surveys*

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

- *Promise responded to resolve deficiencies in the service system by maintaining services provided by two psychiatrists for 1200 patients--which could have resulted in the unnecessary incarceration of some otherwise stabilized and treatment compliant patients with serious behavioral health needs.*

Comments:

**Inter-Agency Collaboration**

*Promise Health Care has an agreement with Community Elements to build capacity for behavioral health care.*

Comments:

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# Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY: Promise Healthcare**

**Program Name: Mental Health Services with Promise**

**Focus of Application: MH\_X\_SA \_\_\_ DD \_\_\_**

**Type of Contract: Grant**

**Financial Information:**

PY17 CCMHB Funding Request: \$222,000

PY17 Total Program Budget: \$1,528,998

Current Year Funding (PY16): \$165,000

Proposed Change in Funding - PY16 to PY17: increase of \$57,000

Program Staff – CCMHB Funds: 2.26 FTE

Total Program Staff: 11.60 FTE

Budget Analysis: The transition of the psychiatric services from Community Elements to Promise Healthcare is reflected in the budget. The total program budget increased from \$420,000 in FY16 to \$1,528,998 for FY17. As a percentage of the FY17 budget, CCMHB funds represent 15% of program revenue. Medicaid is the single largest source of revenue, accounting for 38% of funding. Revenue from services billable to Medicare are 9% of the budget. Funds allocated from the contributions line to the program are 27% of revenue. Other sources providing the remaining 11% include private insurance, federal funds supporting operation of Federally Qualified Health Centers, fundraising, and client fees.

All of the CCMHB funding is allocated to personnel related expense lines paying about 20% of staff costs. Direct program staff supported in part by the CCMHB include the three psychiatrists, two licensed therapists, and small percentages of various medical staff. Some medical staff listed as indirect staff are actually involved in patient care and should have their time allocated as direct staff.

*Comment: The CCMHB has a history of supporting psychiatric services. For many years Community Elements was awarded a small contract for psychiatric services. More recently, the funds enabled psychiatric patients or those waitlisted to access wellness care provided by Promise Healthcare at Community Elements. Last year Community Elements Psychiatric/Primary Care contract was \$100,000.*

*Promise Healthcare has requested an increase of \$75,000 to continue to serve the same population. The Mental Health Services program seeks an increase of \$57,000 to serve uninsured patients and for care and consultation that is not reimbursable but increases access to services for other patients. The Wellness and Justice application requests an increase of \$18,000 to provide support services including access to primary care onsite at Community Elements.*

*Technical Note: The personnel form lists some direct service staff in the indirect personnel section of the form. A number of these positions are involved in delivery of services for this program. Promise Healthcare is to revise the form providing a more accurate ratio of indirect staff to direct staff. According to the agency, indirect costs (administration, management, and fundraising) are 15% of the budget.*

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

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

Comments: Agency uses the calendar year for its fiscal year.

**Target Population:** Patients of any Promise Health program including pre-natal care, or that are part of the collaboration with Community Elements are eligible for mental health services. Treatment for depression accounts for 50% of encounters with an equal percentage related to anxiety including PTSD. Many patients have co-occurring disorders. A shift in diagnoses is expected with the expansion of psychiatric care.

Promise Healthcare reports serving 10,000 patients in 2015. Of those served, 63% were Medicaid clients and 23% were uninsured. A significant percentage of patients live at or below the federal poverty level. The uninsured are charged a sliding fee with most being charged a nominal fee equating to a 100% discount on care.

Agency cites research supporting integration of behavioral and primary healthcare in a primary care setting. And notes support from the mental health staff at Frances Nelson has enabled primary care providers to prescribe behavioral health medication to between 800 to 1,000 patients.

**Service Locations(s)/Demographics:** Services are provided at Frances Nelson and Community Elements Walnut Street location. Program reported the two therapists and psychiatrist served 555 patients in FY15. Residency by zip code finds 42% were from Champaign, 30% from Urbana, 12% from Rantoul, and 16% from other areas of the county. Demographic data finds 11% were children and youth and 89% were adults including 10% who were over age sixty; 73% were white, 24% were black, 1% Asian, and 2% other races including bi-racial/multi-racial; 19% were of Hispanic/Latino origin,; and 65% were female.

**Service Description/Type:** Types of services include Outpatient Counseling, Psychiatry, and Consultation with Primary Care. Both counselors are Masters level licensed clinicians (LCPC & LCSW). Mental health services at Frances Nelson enable integration of mental health services with physical health care. The medical team is primary referral source. Clients are assessed within 3 weeks of referral and a treatment plan is completed at the second session with the counselor. Crisis contacts are handled the same day. Case management includes linkages to other providers.

All psychiatric patients at Frances Nelson are internal referrals. In addition to a part time psychiatrist onsite at Frances Nelson, two other psychiatrists, one fulltime and one part time, provide psychiatric care at Community Elements. Medication management/monitoring is provided to patients with acute or chronic/serious mental illness at either location. Consultation with medical staff about specific patients and/or diagnosis and treatment also occurs at Frances Nelson. Besides the case specific consults, the psychiatrist also leads monthly "Lunch and Learn" meetings with primary care providers and nurses to share information about cases and medications, trends in patient care and community issues.

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Three Registered Nurses (RN), one fulltime or two part time, support the psychiatrist and assists patients with managing medication prescribed for various disorders. The RNs will also triage patients under the psychiatrists care as well as primary care providers prescribing psychiatric medications. Additional supports to patients receiving mental health services are provided through the medication assistance program, women's health, benefit enrollment, prenatal care and by case managers and counselors at Community Elements.

**Access to Services for Rural Residents:** Access is onsite at Frances Nelson and Community Elements.

**Program Performance Measures**

**ACCESS:** Program strives to integrate mental health care and primary care. Program defines two access measures related to length of time between primary care referral and engagement/completion of assessment by counselor or psychiatrist.

Counseling: 90% of patients will complete a mental health assessment within three weeks of referral. Target is based on performance results from prior year.

Psychiatry: 90% of patients will be scheduled for an appointment within 30 days of referral. Target is unchanged although result reported exceeded measure.

**CONSUMER OUTCOMES:** Program measures change using the Global Assessment of Functioning (GAF) scale for adults and Children's Global Assessment of Functioning (C-GAF) for children. Changes in GAF scores are reported for those clients engaging in services for greater than six months. Results reported finds the majority reported no change.

Measure: 95% of clients will have a GAF score completed at start of treatment.

Measure: 90% of on-going clients will complete a GAF scale every six months or at case closure.

**UTILIZATION:** Program describes how patients will be classified and reported under the various services – counseling, psychiatry at Frances Nelson, and psychiatry at Community Elements. Targets are established for each type of service across various service categories – Treatment Plan Clients, Non-Treatment Plan Clients, Service Contacts, and Community Service Events.

Program had mixed results for FY15. Counseling and Bilingual Counseling met or exceeded most targets while Psychiatry underperformed projections for TPCs and SCs.

**CCMHB FY17 Decision Priorities and Decision Support Criteria**

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – System of Care for Youth & Families: N/A

Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: N/A

**Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: Review of CLC Plan prefaces program summaries.

Anti-Stigma Efforts: Not a focus of this application.

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Countywide Access: Services are office based.

Budget-Program Connectedness: CCMHB funding allocated to personnel approximates ratio of CCMHB revenue to total budget.

Realignment of FY16 Contracts to Priorities: Existing contract with expanded psychiatric services for FY17. Increased funding requested to support uninsured patients accessing psychiatric services previously provided through Community Elements.

**Technical Criteria:**

Approach/Methods/Innovation: Program places strong emphasis on integration/collaboration of mental health care with primary care.

Staff Credentials: Yes, clearly stated.

**Applicant Review and Input**

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

**Recommendation:** Pending

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# Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** Promise Healthcare

**Program Name:** Promise Healthcare Wellness and Justice

**Focus of Application:** MH X SA     DD    

**Type of Contract:** Grant

**Financial Information:**

PY17 CCMHB Funding Request: \$58,000

PY17 Total Program Budget: \$97,142

Current Year Funding (PY16): \$40,000

Proposed Change in Funding - PY16 to PY17: increase of \$18,000

Program Staff – CCMHB Funds: 1.65 FTE

Total Program Staff: 2.00 FTE

Budget Analysis: Funding requested from the CCMHB is 60% of the program budget. Funds allocated from the federal Health Resources and Services Administration (HRSA) to Promise Healthcare as a Federally Qualified Health Center (FQHC) accounts for 15% of revenue. The remaining 25% of revenue comes from agency contributions allocated to the program.

All of the CCMHB funding is allocated to personnel related expense lines paying about 70% of staff costs. CCMHB supports all or part of the time allocated to the program for the following positions: Wellness Coordinator - the primary staff position and responsible for case management; the Medication Program Coordinator; the Outreach and Enrollment Coordinator; the Program Support Assistance position; and Certified Nursing Assistant. Staff time to provide wellness services is not a billable to other payors relying on CCMHB funds and the HRSA grant for support.

*Comment: The Wellness and Justice application requests an increase of \$18,000 to provide support services including access to primary care onsite at Community Elements for patients of the psychiatrists. In addition, the Mental Health Services application seeks an increase of \$57,000 to serve uninsured patients and for consultation with physicians. Prior to the transition of psychiatry from Community Elements to Promise Healthcare late last year, Community Elements had been awarded \$100,000 Psychiatric/Primary Care contract.*

*Technical Note: The personnel form lists some direct service staff in the indirect personnel section of the form. Promise Healthcare is to revise the form providing a more accurate ratio of indirect staff to direct staff for the agency and program.*

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

Not Applicable           

Audit Requirement Waived           

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Audit in Compliance \_\_\_X\_\_\_  
Audit not in Compliance \_\_\_\_\_  
Auditor Finding \_\_\_\_\_

Comments: Agency uses the calendar year for its fiscal year.

**Target Population:** The population to be served includes Promise Healthcare patients or prospective clients with a mental health diagnosis and a chronic medical condition including those with criminal justice system involvement. The intent is to provide supports to reduce non-clinical barriers and address other needs to improve mental and physical health. Supports also involve facilitating care provided to patients at the Community Elements Walnut Street satellite site as well as collaboration and outreach.

Agency cites research supporting integration of behavioral and primary healthcare in a primary care setting, such as occurs at Frances Nelson and the Community Elements satellite site. Additional data specific to the population served at Frances Nelson is referenced.

**Service Locations(s)/Demographics:** On-site at Frances Nelson and the satellite site at Community Elements Walnut Street location. Residency and demographic data is based on a total number of 420. Residency by zip code finds 54% were from Champaign, 27% from Urbana, 10% from Rantoul, and 9% from other areas of the county. Demographic data finds 2% were youth, 98% were adults with 21% age 60 or older; 52% were white, 47% were black, and 1% other races including bi-racial/multi-racial; 54% were of Hispanic/Latino origin; and, 56% were women.

**Service Description/Type:** Type of activities are Case Management, Outreach, and Support Services including enrollment in benefit plans/insurance. Staff credentials are noted for the Wellness Coordinator.

The program provides a mix of services to patients referred internally by mental health staff, psychiatrists, and primary care providers at Frances Nelson or at Community Elements satellite site. Patients referred by or having contact with the criminal justice system will have their records flagged and be engaged by program staff at next appointment and/or assisted with establishing a medical/mental health care home. Additional support, to ensure all patient records and paperwork are in order, is provided to patients in advance of their appointments at the satellite site. No sliding fees are charged for wellness services but may for medical and mental health services.

Assistance provided by staff includes enrolling in benefit plans and accessing other social service programs, accessing the medication assistance program for help with prescriptions, and assignment of a primary care provider to facilitate access to care as well as meeting other basic needs or legal issues. Staff will collaborate with other providers to bring services on-site. Outreach will occur through participation in various community events around the county and for underserved populations. Participation in the Reentry Resource Fair targeted to adults released from prison/jail is mentioned among other events.

**Access to Services for Rural Residents:** Outreach includes events outside of Champaign and Urbana.

### **Program Performance Measures**

**ACCESS:** Program references targets for engaging patients in levels of care and by location. Patients referred for case management will be contacted within 72 hours of referral. Many are expected to be assisted at time need is identified by the Frances Nelson care provider with wellness staff responding to the exam room. Criminal justice involved patients and referrals will be assisted with establishing as a patient and engaged in wellness care including case management. To be considered enrolled in wellness

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case management services the patient will have to engage beyond the initial contact and have more than one need addressed. Staff activities also include support services to enable patients to access psychiatric and medical care at the Community Elements satellite site.

**CONSUMER OUTCOMES:** Program references several measures. The first measure will track number of contacts with patients having a chronic medical condition and mental health diagnosis. Of those patients, the program will track the number of issues patients present with that require support or assistance. The second measure is to reduce the percentage of mental health visits where patients do not have insurance coverage to 15% through outreach and enrollment in benefit plans.

Program reports staff has been successful in maintaining patient's access to care and increasing the number of patients with Medicaid or other benefit plan coverage. As an indicator of that success, program references number of applications submitted and estimate of associated enrollments. Noted is initial success reducing the percentage to 13% of patients without coverage receiving mental health services but patients not completing Medicaid redetermination requirements increased this percentage to 27% later in the year. Both rates are said to be significantly lower than before the Affordable Care Act.

**UTILIZATION:** Service categories are defined in some fashion throughout the Program Performance Measures section of the application. Service contacts (SCs-600), patients assisted with one need (NTPCs-300), patient's with multiple needs engaging in case management (TPCs-100), outreach activity (CSEs-27) and number enrolled/reenrolled in benefit plans (Other-2,000) all have targets established. Target for justice involved patients is 30 and is a subset of NTPCs. Results for this subgroup reported in comments.

While program underperformed in FY15, it is on track to meet or exceed targets for FY16.

### **CCMHB FY17 Decision Priorities and Decision Support Criteria**

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – System of Care for Youth & Families: N/A

Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: Criminal justice involved adults are part of the population to be served.

#### **Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: Review of CLC Plan prefaces program summaries.

Anti-Stigma Efforts: Not a focus of the application.

Countywide Access: Program is office based. Outreach will be made to rural areas.

Budget-Program Connectedness: CCMHB is primary funder with funds supporting program staff.

Realignment of FY16 Contracts to Priorities: Existing contract, increase is requested.

#### **Technical Criteria:**

Approach/Methods/Innovation: Proposal describes range of support services and collaborative activities.

Staff Credentials: For primary staff – Wellness Coordinator only.

#### **Applicant Review and Input**

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

**Recommendation:** Pending

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Rape Advocacy Counseling and Education Services (RACES)**

CCMHB/CCDDB 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- Yes
2. Diverse Board and Staff Recruitment- Yes
3. Cultural Competence Organizational Assessment/Evaluation- Yes
4. Implementation of Cultural Competence Values in Policy and Procedure-Yes
5. Outreach and Engagement of Underrepresented Populations defined in the Criteria-Yes
6. Inter-Agency Collaboration- Yes

**Overall CLC Plan Comments**

*The CLCP Template followed the format outlined in the application. It is recommended that in places where there is "mostly" as a timeframe there should be more concrete information provided.*

**Cultural Competence Training**

Allocate adequate resources for annual Board training around the issues of cultural and linguistic competency. 3 hours will be allocated annually for Cultural Competence Training

Ensure employees and volunteers receive a minimum 4 hours training about privilege and oppression prior to service provision.

Comments:

**Recruitment of a diverse Board and Staff**

*To ensure that employees, Board members, and volunteers reflect the diversity of our clientele, positions will be actively recruited from minority populations and regularly assess racial and ethnic composition of agency.*

Comments:

**Cultural Competence Organizational Assessment/Evaluation**

Assess and modify the make-up of the physical space; composition and training of employees, Board Members, and volunteers; materials for distribution; and standards of service.

Comments:

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Rape Advocacy Counseling and Education Services (RACES)**

**Policies and procedures which reflect Cultural Competence values**

- *Ensure that materials distributed to clients and community members include people of diverse backgrounds, including pictures of diverse populations, large print, and languages other than English.*
- *Give feedback on services received during engagement with agency and on employees delivering services*
- *All service plans to be created with and include goals set by the client, and their progress measured against these goals.*

**Comments:**

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

- *. We also have Thursday evening appointments available for those whose schedules are not flexible during the business day.*
- *. When group counseling services are offered, the group is traditionally offered in the late afternoon or evening, which accommodates most people's schedules.*

**Comments:**

**Inter-Agency Collaboration**

**Comments:**

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## Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** Rape Advocacy, Counseling, & Education Services

**Program Name:** Counseling & Crisis Services

**Focus of Application:** MH  SA  DD

**Type of Contract:** Grant

**Financial Information:**

PY17 CCMHB Funding Request: \$18,600

PY17 Total Program Budget: \$133,697

Current Year Funding (PY16): \$18,600

Proposed Change in Funding - PY16 to PY17: 0

Program Staff – CCMHB Funds: 0.5 FTE

Total Program Staff: 2.4 FTE

Budget Analysis: Primary source of revenue is a state contract issued through the Illinois Coalition Against Sexual Assault (ICASA). State revenue projection for FY17 is based on FY16 contract amount. Amount requested from the CCMHB accounts for 14% of revenue. Other sources includes United Way at 7% of revenue, a City of Urbana/Cunningham Township grant at 2%, and proceeds from contributions and fundraising at 3%.

Personnel form is incomplete – total program and CCMHB specific columns not completed. Missing personnel information results in errors on Expense form. Budget narrative references amount of staff time allocated to program and percentage to be paid by CCMHB. Staffing pattern includes 20% of the Assistant Directors time providing counseling and clinical supervision.

*Comment: There is the question of how the program and agency as a whole has been able to continue to operate without state payments on the FY16 contract that accounts for 83% of the agency budget and 74% of the program.*

*Technical Note: Personnel form needs to be completed then expense form updated.*

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

Not Applicable \_\_\_\_\_

Audit Requirement Waived  \_\_\_\_\_

Audit in Compliance \_\_\_\_\_

Audit not in Compliance \_\_\_\_\_

Auditor Finding \_\_\_\_\_

**Target Population:** Survivors of sexual assault and non-offending significant others age three and older. Many long-term clients are adult survivors of childhood sexual abuse.

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**Service Locations(s)/Demographics:** Offered at RACES Urbana location and other secure sites that provide space for confidential meetings including hospitals (separate office or meeting space with door).

RACES reported serving 50 clients in FY15. Residency by zip code finds 32% were from Champaign, 42% from Urbana, 18% from Rantoul, and 8% from other areas of the county. Demographic data finds 46% were children and youth and 54% were adults including 2% age 60 or older; 76% were white, 18% were black, 2% Asian, 4% were other races including bi-racial/multi-racial; 6% were of Hispanic/Latino origin; and, 94% were female.

**Service Description/Type:** Types of services are counseling, crisis intervention, and medical advocacy. Services include individual and group counseling. Some counseling may be over the telephone. Counseling hours include evening hours one night per week. Program operates the 24 hour Rape Crisis Hotline that is typically the first point of contact. Emergency medical advocacy is part of crisis response offering support services to those presenting at emergency rooms for medical care and evidence collection. Referrals to other support services within the agency or at other organizations are provided the day after a medical advocacy contact.

The two counselors are licensed (LCPC and LCSW). Staff/volunteers on the crisis hotline and respond to medical advocacy contacts have completed state mandated 40 hours of crisis intervention training.

**Access to Services for Rural Residents:** The counselor will meet clients at a safe, neutral location such as a school or social service agency that has space available to conduct a confidential meeting. Program has a toll free crisis hotline. Assistance with securing transportation to emergency rooms is available as part of the medical advocacy services.

### **Program Performance Measures**

**ACCESS:** Initial contact is typically through the 24 hour Rape Crisis Hotline. After office hours, hotline is managed through an answering service that connects caller to staff or volunteer on call. The hotline provides access to crisis and medical advocacy services around the clock. There is no specific screening or referral process for these services. Most medical advocacy contacts are referrals by emergency room personnel or law enforcement. Advocates will make a follow-up contact the day after to assist with referrals for additional support services.

In addition to regular business hours, the agency has evening hours one day a week for counseling appointments. Groups when offered are typically in the late afternoon or early evening. The program does not have a waitlist for counseling services at this time.

**CONSUMER OUTCOMES:** Program reinstated evaluation tool used for previous statewide evaluations. A year ago, agency began working with U of I to develop a new tool with a broader scope but progress has been slow. CCMHB evaluation project with U of I Department of Psychology is referenced as potential source for new approach.

**UTILIZATION:** Targets are said to be unchanged from FY16 to FY17 but Part II form reflects reductions from 50 to 30 for Treatment Plan Clients (TPCs), from 15 to 13 for Non-Treatment Plan Clients (NTPCs), for Screening Contacts from 40 to 35, Community Service Events (CSEs) from 200 to 180, with Other unchanged at 8. Service category definitions from prior applications identified TPCs as clients engaging in five or more sessions and NTPCs as clients engaging in fewer than five sessions. Service contacts reported are limited to those crisis intervention contacts (hotline calls) handled by

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CCMHB funded staff. Community Service Events (CSEs) represent information and referral contacts by staff. Other category tracks Emergency Medical Advocacy contacts by funded staff.

Service activity reported for FY15 met or exceeded targets for all categories except TPCs and NTPCs. For FY16 all categories except CSEs are underperforming.

**CCMHB FY17 Decision Priorities and Decision Support Criteria**

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – System of Care for Youth & Families: N/A

Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: Program provides counseling and other services to victims of sexual assault.

**Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: Review of CLC Plan prefaces program summary.

Anti-Stigma Efforts: Not specifically addressed in application.

Countywide Access: Through 24 hour rape crisis hotline for victims of sexual assault.

Budget-Program Connectedness: Personnel and expense forms are incomplete. Primary source of funding is state contract through ICASA.

Realignment of FY16 Contracts to Priorities: Existing contract. No increase requested.

**Technical Criteria:**

Approach/Methods/Innovation: Meets standards set by ICASA.

Staff Credentials: Education and staff training noted in budget narrative.

**Applicant Review and Input**

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

**Recommendation:** Pending

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**TAP Leadership Academy**

CCMHB/CCDDB 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- Yes
2. Diverse Board and Staff Recruitment- Yes
3. Cultural Competence Organizational Assessment/Evaluation- Yes
4. Implementation of Cultural Competence Values in Policy and Procedure-Yes
5. Outreach and Engagement of Underrepresented Populations defined in the Criteria-Yes
6. Inter-Agency Collaboration- Yes

**Overall CLC Plan Comments-**

*The CLC Plan Template was followed from the application instructions. Some of the on-going activities have specific time-frames from the bench marks it is recommended that all of the actions have specific timeframes for completion.*

**Annual CLC Training**

Staff will complete at least one cultural and linguistic competency training every six months.

Comments:

**Recruitment of a diverse Board and Staff**

*The Board will annually evaluate the diversity of its members and actively work to fill gaps in those underrepresented in the members of the Board.*

Comments:

**Cultural Competence Organizational Assessment/Evaluation**

- *Review the Team Handbook in increments during the monthly meetings, with the goal of reviewing the entire Handbook annually.*
- *All staff will be presented with surveys to complete semi-annually, followed by a training or professional development opportunity.*
- *Semi-annually distribute surveys to program participants and families to receive suggestions of other languages to provide programming or events in.*

Comments:

**Policies and procedures which reflect Cultural Competence values**

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**TAP Leadership Academy**

- *Allocate funds from various funding sources for cultural and linguistic competency trainings.*

**Comments:**

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

*Actively build relationships with various community organizations by attending community events and maintaining a positive community presence.*

*Refer families and youth served to community-based agencies, services, and resources that are culturally appropriate*

**Comments:**

**Inter-Agency Collaboration**

- *Staff will make every effort to enlist enrichment providers and community members who speak the home languages of those served by current programs*

**Comments:**

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## Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** TAP in Leadership Academy

**Program Name:** The Kickback Lounge (2017)

**Focus of Application:** MH X SA \_\_\_\_\_ DD \_\_\_\_\_

**Type of Contract:** Grant

**Financial Information:**

PY17 CCMHB Funding Request: \$57,600

PY17 Total Program Budget: \$83,400

Current Year Funding (PY16): \$ New Application – N/A

Proposed Change in Funding - PY16 to PY17: N/A

Program Staff – CCMHB Funds: 4.0 FTE

Total Program Staff: 4.0 FTE

**Budget Analysis:** The budget reflects a program partially funded by this application. CCMHB funding is 69% of total revenue. All other program revenue comes from contributions, fundraising, and in-kind sources. Contributions includes \$15,000 from the Champaign Community Coalition. Program requests CCMHB funding in the amount of \$42,000 as a grant and another \$15,600 in program service fee revenue. The budget narrative describes the program service fee as a daily attendance fee charged to participants.

About \$51,000 of the budget is allocated for personnel salaries and benefits. The rest is spread across support lines and are appropriate.

**Technical note:** The budget was not completed correctly and will need to be revised if the Board decides to fund the project.

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

Not Applicable X

Audit Requirement Waived \_\_\_\_\_

Audit in Compliance \_\_\_\_\_

Audit not in Compliance \_\_\_\_\_

Auditor Finding \_\_\_\_\_

**Target Population:** Middle school students from Champaign County with the intent to provide structured and productive activities during the academic year on weekends, with extended hours 7-days per week during the summer vacation months. It appears the program is designed to provide structure for middle school students who need to be engaged and active when outside of school.

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**Service Locations(s)/Demographics:** The program is associated with the Champaign Community Coalition and the 21<sup>st</sup> Century Community Learning Center.

**Service Description/Type:** The program operates as late as 12:00 midnight on many evenings during the summer and on weekends during the school year. The program will follow the evidence based model of Media Power Youth (MPY), a health focused media based literacy program. The program will use many different educational opportunities including computers, mobile sound production studio, games, culturally diverse reading materials, photography, video studios (where students can learn about basic lighting and videography).

In summary, the program will provide a full range of media literacy instruction and pro-social behavior activities. The media projects are designed to address mental wellness, community health awareness, and deterrence of deviate behavior.

**Access to Services for Rural Residents:** The programs focus is not on youth from rural areas, but the program will offer assistance with transportation for interested qualified youth.

**Program Performance Measures**

**ACCESS:** The program participants will be recruited from a variety of sources including social media, schools, radio, television, billboards, and word of mouth outreach.

**CONSUMER OUTCOMES:** The program will use pre and post service assessment to measure the youth's sense of well-being, acquisition of skills and knowledge, and attitudes concerning digital literacy and final proficiency level at program completion.

**UTILIZATION:** The program will serve 160 students per week during the academic year, and 320 students per week during the summer vacation.

**CCMHB FY17 Decision Priorities and Decision Support Criteria**

**Priority #1: Collaboration with the Champaign County Developmental Disabilities Board:** N/A

**Priority #2 – System of Care for Youth & Families:** This application is consistent with system of care principles and values, and is in collaboration with the Champaign Community Coalition. The focus is a universal and evidence based approach which is designed to fill unstructured out of school hours with engaging and productive education and activities.

**Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface:** N/A

**Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: Review of Plan prefaces program summary.

Anti-Stigma Efforts: YES

Countywide Access: YES

Budget-Program Connectedness: YES

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Realignment of FY16 Contracts to Priorities: NOT APPLICABLE

**Technical Criteria:**

Approach/Methods/Innovation: YES – Evidence Based

Staff Credentials: YES

**Applicant Review and Input**

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

**Recommendation:** Pending

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**The UP Center**

CCMHB/CCDDB 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- Yes
2. Diverse Board and Staff Recruitment- Yes
3. Cultural Competence Organizational Assessment/Evaluation- Yes
4. Implementation of Cultural Competence Values in Policy and Procedure-Yes
5. Outreach and Engagement of Underrepresented Populations defined in the Criteria-Yes
6. Inter-Agency Collaboration- Yes

**Overall CLC Plan Comments-**

*The CLC Plan Template followed according to the application instructions. It is recommended that actions of recruiting a diverse board be included in the CLCP.*

**Cultural Competence Training**

*Funds will be set aside and staff will receive cultural competency training annually. Staff will be allowed 8 hours per year for cultural competence training.*

Comments:

**Recruitment of a diverse Board and Staff**

- *Board recruitment will focus on racially and ethnically representative members*

Comments:

**Cultural Competence Organizational Assessment/Evaluation**

- *Interested individuals will participate in a needs assessment before The UP Center starts a new program or before organizing an event.*

Comments:

**Policies and procedures which reflect Cultural Competence values**

- *Continue to make available brochures and flyers for people who read and/or speak Spanish*
- *All staff and Board members will review and sign the CLC Plan annually.*

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**The UP Center**

Comments:

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

- *It will be a requirement that one board member be a youth board member. Executive committee will review available options with board and staff at board retreat in Fall 2016.*
- *The Youth Coordinator will organize and implement a poster campaign, placing posters designed by program participants which describe and promote UP Center youth services inside all MTD buses.*
- *Staff will distribute to youth and parents who are driving youth from rural areas and clinical clients gas cards to cover the cost of transportation to and from The UP Center.*

Comments:

**Inter-Agency Collaboration-**

*UP Center collaborates with all organizations in Champaign County to ensure that services are culturally responsive for LGBTQ youth.*

*The UP Center serves as a coordinator and advocate of LGBTQ youth receiving services in Champaign County.*

Comments:

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# Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** The UP Center of Champaign County

**Program Name:** Children, Youth & Families Program

**Focus of Application:** MH X SA \_\_\_ DD \_\_\_

**Type of Contract:** Grant

**Financial Information:**

PY17 CCMHB Funding Request: \$46,748

PY17 Total Program Budget: \$58,930

Current Year Funding (PY16): \$12,000

Proposed Change in Funding - PY16 to PY17: increase of \$34,748

Program Staff – CCMHB Funds: 0.95 FTE

Total Program Staff: 0.95 FTE

**Budget Analysis:** All funding for the program comes from local sources. The CCMHB accounts for 79% of program revenue. Contributions and fundraising add another 17% of revenue. The remaining 4% of revenue comes from in-kind contributions and funds allocated from two small grants.

Program costs charged to CCMHB include 100% of the salary and payroll tax expense lines. Staff time allocated to the program include 75% of the program coordinator position and 20% of the agency administrator. Other expenses charged off to CCMHB are appropriate to the program and explained in the budget narrative. The amount of funding requested would require an audit and cost is included as part of the budget.

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

Not Applicable \_\_\_\_\_

Audit Requirement Waived X \_\_\_\_\_

Audit in Compliance \_\_\_\_\_

Audit not in Compliance \_\_\_\_\_

Auditor Finding \_\_\_\_\_

**Target Population:** Lesbian, gay, bi-sexual, transgender, and queer (LGBTQ) individuals in Champaign County. This includes LGBTQ youth - adolescents or those questioning gender/sexual identity, age 13 to 18; LGBTQ families - any adult who identifies as part of an LGBTQ family; and, children dealing with issues related to gender and sexuality.

**Service Locations(s)/Demographics:** Services offered at The UP Center office in Champaign or in the community depending on the activity/event. Program reported serving 38 youth in the first two quarters of FY16. Some percentages may be based on a lower response rate. Residency by zip code finds 71% were from Champaign, 26% from Urbana, and 3% from Rantoul. Demographic data reported finds 100% were

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youth; 85% were white, 6% were black, 3% were Asian, and 6% were other races including bi-racial/multi-racial; 6% were of Hispanic/Latino origin, and 50% were male.

**Service Description/Type:** Types of services are Support Groups, Crisis Intervention, Case Management, and Community Building. Program offers LGBTQ identity specific resources/services. Reference to staff credentials is limited to the Program Coordinator being a Bachelor's degree with experience but Master's level preferred. This position is said to be responsible for delivering mental health services. No credentials are identified for the Administrator.

The Program Coordinator will have primary responsibility for services although the Administrator may assist with the drop-in center. The Coordinator is responsible for community outreach, facilitating the support groups and the after school drop-in center. Youth drop in hours are currently available nine hours per week amid plans to increase to 15 hours and be open everyday day after school. Youth support groups and events will be open to LGBTQ adolescents or those questioning gender/sexual identity, age 13 to 18. Program is establishing a family support group for transgender children. The Coordinator is also responsible for managing volunteers including support group co-facilitators and event organizers.

Crisis intervention and case management will also be provided to any LGBTQ individual or family. These services will be accessible over the telephone or in person. A clinical assessment will be completed followed by crisis services, as needed. Others may receive case management rather than crisis services. Program cites importance of crisis response to LGBTQ population being sensitive to the individual's needs that is available through this resource and may not be from broader service providers. Program will refer to other culturally competent providers as needed.

*Comment: The description of crisis intervention services speaks to the capacity of the program to provide culturally competent/sensitive services. Not addressed is staff qualifications, training or other certifications specific to crisis intervention. Clinical supervision or required clinical license is not indicated.*

**Access to Services for Rural Residents:** Parents and youth may be assisted with the cost of transportation/gas. Some meetings may be held in rural areas of the county.

### **Program Performance Measures**

**ACCESS:** Services are open to any LGBTQ individual or family from Champaign County free of charge. Referral sources may include schools, social service agencies or other professionals, or self-referral.

Individuals may initiate requests for crisis intervention or case management through e-mail or by telephone with the Administrator. The Program Coordinator will respond to any service request within one week or if in crisis within 24 hours. Engagement in crisis intervention services are projected to last 30 days or less and for case management services three to six months. Length of engagement in groups is projected at one year or more.

**CONSUMER OUTCOMES:** Method for collecting data is described. Anticipated outcomes for youth are increased ability to cope with bullying and peer pressure, decreased depression and suicidal ideation, and improved relationships with supportive adults. Participants in youth support groups will be complete pre- and post-tests that include use of the Depression, Anxiety, and Stress Scale (DASS). The same pre-test/post-test instrument will be used with youth engaged in crisis intervention or case management. Adults receiving crisis intervention or case management will also complete a pre- and post-test survey to measure psychological distress, sense of belonging, and use of community resources. A satisfaction

survey will be used to evaluate community building events. Employee performance will be evaluated using the Gay Affirmative Practice Scale.

**UTILIZATION:** Service categories are defined and targets increased based on FY16 activity to date. Treatment Plan Clients (TPCs) represent anyone receiving case management and has a target of 25. Non-Treatment Plan Clients (NTPCs) will include youth attending support groups and others attending community building events. Target is 50 NTPCs. Service Contacts (SCs) are the number individuals screened/assessed, receiving crisis services, or information and referral. Target is 100 SCs. Community Service Events (CSEs) are public presentations in various venues to educate the general public intended to increase sensitivity and tolerance toward the LGBTQ community. Target is 25 CSEs.

Through the first half of FY16, program has met and/or will exceed targets by end of program year.

### **CCMHB FY17 Decision Priorities and Decision Support Criteria**

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – System of Care for Youth & Families: Proposal includes activities in support of family and youth organizations (i.e., family-driven, youth-guided) criteria.

Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: N/A

#### **Overarching Decision Support Criteria:**

Underserved Populations/Cultural Competence Plan: Review of CLC Plan prefaces program summary.

Anti-Stigma Efforts: Program offers support groups and drop-in center for LGBTQ youth and community service events for the general population to increase tolerance and sensitivity.

Countywide Access: Assistance with travel expense for rural residents is included in budget.

Budget-Program Connectedness: CCMHB is the largest single source of support. Staff time allocated to program is supported entirely with CCMHB funds.

Realignment of FY16 Contracts to Priorities: Existing contract. Increase is requested.

#### **Technical Criteria:**

Approach/Methods/Innovation: Various services targeted to LGBTQ population are described. Pre- and post-test survey will be used to measure outcomes.

Staff Credentials: Limited to education requirement for Program Coordinator position. No qualifications/training related to crisis intervention is referenced.

#### **Applicant Review and Input**

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

**Recommendation:** Pending

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**The Urbana Neighborhood Connections Center**

CCMHB/CCDDB 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- Yes
2. Diverse Board and Staff Recruitment- no
3. Cultural Competence Organizational Assessment/Evaluation- no
4. Implementation of Cultural Competence Values in Policy and Procedure- Yes
5. Outreach and Engagement of Underrepresented- No  
Populations defined in the Criteria-Yes
6. Inter-Agency Collaboration- Yes

**Overall CLC Plan Comments-**

The CLCP template was not followed according to the instructions that were provided. It is recommended that additional technical assistance is provided to support the organizations goals of cultural competence.

**Cultural Competence Training**

Provide all UNCC staff with at least one training per year. The trainings will focus on cultural competency.

Comments:

**Recruitment of a diverse Board and Staff**

**No Information Noted**

Comments:

**Cultural Competence Organizational Assessment/Evaluation**

No Information Provided

Comments:

**Policies and procedures which reflect Cultural Competence values**

- *When resources and information are provided from other agencies, UNCC will request resources and information in other languages as needed.*

Comments:

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**The Urbana Neighborhood Connections Center**

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

Comments:

**Inter-Agency Collaboration**

*Continue to partner with local community agencies and organizations such as Urbana's School Based Health Center, Community Elements, Housing Authority of Champaign County and others that focus efforts on vitalizing children, families and the neighborhoods in which they live.*

Comments:

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## Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** Urbana Neighborhood Connections Center, Inc.

**Program Name:** Community Study Center

**Focus of Application:** MH X SA X DD \_\_\_\_\_

**Type of Contract:** Grant

**Financial Information:**

PY17 CCMHB Funding Request: \$15,000

PY17 Total Program Budget: \$15,000

Current Year Funding (PY16): \$12,000

Proposed Change in Funding - PY16 to PY17: increase of \$3,000 (25%)

Program Staff – CCMHB Funds: 0 FTE

Total Program Staff: 0 FTE

**Budget Analysis:** Aspects of the budget as submitted need clarification. The only funding listed on the revenue form for the program is from the CCMHB. Budget narrative lists what appears to be other revenue sources for Community Study Center program. The total budget for the agency is \$203,000 primarily from local sources. Budget narrative references staff time assigned to the program but the staff are not listed in the program section of the personnel form. The expense form does not list any staff salaries charged to the program but then includes an amount for payroll taxes. Total expenses does match funding requested from CCMHB.

*Comment: Need to address questions on the allocation of revenue, expenses, and personnel specific to the Community Study Center. Financial forms do not align with statements in the budget narrative.*

*Technical Note: Revenue, expense and personnel forms need to be corrected.*

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

Not Applicable \_\_\_\_\_

Audit Requirement Waived X \_\_\_\_\_

Audit in Compliance \_\_\_\_\_

Audit not in Compliance \_\_\_\_\_

Auditor Finding \_\_\_\_\_

**Target Population:** Children and youth in grades kindergarten through high school with an emphasis on those enrolled in Urbana School District. Participating children and youth are predominantly African-American, low-income and who may be at-risk of involvement with the child welfare or criminal justice systems or need academic support.

**Service Locations(s)/Demographics:** Program is located in southeast Urbana.

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Program reported serving 268 youth in FY15. Residency by zip code data finds 86% were from Urbana, 12% from Champaign, and 2% from Rantoul. Demographic data reported finds 16% were age 6 or younger, 61% were age 7 to age 12, and 23% were age 13 or older; 94% were black, 3% were white, and 3% were other races including bi-/multi-racial; and 56% were female.

**Service Description/Type:** Type of service is prevention oriented providing community based academic, social emotional, and recreational enrichment activities. The aim is to build a healthy community through youth and family development.

Youth participating at the Center will receive the following enrichment activities with the goal of building self-esteem: social/life skills groups; reading and relating book clubs; conflict resolution groups; family focused community events; and information and linkage of youth and families to needed services/supports. Program collaborates with various social service providers.

**Access to Services for Rural Residents:** Program is open to all children and youth but is primarily focused on Urbana and youth from the Urbana School District.

### **Program Performance Measures**

**ACCESS:** Program is open afterschool and during the summer. Bus tokens are available for middle school and older youth who know how to use public transportation. A sliding fee scale is offered and can be waived based on financial hardship; payment of the fee is not required for participation.

**CONSUMER OUTCOMES:** Outcome measures identified relate to engaging youth in program activities, reducing or minimizing criminal activities by participants, and exposing high school youth to colleges/careers. To measure results the program tracks daily attendance records, interviews parents and school personnel, monitors reports from parents, schools, and juvenile intervention agencies, collects client satisfaction surveys, and graduation information, verification of employment, and college admission letters.

**UTILIZATION:** Program tracks and reports number of children and youth engaged in services under the Non-Treatment Plan Clients (NTPCs) service category. FY17 target is 200 NTPCs, the same as FY16. Due to greater enrollment in the summer program, target for FY16 has already been met.

### **CCMHB FY17 Decision Priorities and Decision Support Criteria**

**Priority #1: Collaboration with the Champaign County Developmental Disabilities Board:** N/A

**Priority #2 – System of Care for Youth & Families:** Proposal includes activities in support of the family and youth organizations (i.e., family-driven, youth-guided) criteria and other services and supports

**Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface:** N/A

### **Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: Review of CLC Plan prefaces program summary.

Anti-Stigma Efforts: Not a focus of the application.

Countywide Access: Limited access as the program is targeted to Urbana children and youth.

Budget-Program Connectedness: Cannot be determined due to issues with financial forms.

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Realignment of FY16 Contracts to Priorities: Existing contract. Increase funding requested.

**Technical Criteria:**

Approach/Methods/Innovation: Neighborhood based afterschool/summer program activities.

Staff Credentials: Not specified.

**Applicant Review and Input**

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

**Recommendation:** Pending

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Youth and Family Peer Support Alliance**

CCMHB/CCDDB 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- Yes
2. Diverse Board and Staff Recruitment- No
3. Cultural Competence Organizational Assessment/Evaluation- Yes
4. Implementation of Cultural Competence Values in Policy and Procedure-Yes
5. Outreach and Engagement of Underrepresented Populations defined in the Criteria-Yes
6. Inter-Agency Collaboration- No

**Overall CLC Plan Comments**

*The CLC Template format was followed outlined in the application. It is recommended that there are clear goals about Diverse Board and Staff Recruitment and Inter-agency collaboration included in the actions outlined in the CLC Plan.*

**Cultural Competence Training**

- *Staff will be allowed 8 hours per year for cultural competence training.*
- *Documentation and attendance participation of training completion before June 30, 2017*

Comments:

**Recruitment of a diverse Board and Staff**

- No information received.

Comments:

**Cultural Competence Organizational Assessment/Evaluation**

- *Conduct regular focus groups or opportunities for clients to discuss services that were delivered.*
- 

Comments:

**Policies and procedures which reflect Cultural Competence values**

- *CLC Plan will be reviewed and signed by all staff members.*
- *Resilience Plans developed with youth and caregivers served by YFPSA will reflect family as the primary decision makers in services and supports*



**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Youth and Family Peer Support Alliance**

- *Plan appointments/meetings that are accessible for individuals and families and that will not conflict with their work*

Comments:

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

- *6 awareness activities/events will be held throughout the year to promote mental health awareness. Youth and Caregivers will participate in the planning and implementation of these activities/events.*
- *YFPSA staff will prepare youth and caregivers served by YFPSA to participate in leadership opportunities such as becoming members of advisory committees, work groups, Family Leadership Council, and Board of Directors*

Comments:

**Inter-Agency Collaboration-**

**No Information reported**

Comments:

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## Draft CCMHB PY17 PROGRAM SUMMARY

**AGENCY:** Youth and Family Peer Support Alliance

**Program Name:** Youth and Family Engagement Services (2017)

**Focus of Application:** MH  SA  DD

**Type of Contract:** Grant

**Financial Information:**

PY17 CCMHB Funding Request: \$160,000

PY17 Total Program Budget: \$325,750

Current Year Funding (PY16): \$ New Application – N/A

Proposed Change in Funding - PY16 to PY17: N/A

Program Staff – CCMHB Funds: 2.5 FTE

Total Program Staff: 7.5 FTE

**Budget Analysis:** The budget reflects a program to be partially funded by this application. CCMHB funding is single largest source of support at 49% of total program revenue. About \$123,000 of CCMHB revenue is allocated for personnel salaries and benefits. The rest is spread across support lines and are appropriate,

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

Not Applicable

Audit Requirement Waived \_\_\_\_\_

Audit in Compliance \_\_\_\_\_

Audit not in Compliance \_\_\_\_\_

Auditor Finding \_\_\_\_\_

Comments: New Application

**Target Population:** Because services provided in a system of care for children with significant behavioral health issues is to be “youth guided and family driven,” the target population for this program is children/youth with serious emotional disturbance and their families. The youth and parent identified for this program are organized as part of a “youth organization” and a “family organization.” This is a continuation of the System of Care work done here in Champaign County where youth and families are peer support partners for other people experiencing similar problems.

**Service Locations(s)/Demographics:** The program office is located in the city of Urbana, however services are provided at locations throughout Champaign County. The majority of people served are people of color.

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**Service Description/Type:** The program supports and trains youth and parents to provide peer support to other people with similar problems in living. Services to be provided include: (1) Mental health Awareness Initiative activities to promote health seeking behaviors and reduce stigma related to behavioral health problems; (2) Youth and Family engagement training including trauma and culturally competent programs and services; (3) Peer facilitated public education workshops; (4) continuation of the universal screening initiative; (5) Peer facilitated information and referral.

**Access to Services for Rural Residents:** All people in the target population from Champaign County are eligible for service regardless of where they live.

**Program Performance Measures**

**ACCESS:** The program participants will be implemented in schools, youth development programs, churches and other community settings.

**CONSUMER OUTCOMES:** (1) Mental Health Awareness include two caregiver specific events with a total of 50 participants (i.e., family members/caregivers), two youth specific activities serving 50 youth, two Children’s Mental Health Awareness Week events serving 100 people; (2) Five youth and family engagement training with 10 participants at each session; (3) Twenty public education workshops with 12 people at each; (4) Universal screenings at the Juvenile Detention Center (120 youth) and 50 caregivers and youth who participate in Alliance services; (5) twenty five caregivers and youth identified at the JDC will receive linkage and engagement services.

**UTILIZATION:** The program will provide 170 service contacts (e.g., screenings), 36 community service events, 490 Non treatment plan clients, and 25 treatment plan clients.

**CCMHB FY17 Decision Priorities and Decision Support Criteria**

**Priority #1: Collaboration with the Champaign County Developmental Disabilities Board:** N/A

**Priority #2 – System of Care for Youth & Families:** This program is a very high priority and is directly tied to the CCMHB commitment to sustain system-of-care programs and services. The youth and family organization component is a system of care requirement.

**Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface:** N/A

**Overarching Decision Support Criteria:**

Underserved Populations/ Cultural Competence Plan: Review of Plan prefaces program summary

Anti-Stigma Efforts: YES

Countywide Access: YES

Budget-Program Connectedness: YES

Realignment of FY16 Contracts to Priorities: NOT APPLICABLE

**Technical Criteria:**

Approach/Methods/Innovation: YES

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Staff Credentials: YES

**Applicant Review and Input**

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

**Recommendation:** Pending

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**C-U Autism Network**

CCMHB/CCDDB 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- Yes
2. Diverse Board and Staff Recruitment-
3. Cultural Competence Organizational Assessment/Evaluation- Yes
4. Implementation of Cultural Competence Values in Policy and Procedure- Yes
5. Outreach and Engagement of Underrepresented Populations defined in the Criteria- See Comments
6. Inter-Agency Collaboration- Yes

**Overall CLC Plan Comments-**

The CLCP Template was in the correct format stated in the application instructions. There are actions that are scheduled for PY17 and it is recommended that you add specific timeframes to ensure accountability. The C-U Autism network is operated by large group of volunteers and one part-time person.

**Cultural Competence Training**

- *Allocate funding/resources for annual cultural competency training for board of directors. The training will take place during the program year.*

Comments:

**Recruitment of a diverse Board and Staff**

- *Seek out culturally and linguistically diverse individuals to join Governing Advisory Committee.*

Comments: It is recommended that your actions are specific about ways that you will seek out diverse backgrounds.

**Cultural Competence Organizational Assessment/Evaluation**

*Use surveys Facebook and Survey Monkey to gage interests and need for cultural and linguistically diverse speakers/events.*

Comments: It is recommended that you report the diverse speakers and events that were identified during the assessment.

**Policies and procedures/practices which reflect Cultural Competence values**

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**C-U Autism Network**

- *Research resources to have more autism materials translated into various languages.*
- *Read and sign an agreement that the CLC plan has been read and practices will be implemented throughout the 2017 physical year.*
- *Develop a directory of local providers, organizations, and other community supports.*
- 

**Comments:**

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

- *Allocate resources for rural mailing in Champaign County for an annual mailing.*
- *Explore the feasibility of utilizing Skype to link rural families into the C-U Autism Network meetings and trainings.*
- *Families who are culturally and linguistically diverse will be connected with other members in our community with similar diversity.*

**Comments:** It is recommended that no member is made to feel isolated or segregated as a result of a different cultural background. Consider additional specific outreach and engagement activities that will raise awareness about the resources of the network.

**Inter-Agency Collaboration**

- *A recent collaborative event was the 2015 Mom's Retreat that was co-sponsored by CUAN with Down Syndrome Network, The Autism Program, STARnet, and Stephen's Family YMCA.*
- *The Autism Society of Illinois: Champaign-Urbana Autism Network (CUAN) frequently works in collaboration with other disability groups (i.e. Down syndrome Network, CU Able/Larkins Place)*

**Comments:**

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# ***DRAFT CCDDDB PROGRAM SUMMARY FY2017***

**Agency:** The Autism Society of Illinois

**Program Name:** CU Autism Network

**Contract Format Requested:** Grant

**Funding Requested:** \$12,000

***Staff Assessment:*** Request is for \$2,000 more than FY16 level.

**Target Population:** Individuals with Autism Spectrum Disorders (ASD,) family members, professionals and students from the University of Illinois and Parkland College.

***Staff Assessment:*** The application indicates they reach out to families with a recent diagnosis and families new to our area. The application also indicates they reach out to rural areas and those from culturally diverse backgrounds.

**Service Description/Type:** Community resource information, support through meetings, email/phone consults, networking and educational opportunities. Eight regular meetings are held each year. Free child care is provided at meetings, and a swimming program is available to children 9 and older. Three free family events are held each year: Family Swim Night, Mini-golf/pizza party, and an open bowling/pizza party. CUAN hosts or co-hosts workshops each year on ASD topics and ASD awareness.

**Alignment with ID/DD Priorities, Through the “Lens of Integration.”** Does the application:

- Focus on a person’s control of his/her day and life? NO.
- Support a person building connections to the broader community? YES.
- Support a person participating in community settings of their choice and in ways they desire? N/A
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? YES.
- Systematically identify and mobilize a person’s capabilities and create access to community associations, workplaces, and learning spaces? N/A
- Incorporate Employment First principles? N/A
- Acknowledge support and encouragement of self-advocacy? YES – a focus.
- Address cultural competence and outreach to underserved populations? *See agency Cultural and Linguistic Competence review attached and summaries of current and previous years’ demographic and residency data.*

**Alignment with Other ID/DD Priority:** Self-Advocacy and Family Support Organizations.

**Program Performance Measures:**

**Consumer Access:**

Meetings and all events are free to anyone interested and childcare is provided for free as well. All events are held at fully accessible public facilities. CUAN supplies local doctors and social workers

ASI-CUAN

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with New Parent Information packets for those newly diagnosed with an ASD and to those with an existing diagnosis who are new to the area.

*Staff Assessment: this section presents utilization targets as measure of access.*

Consumer Outcomes:

18 Community Service Events; 85 Regular Treatment Plan Clients; 2000 Non-Treatment Plan Clients; 100 New Parent Packets; 3 Family Events; Annual Walk; increasing access to info in Spanish.

*Staff Assessment: some of these measures are utilization targets.*

Utilization/Production Data:

FY 17 Targets: 95 continuing and 30 new TPCs; 2200 continuing and 100 new NTPCs; 20 Community Service Events.

FY16 Mid-Year: 7 CSEs against target 12; 16 TPCs against target 50; 1520 NTPCs against target 1775. FY16 is the first year that CSEs are defined as discrete events, TPCs as 'members' attending 6 or more meetings, and NTPCs those attending less frequently.

FY 15 (\$10,000): 2493 CSEs against target 1200; 71 TPCs against target 95; 139 NTPCs against target 1925.

COUNTY WIDENESS

FY16 (\$10,000) Mid-Year: 19% Urbana, 69% Champaign, 13% Other CC, of 16.

FY15 (\$10,000): 12% Urbana; 37% Champaign; 6% Mahomet; 8% Other CC; 37% data unavailable.

DEMOGRAPHICS

FY16 Mid-Year: 100% are 19 to 59; 6% are Black/AA and 94% White; 0% were of Hispanic or Latino origin and 100% not; 88% are female and 13% male.

FY15: 7% were 6yo and younger, 1% 7 to 12, 68% 19 to 59, and 24% data unavailable; 7% Black/AA, 3% Other, 58% White, and 32% data unavailable; 3% were of Hispanic or Latino origin, 63% not, and 34% data unavailable; 56% were female, 11% male, and 33% data unavailable.

Financial Information:

PY17 CCDDDB/CCMHB Funding Request: \$12,000

PY17 Total Program Expenses: \$12,262

Program Staff – CCDDDB/CCMHB Funds: 0 FTE 0 FTE

Total Program Staff: 0 FTE 0 FTE

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid? NO.

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? YES.

Budget Narrative:

Professional Fees \$1600; Swimming fees (\$5 per child); Bookkeeping; Consumables \$1500; Office Supplies \$700; Food and Supplies for events \$800; General Operating \$3000; Cell Phone \$675; Printing \$1200; Postage \$250; disability Expo Resource book ad \$300; Website \$75; Liability Insurance \$500. Total agency pays a part-time coordinator, but none of her salary is charged to this contract. Budget Narrative also includes comments on prevalence of Autism Spectrum Disorders.

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

Audit Requirement Waived \_\_\_ x \_\_\_

**Contracting Considerations:** If this application is approved by the CCDDDB or CCMHB for funding, the applicant may be required to submit the following for staff review and approval prior to execution of the final FY17 contract:

1. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.

**Applicant Review and Input:**

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

**Recommendation:** Pending

ASI-CUAN

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**CTF Illinois**

CCMHB/CCDDB 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- Yes
2. Diverse Board and Staff Recruitment- No
3. Cultural Competence Organizational Assessment/Evaluation- Yes
4. Implementation of Cultural Competence Values in Policy and Procedure-Yes
5. Outreach and Engagement of Underrepresented Populations defined in the Criteria-(See Comments)
6. Inter-Agency Collaboration- No

**Overall CLC Plan Comments**

**Cultural Competence Training**

- *Upon hire, all employees are trained on person centered planning, individual choice, and communication during their classroom and orientation training.*
- *Case Managers use their training to develop programming to increase individual voice and choice via communication boards, adaptive equipment acquisition, and goals.*
- 

Comments: It is recommended that the Board of Directors and Administrative Team receive annual cultural competence training/workshop

**Recruitment of a diverse Board and Staff**

Comments: There was no information provided in the CLC Plan regarding the recruitment of diverse board and staff.

**Cultural Competence Organizational Assessment/Evaluation**

- Regular quality assurance (QA) of sites completed by Administrative staff to ensure the facilities meet the needs of the individuals that receive services from CTF ILLINOIS.
- Employee evaluations are administered that address meeting individual choice and promoting their voice.
- Site (residential and day service) meeting area held every month to encourage input/comments from residents.
- Administrative Team completes site visits bi-monthly to complete quality assessment, including environmental issues, individual choice, and cultural competency.
- Review company consents/releases/questionnaires/training material to ensure easy to understand.

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**CTF Illinois**

Comments:

**Policies and procedures which reflect Cultural Competence values**

- *CTF ILLINOIS currently has in place the following procedures/policy in place to promote cultural competency: Programs/Services - Human Rights Policy and Complaint and Grievance Policy*
- *Human Resources - Employee Grievance Policy, Employee Development, Employee Handbook (Discrimination and Harassment) Policies are typically reviewed in July of each year.*
- *Individuals and their guardians have the primary decision-making role in the development in their service plan.*

Comments:

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

- *We will provide services to individuals with developmental disabilities who wish to learn about and develop skills within the field of advocacy.*
- *Rural Residents, as defined by the CCDDB as those living outside of Champaign, Urbana, Savoy, and Rantoul, will be welcome, but due to transportation limitations, must be within one-hour driving distance of the Advocacy Center.*

**Comments:** It is recommended that you collaborate with other organizations and community based organizations that serve persons with DD/IDD to ensure a broader reach of persons that may not be familiar with advocacy services that are being offered by CTF.

**Inter-Agency Collaboration**

**Comments:** There was no mention of Inter-agency collaboration.

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# ***DRAFT CCDDDB PROGRAM SUMMARY FY2017***

**Agency:** CTF Illinois

**Program Name:** CTF Illinois Advocacy Center (2017)

**Contract Format Requested:** Grant - NEW

**Funding Requested:** \$87,000

**Target Population:** People with intellectual and developmental disabilities (I/DD) interested in learning how to “raise their voices” as advocates while at the same time exploring issues related to services for people with I/DD. The participants will have an interest in learning about and developing skills in the field of advocacy.

**Service Description/Type:**

Adult day programming with emphasis on social and community integration with a strong focus on advocacy for people with I/DD. To accomplish this the program will have an Advocacy Director to lead efforts with outreach to media, speaking engagements, community volunteerism, trainings, organized events, and new avenues for outreach and advocacy. The program will provide support and training to participants in the following areas: public speaking and critical thinking; social technology; letter writing, newsletters, and phone calls; video, photos, radio, and podcasts; community volunteer opportunities; rallies and conferences; participation/hosting one community event per month; and semi-annual special projects. The project will be modeled after successful models such as the Advocacy Center of Rochester NY, and others.

**Alignment with ID/DD Priorities, Through the “Lens of Integration.”** Does the application:

- Focus on a person’s control of his/her day and life? YES – The project supports this focus.
- Support a person building connections to the broader community? YES – emphasis is on inclusion and advocacy.
- Support a person participating in community settings of their choice and in ways they desire? YES – the focus is on helping the person find their own voice and passions.
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? YES – this is included in the project outcomes.
- Systematically identify and mobilize a person’s capabilities and create access to community associations, workplaces, and learning spaces? YES – this is included in the project outcomes.
- Incorporate Employment First principles? YES – project supports these principles.
- Acknowledge support and encouragement of self-advocacy? YES, this is a component of the Advocacy Center.
- Address cultural competence and outreach to underserved populations? NO – this is not explicitly mentioned. *See agency Cultural and Linguistic Competence review attached.*

**Alignment with Other ID/DD Priority:** Self Advocacy and Family Support Organizations (addresses the former,) Adult Day Programming that Emphasizes Social and Community Integration.

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**Program Performance Measures:**

**Consumer Access:**

The Advocacy Director will be responsible for identification of participants and will enroll individuals with I/DD in the project as an alternative to traditional day programming. The 10 people selected must have an I/DD, can't be a danger to self or others, and must be 18 years or older.

*Staff assessment: the quantifiable measure appears to be a utilization target.*

**Consumer Outcomes:**

The participants in the Advocacy Center will discover their own passions, define their own goals, and find their own voice. 100% of individuals will participate in at least one community event per month. All participants will receive an initial evaluation and subsequent annual evaluation to assess current abilities, skills, knowledge and needs. Progress will be reviewed monthly by case manager.

**Utilization/Production Data:**

Ten people (with maximum of 15 people) with I/DD who meet the program criteria; 100 service contacts and 12 community service events.

**Financial Information:**

PY17 CCDDDB/CCMHB Funding Request: \$87,000

PY17 Total Program Expenses: \$87,000

Program Staff – CCDDDB/CCMHB Funds: FTE: 1.0

Total Program Staff: FTE: 1.0

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?

Not Applicable – these are most likely not Medicaid billable services.

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? YES.

**Budget Narrative:** The project is to be entirely funded with CCMHB/CCDDDB funds. The narrative provides adequate explanation about how CCMHB/CCDDDB funding is to be used. \$33,000 is to be used for leasing space for the Advocacy Center, with \$41,000 for salary and benefits for the Advocacy Director.

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

Audit in Compliance \_\_\_X\_\_\_

***Staff Comments: No audit issues.***

**Contracting Considerations:** If this application is approved by the CCDDDB or CCMHB for funding, the applicant may be required to submit the following for staff review and approval prior to execution of the final FY17 contract:

1. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.

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2. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
3. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
4. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.

**Applicant Review and Input:**

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

**Recommendation:** Pending

## ***DRAFT CCDDDB PROGRAM SUMMARY FY2017***

**Agency:** CTF Illinois

**Program Name:** CTF Illinois Nursing

**Contract Format Requested:** Grant

**Funding Requested:** \$6,000

***Staff Assessment:*** a decrease from FY16 level.

**Target Population:** seven adult residents of agency's CILA in Champaign, who have DD and assessed need for these supports, including nursing services as described in Illinois Department of Human Services (DHS) Rules 115 and 116.

***Staff Assessment:*** includes mention of some residents' additional healthcare support needs related to aging and illness.

**Service Description/Type:** DHS-approved nurse trainer to oversee all medical support activities; 24 hour on-call support, for the health and safety of individuals; coordination of medical/nursing care; medication training and annual recertification of staff; quality assurance; updating of documentation and policy; monthly RN site visits; monthly medication checks and physician order sheet reviews; annual physical status review/nursing packets; quarterly psychotropic med reviews; annual physicals; screenings for tardive dyskinesia (of those taking psychotropic meds); input to development of individuals' service plans.

**Alignment with ID/DD Priorities, Through the "Lens of Integration."** Does the application:

- Focus on a person's control of his/her day and life? Indirectly, as positive health outcomes contribute to independence.
- Support a person building connections to the broader community? Not directly.
- Support a person participating in community settings of their choice and in ways they desire? Not directly.
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? NO.
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? NO.
- Incorporate Employment First principles? NO.
- Acknowledge support and encouragement of self-advocacy? NO.
- Address cultural competence and outreach to underserved populations? *See agency CLC review attached and summaries of current and previous years' demographic and residency data below.*

**Alignment with Other ID/DD Priority:** Stated focus is Residential Services.

**Program Performance Measures:**

**Consumer Access:** Because nursing services are a subset of the IDHS CILA services, access to the total program is described; capacity is limited to 7 residents, per license.

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Consumer Outcomes: This section describes opportunities for individuals to contribute to their service plans and give customer satisfaction feedback, assessment of medication skills/knowledge, quarterly visits by CCRPC Independent Service Coordination staff to assure quality, annual IDHS compliance surveys (99% agency score in 2015) and needs-based rate redetermination. Two quality measures are included: one for 10% decrease in medication errors, and the other for progress toward self-medication in 10 of 12 months, documented in monthly summaries. (Utilization section describes the tracking and review of errors and incidents, and that increased nursing support needs related to aging are offset by documentation and health advocacy activities of non-medical staff.)

Utilization/Production Data:

FY 17 Targets: 7 continuing TPCs and 228 Other (hours.)

FY16 (\$8,580) Mid-Year: 7 TPCs with target 7; 65 SCs (# not reported in Q2); hours = 58 (hours not reported in Q2.)

FY 15 (\$8,580): 7 TPCs against target 7: Service Contact report is of 209 hours rather than # contacts.

COUNTY WIDENESS

FY16 Mid-Year: 100% reside in Champaign.

FY15: 100% in Champaign.

DEMOGRAPHICS

FY16 Mid-Year: 57% are 19 to 59, and 43% are 60 and up; 14% were Black/AA, and 86% White; none are of Hispanic or Latino origin; 71% are female and 29% male.

FY15: 57% were 19 to 59, and 43% were 60 and up; 14% were Black/AA, and 86% White; none were of Hispanic or Latino origin; 71% were female and 29% male.

Financial Information:

PY17 CCDDDB/CCMHB Funding Request: \$ 6,000

PY17 Total Program Expenses: \$ 9,243

Program Staff – CCDDDB/CCMHB Funds: 0.10 FTE direct staff and .02 FTE indirect.

Total Program Staff: 1.00 FTE direct staff and 1.00 FTE indirect

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid? YES.

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? YES.

*Staff Assessment: although the form appears to have been completed incorrectly, with total program and CCDDDB columns switched, personnel costs assigned to this contract are 2% of Vice President (as indirect) and 10% of RN Nurse Trainer (as direct staff.)*

Budget Narrative: No other revenue source is assigned, though the services are tied to IDHS requirements of CILA, where a small amount of revenue per resident is expected (and noted in Plan Narrative.) 100% of CCDDDB/CCMHB requested amount is for staff costs, with no other expenses

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assigned. **Budget Narrative** describes purpose of CCDDDB/CCMHB revenue request, explains each expense line and the responsibilities of staff assigned.

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

Audit in Compliance   X  

**Contracting Considerations:** If this application is approved by the CCDDDB or CCMHB for funding, the applicant may be required to submit the following for staff review and approval prior to execution of the final FY17 contract:

1. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
2. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.

**Applicant Review and Input:**

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

**Recommendation:** Pending

**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Champaign County Down Syndrome Network**

CCMHB/CCDDB 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- Yes
2. Diverse Board and Staff Recruitment- Yes
3. Cultural Competence Organizational Assessment/Evaluation-Yes
4. Implementation of Cultural Competence Values in Policy and Procedure- Yes
5. Outreach and Engagement of Underrepresented Populations defined in the Criteria-Yes
6. Inter-Agency Collaboration- Yes

**Overall CLC Plan Comments**

The Template Format was followed this year. It is recommended that you have more defined actions and how you will achieve the benchmark. The value of diversity is expressed in your plan, it is also important to have some concrete and specific goals on how you will engage diverse populations, underserved populations, and rural populations.

**Cultural Competence Training**

Annual Cultural linguistic training will be provided the DSN Board of Directors.

Comments: It is recommended that you incorporate cultural and linguistic competence training to your volunteer orientation as well.

**Recruitment of a diverse Board and Staff**

DSN is volunteer based and the board is developed based on the number of volunteers that are engaged in the DSN.

Comments: Evaluate the composition of your board and see if it is balanced with all of the things needed in order to continue to build the network that acknowledges the value of diversity in your CLC Plan.

**Cultural Competence Organizational Assessment/Evaluation**

*The Board survey's its members for activities and interests and strives to provide those requested services.*

Comments:

**Policies and procedures which reflect Cultural Competence values**

- Board Members will read and sign the CLC Plan
- Parent books are provided in English and Spanish

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Champaign County Down Syndrome Network**

Comments:

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

- Free brochures and new parent packets are provided both in English and Spanish.
- Information is disseminated to all-inclusive environments, (Schools, hospitals, and internet sources, (Facebook, website, email- list serve) and the News Gazette.
- Plan how do disperse information in different and unique places for example, Churches, community centers, and prenatal classes.
- There will be community outreach to WIC and the Public Health District to pass out information about the DSN.

Comments: It is recommended that you have a specific timeframe that you provide the information to new parents. Is it the first 30 Days or is it within the first year?

**Inter-Agency Collaboration**

- A local list of providers and other community supports will be developed to support the mission of DSN.
- Utilizing the Buddy Walk to increase our population and invite family members to attend the DSN meetings.

Comments: The DSN is a network of volunteers that collaborates with many agencies. It is recommended that you provide additional details about Inter-agency collaboration in your CLC plan.

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## ***DRAFT CCDDDB PROGRAM SUMMARY FY2017***

**Agency:** Champaign County Down Syndrome Network

**Program Name:** CC Down Syndrome Network

**Contract Format Requested:** Grant

**Funding Requested:** \$15,000

***Staff Assessment:*** no increase is requested.

**Target Population:** The application states they serve families who have a member with Down syndrome as well as parents, professionals and the general public.

***Staff Assessment:*** Some services and events are touched upon in this section of the application as well.

**Service Description/Type:** Support to families, people with Down Syndrome, the community and professionals. They offer home and hospital visits, books, DVD's and other information related to Down Syndrome. Support at Individualized Education Program (IEP) meetings is offered. DSN holds monthly meetings, workshops, social events, presentations, and maintains an online presence on numerous social media outlets. The annual Buddy Walk is held in the fall to raise funds and community awareness.

**Alignment with ID/DD Priorities, Through the "Lens of Integration."** Does the application:

- Focus on a person's control of his/her day and life? NO.
- Support a person building connections to the broader community? YES.
- Support a person participating in community settings of their choice and in ways they desire? YES.
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? YES.
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? N/A
- Incorporate Employment First principles? N/A
- Acknowledge support and encouragement of self-advocacy? YES.
- Address cultural competence and outreach to underserved populations? *See agency CLC review; demographic and residency data for previous and current contract year are summarized below.*

**Alignment with Other ID/DD Priority:** Self-Advocacy and Family Support Organizations.

### **Program Performance Measures:**

**Consumer Access:** DSN distributes info on their parent support group to hospitals, schools, places of employment, agencies, and churches. They produce a newsletter and maintain a website. DSN provides hospitals with new parent packets and when requested, a DSN parent will visit the hospital or home of new parents for in-person support. DSN holds several meetings a year in public places

such as parks, pools, hotel conference rooms, bowling alleys, and restaurants. For those needing transportation, transport costs are included in the yearly budget.

**Staff Assessment:** *A quantifiable measure of access does not appear to have been included. This section contains definitions of utilization targets: Treatment Plan Clients (TPCs) are members, people who have attended at least one event, other than the Buddy Walk, per year; Non-Treatment Plan Clients (NTPCs) are professionals attending trainings hosted by the organization.*

**Consumer Outcomes:** This year, DSN requested targeted activities for particular age ranges. “Teen and Tween” dance parties were added to the calendar. The Buddy Walk was attended by approximately 1500 people. Informational brochures are printed in English and Spanish. DSN refers families to appropriate community services such as early intervention, respite, pre-school, early childhood, daycare, vocational and recreational programs

**Staff Assessment:** *a quantifiable measure of consumer outcome does not appear to be included.*

**Utilization/Production Data:**

FY 17 Targets: 120 Continuing and 10 New TPCs, 50 New NTPCs, 50 Service Contacts, and 20 Community Service Events.

FY16 (\$15,000) Mid-Year: 142 TPCs against target 120; 172 NTPCs against no target; 12 CSEs against target 15.

FY 15 (\$10,000): 291TPCs against target 120; 234 NTPCs against no target; 29 CSEs against target 15. FY15 was the first year CSEs were defined as discrete events and TPCs as members attending meetings regularly.

**COUNTY WIDENESS**

FY16 Mid-Year: 26% Urbana, 39% Champaign, 11% Mahomet, 3% Rantoul, 21% Other CC, of 142.

FY15: 26% Urbana; 39% Champaign; 13% Mahomet; 4% Rantoul; 16% Other CC.

**DEMOGRAPHICS**

FY16 Mid-Year: 11% are 6yo and younger, 17% are 7 to 12, 26% are 13 to 18, 37% are 19 to 59, and 10% are 60 and up; 8% are Asian/PI, 13% Black/AA, 4% Other, and 75% White; 15% are of Hispanic or Latino origin and 85% not; 63% are female and 37% male.

FY15: 10% were 6yo and younger, 20% 7 to 12, 19% 13 to 18, 46% 19 to 59, and 5% 60 and up; 9% Asian/PI, 10% Black/AA, 2% Other, and 79% White; 17% were of Hispanic or Latino origin, 83% not; 67% were female, 33% male.

**Financial Information:**

PY17 CCDDDB/CCMHB Funding Request: \$ 15,000

PY17 Total Program Expenses: \$ 50,000

Program Staff – CCDDDB/CCMHB Funds: 0 FTE 0 FTE

Total Program Staff: 0 FTE 0 FTE

CCDSN

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Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid? N/A  
Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? YES.

**Budget Narrative:** DSN expects approximately \$2,000 in contributions and \$33,000 from the Buddy Walk this year. DSN is run by volunteers, so there are no personnel expenses. Conferences are the largest expense at 50% of the requested amount. The remainder is earmarked for general operating, consumables, professional fees, equipment, and transportation.

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

Audit Requirement Waived  X

**Contracting Considerations:** If this application is approved by the CCDDDB or CCMHB for funding, the applicant may be required to submit the following for staff review and approval prior to execution of the final FY17 contract:

1. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.

**Applicant Review and Input:**

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

**Recommendation:** Pending

**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities**  
**CCDDB/CCMHB**  
**Champaign County Regional Planning Commission- Community Services**

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

**Overall CLC Plan Comments**

*The CLC Plan followed the template format. The component that was missing was the Inter-Agency collaboration. It is recommended that a Cultural Competence Training/Workshop be offered to board members. The Actions that were listed in your plan seem very broad. It is recommended that you simplify your actions in order to have additional clear benchmarks and timeframes for completing the benchmarks.*

Comments:

**Recruitment of a diverse Board and Staff**

*Board Members are recruited from the client base and staff members hired for the Youth Assessment Center speak Spanish Fluently.*

Comments: It is recommended that you ensure that there is a balanced board. One client on the Community Action Board is not the only step to ensure cultural competence and is reflective of diverse make-up of the Board and Staff.

**Cultural Competence Organizational Assessment/Evaluation**

*Conduct Community Needs Assessment Community Stakeholders provided survey to provide information on community needs. Staff and Community participated.*

Comments: *A community needs assessment is different than an organizational cultural competence assessment. There is a recommendation that you assess how you measure culturally responsive practices/policies as an organization.*

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDDB/CCMHB**  
**Champaign County Regional Planning Commission- Community Services**

**Policies and procedures which reflect Cultural Competence values**

- *List of County Translators is updated and distributed*
- *Universal Assessment tools are used that identify both strengths and challenges that is used to develop service plans/*
- *CCRPC is open M-F, 8:00 am-4:30 pm, however the ISC team responds to emergency situations via live answering service 24 hours/7 days per week. The activities proposed for this project would likely occur during regular work hours, however staff will schedule appointments outside of regular business hour to accommodate individuals' schedules.*
- *Wellness at Work Program incentive that provides a paid leave day by random drawing*

Comments:

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

- *Scheduled events to attempt to engage underserved populations who are not in school, focusing on increasing the registration of minority populations*
- *Outreach to high schools throughout Champaign County to coordinate staff participation in IEP meetings for DD students'*
- *Services are offered in Champaign, Urbana, and Rantoul Only*
- *Quarterly outreach events provided by each team*

Comments: It is recommended that you have a clear time-frame for conducting your community engagement. Please consider other rural areas in Champaign County to ensure additional accessibility.

**Inter-Agency Collaboration-**

*No Inter-Agency Collaboration mentioned in CLC Plan*

Comments:

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## ***DRAFT CCDDDB PROGRAM SUMMARY FY2017***

**Agency:** CCRPC – Community Services

**Program Name:** Decision Support Person for CCDDDB

**Contract Format Requested:** Grant

**Funding Requested:** \$48,622

***Staff Assessment:*** increase of \$662 over FY2016 level.

**Target Population:** people with developmental disabilities who are eligible for Illinois Department of Human Services – Division of Developmental Disabilities (IDHS-DDD) waiver-funded services but not receiving them; includes students transitioning from high school to adulthood, students aging out of Illinois State Board of Education (ISBE) funding, adults not currently registered with the Prioritization of Urgency of Need for Services (PUNS) database, and adults returning from other communities but whose service preferences are not yet documented by the Independent Service Coordination unit.

**Service Description/Type:** Total program is responsible, through contract with IDHS, for Individual Service Coordination (PUNS enrollment, Pre-Admission Screening, and Individual Supports and Services Advocacy) to a region which includes Champaign County. As the single point of intake for IDHS-DDD funding/services, the CCDDDB/CCMHB-funded program adds services of outreach, assessment, and connection to those not served under the state contract. It also includes services not covered: pre-admission screenings upon PUNS enrollment and prior to services through CCDDDB/CCMHB funded programs offered by other agencies; collection of details on individuals' preferences for services, whether available or not, to use for future system-planning; and for those in "critical priority" on PUNS, the development of individual (person-centered) service plans, crisis management plans, and linkage (of those who are eligible) to DD services and other local resources.

***Staff Assessment:*** the state contract does not currently cover determination of disability prior to PUNS enrollment, person-centered service planning, or collection of data on service preferences of those not yet receiving state funding, although that may change.

**Alignment with ID/DD Priorities, Through the "Lens of Integration."** Does the application:

- Focus on a person's control of his/her day and life? Indirectly, through service planning.
- Support a person building connections to the broader community? YES – through determinations of eligibility for and referral to community-based services and supports.
- Support a person participating in community settings of their choice and in ways they desire? YES – through service planning, eligibility determination, and referrals.
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? NO.
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? NO.
- Incorporate Employment First principles? NO.

- Acknowledge support and encouragement of self-advocacy? NO.
- Address cultural competence and outreach to underserved populations? *See agency CLC review attached and current contract year demographic and residency data below.* Outreach to rural residents is done through multiple service locations, home visits, relationships with all school districts and providers, IEP meetings, outreach events (underserved populations) advertised by PSA, flyers, etc.

**Alignment with Other ID/DD Priority:** Planning for People with Challenging and Complex Service Needs.

**Program Performance Measures:**

**Consumer Access:** includes description of outreach efforts, office hours and emergency response via 24 hour call line, use of satisfaction surveys (individuals, guardians, referring agencies,) collection and analysis of demographic and other personal data, electronic client records (for those enrolling in PUNS and completing a preference assessment,) pre-admission screening for those receiving CCDDDB/CCMB funded ID/DD services, and expected timeframes for some activities. Includes current mid-year performance (eligibility support for 32 people and preference assessments for 183) and an FY17 measure – to complete preference assessments for 80% of PUNS enrollees (NTPCs).

**Consumer Outcomes:** program seeks to make families and people with DD aware of IDHS-DDD waiver funding, PUNS, and resources available to those waiting to be selected from PUN. Includes three measures: 100% of PUNS enrollees have expressed their choices of services (per data from service preference assessments;) crisis management and service planning and linkage for 32 people (a utilization target); and 100% of people receiving ID/DD services funded by CCDDDB/CCMHB will be screening for IDHS-DDD waiver funding eligibility and prepare the related, required documentation, allowing easily generated report on numbers of individuals waiting/served.

***Staff Assessment:*** *the first of three measures is similar to the Access measure, and the second a utilization target.*

**Utilization/Production Data:**

FY 17 Targets: 8 Continuing and 32 New TPCs; 60 New Non-TPCs; 60 Service/Screening Contacts; and 50 Community Service Events.

FY16 (\$48,000) Mid-Year: 4 CSEs against target 10; 4 SCs against target 20; 3 new TPCs against target 32; 182 new NTPCs against target 300; hours not reported.

**COUNTY WIDENESS**

FY16 Mid-Year: 27% Urbana, 50% Champaign, 5% Mahomet, 2% Other CC, of 22

**DEMOGRAPHICS (186 vs. 185 TPC and NTPC reported)**

FY16 Mid-Year: 2% are 7 to 12, 3% are 13 to 18, 89% are 19 to 59, and 7% are 60 and up; 2% are Asian/PI, 18% Black/AA, 4% Other, and 77% White; 2% are of Hispanic or Latino origin, 98% not; 45% are female, and 55% male.

***Staff Assessment:*** *a report of hours in "Other" is a helpful measure for these service activities.*

**Financial Information:**

CCRPC-DSP

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PY17 CCDDDB/CCMHB Funding Request: \$ 48,622  
PY17 Total Program Expenses: \$ 48,622

Program Staff – CCDDDB/CCMHB Funds: 1.13 FTE direct staff  
Total Program Staff: 1.13 FTE direct staff

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid? YES.  
Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? YES.

***Staff Assessment:** no indirect staff are charged to this contract; personnel form associates 60% of one case manager, 30% of another, and 23% of a program manager to this contract.*

**Budget Narrative:** CCDDDB/CCMHB request is 100% of program revenue. Staff costs comprise 78% of expenses, along with Occupancy (11%), Local Transportation (8.7%), and small amounts for General Operating and Consumables. The **Budget Narrative** explains each expense item; although it references professional fees/consultants, no amount is charged to that line in the Expense form.

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

Not Applicable  X

***Staff Comments:** This program, as a unit within the CCRPC, is included in Champaign County's audit.*

**Contracting Considerations:** If this application is approved by the CCDDDB or CCMHB for funding, the applicant may be required to submit the following for staff review and approval prior to execution of the final FY17 contract:

1. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
2. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
3. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.

**Applicant Review and Input:**

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

**Recommendation:** Pending

CCRPC-DSP

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Champaign County Regional Planning Head Start**

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

**Overall CLC Plan Comments**

The CLC Plan Template format was followed and the required CLCP actions were included in the plan and the application. It is recommended that although actions are on-going, be sure to attach a time frame for the completion of the goal. This will ensure accountability.

**Cultural Competence Training-**

- One or more managers will attend at least one training annually that deals with diversity issues.
- Train staff using information from January 2015 Institute on School Readiness for African American Boys.

Comments: It is recommended that cultural differences should be presented as opportunities to learn about different cultural populations and not considered as an issue.

**Recruitment of a diverse Board and Staff**

- Recruit enrolled parents of diverse nationalities to run for the Policy Council Representatives.
- 

Comments: Evaluate the composition of your board and see if it is balanced with all of things needed in order to have a Policy Council. Expertise of nationalities should one consideration along with skills and expertise.

**Cultural Competence Organizational Assessment/Evaluation**

- *Include in an on-going Self-Assessment procedures analysis of cultural and linguistic sensitivity of services.*
- *Include in Community Assessment on-going procedures identifying services available or lacking for culturally and linguistically diverse populations of the community.*

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Champaign County Regional Planning Head Start**

Comments:

**Policies and procedures which reflect Cultural Competence values**

- Review with new Policy Council Members the 2016-2017 Cultural and Linguistic Competence Plan as a factor in decision making.

Comments:

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

Comments: It is recommended that you have a specific timeframe that you provide the information to new parents. Is it the first 30 Days or is it within the first year?

**Inter-Agency Collaboration**

- Collaborates with East Central Illinois Refugee Mutual Assistance Center to seek translators.

Comments:

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## ***DRAFT CCDDDB PROGRAM SUMMARY FY2017***

**Agency:** CCRPC - Champaign County Head Start/Early Head Start

**Program Name:** Social Emotional Disabilities Services

**Contract Format Requested:** Grant

**Funding Requested:** \$55,645

*Staff Assessment: request is \$822 over FY2016 level.*

**Target Population:** children (to kindergarten entry age) living in Champaign County, enrolled in Champaign County Head Start/Early Head Start, with evidence of need for service based on screening, and with limited family resources for the cost of care. Screening tools are the Ages and Stages Questionnaire (ASQ) and the Ages and Stages Questionnaire Social-Emotional (ASQ-SE).

**Service Description/Type:** Ages and Stages Questionnaire and ASQ Social-Emotional screenings for those newly enrolled, development of social-emotional goals, Social-Emotional environmental observations of any classroom needing support due to presence of an identified child, individual child observations during class time, development of behavioral plans (Individual Success Plans) through meetings with teachers and parents, possible referrals to other providers, individual play therapy, informational support/training for families, annual staff training and social-emotional articles for parent newsletters, and collaboration/networking meetings.

*Staff Assessment: staff credentials are included in this section; detail is also present on anticipated numbers of persons served per category of service.*

**Alignment with ID/DD Priorities, Through the "Lens of Integration."** Does the application:

- Focus on a person's control of his/her day and life? NO.
- Support a person building connections to the broader community? Not directly.
- Support a person participating in community settings of their choice and in ways they desire? YES, with regard to very young children preparing to enter kindergarten.
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? Not directly.
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? YES, for very young children, preparing for school.
- Incorporate Employment First principles? NO.
- Acknowledge support and encouragement of self-advocacy? NO.
- Address cultural competence and outreach to underserved populations? *See agency CLC review attached and summary of current and previous contract year demographic and residency data.* Outreach to rural residents is addressed through total program (Head Start/Early Head Start;) ample detail is included in this application, with timelines and measures and data collection, countrywide recruitment, and priority to residents of medically underserved townships.

**Alignment with Other ID/DD Priority:** Comprehensive Services and Supports for Young Children

**Program Performance Measures:**

**Consumer Access:** Total program outreach (including at local libraries, stores, events, etc.) and enrollment is described. Home based services and part- or full- day center based options, some with transportation. Annual Community Assessment is a federal requirement, includes total program and community demographic, income, employment, low-income density areas, health, housing, service gaps, family needs, resources/services, enrollment, and other data; this is used to identify the unserved and underserved and to improve outreach. Staff support parents in health and screening requirements, using the EPSDT schedule for exams and immunizations. Access measures focus on timeliness: during first 45 days of school year, weekly reports on progress of screenings and health requirements; monthly reports thereafter.

**Consumer Outcomes:** total program has a goal for 90% kindergarten readiness, including children served under this contract. Federal requirement is that 10% of enrollment opportunities are for children with a delay or disability. Child progress assessments occur three times a year, four times for full-year classrooms. FY15 outcomes are included: of 60 children with delay or disability, 31 were in center-based services through public school programs, and 29 received therapy services; of 81 referrals for individual child observations (behavioral or developmental), 69 led to behavior plan (Individual Success Plan or ISP), 39 of which carried into FY16; 42 of the 77 with SE goals carried over from the previous year and had new goals; 32 had S-E goals incorporated into their lesson plans by mid-year FY16, with others being developed. This section also references current contract year utilization and intends 600 FY17 screenings.

*Staff Assessment: 600 screenings, though Utilization Section identifies a target of 580 screenings.*

**Utilization/Production Data:**

FY 17 Targets: 30 Continuing and 68 New TPCs (play therapy or counseling, developing individual S-E goals, or developing behavioral plans;) 55 New NTPCs (those with behavioral planning meetings, parent meetings, or parent training;) 580 Service Contacts (screenings with ASQ, ASQ-SE, Social Emotional Environmental Observations, and individual child observations;) 5 Community Service Events; 8 Other (trainings, newsletter articles.)

FY16 (\$54,823) Mid-Year: 4 CSEs against target 1; 582 SCs against target 600; 43 continuing and 25 new TPCs against target 90; 87 new NTPCs against target 55; 14 Other (trainings, newsletters) against target 8.

FY 15 (\$41,029): 3 CSEs against target 1; 843 SCs against target 625; 47 continuing and 144 new TPCs against target 90; 232 new NTPC against target 55; 42 Other against target 8.

**COUNTY WIDENESS**

FY16 Mid-Year: 26% Urbana, 54% Champaign, 15% Rantoul, 4% Other CC, of 68

FY15: 21% Urbana; 59% Champaign; 17% Rantoul; 3% Other CC.

**DEMOGRAPHICS**

FY16 Mid-Year: 94% are 6 years old and younger, 1% 7 to 12, and 4% are 19 to 59, and 10% are 60 and up; 62% Black/AA, 15% Other, and 24% White; none are of Hispanic or Latino origin; 40% are female, and 69% male.

CCRPC-HS/EHS-SE

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FY15: 98% were 6 years old and younger, and 2% 19 to 59; 2% were Asian/PI, 57% Black/AA, 22% Other, and 19% White; 4% were of Hispanic or Latino origin, 98% not; 31% were female, 72% male.

**Financial Information:**

PY17 CCDDDB/CCMHB Funding Request: \$55,645

PY17 Total Program Expenses: \$92,490

Program Staff – CCDDDB/CCMHB Funds: 0.70 FTE direct staff and 0.05 FTE indirect

Total Program Staff: 0.75 FTE direct staff and 0.25 FTE indirect

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid? N/A

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? YES.

*Staff Assessment: personnel form associates the costs of 5% of Fiscal Manager (as indirect staff) and 70% of Social-Emotional Development Specialist (as direct.)*

**Budget Narrative:** CCDDDB/CCMHB request is for 60% of total program revenue, with the rest from Department of Health and Human Services (0.7% of the total federal grant for Head Start). Staff costs comprise 96% of the CCDDDB/CCMHB budgeted expenses, and small amounts of consumables, conferences/staff development, and local transportation are charged. The **Budget Narrative** describes all of Head Start/Early Head Start's projected funding sources, each expense line related to the CCDDDB/CCMHB program and how it was determined, and the three staff associated with this program (although no portion of the Program Manager's salary is charged to this contract.)

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

Not Applicable \_\_\_X\_\_\_

*Staff Comment: this program, within the Champaign County Regional Planning Commission, is included in Champaign County's audit.*

**Contracting Considerations:** If this application is approved by the CCDDDB or CCMHB for funding, the applicant may be required to submit the following for staff review and approval prior to execution of the final FY17 contract:

1. The applicant shall specify the estimated hours of each type of service to be provided for people served under this contract and tie back to the contract maximum.
2. Applicant shall warrant that these services are not covered under the Illinois School Code.

**Applicant Review and Input:**

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

**Recommendation:** Pending

CCRPC-HS/EHS-SE

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Community Choices**

CCMHB/CCDDB 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- Yes
2. Diverse Board and Staff Recruitment- Yes
3. Cultural Competence Organizational Assessment/Evaluation- Yes
4. Implementation of Cultural Competence Values in Policy and Procedure-Yes
5. Outreach and Engagement of Underrepresented  
Populations defined in the Criteria-Yes
6. Inter-Agency Collaboration- Yes

**Overall CLC Plan Comments**

The CLCP followed the template that was outlined in the application. The plan outlined clear specific actions with actual timeframes for accomplishing the benchmarks.

**Cultural Competence Training**

- *Complete Cultural Competence Training for 100% of the Board and Staff by March 31, 2017*

Comments:

**Recruitment of a diverse Board and Staff**

*Begin to identify and recruit diverse membership on the Board of Directors with diverse cultural experiences, skills, and cultural experiences.*

- *Utilize a multi-pronged approach to advertising positions (i.e. send info to culturally diverse groups), include interview questions that indicate the openness of interviewees.*

Comments:

**Cultural Competence Organizational Assessment/Evaluation**

*Families complete satisfaction surveys; Quality Assurance Committee reviews survey responses.*

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Community Choices**

*-Develop services with input from young adults and families.*

Comments:

**Policies and procedures which reflect Cultural Competence values**

*Board of directors, management staff and individuals that are served will read and sign new Cultural Competence Plan during the program year.*

*- Identify natural supports and community resources to support the individual and family*

Comments:

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

*-Work with individual, their personal network, and management to develop and implement person-centered plans.*

*- Develop relationships with 5 diverse groups over the course of the year.*

Comments:

**Inter-Agency Collaboration**

*- Cooperative agreements with bilingual and interpretive resources.*

Comments:

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## ***DRAFT CCDDDB PROGRAM SUMMARY FY2017***

**Agency:** Community Choices, Inc.

**Program Name:** Community Living

**Contract Format Requested:** Grant

**Funding Requested:** \$63,000

***Staff Assessment:*** request is for \$3,000 above FY2016 level; fee for service is the current format.

**Target Population:** adults who live in Champaign County, have mild to moderate ID/DD, and who with minimal staff support and (development of) natural supports can live independently.

**Service Description/Type:** Program has three service components to support integrated community life. Community Transitional Support is approximately two years per person, in four phases – *planning* to move into the community, *moving out* with support for life skills, *reaching out* to build connections/meaningful activities, and finally *consultation* or staff check-ins as needed. Life Skill Training – 8 small group classes or one-on-one instruction on money management, household management, social skills, community engagement, etc., and, new in FY17, instruction designed for Personal Support Workers (increases competencies and capacity.) Home Based Support Facilitation – writing plans, finding and managing personal support workers, community connections; as a component of a Illinois Department of Human Services - Division of Developmental Disabilities (IDHS-DDD) Medicaid waiver award, facilitation services are not charged to this contract.

**Alignment with ID/DD Priorities, Through the “Lens of Integration.”** Does the application:

- Focus on a person’s control of his/her day and life? YES.
- Support a person building connections to the broader community? YES – a core service.
- Support a person participating in community settings of their choice and in ways they desire? YES – through Community Transitional Support component.
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? YES.
- Systematically identify and mobilize a person’s capabilities and create access to community associations, workplaces, and learning spaces? YES.
- Incorporate Employment First principles? NO.
- Acknowledge support and encouragement of self-advocacy? Not explicitly.
- Address cultural competence and outreach to underserved populations? *See agency CLC review attached and demographic and residency data below.* Regarding rural outreach, staff meet with people where they live, and 25% live outside of CU.

**Alignment with Other ID/DD Priority:** Workforce Development and Stability – through development of Personal Support Workers’ training. Stated focus is on Person Centered Planning.

**Program Performance Measures:**

Consumer Access: Formal outreach is through collaboration with other organizations serving adults with disabilities, and informal outreach is through IEPs community events (Love Clinic, e.g.), and networking. PUNS enrollment and DD eligibility (per IDHS-DDD) are referenced. Referral and intake process described, with approximate timelines and very small waiting list.

*Staff Assessment: does not appear to include a quantifiable measure of access.*

Consumer Outcomes: Outcomes for Community Transitional Support are completion of the first three phases (5 people per), of person-centered plans (by all participants), of goals identified in the plans (by all), and of Personal Outcome Measures with improved scores (all) as well as engagement in a new activity (all participants.) Life Skill Training outcome measures are for 5 life skills classes, participants' increased skills measured by pre- and post-tests, and 10 personal support workers' improved ability to support.

Utilization/Production Data:

FY 17 Targets: 12 continuing and 5 new TPCs (Community Transitional Support participants), 6 continuing and 6 new NTPCs (those in the 5 classes), 1370 Service Contacts, and 2 Community Service Events. Other = 1582 hours.

FY16 (\$60,000) Mid-Year: 2 CSEs against target 15; 19 TPCs served under the Fee for Service contract; 3 completed classes; Hours = 721.

FY 15 (\$55,000): 2 CSEs against target 2; 20 TPCs against expected 15 in Fee for Service contract; 1489 hours.

COUNTY WIDENESS

FY16 Mid-Year: 16% Urbana, 58% Champaign, 11% Mahomet, 16% Other CC, of 19.

FY15: 20% Urbana; 60% Champaign; 5% Mahomet; 5% Rantoul; 10% Other CC.

DEMOGRAPHICS

FY16 Mid-Year: 100% are 19 to 59; 11% Black/AA, and 89% White; none are of Hispanic or Latino origin; 16% are female and 84% male.

FY15: 100% were 19 to 59; 20% Black/AA, 2% Other, and 80% White; none were of Hispanic or Latino origin 15% were female, 85% male.

Financial Information:

PY17 CCDDDB/CCMHB Funding Request: \$63,000

PY17 Total Program Expenses: \$115,184

Program Staff – CCDDDB/CCMHB Funds: 1.10 FTE direct staff and 0.13 FTE indirect

Total Program Staff: 2.00 FTE direct staff and 0.25 FTE indirect

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid? YES.  
HBS facilitation is not charged to this contract.

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? YES.

**Staff Assessment:** *personnel charges include 13% of the Executive Director (as indirect), 10% of Community Support Specialist and 100% of Community Life Coordinator (as direct.)*

**Budget Narrative:** CCDDDB/CCMHB request is 54% of total program **revenue**, with other sources being contributions (15%), IDHS-DDD (30%), and private pay (1.3%). Staff costs comprise 81% of CCDDDB/CCMHB program **expenses**, with small amounts for professional fees, consumables, general operating, occupancy, conferences/staff development, and local transportation. Each revenue source and expense item is explained in the **Budget Narrative**, along with the responsibilities of each staff person assigned to the contract.

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

Audit in Compliance \_\_\_X\_\_\_

**Contracting Considerations:** **If this application is approved by the CCDDDB or CCMHB for funding, the applicant may be required to submit the following for staff review and approval prior to execution of the final FY17 contract:**

1. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
2. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while **minimizing** disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
3. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.
4. Applicant shall warrant that these services are not covered under the Illinois School Code.

**Applicant Review and Input:**

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

**Recommendation:** Pending

CC-CL

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## ***DRAFT CCDDDB PROGRAM SUMMARY FY2017***

**Agency:** Community Choices, Inc.

**Program Name:** Customized Employment

**Contract Format Requested:** Grant

**Funding Requested:** \$70,000

***Staff Assessment:*** request is \$15,000 over FY2016 level; consider fee for service format for most program activities.

**Target Population:** adult residents of Champaign County who have disabilities, are unemployed or underemployed, and have an interest in self-employment support or customized employment in the community.

***Staff Assessment:*** includes an estimate that 2,000 working aged adults in Champaign County have DDs and Arc estimate that 90% of people with DD are unemployed or underemployed.

**Service Description/Type:** Customized Employment. Discovery is a person centered process (primarily interviews of individual and those in their network of support plus observations in various settings) to identify a job seeker's strengths, desires, and needs for support. Matching Job Seekers and Employers may involve strengthening social/communication and job skills for success in the desired work environment, along with learning from businesses what they need, coordinating tours and job shadows, and negotiating employment contract. Short-Term Employment Support – with single point of contact staff for any concerns, limited job coaching for the employee with a disability, and development of natural supports. Long-Term Employment Support – support for maintaining employment, seeking a promotion, additional training, benefits, and conflict resolution; emphasis on employee makes a contribution to their workplace and is accepted and valued, with opportunities to expand their role.

**Alignment with ID/DD Priorities, Through the “Lens of Integration.”** Does the application:

- Focus on a person's control of his/her day and life? YES.
- Support a person building connections to the broader community? YES – through work.
- Support a person participating in community settings of their choice and in ways they desire? YES.
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? Through employment and related.
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? YES – Discovery process is central.
- Incorporate Employment First principles? YES.
- Acknowledge and encouragement of self-advocacy? NO.
- Address cultural competence and outreach to underserved populations? *See agency CLC review attached and demographic and residency data below.* Rural outreach is addressed by pursuing employment which fits (can mean location), training on rural transportation service; limits related to few potential worksites.

**Alignment with Other ID/DD Priority:** Employment Services and Supports.

**Program Performance Measures:**

**Consumer Access:** Outreach is accomplished formally through other organizations serving people with disabilities, and informally through school IEPs, community events, and word of mouth. Eligibility defined as adults with I/DD, PUNS enrollment, motivation to work; IDHS Division of Rehabilitation Services short-term funding is used first, for any eligible. Engagement is described - referral and intake processes, expectation of timeliness, capacity limited.

**Staff Assessment:** *eligibility is not explicitly defined as identical to that for IDHS-DDD services, although PUNS enrollment may eventually include this. The Division of Developmental Disabilities and Division of Rehabilitation Services use different qualifying criteria. Quantifiable measures do not appear to be included in this section.*

**Consumer Outcomes:** Outcomes relate to each of the four components of service, are quantifiable, of value (e.g., to acquire paid jobs, volunteer jobs, or internships, to receive support for problem solving or job training or expansion), and include expected numbers of people receiving these services but charged to other funder (DRS.)

**Utilization/Production Data:**

FY 17 Targets: 25 continuing and 11 new TPCs; 817 Service Contacts; 4 Community Service Events; and 1334 hours as Other.

FY16 (\$55,000) Mid-Year: 2 CSEs against target 4; 420 SCs against target 785; 32 continuing and 3 new TPCs against target 37; Hours = 588.

FY 15 (\$50,000): 4 CSEs against target 4; 1074 SCs against target 890; 31 continuing and 15 new TPCs against target 29; Hours = 1423.

**COUNTY WIDENESS**

FY16 Mid-Year: 26% Urbana, 39% Champaign, 11% Mahomet, 3% Rantoul, 21% Other CC, of 142.

FY15: 17% Urbana; 40% Champaign; 9% Mahomet; 11% Rantoul; 23% Other CC.

**DEMOGRAPHICS**

FY16 Mid-Year: 100% are 19 to 59; 3% are Asian/PI, 17% Black/AA, 3% Other, and 77% White; 3% are of Hispanic or Latino origin and 97% not; 26% are female and 74% male.

FY15: 96% were 19 to 59, and 4% 60 and up; 2% Asian/PI, 15% Black/AA, 5% Other, and 78% White; 4% were of Hispanic or Latino origin, 96% not; 30% were female, 70% male.

**Financial Information:**

PY17 CCDDDB/CCMHB Funding Request: \$ 70,000

PY17 Total Program Expenses: \$156,417

Program Staff – CCDDDB/CCMHB Funds: 1.35 FTE direct staff and 0.10 FTE indirect

Total Program Staff: 3.00 FTE direct staff and 0.25 FTE indirect

CC-CE

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Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid? YES.  
Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? YES.

*Staff Assessment: personnel charged to this contract include 10% of Executive Director, as indirect staff, 50% of two Employment Specialists, and 35% of Director of Employment Services.*

**Budget Narrative:** CCDDDB/CCMHB request is for 44% of total program revenue, with other sources from IDHS-DRS (34%) and contributions (9%). Staff costs comprise 83% of CCDDDB/CCMHB expenses, with smaller amounts for consumables, general operating, occupancy, conferences/staff development, and local transportation.

*Staff assessment: there appears to be an error in the submitted budget form, with CCDDDB/CCMHB amount in second column.*

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

Audit in Compliance \_\_\_X\_\_\_

**Contracting Considerations:** If this application is approved by the CCDDDB or CCMHB for funding, the applicant may be required to submit the following for staff review and approval prior to execution of the final FY17 contract:

1. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
2. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.
3. The applicant shall specify the estimated hours of each type of service to be provided for people served under this contract and tie back to the contract maximum.
4. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.
5. Applicant shall warrant that these services are not covered under the Illinois School Code.

**Applicant Review and Input:**

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

**Recommendation:** Pending

CC-CE

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# ***DRAFT CCDDDB PROGRAM SUMMARY FY2017***

**Agency:** Community Choices, Inc.

**Program Name:** Self-Determination Support

**Contract Format Requested:** Grant

**Funding Requested:** \$70,000

***Staff Assessment:*** request is for \$15,000 over FY2016 level.

**Target Population:** The application states this program has two target populations: adults with developmental disabilities and family members of adults with disabilities.

**Service Description/Type:**

Building Community -- by organizing social events (dinner movies, sports crafts); co-op clubs (smaller groups engaging in a social activity they desire), "togethering" (social connections with others) and "Open Champaign" (community building events developed by partnerships between people with disabilities focusing on minorities and community groups).

Self-Advocacy—through leadership classes that was co-developed by self -advocates.

Family Support and Education—educating families about the system and services available and helping them advocate for improved services.

**Alignment with ID/DD Priorities, Through the "Lens of Integration."** Does the application:

- Focus on a person's control of his/her day and life? YES.
- Support a person building connections to the broader community? YES.
- Support a person participating in community settings of their choice and in ways they desire? YES.
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? YES.
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? Not directly.
- Incorporate Employment First principles? Not directly.
- Acknowledge support and encouragement of self-advocacy? YES.
- Address cultural competence and outreach to underserved populations? *See agency Cultural and Linguistic Competence review attached and summaries of current and previous years' demographic and residency data below.* The applications states 25% of participating families are from Mahomet, Fisher and Rantoul. Some social events have been held in rural areas and outreach to rural areas has been formal and informal.

**Alignment with Other ID/DD Priority:** Self-Advocacy and Family Support Organizations

**Program Performance Measures:**

CC-SDS

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Consumer Access:

The applications states they can provide referrals to and from six local agencies. They reach out to the community by attending school IEP's and participating in social events. To be eligible for services individuals must be 18 years old and complete the intake process in order to become a member of the agency. There is no wait to access the services of this program once the required paperwork/documentation is completed.

*Staff Assessment: A quantifiable measure of access does not appear to be included.*

Consumer Outcomes:

Building Community Social Events: 40 independent of family; 45 give input and attend activities of interest; 15 develop relationships with other members of the agency. Co-op Clubs: 4 self-directed clubs organize and meet. "Togetherness": 6 develop relationships in the community with a shared interest. Self advocacy: 20 gain leadership skills, participate in 1 statewide event and 1 local project with support. Family support and Education: 30 develop connections with other families, 30 increase their knowledge regarding services and policies, and 10 actively engage in advocacy.

Utilization/Production Data:

FY 17 Targets: 4 Community Service Events, 1656 Service Contacts, 125 Continuing and 10 New Non-TPCs, 150 Hours (reported under "Other.")

FY16 (\$55,000) Mid-Year: 4 CSEs against target 4; 471 SCs against target 774; 139 continuing and 15 new NTPCs against target 120; Hours = 492.

FY 15: 5 CSEs against target 4; 1036 SCs against target 822; 125 continuing and 37 new NTPCs against target 126; Hours = 921.

COUNTY WIDENESS

FY16 Mid-Year: 15% Urbana, 51% Champaign, 12% Mahomet, 3% Rantoul, 19% Other CC, of 154.

FY15: 18% Urbana; 51% Champaign; 12% Mahomet; 3% Rantoul; 16% Other CC.

DEMOGRAPHICS

FY16 Mid-Year: 94% are 19 to 59, and 6% are 60 and up; 6% are Asian/PI, 6% Black/AA, 2% Other, and 86% White; 3% are of Hispanic or Latino origin and 97% not; 51% are female and 49% male.

FY15: 1% were 13 to 18, 93% 19 to 59, and 6% 60 and up; 5% Asian/PI, 7% Black/AA, 1% Other, and 87% White; 4% were of Hispanic or Latino origin, 96% not; 52% were female, 48% male.

Financial Information:

PY17 CCDDDB/CCMHB Funding Request: \$ 70,000

PY17 Total Program Expenses: \$ 139,050

Program Staff – CCDDDB/CCMHB Funds: 1.13 FTE direct staff and 0.12 FTE indirect

Total Program Staff: 2.25 FTE direct staff and 0.25 FTE indirect

CC-SDS

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Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?  
*Not addressed.*

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? *YES.*

**Staff Assessment:** *the personnel form assigns 12% of the Executive Director's salary as 'indirect,' direct staff salaries assigned to this contract include 75% of Membership Coordinator, 25% of Special Projects Coordinator, and 13% of the Executive Director.*

**Budget Narrative:** The CCDDDB/CCMHB request is for a little over 50% of the total program revenue, with other sources being contributions (16%), the Illinois Council on Developmental Disabilities grant (34%), and private pay. Staff costs comprise of 84% of CCDDDB/CCMHB expenses, with the remainder going to general operating, professional fees/consultants, occupancy, transportation, consumables and conferences/staff development. The **Budget Narrative** contains sufficient detail on revenue source and expense items, with rationale, as well as duties of the personnel assigned to this program.

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

Audit in Compliance   x  

**Contracting Considerations:** If this application is approved by the CCDDDB or CCMHB for funding, the applicant may be required to submit the following for staff review and approval prior to execution of the final FY17 contract:

1. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.
2. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
3. Applicant shall warrant that these services are not covered under the Illinois School Code.

**Applicant Review and Input:**

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

**Recommendation:** Pending

**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Community Elements**

CCMHB/CCDDB 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- Yes
2. Diverse Board and Staff Recruitment- Yes
3. Cultural Competence Organizational Assessment/Evaluation- Yes
4. Implementation of Cultural Competence Values in Policy and Procedure-Yes
5. Outreach and Engagement of Underrepresented Populations defined in the Criteria-Yes
6. Inter-Agency Collaboration- Yes

**Overall CLC Plan Comments**

The CLCP followed the template that was outlined in the application. In addition, an attachment was provided outlining the specific details that capture the CLC Activities of Community Elements. There were actions that provided a specific timeframe and accountability. Due to the broad spectrum of services that are provided organizationally some of the actions are conducted on an on-going basis. There is access to interpreter services for a 24 hour time period.

**Cultural Competence Training**

- *The Board of Directors will be offered an opportunity to participate in at least one cultural competency event.*
- *Due to varying shifts of the 24-7 Operation several options of cultural competence training is offered to staff. Each department is required to conduct at least 2 cultural competence trainings each year.*
  - o *Culture of Poverty*
  - o *Assessing your Ethnocentrism*
  - o *Trauma Informed Care*
  - o *Review of SAMHSA's American Indian Culture Card*
  - o *Lunch and Learn viewing of: "Homestretch" exploring homeless youth culture.*

Comments:

**Recruitment of a diverse Board and Staff**

- *The Board of Directors has been committed to recruiting members who reflect the diversity of our community. This includes diversity that goes beyond race. Community members and board*

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDDB/CCMHB**  
**Community Elements**

*members are invited to participate Program Quality Review Committee that is an advisory committee that advises the board of directors. Input is taken from community members and persons with lived experience of a mental health challenge.*

*- The Agency Scorecard is reviewed annually by the Board of Directors and the Cultural Competency Committee. The percent of Black/African American employees has grown each year from 15.9% in 2011 to 18.2% in 2015. Employees who identify as two or more races make up 2.8% of our staff, which is an increase from 1.2% in 2011. Hispanic/Latino and Asian employees are 1.3% and American Indian/Alaskan Native employees are at .6%. Caucasian employees are at 75.8%.*

**Comments:**

**Cultural Competence Organizational Assessment/Evaluation**

*In July 2015 the agency adopted a new organizational assessment. Results are currently being reviewed by the Cultural Competency Committee with recommendations to follow. Analyzing the results of this tool is where our agency could use additional technical assistance.*

**Comments:**

**Policies and procedures which reflect Cultural Competence values**

*Our agency and services are grounded in the principles of Recovery and Trauma Informed Care. We have over 180 Policies, Rules and Procedures (PRP) that guide our practices in providing client- centered ethical, compassionate care.*

**Comments:**

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

*- Disability Expo Fair, NAMI events; Garden Hill's Neighborhood Resource Fair; Champaign-Urbana Gay Pride, Love Clinic Health and Wellness Fair, Migrant Season Farm Workers Interagency Group, Dobbins Down Play Group and weekly visits to the Phoenix.*

*- In 2015 our agency served over 4,000 unduplicated clients. Thirty-three percent of our clients were Black/African American; 2% Asian; 2.9% Hispanic, 7% listed as unknown and 58% were Caucasian. Sixty-three percent had an income below the federal poverty level.*

**Inter-Agency Collaboration**

We have over 180 signed collaborative agreements on file.

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# ***DRAFT CCDDDB PROGRAM SUMMARY FY2017***

**Agency:** Community Elements, Inc.

**Program Name:** Coordination of Services: MI/DD

**Contract Format Requested:** Grant

**Funding Requested:** \$32,903

***Staff Assessment:*** request is for \$958 over FY2016 level.

**Target Population:** adults who live in Champaign County and have diagnoses of both developmental disability and mental health disability and an assessed need for coordinated services. Emphasis on those in residential settings for persons with DD or with family but struggling with self-care or at-risk for hospitalization or homelessness due to inadequate supports related to the co-occurring conditions.

***Staff Assessment:*** also mentions limited financial resources, third party insurance which does not cover the cost of these case management services, and efforts to secure Medicaid funded services for program participants.

**Service Description/Type:** intensive case management, with a person-centered, strength-based approach, case identification, screening for mental illness, direct support to individuals and their families, technical assistance to others involved in the care, team coordination, treatment planning, advocacy, effort to improve coordination between providers of DD and MH services; individuals' choice of setting for services.

***Staff Assessment:*** staff credentials (preferred) include Qualified Intellectual Disabilities Professional, Qualified Mental Health Professional, Master's degree, with supervision by Licensed Clinical Social Worker; leverages other funding, refers people to Access & Benefits Case Manager.

**Alignment with ID/DD Priorities, Through the "Lens of Integration."** Does the application:

- Focus on a person's control of his/her day and life? Not directly, but positive health outcomes are foundational.
- Support a person building connections to the broader community? No, but coordinates among providers of services on behalf of an individual and toward improved system of care.
- Support a person participating in community settings of their choice and in ways they desire? Not directly.
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? Not directly.
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? YES.
- Incorporate Employment First principles? NO.
- Acknowledge support and encouragement of self-advocacy? NO.
- Address cultural competence and outreach to underserved populations? See agency CLC review attached and summary of current and previous contract years' demographic/residency data below. Plan

narrative mentions county-wide delivery of service, effort to identify eligible persons, with “special emphasis” on rural residents, though specific outreach methods are not defined.

**Alignment with Other ID/DD Priority:** Although the stated Focus is “Other or Combination,” these services align with “Planning for People with Challenging and Complex Service Needs.” Within the agency’s case management services.

**Program Performance Measures:**

**Consumer Access:** Referrals and requests for services are tracked, along with personal data; engagement is expected within four weeks of referral. Outreach activities include presentations to other organizations, community events, etc. Cultural Competency Committee is also described here.

***Staff Assessment: a measure of timeliness of service engagement is referenced – is the target 100%?***

**Consumer Outcomes:** a satisfaction survey tool is tailored to this program, with some measures comparable to traditional mental health case management. A target of 80% consumer satisfaction plus questions related to how a personal situation/problem has changed and whether the participant would refer a friend. Time from referral to engagement is again referenced, and cases taking longer than four weeks are reported to program director. Focus on navigating complex/separate service systems and on addressing barriers to participation as they arise.

**Utilization/Production Data:**

FY 17 Targets: 12 Community Service Events, 8 Service Contacts (information and referral contacts, screenings, and crisis services for people not open in the program,) and 32 TPCs.

FY16 (\$31,945) Mid-Year: 10 CSEs against target 12; 4 SCs against target 15; 21 continuing and 1 new TPCs against target 32; 2 NTPCs against target 2; hours = 274 (Q1 hours missing from report.)

FY 15 (\$35,060): 8 CSEs against target 12; 10 SCs against target 18; 20 continuing and 6 new TPCs against target 30; 1 NTPC against target 3; hours = 1034.25.

**COUNTY WIDENESS**

FY16 Mid-Year: 27% Urbana, 50% Champaign, 5% Mahomet, 2% Other CC, of 22  
FY15: 22% Urbana; 58% Champaign; 4% Mahomet; 8% Rantoul; 8% Other CC.

**DEMOGRAPHICS**

FY16 Mid-Year: 91% are 19 to 59, and 9% are 60 and up; 9% are Asian/PI, 23% Black/AA, 9% Other, and 59% White; 9% are of Hispanic or Latino origin, 86% not, and 5% data unavailable; 36% are female and 64% male.

FY15: 4% were 13 to 18, 92% 19 to 59, and 4% 60 and up; 4% were Asian/PI, 19% Black/AA, and 77% White; 8% were of Hispanic or Latino origin, 92% not; 38% were female, 62% male.

**Financial Information:**

PY17 CCDDDB/CCMHB Funding Request: \$ 32,903  
PY17 Total Program Expenses: \$620,457

CE-CSDDMI

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Program Staff – CCDDDB/CCMHB Funds: 0.52 FTE direct staff and 0.11 FTE indirect  
Total Program Staff: 9.27 FTE direct staff and 1.64 FTE indirect

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid? YES.  
Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? YES,  
primarily the services of a specialized Case Manager/Clinician.

*Staff Assessment: indirect personnel costs assigned to this program are: 1% of CEO, CFO, and COO and 2% of IT Supervisor, Corporate Compliance Manager, Support Services Coordinator, and Maintenance Supervisor; direct staff costs are 2% of Community Support Manager and 50% of Community Support Clinician II (recently hired.)*

**Budget Narrative:** within Case Management/Community Support, the CCDDDB/CCMHB request is 5% of total program **revenue**, with other sources being insurance (61%), DMH fee for service (31%), client fees (1.3%), client group fees (0.6%), medicare (0.2%), and miscellaneous (0.02%). Staff costs comprise 92.5% of the CCDDDB/CCMHB budgeted **expenses**, the only other assigned line item being local transportation, at 7.5%, consistent with the program activities and goal of county-wide outreach and service. The **budget narrative** lists all revenue and expense lines associated with total program, notes that indirect personnel are allocated, explains the rationale for describing total program in all financial forms, and explains Management & General Costs.

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

**Contracting Considerations:** If this application is approved by the CCDDDB or CCMHB for funding, the applicant may be required to submit the following for staff review and approval prior to execution of the final FY17 contract:

1. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.
2. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
3. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
4. Applicant shall warrant that these services are not covered under the Illinois School Code.

**Applicant Review and Input:**

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

**Recommendation:** Pending

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Developmental Services Center (DSC)**

CCMHB/CCDDB 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- Yes
2. Diverse Board and Staff Recruitment- Yes
3. Cultural Competence Organizational Assessment/Evaluation- Yes
4. Implementation of Cultural Competence Values in Policy and Procedure-Yes
5. Outreach and Engagement of Underrepresented Populations defined in the Criteria-Yes
6. Inter-Agency Collaboration- Yes

**Overall CLC Plan Comments-**

The correct CLCP template was used that was outlined in the application instructions. It is recommended that you outline more specific details about time frame for some of the actions mentioned in the CLCP.

**Cultural Competence Training**

- *DSC Administration and Management staff will participate in a cultural diversity training.*
- *DSC Board will participate in a mid-year study session to review CLC plan progress.*
- 

Comments:

**Recruitment of a diverse Board and Staff**

- *Documented outreach to diverse community members for board membership.*
- *Expand recruiting efforts by including diverse organizations in employment notices.*
- *DSC Board and Administration will research the feasibility and logistics of an Advisory Board.*

Comments: It is recommended that specific outreach efforts are specific within the plan. It is recommended that you find out best practices for the role of an advisory board and how it can provide an opportunity learn about cultural experiences that will enhance programs and services of a DSC Advisory Board.

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Developmental Services Center (DSC)**

**Cultural Competence Organizational Assessment/Evaluation**

- *DSC will elicit feedback regarding consumer satisfaction, including specific indicators of cultural and linguistic responsiveness, via an annual consumer satisfaction survey.*
- *Upon inspection by members of the CLC committee, 100% of residential, employment, day program, and children's areas will exhibit art and materials that reflect the diversity of the people in the spaces.*

Comments:

**Policies and procedures which reflect Cultural Competence values**

- *FY 2017 budget will include a line item for cultural competence spending on research, training, and implementation of the CLC plan.*
- *All new staff will participate in staff orientation which includes introduction to the CLC plan and will sign acceptance of the plan.*
- *All current staff will review and sign the plan annually.*
- *DSC Human Resource department will provide support and incentives for preventing burn-out, compassion fatigue. (EAP Programs and Direct Services Professionals Week, and DSC Promoted events.)*

Comments:

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

- *Staff will attend community events in diverse neighborhoods (e.g. Jheddie Rhodes Neighborhood Day) and develop relationships with organizations serving under-represented groups.*
- *Consumers will participate in art fairs at Ebert Fest, Disability Expo. and will attend conferences such as Speak Up, Speak Out.*

Comments:

**Inter-Agency Collaboration**

- *Quarterly Reports will include current and new collaborative relationships.*

Comments:

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## ***DRAFT CCDDDB PROGRAM SUMMARY FY2017***

**Agency:** Developmental Services Center, Inc.

**Program Name:** Apartment Services

**Contract Format Requested:** Grant

**Funding Requested:** \$417,341

***Staff Assessment:*** increase is \$12,156 over FY2016 level. Fee for service format would track varying intensity of support referred to in plan narrative.

**Target Population:** people with ID/DD living in Champaign County who benefit from support in order to live in the community; less intensive support than in CILA; residence is an apartment or house of the person's choice, or an apartment building owned by DSC (houses 24 people.)

***Staff Assessment:*** this section also addresses the range of hours of service, from 1 to 40 per month per person, based on individual needs; 20 people have no other support, and 17 have significant health issues.

**Service Description/Type:** assist people in learning and maintaining life skills in a safe environment; ongoing support in areas not mastered; increased support for those with health issues which challenge independent living. Individualized, can include money management, household management, community integration supports, self-advocacy, support for healthcare. 24 hour crisis response.

***Staff Assessment:*** this section describes staff-training specific to this work and to the individuals served, collaboration with other agencies and benefits programs, rent calculation for the DSC owned apartment units (30% of income,) and use of subsidized housing by many others in the program.

**Alignment with ID/DD Priorities, Through the "Lens of Integration."** Does the application:

- Focus on a person's control of his/her day and life? YES, through a person-centered plan and aligned with Council on Quality and Leadership values.
- Support a person building connections to the broader community? YES - referenced.
- Support a person participating in community settings of their choice and in ways they desire? Not explicitly.
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? YES – referenced.
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? NO.
- Incorporate Employment First principles? NO.
- Acknowledge support and encouragement of self-advocacy? YES.
- Address cultural competence and outreach to underserved populations? *See attached evaluation of agency CLC plan, and residency and demographic data below.* Plan narrative notes that many people from rural areas of the county choose to relocate to urban area for increased access to housing, work, transportation, etc. Outreach to underserved townships and to members of ethnic or racial minority groups is mentioned but not detailed.

**Alignment with Other ID/DD Priority:** Stated focus is Individualized Residential Support Options, carried from previous year's application.

**Program Performance Measures:**

**Consumer Access:** referral process is described in detail, referencing urgency of need and program's ability to serve. A measure related to timeliness is included: 30 days from residential referral to review by Admissions Committee. Target will be for 90% of all referrals.

**Staff Assessment:** *this section also includes a note that all who are on waiting lists for services are referred to Champaign County Regional Planning Commission's Independent Service Coordination unit for PUNS enrollment, toward state Medicaid waiver funding. A later section notes that all persons served in the program are also referred to PUNS. Is there a possibility they are ineligible for Ligas class membership by virtue of receiving county-funded services?*

**Consumer Outcomes:** Two measures currently tracked will continue in FY17: progress toward individuals' independent living skills objectives (80% target, with 91% actual at mid-year FY16); and supporting individuals to explore new activities (target is 35 opportunities, with 19 at mid-year FY16.) Encouraging people to "explore culturally diverse activities" and use personal support networks.

**Utilization/Production Data:**

FY 17 Targets: 60 continuing TPCs and 3 new TPCs, as in previous two contract years. Will continue to report service hours.

FY16 (\$405,185) Mid-Year: 1 SC against no target; 57 continuing and 2 new TPCs against target 63; hours = 3734.

FY 15 (\$405,185): 1 CSE against no target; 10 SCs against no target; 60 continuing and 4 new TPCs against target 63; hours = 10,658.

**COUNTY WIDENESS**

FY16 Mid-Year: 46% Urbana, 49% Champaign, 2% Rantoul, and 3% Other CC, of 59.

FY15: 56% Urbana; 39% Champaign; 1% Rantoul; 4% Other CC.

**DEMOGRAPHICS**

FY16 Mid-Year: 81% are 19 to 59, and 19% are 60 and up; 3% are Asian/PI, 10% Black/AA, 2% Other, and 85% White; 2% are of Hispanic or Latino origin, 98% not; 41% are female, and 59% male.

FY15: 83% were 19 to 59, and 17% 60 and up; 3% were Asian/PI, 12% Black/AA, 2% Other, and 83% White; 2% were of Hispanic or Latino origin, 98% not; 44% were female, 56% male.

**Staff Assessment:** *includes notes about DSC-owned building rent adjustment to changes in income, effort to capture state funding (Home Based Support) and not charge individuals with HBS to this contract. As people receive HBS funding, this program will take on new cases through county funding.*

**Financial Information:**

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PY17 CCDDDB/CCMHB Funding Request: \$417,341  
PY17 Total Program Expenses: \$520,949 (deficit = 9,262)

Program Staff – CCDDDB/CCMHB Funds: 8.16 Direct FTE and 0.57 Indirect FTE  
Total Program Staff: 10.20 Direct FTE and 0.73 Indirect FTE

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid? YES.  
Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? YES.

**Staff Assessment:** *As direct staff, charges 80% of 8 full-time Apartment Services Case Managers and one Community Living Coordinator, 52% of Program Director, 36% of RN Coordinator, and 4% of RN and LPN. Indirect staff costs are 4% and less of 19 positions (HR, accounting, maintenance, admin.)*

**Budget Narrative:** CCDDDB/CCMHB funding would comprise 82% of total program revenue, with 13% state funding (HBS, for individuals, and reimbursement for training, allocated), and 5% United Way. Expense line items (with 2% salary increase and estimated 10% health benefits increase) are described in the **Budget Narrative** in detail (some program-specific, often related to staff offices, some allocated) - benefits, professional fees/consultants, consumables, general operating, occupancy, conferences/staff development, local transportation (5% of budget, appropriate to the program's service activities), etc. Good detail on each staff position's responsibilities to this program. Allocated Program Expense formula is referenced. Staff costs comprise 88% of CCDDDB/CCMHB budgeted expenses, 90% of total program budget.

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

**Contracting Considerations:** If this application is approved by the CCDDDB or CCMHB for funding, the applicant may be required to submit the following for staff review and approval prior to execution of the final FY17 contract:

1. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
2. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
3. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.

**Applicant Review and Input:**

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

**Recommendation:** Pending

DSC-AS

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# ***DRAFT CCDDDB PROGRAM SUMMARY FY2017***

**Agency:** Developmental Services Center

**Program Name:** Clinical Services

**Contract Format Requested:** Grant

**Funding Requested:** \$178,986

***Staff Comment:*** request is \$5,213 over FY2016 level.

**Target Population:** Residents of Champaign County who have ID/DD, any age. Includes persons not otherwise involved with agency programs.

***Staff Assessment:*** includes detail on the wide range of costs of services to each person, referral process, and note that none have Medicaid-waiver funding to cover the services. Because this program previously served people who had insurance, including Medicaid, but limited access to participating providers, the statement may represent a shift in patient practices.

**Service Description/Type:** psychological assessments (to establish eligibility and to track changes in functioning) for 5% of current funding; counseling (assessment, planning, crisis, short and long term counseling services) for 70%; psychiatric services (assessment, med review, crisis) for 25%; and consultation with treatment teams.

***Staff Assessment:*** includes detail on service locations (agency and community) and staff credentials (licensed clinical psychologist, 5 licensed clinical social workers, 3 licensed clinical professional counselors, 1 licensed professional counselor, 1 psychiatrist, one speech therapist, and one occupational therapist.) States that ID/DD must be re-established periodically for some community supports but does not specify which supports have this requirement.

**Alignment with ID/DD Priorities, Through the “Lens of Integration.”** Does the application:

- Focus on a person’s control of his/her day and life? Not directly, but promotes positive behavioral and physical health.
- Support a person building connections to the broader community? Not directly.
- Support a person participating in community settings of their choice and in ways they desire? YES with regard to some types of support and location.
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? Not directly.
- Systematically identify and mobilize a person’s capabilities and create access to community associations, workplaces, and learning spaces? Not directly.
- Incorporate Employment First principles? NO.
- Acknowledge support and encouragement of self-advocacy? YES – referenced.
- Address cultural competence and outreach to underserved populations? YES. Outreach to rural residents is approached through DSC staff presence at school IEPs and Multi-Disciplinary Conferences throughout the county, website, professional and parent networks, Transition Planning Committee, interagency collaborations. *See demographic and residency data in Utilization section below and agency CLC review is attached.*

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**Alignment with Other ID/DD Priority:** Flexible Family Support.

**Program Performance Measures:**

**Consumer Access:** Self-referral and referral by family members, professionals, or others in a person's support network. Urgency of need is considered, other community and payment options identified or ruled out, and people are served as consultants have capacity. Includes a measure for monitoring the consultants' billings and case notes for all 70 of those to be served, as in current year. Detail is provided on this and other documentation of these services.

**Staff Assessment:** *includes a comment about effort to identify options billable to insurance and alludes to treatment needs associated with ID/DD (i.e., some Medicaid providers may be less effective/less available.) Given capacity demands and the changes in publicly funded insurance, a measure of the impact of the stated efforts would be appropriate. This program may become a resource for Medicaid providers ready to improve their service to this population - through training or coordination of care – creating capacity and improving outcomes.*

**Consumer Outcomes:** Three measures are identified. The first is a quarterly review of the progress of each counseling arrangement, for 100% of cases, as in FY16 (and met so far.) The second is for progress review “on a regular basis” in psychiatric practice, with med reduction when possible, also for 100% of cases, as in FY16. The third is a measure of consumer satisfaction, target 90%, although the method is not described. Consumer choice, input from direct support staff, and a case study with positive outcome are also described.

**Utilization/Production Data:**

FY 17 Targets: 2 Community Service Events – public presentations, consultations with community groups or caregivers, and small workshops. 15 Service Contacts – information and referral contacts initial screenings, and crisis services. 61 Continuing and 5 New Treatment Plan Clients (people served in other agency programs) plus 1 Continuing and 3 New NTPCs (people not otherwise involved with the agency.)

FY16 (\$173,773) Mid-Year: 2 CSEs against target 2; 8 SCs against target 25; 61 continuing and 7 new TPCs against target 66; 2 continuing NTPCs against target 4. Seven people received more than one type of service.

FY 15 (\$173,773): 3 CSEs against target 2; 21 SCs against target 25; 63 continuing and 10 new TPCs against target 86; 3 continuing and 82 new NTPC against target 4. Twenty people received more than one type of service.

**COUNTY WIDENESS**

FY16 Mid-Year: 33% Urbana, 54% Champaign, 1% Mahomet, 7% Rantoul, 4% Other CC, of 70.

FY15: 34% Urbana, 55% Champaign, 1% Mahomet, 5% Rantoul, and 5% Other CC.

**DEMOGRAPHICS**

FY16 Mid-Year: 1% are 7 to 12, 90% are 19 to 59, and 9% are 60 and up; 1% are Asian/PI, 17% Black/AA, and 81% White; 1% are of Hispanic or Latino origin; 41% female and 58% male.

FY15: 3% were 7 to 12, 1% were 13 to 18, 90% 19 to 59, and 6% 60 and up; 1% were Asian/PI, 16% Black/AA, and 83% White; 1% were of Hispanic or Latino origin, 99% not; 40% were female, 60% male.

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**Financial Information:**

PY17 CCDDDB/CCMHB Funding Request: \$178,986  
PY17 Total Program Expenses: \$179,396

Program Staff – CCDDDB/CCMHB Funds: 0.88 direct FTE and 0.62 indirect FTE  
Total Program Staff: 0.88 direct FTE and 0.63 indirect FTE

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid? YES.  
Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? YES.

***Staff Assessment:** Direct staff includes 50% of Clinical Coordinator, 15% of Program Director, 10% of a COTA, 5% of 75% of Vice President, and 4% of an RN and an LPN. Indirect staff costs are 4% and lower of 19 positions. Because the program relies primarily on subcontractors and their own facilities, the allocation of indirect staff to this program seems large, at \$32,200 (or 18% of CCDDDB/CCMHB amount.) For reference, the allocation presented for Apartment Services is 7% of CCDDDB/CCMHB amount.*

**Budget Narrative:** CCDDDB/CCMHB request is for over 99% of program revenue, with a very small amount from DHS reimbursement for training. **Expenses** are staff costs (2% salary increase and 10% health insurance increase) at 52% of CCDDDB/CCMHB budget, and consultant costs, at 46%. Small amounts for consumables, general operating, occupancy, staff development, transportation, equipment, lease/rental, membership dues, miscellaneous, and depreciation are included, based on current year actuals. **Budget narrative** explains personnel assignments and expense line items, including Specific Assistance, for which no amount appears in the expense form.

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

**Contracting Considerations:** If this application is approved by the CCDDDB or CCMHB for funding, the applicant may be required to submit the following for staff review and approval prior to execution of the final FY17 contract:

1. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.
2. As addenda, copies of all related consultant subcontracts, including payment information and contract maximums, will be provided. As people who have insurance move into practices where insurance can be billed, both parties may consider the value of cost-shifting to support these individuals with any needed care coordination or intensive case management not covered by insurance.
3. Applicant shall warrant that these services are not covered under the Illinois School Code.

**Applicant Review and Input:**

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

**Recommendation:** Pending

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## ***DRAFT CCDDDB PROGRAM SUMMARY FY2017***

**Agency:** Developmental Services Center, Inc.

**Program Name:** Community Employment

**Contract Format Requested:** Grant

**Funding Requested:** \$229,484

***Staff Assessment:*** request is an increase of \$6,684 over FY2016 level.

**Target Population:** Champaign County residents aged 18 and older, who have an intellectual/developmental disability and are seeking support to find or keep a job.

***Staff Assessment:*** program serves people who have state funding for the service but does not charge them to this contract.

**Service Description/Type:** Customized to support an individual's stated goals and needs, using: interviews with the individual and members of their support network and employers, in a person-centered discovery process; visiting and researching potential employers, exploring potential job niches (to match a job seeker's strengths) and learning from the work experiences of others; job development and trial activities; resume building and interview preparation; benefits counseling; soft skills; accommodations and adaptive tools; etc. To demonstrate successful outcomes, data are collected on: how many people secure employment and then keep it for 12 months; how many employers hire another person referred by this program and how many hire additional job seekers. Length of time to secure a job is also tracked, as are aggravating factors (limited transportation, e.g.) New job sites are developed as a result of pursuing job seekers' interests and matching with needs of employers.

***Staff Assessment:*** staff training is described in this section, includes certification by national Association of People Supporting Employment First.

**Alignment with ID/DD Priorities, Through the "Lens of Integration."** Does the application:

- Focus on a person's control of his/her day and life? YES – regarding work life.
- Support a person building connections to the broader community? YES – with regard to employment.
- Support a person participating in community settings of their choice and in ways they desire? YES – with regard to employment.
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? Not explicitly.
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? YES – by use of discovery process.
- Incorporate Employment First principles? YES – emphasis on person centered discovery and 'niche' development.
- Acknowledge support and encouragement of self-advocacy? NO.

- Address cultural competence and outreach to underserved populations? *See agency CLC review attached and summaries of current and previous years' residency and demographic data below.* Rural outreach is through school IEPs, transition events in rural areas, and involvement with the Champaign County Transition Planning Committee and Job Developers Network; limited rural employment opportunities and transportation are noted.

**Alignment with Other ID/DD Priority:** Employment Supports and Services.

**Program Performance Measures:**

**Consumer Access:** through self-referral or referral by family member, current employer, or upon transition out of high school. Best transitions are those coordinated across team members. Program also continues support for those requesting it after the DRS-funded period (90 days.) Proposes a measure of timeliness, 30 days or fewer from receipt of proof of eligibility to consideration of the case by Admissions Committee, for 90% of all cases. Referral to RPC for PUNS enrollment. Notes the value of cultural diversity and outreach to underrepresented groups, although detail is not provided here.

**Consumer Outcomes:** Supports for securing and maintaining employment are based on interviews and the subsequent employment plan. Job search follows the stated interests. Outcomes tracked are long-term employment and the engagement of 'new' businesses. One measure relates to people keeping their job for a year, with FY17 target of 75%, as in current year (mid year actual is 70%). A second measure targets 8 new employers of persons with ID/DD; the FY16 target is also 8, with mid-year actual of 3.

**Utilization/Production Data:**

FY17 Targets: 2 Community Service Events (formal presentations about the program,) 2 Service Contacts (meetings with prospective participants, tours of agency sites, visits to individuals' home, etc.), and 45 Continuing and 5 New TPCs.

FY16 (\$222,800) Mid-Year: 0 CSEs against target 2; 2 SCs against target 2; 41 continuing and 7 new TPCs against target 50; hours = 1332.25.

FY 15 (\$216,300): 2 CSEs against target 2; 2 SCs against target 2; 47 continuing and 3 new TPCs against target 50; hours = 3103.25

**COUNTY WIDENESS**

FY16 Mid-Year: 38% Urbana, 46% Champaign, 4% Mahomet, 6% Rantoul, 6% Other CC, of 48.

FY15: 40% Urbana, 44% Champaign, 4% Mahomet, 6% Rantoul, and 6% Other CC.

**DEMOGRAPHICS**

FY16 Mid-Year: 100% are 19 to 59; 4% are Asian/PI, 27% Black/AA, 2% Other, and 67% White; 4% are of Hispanic or Latino origin; 19% are female, and 58% male.

FY15: 100% were aged 19 to 59; 4% were Asian/PI, 24% Black/AA, 2% Other, and 70% White; 2% were of Hispanic or Latino origin, 98% not; 42% were female, 58% male.

**Financial Information:**

PY17 CCDDDB/CCMHB Funding Request: \$229,484

PY17 Total Program Expenses: \$374,678

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Program Staff – CCDDDB/CCMHB Funds: 2.74 direct FTE and 0.94 indirect FTE  
Total Program Staff: 4.50 direct FTE and 1.59 indirect FTE

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid? N/A.  
Program services not covered under Medicaid waiver.

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? YES.

*Staff Assessment: Direct staff assigned to the contract are: 61% of 4 Employment Specialists, 18% of Program Director, and 6% of RN and LPN. 6% and less of 19 indirect staff salaries are assigned.*

**Budget Narrative:** CCDDDB/CCMHB request is 61% of total program revenue, with other sources being DRS (37%), DHS grant (not explained in Budget Narrative, but less than 1%), and reimbursement for training through DHS (0.5%). **Expenses:** 82% of the CCDDDB/CCMHB amount relates to staff costs, 7% to transportation, 5% depreciation, and smaller amounts for professional fees, client wages, consumables, general operating, occupancy, staff development, equipment, lease/rental, membership dues, and miscellaneous. **Budget Narrative** explains each expense item, with 2% wage increase and 10% health insurance cost increase, describes duties of personnel assigned (except the LPN), and refers to Allocated Program Expense formula.

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

Audit in Compliance   X  

**Contracting Considerations:** If this application is approved by the CCDDDB or CCMHB for funding, the applicant may be required to submit the following for staff review and approval prior to execution of the final FY17 contract:

1. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
2. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.
3. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.
4. Applicant shall warrant that these services are not covered under the Illinois School Code.

**Applicant Review and Input:**

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

**Recommendation:** Pending

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# ***DRAFT CCDDDB PROGRAM SUMMARY FY2017***

**Agency:** Developmental Services Center, Inc.

**Program Name:** Connections

**Contract Format Requested:** Grant

**Funding Requested:** \$87,550

***Staff Assessment:*** request is an increase of \$2,550 over FY2016 level.

**Target Population:** people with ID/DD seeking to connect with their communities, through identifying their own interests and the connections of value to them (friends, service to others, continuing education, support group, etc.)

**Service Description/Type:** to connect people to the broader community, through individual or group activities identified by the people served and occurring at any time of day: hosts a self-advocacy group monthly and supports their fundraising activities and attendance at larger advocacy events and trainings; hosts a diabetes support/education/cooking group; connects artists to art sale events; supports participants' individual interests such as attending sports events, trying a sport, leading a "walk" (fundraiser) team, and learning a craft with interested friends.

**Alignment with ID/DD Priorities, Through the "Lens of Integration."** Does the application:

- Focus on a person's control of his/her day and life? Not directly.
- Support a person building connections to the broader community? YES – the primary goal of the program.
- Support a person participating in community settings of their choice and in ways they desire? YES – activities are identified by program participants.
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? YES.
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? Not directly.
- Incorporate Employment First principles? NO.
- Acknowledge support and encouragement of self-advocacy? YES.
- Address cultural competence and outreach to underserved populations? Notes that a person-centered process is culturally responsive. *See agency CLC review attached and summaries of current and previous years' demographic and residency data below.* Outreach to rural residents and for rural activities noted but with minimal detail.

**Alignment with Other ID/DD Priority:** Stated focus is Inclusion and Anti-Stigma Programs and Supports. Also supports Self-Advocacy Organizations.

**Program Performance Measures:**

**Consumer Access:** Includes information on how people request involvement with the program and activities of interest; determination made by Admissions Committee; staffed by those with Direct

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Support Professional (DSP) training and by agency-screened volunteers. A measure of rural access is included, that 25% of program participants will be from areas of the County other than the cities of Champaign and Urbana; FY16 target was 20%, or 14 people, with mid-year actual of 11.

**Staff Assessment:** section mentions cultural diversity as a value, agency-wide staff involvement in Cultural Diversity Committee, outreach to underrepresented groups, and interagency collaborations as an access strategy.

**Consumer Outcomes:** Two measures are described. One is to offer 20 different social activities; the current year target is 15 with mid-year actual of 18. The other measure is for self-advocates to engage in at least four culturally diverse activities; the current year target is two, with mid-year outcome of three (one a live readings event at public library.)

Utilization/Production Data:

FY17 Targets: TPCs = 60, lower than FY16 target in order focus on smaller groups. NTPCs = 15, peers who accompany but are not eligible (due to CILA funding.) Service hours and # of separate activities (target 40) are also reported.

FY16 (\$85,000) Mid-Year: 41 new TPCs against target 70; 11 new NTPCs against target 10; hours = 236.

FY 15 (\$85,000): 66 new TPCs against target 70; 21 new NTPCs against target 10; hours = 247.25 (missing Q2 hours.)

COUNTY WIDENESS

FY16 Mid-Year: 39% Urbana, 44% Champaign, 2% Mahomet, 7% Rantoul, and 7% Other CC, of 41.

FY15: 47% Urbana, 43% Champaign, 3% Mahomet, 3% Rantoul, and 4% Other CC.

DEMOGRAPHICS

FY16 Mid-Year: 93% are 19 to 59, and 7% are 60 and up; 2% are Asian/PI, 12% Black/AA, and 85% White; none are of Hispanic or Latino origin; 44% are female, and 56% male.

FY15: 86% 19 to 59, and 14% 60 and up; 3% were Asian/PI, 17% Black/AA, 80% White; 2% were of Hispanic or Latino origin; 50% were female, 50% male.

**Financial Information:**

PY17 CCDDDB/CCMHB Funding Request: \$87,550

PY17 Total Program Expenses: \$88,031

Program Staff – CCDDDB/CCMHB Funds: 1.33 FTE direct and 0.27 FTE indirect

Total Program Staff: 1.34 FTE direct and 0.27 FTE indirect

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid? YES. People with CILA funding are not funded by this contract but may attend activities and be reported as Non-TPCs.

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? YES.

**Staff Assessment:** *personnel form assigns 2% and less of 19 indirect positions to this contract, along with the following direct staff: 99% of an Employment Counselor, 15% of a Program Director, 10% of Training Coordinator, 5% of 75% of a Vice President, and 2% of RN and LPN.*

**Budget Narrative:** CCDDDB/CCMHB request is for greater than 99% of program revenue, with a very small allocated amount of DHS funding (reimbursement for training.) **Expenses:** staff costs comprise 83% of CCDDDB/CCMHB budget, with 8% for consumables and 4% conferences (appropriate to program activities) and smaller amounts for professional fees, general operating, occupancy, transportation, specific assistance, lease/rental, membership dues, miscellaneous, and depreciation. The **Budget Narrative** explains each expense item and references Allocated Program Expense formula. Two staff positions with duties related to this contract are not assigned in the Personnel form: Apartment Services Case Manager, Family Home Maintenance Tech.

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

Audit in Compliance \_\_\_X\_\_\_

**Contracting Considerations:** If this application is approved by the CCDDDB or CCMHB for funding, the applicant may be required to submit the following for staff review and approval prior to execution of the final FY17 contract:

1. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.
2. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.
3. Applicant shall warrant that these services are not covered under the Illinois School Code.

**Applicant Review and Input:**

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

**Recommendation:** Pending

## ***DRAFT CCDDDB PROGRAM SUMMARY FY2017***

**Agency:** Developmental Services Center

**Program Name:** Family Development Center

**Contract Format Requested:** Grant

**Funding Requested:** \$562,280

***Staff Assessment:*** request is for \$16,377 over FY2016 level.

**Target Population:** children from birth through age five, with/at risk of developmental disabilities, and their families.

***Staff Assessment:*** this section includes detail about use of state funds for eligible children (under 3, 30% delay in one or more areas or qualifying disability); this contract extends those services to age five and to those at risk. Comments about revenue sources and that no Medicaid is involved.

**Service Description/Type:** early detection and intervention to improve children's developmental outcomes, family-centered and promoting a coordinated system of care. Developmental screenings in various settings (primarily home), Developmental Therapy, Speech Therapy, Comprehensive Evaluation, Developmental Play Groups, Parent Support Groups, Child Care Consultation, and PLAY Project. Resource room with therapy equipment available to parents and professionals. Family-driven service planning encourages parent/caregiver advocacy.

***Staff Assessment:*** 37% of children screened in FY16 are bilingual, 41% are members of underrepresented groups. Section includes staff credentials (education and licenses) and certifications: 2 in PLAY Project; 1 an evaluator and trainer in DENVER Developmental training tool.

**Alignment with ID/DD Priorities, Through the "Lens of Integration."** Does the application:

- Focus on a person's control of his/her day and life? Parent control of planning/intervention.
- Support a person building connections to the broader community? Not directly.
- Support a person participating in community settings of their choice and in ways they desire? YES, with regard to very young children's success in classrooms.
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? Not directly.
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? YES - identifies family strengths; supports positive developmental outcomes for very young children.
- Incorporate Employment First principles? NO.
- Acknowledge support and encouragement of self-advocacy? NO.
- Address cultural competence and outreach to underserved populations? See agency CLC review attached and summaries of current and previous years' demographic and residency data below. Rural access through collaborations, events, and home visits throughout the county.

**Alignment w Other ID/DD Priority:** Comprehensive Services and Supports for Young Children.

**Program Performance Measures:**

**Consumer Access:** Several sources of referral are listed, along with collaborations between this program and other provider agencies/entities. All children referred receive an assessment and potential further evaluations, rescreenings at 3, 6, or 9 months, and referral to other services, within this program or through other providers. Section includes comments about the focus on family choice, culturally responsive services, natural supports maximized by coaching parents and other supporters, and diversity as an agency value. Uses an access measure of 90% of children having assessments completed within 14 days of evaluation; the same target is in place for current year, with a mid-year actual of 84%.

**Consumer Outcomes:** Two outcome measures are included. 90% consumer satisfaction with services, measured through satisfaction surveys with questions based on best practice (defined by Division of Early Childhood of the Council for Exceptional Children) and other requests for parents' feedback at planning and home visits: for the current contact year, the same target, with actual outcome of 100%. The second measure is for 90% of children served to make progress toward developmental outcomes, using several standardized instruments (DENVER II, Battelle, Rossetti, etc.) at intervals not exceeding six months; the current year target is the same, with actual outcome 100% at mid-year.

**Utilization/Production Data:**

FY 17 Targets: 300 Community Service Events (several named large events, classes, collaborations,) 200 Service Contacts (developmental screenings,) 435 Continuing and 220 New TPCs. Hours of service will also be reported.

FY16 (\$545,903) Mid-Year: 191 CSEs against target 300; 119 SCs against target 200; 451 continuing and 123 new TPCs against target 653; hours = 3545.5.

FY 15 (\$545,903): 370 CSEs against target 300; 252 SCs against target 200; 434 continuing and 266 new TPCs against target 653; hours = 6782.5.

**COUNTY WIDENESS**

FY16 Mid-Year: 20% Urbana, 39% Champaign, 3% Mahomet, 23% Rantoul, and 16% Other Champaign County, of 574.

FY15: 19% Urbana, 40% Champaign, 4% Mahomet, 20% Rantoul, and 15% Other CC.

**DEMOGRAPHICS**

FY16 Mid-Year: 100% are 6yo or younger; 4% are Asian/PI, 17% Black/AA, 15% Other, and 63% White; 20% are of Hispanic or Latino origin, 80% not; 41% are female, and 59% male.

FY15: 100% were 6yo and younger; 5% were Asian/PI, 18% Black/AA, 15% Other, and 62% White; 17% were of Hispanic or Latino origin, 83% not; 40% were female, and 60% male.

***Staff Assessment:*** *Unexpected/unintended results – in response to the demand for PLAY project, a third developmental therapist began the PLAY Project Home Consultant Training and is completing the certification process.*

**Financial Information:**

DSC-FDC

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PY17 CCDDDB/CCMHB Funding Request: \$562,280  
PY17 Total Program Expenses: \$738,872

Program Staff – CCDDDB/CCMHB Funds: 7.26 FTE direct staff and 0.90 FTE indirect  
Total Program Staff: 8.16 FTE direct staff and 1.24 FTE indirect

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid? YES.  
Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? YES.

***Staff Assessment:** Personnel form assigns 6% and less of 19 positions to this contract (8% of total request.) Direct positions assigned here are 76% of 4 Child Development Specialists, Speech Language Pathologist, Screening Coordinator, Program Director, and Office Manager, 61% of another Child Development Specialist, 23% of Vice President, 11% of Training Coordinator and another Program Director, 6% of an RN and an LPN.*

**Budget Narrative:** The CCDDDB/CCMHB request is for 76% of total program revenue. Other sources of revenue are Early Intervention (18%), United Way (5.7%), and DHS reimbursement for training (0.6%). Staff costs comprise 82% of CCDDDB/CCMHB budgeted expenses, with Occupancy at 5.5%, Lease/Rental at 5.4%, and 2.4%, and smaller amounts for Professional Fees/Consultants, Consumables, General Operating, Conferences, Equipment, Membership Dues, Miscellaneous, and Depreciation. The **Budget Narrative** explains each estimated revenue source, each expense line and how it was estimated (e.g., 2% salary increase and 10% health benefits increase), and the relationship of assigned personnel to this contract, with the exception of the second Program Director (Program Assurance) and the LPN. The agency's Allocated Program Expense formula is referenced, reviewed by auditors.

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

Audit in Compliance   X  

**Contracting Considerations:** If this application is approved by the CCDDDB or CCMHB for funding, the applicant may be required to submit the following for staff review and approval prior to execution of the final FY17 contract:

1. The applicant shall specify the estimated hours of each type of service to be provided for people served under this contract and tie back to the contract maximum.
2. Applicant shall warrant that these services are not covered under the Illinois School Code.

**Applicant Review and Input:**

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

**Recommendation:** Pending

# ***DRAFT CCDDDB PROGRAM SUMMARY FY2017***

**Agency:** Developmental Services Center, Inc.

**Program Name:** Individual and Family Support

**Contract Format Requested:** Grant

**Funding Requested:** \$387,428

***Staff Assessment:*** request is for \$11,284 over FY2016 level.

**Target Population:** residents of Champaign County who have intellectual and developmental disabilities, especially those with significant behavioral, medical, training, or support needs, or who are in crisis.

***Staff Assessment:*** emphasizes consumer choice, flexibility, integrated settings, wide range of costs per person depending on support needs and other resources.

**Service Description/Type:** Assessment, planning, direct staff support, social skills/social thinking training, emergency respite, home modification by independent contractor, equipment for therapy/sensory/accessibility, enhanced independent living skills training, activities throughout the county per individuals' interests (Tae Kwan Do, horseback riding, conferences, fitness clubs, e.g.) Services and supports in a variety of settings, choice-driven and community-based. Families may select part-time providers (agency screens and hires) for evening and weekend supports.

***Staff Assessment:*** staff trainings as mandated by Illinois Department of Human Services and some specific to the individuals served. Could the program meet the emergency respite needs of people transitioning to CIL-A from out of county placements (for example,) as they wait for capacity or a placement?

**Alignment with ID/DD Priorities, Through the "Lens of Integration."** Does the application:

- Focus on a person's control of his/her day and life? YES.
- Support a person building connections to the broader community? YES.
- Support a person participating in community settings of their choice and in ways they desire? YES.
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? Not explicitly.
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? NO.
- Incorporate Employment First principles? NO.
- Acknowledge support and encouragement of self-advocacy? NO.
- Address cultural competence and outreach to underserved populations? *See agency CLC review attached and summaries of demographic and residency data for current and previous years below.* Rural outreach through attending IEP meetings and Multi-Disciplinary Conferences county-wide, providing information through website, participating in the Champaign County Transition Planning Committee and other collaborations, and parent and professional networks.

DSC IFS

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**Alignment with Other ID/DD Priority:** Flexible Family Support

**Program Performance Measures:**

**Consumer Access:** Agency referral process is described (see program summary for Service Coordination,) along with practice of referring people to RPC's ISC for PUNS enrollment and statement about diversity, cultural competence, and outreach (per total agency.) A new measure of consumer access to this program is described, that in 90% of cases, Admissions Committee will consider a person's request for IFS within 30 days of documentation of eligibility being received.

**Consumer Outcomes:** Section contains a vignette to illustrate IFS' individualized supports and positive outcomes. Includes three measures of outcomes. The first is for 90% of people requesting 'community outings' to participate in at least two per month; this continues an FY16 measure, at 100% at mid-year. A second is for 100% of people receiving the service (or their guardian) to be involved in choosing the IFS provider; FY16 target and mid-year actual are also 100%. The third is a measure of satisfaction, at 90%, as the current year target.

**Utilization/Production Data:**

FY17 Targets: 2 Community Service Events (CSEs), 5 Service Contacts, 16 Continuing and 3 New TPCs (people with case records and Individual Service Plans funded by CCDDDB/CCMHB;) 25 Continuing and 6 New Non-TPCs (people with service and support records but no formal Individual Service Plans, who are funded by CCDDDB/CCMHB.)

FY16 Mid-Year: 2 CSEs against target 2; 7 SCs against target 5; 15 continuing TPCs against target 21; 28 new NTPCs against target 26; hours = 4791 (program also pays for one-time supports.)

FY 15: 3 CSEs against target 2; 9 SCs against target 5; 14 continuing and 5 new TPCs against target 21; 18 continuing and 8 new NTPC against target 29; hours = 10258 (program also pays for one-time supports.)

**DEMOGRAPHICS**

FY16 Mid-Year: 7% are 6yo or younger, 31% are 7 to 12, 24% are 13 to 18, 33% are 19 to 59, and 5% are 60 and up; 7% are Asian/PI, 7% Black/AA, 10% Other, and 76% White; 2% are of Hispanic or Latino origin, 98% not; 19% are female, and 81% male. FY15: 6% were 6yo and younger, 31% were 7 to 12, 18% were 13 to 18, 38% 19 to 59, and 7% 60 and up; 7% were Asian/PI, 9% Black/AA, 9% Other, and 75% White; 2% were of Hispanic or Latino origin, 98% not; 18% were female, 82% male.

**COUNTY WIDENESS**

FY16 Mid-Year: 29% Urbana, 36% Champaign, 17% Mahomet, 2% Rantoul, and 17% Other CC, of 42 Treatment Plan Clients and Non-Treatment Plan Clients. FY15: 34% Urbana, 36% Champaign, 16% Mahomet, 2% Rantoul, and 12% Other CC.

**Financial Information:**

PY17 CCDDDB/CCMHB Funding Request: \$387,428  
PY17 Total Program Expenses: \$448,981

DSC IFS

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Program Staff – CCDDDB/CCMHB Funds: 6.17 FTE direct staff and 0.90 FTE indirect  
Total Program Staff: 8.56 FTE direct staff and 1.22 FTE indirect

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid? YES.  
Contains a specific statement to this effect.

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? YES.

**Staff Assessment:** *The personnel form assigns portions of 6% and less of each of 19 indirect staff salaries (total cost is 11% of CCDDDB/CCMHB expenses). Direct staff salaries include: 72% of 7 Family Home Maintenance Technicians and 1 Family Home Maintenance Manager, \$16,591 overtime, \$28,812 for part-time FHMTs, 25% of Program Director, 6% of RN and LPN, and 4% for Vice President.*

**Budget Narrative:** The CCDDDB/CCMHB request is for 86% of total program revenue, with other sources being DHS-FFS (13%), and a small amount (allocated) for DHS training reimbursement. Staff costs comprise 83% of the CCDDDB/CCMHB budgeted expenses, with Specific Assistance at 5.6%, Transportation at 2%, and smaller amounts for Professional Fees/Consultants, Client Wages, Consumables, General Operating, Occupancy, Conferences/Staff Development, Equipment, Lease/Rental, Membership Dues, Miscellaneous, and Depreciation. The **Budget Narrative** provides explanation for all revenue and expense categories, with 2% wage increase and 10% health insurance cost increase; the duties of assigned personnel are described (not LPN;) agency Allocated Program Expense formula is referenced.

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

Audit in Compliance  X

**Contracting Considerations:** If this application is approved by the CCDDDB or CCMHB for funding, the applicant may be required to submit the following for staff review and approval prior to execution of the final FY17 contract:

1. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.
2. The applicant shall specify the estimated hours of each type of service to be provided for people served under this contract and tie back to the contract maximum.
3. Applicant shall warrant that these services are not covered under the Illinois School Code.

**Applicant Review and Input:**

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

**Recommendation:** Pending

DSC IFS

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## ***DRAFT CCDDDB PROGRAM SUMMARY FY2017***

**Agency:** Developmental Services Center, Inc.

**Program Name:** Service Coordination

**Contract Format Requested:** Fee for Service (FFS)

**Funding Requested:** \$410,838

*Staff Comment: request is for \$11,966 over FY2016 level. Grant format may be appropriate this year.*

**Target Population:** residents of Champaign County who have intellectual and developmental disabilities and have requested support for community, work, and/or home life.

*Staff Assessment: costs per person range from hundreds to several thousands of dollars, depending on individual needs.*

**Service Description/Type:** intake screening, advocacy, assessment, information services, crisis intervention, 24-hour call emergency support, intermittent direct service, individual service plan development and monitoring, coordination of emergency or nursing home placements with the region's Independent Service Coordination unit, linkage/application to services and benefits (many sources and activities are listed) and housing supports, and interaction with members of the individual's team toward person-centered services, with a focus on strengths and preferences and the most integrated settings.

*Staff Assessment: Staff are Qualified Intellectual Disabilities Professionals (QIDP) for which educational and training requirements are described. Of the services listed, a risk for conflict of interest is inherent in those associated with the assessment of need for services provided by this and other programs operated by the agency, as well as in the development and monitoring of the service plan. The value of intensive, individualized case management supports is enhanced by reduction of the risk of conflict, also aligning the services with federal standards.*

**Alignment with ID/DD Priorities, Through the "Lens of Integration."** Does the application:

- Focus on a person's control of his/her day and life? YES, through person-centered planning.
- Support a person building connections to the broader community? YES.
- Support a person participating in community settings of their choice and in ways they desire? YES – person centered planning aligned with values of Council on Quality and Leadership.
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? YES.
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? YES.
- Incorporate Employment First principles? NO.
- Acknowledge support and encouragement of self-advocacy? NO.
- Address cultural competence and outreach to underserved populations? *See agency CLC review attached and summary of current and previous years' demographic and residency data below.* Rural outreach through agency website, collaboration with other human service providers and family groups, participation in IEP and MDC meetings throughout the county as well as with the Champaign County Transition Planning Committee, and networking with professionals and parents.

**Alignment with Other ID/DD Priority:** Person Centered Planning (FY16), Flexible Family Support

**Program Performance Measures:**

**Consumer Access:** After referral and follow up contact, information is gathered to confirm eligibility and understand an individual's strengths, aspirations, support needs, preferences, interests, family and cultural considerations. If the Admissions Committee determines the agency has capacity consistent with these, services are offered. All on agency waiting lists or requesting services are referred to RPC for PUNS enrollment. Two measures of access are identified. The first is for 90% of intakes to be presented to Admissions within 30 days of eligibility documentation; target for FY16 is also 90%, and at mid-year, performance was 100%. The second measure is for initiation of contact with 100% of those on waiting lists, by 9/30/16; current year target was 100% and met.

**Consumer Outcomes:** This section attributes to this funding source an increased range of services and numbers of people served, notes greater need for direct supports, gives example of critical support (investigations of abuse, subsequent residential placement, state guardianship, and coordination with two attorneys), and identifies two outcome measures. The first is for 90% customer satisfaction (presumably by surveys, as described in other applications); the current year target is also 90%, with data not yet available. The second measure is for completion of 40 Personal Outcome Measure (POM) interviews (per Council on Quality and Leadership); FY16 target is 25; although mid-year outcome was 7 (interviews take longer than expected,) it may be met.

**Utilization/Production Data:**

FY 17 Targets: 303 unduplicated individuals as Treatment Plan Clients, or those with case records and Individual Service Plans, charged to this contract. Non Treatment Plans have records of service and supports but no ISP, charged to this contract.

FY16 (\$397,872) Mid-Year: Fee for service contract, with 302 TPCs against target 305, billing per member per month. # of people receiving intake is not reported. (Section includes note that suspension of state funded Respite Program resulted in decrease of TPCs.)

FY 15 (\$397,872): Fee for service contract, with 313 TPCs against target 360 (does not include # of people in intake,) and 9,813.75 total service hours.

**COUNTY WIDENESS**

FY16 year to date: 30% Urbana, 42% Champaign, 5% Mahomet, 6% Rantoul, 17% Other CC.

FY15: 30% Urbana; 43% Champaign; 6% Mahomet; 7% Rantoul; 14% Other CC.

**DEMOGRAPHICS**

FY16 year to date: less than 1% under 5 years of age, 2% are 6 to 18, 91% are between 19 and 64, and 5% are over 64; 3% are Asian, 17% Black/African American, 2% Other, 75% White; 1% are of Hispanic/Latino origin; 43% are female and 57% male.

FY15: less than 1% under 5, 1% aged 6-18, 91% 19 to 64, and 7% were 64 or older; 3% were Asian/PI, 16% Black/AA, 2% Other, and 78% White; 2% were of Hispanic or Latino origin; 43% were female, 57% male.

**Financial Information:**

DSC-SC

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PY17 CCDDDB/CCMHB Funding Request: \$410,838  
PY17 Total Program Expenses: \$710,792 (deficit of \$143,112)

Program Staff – CCDDDB/CCMHB Funds: 7.36 FTE direct staff and 0.61 FTE indirect  
Total Program Staff: 12.67 FTE direct staff and 0.94 FTE indirect

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid? YES.  
Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? YES.

*Staff Assessment: Personnel form assigns 4% and less of the salaries of 19 indirect staff positions (and a small amount of overtime,) for a total cost of \$28,710 or 7% of the CCDDDB/CCMHB request. Direct staff assigned to this contract are: 58% of 10 Case Coordinators/QIDPs (and associated overtime), Developmental Instructor, 32% of RN Coordinator, 29% of Program Director and Clinical Coordinator, and 4% of RN and LPN.*

**Budget Narrative:** The CCDDDB/CCMHB request is for 72% of total program revenue, with other sources DHS FFS (27%), and DHS reimbursement for training (0.7%). Staff costs comprise 88% of the CCDDDB/CCMHB budgeted expenses. Other expenses assigned to this contract are: Professional Fees/Consultants, Consumables, General Operating, Occupancy, Conferences/Staff Development, Local Transportation (2.6%), Equipment Purchases, Lease/Rental (1.8%), Membership Dues, Miscellaneous (1.5%), and Depreciation. **Budget Narrative** notes DHS FFS without detail; each expense line item is explained, with many based on current and previous year actual costs, and describes the responsibilities of assigned personnel, except for LPN; Developmental Instructor is here referred to as Consumer Appointment Facilitator (appropriate to the program activities.) Agency Allocated Program Expense formula is referenced.

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

Audit in Compliance \_\_\_X\_\_\_

**Contracting Considerations:** If this application is approved by the CCDDDB or CCMHB for funding, the applicant may be required to submit the following for staff review and approval prior to execution of the final FY17 contract:

1. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.
2. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
3. Applicant shall warrant that these services are not covered under the Illinois School Code.

**Applicant Review and Input:**

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

**Recommendation:** Pending

DSC-SC

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Illinois Association of Microboards and Cooperative**

CCMHB/CCDDB will review all CLCP plans submitted with FY 2017 applications for funding, with particular attention to benchmarks for each of the following action areas:

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

**Overall CLC Plan Comments**

**The CLCP template was followed. There are specific timeframes and accountability to the actions. It is recommended that you provide examples of the connections**

**Cultural Competence Training**

*Board of Directors and staff will complete CLC training by March 2017.*

Comments:

**Recruitment of a diverse Board and Staff**

- Utilize connections from underserved communities to promote employment opportunities.

Comments: It is recommended a recruitment of a diverse board of directors is included as well.

**Cultural Competence Organizational Assessment/Evaluation**

- Families and individual's complete satisfaction survey and give feedback
- Provide alternative forms of surveys to accommodate various needs
- Provide opportunities for team and relationship building among program participants.

Comments:

**Policies and procedures which reflect Cultural Competence values**

- Staff is trained to ensure that person-centered, culturally competent approach is utilized.
- Board Members and Staff will review and sign new Cultural Competence Plan

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Illinois Association of Microboards and Cooperative**

Comments:

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

*Participate in 3-4 community events to promote awareness of and interest in programs*

Comments:

**Inter-Agency Collaboration**

- *Develop diverse community partners (parent groups, advocacy groups, university departments, community groups)*
- *Presentations to 2 college or university classes and 2 local organizations.*
- *Continued participation in Disability Expo planning, local parent groups, and statewide organizations such as the Arc of Illinois and the Ligas Parent Advisory Committee.*
- *Cooperative agreements with interpreters.*
- 

Comments:

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## ***DRAFT CCDDDB PROGRAM SUMMARY FY2017***

**Agency:** Illinois Association of Microboards and Cooperatives

**Program Name:** Champaign County Advocacy Training (2017)

**Contract Format Requested:** Grant - NEW

**Funding Requested:** \$83,000

**Target Population:**

Adults from Champaign County with intellectual and developmental disabilities and their families.

**Service Description/Type:**

The program will provide a series of eight training events to be held at the YMCA in Champaign County. Each of these eight sessions will be for an entire day, and will be scheduled on a monthly basis. The participants (25-30 people) will be a balance of people with I/DD and family members. Between the monthly sessions, participants will be assigned homework and meet for discussions and small group projects to reinforce information learned. Speakers at the monthly sessions will include state and national experts in a variety of fields.

The program will be open to people from anywhere in Champaign County, and arrangements for car-pooling or stipends will be available for transportation. Respite care will also be made available to participants.

This program is a customized version of "Partners in Policymaking," a model established in Minnesota which is designed to be a statewide advocacy training model.

**Alignment with ID/DD Priorities, Through the "Lens of Integration."** Does the application:

- Focus on a person's control of his/her day and life? YES – The project outcomes are focused on advocacy to attain this goal.
- Support a person building connections to the broader community? YES – emphasis is on inclusion and advocacy.
- Support a person participating in community settings of their choice and in ways they desire? YES – the training has a component on self-direction and independence.
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? YES – this is included in the project outcomes.
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? YES – this is included in the project outcomes.
- Incorporate Employment First principles? YES – project includes understanding of why Employment First is important.
- Acknowledge support and encouragement of self-advocacy? YES, this is also a component of the training.
- Address cultural competence and outreach to underserved populations? NO – this is not explicitly mentioned. *See agency Cultural and Linguistic Competence review attached.*



**Alignment with Other ID/DD Priority:** Advocacy for People with I/DD

**Program Performance Measures:**

**Consumer Access:**

Outreach for selection of participants will start in July 2016 with outreach to local organizations and school districts. People will have to apply to participate. Selection of participants will try to get a cross section representative of different communities in the county. Other criteria will include the potential for developing into strong advocates for I/DD. The first session will begin in September 2016. Includes a measure for 100% of participants to be identified by August 30, 2016. Participation and engagement will be tracked.

**Consumer Outcomes:**

People who complete the program will have information about I/DD necessary to become strong advocates, along with the following competencies: an understanding of the history of I/DD services and perceptions of people with I/DD; the Parents Movement; self-advocacy and the independent living movement; benefits of inclusive education; understanding of service coordination system and services available; importance of person centered planning and self-direction; choices and control of Person Centered Planning; state of the art technologies for people with I/DD; importance of supported competitive employment; options and supports for alternative living arrangements; understanding of flexible supports for families and a true system of community supports; and the changes in life style over a person's life span.

*Staff Assessment: this section does not appear to include a quantifiable measure of outcomes.*

**Utilization/Production Data:**

Twenty-five people, comprised of 10 with I/DD and 15 family members. The total service contacts are estimated to be 600 with 8 community service events.

**Financial Information:**

PY17 CCDDDB/CCMHB Funding Request: \$83,000

PY17 Total Program Expenses: \$87,100

Program Staff – CCDDDB/CCMHB Funds: FTE: 0.75

Total Program Staff: FTE: 0.75

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid? N/A – these are most likely not Medicaid billable services

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? YES

**Budget Narrative:** The project is to be primarily funded with CCMHB/CCDDDB funds with about \$4,100 in additional revenue (in-kind and contributions). The narrative provides adequate explanation about how CCMHB/CCDDDB funding is to be used.

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

Not Applicable \_\_\_X\_\_\_

IAMC-CCAT

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*Staff Comments: New Application*

**Contracting Considerations:** If this application is approved by the CCDDDB or CCMHB for funding, the applicant may be required to submit the following for staff review and approval prior to execution of the final FY17 contract:

1. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.
2. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.

**Applicant Review and Input:**

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

**Recommendation:** Pending

## ***DRAFT CCDDDB PROGRAM SUMMARY FY2017***

**Agency:** Illinois Association of Microboards and Cooperatives (IAMC)

**Program Name:** IAMC Building Inclusive Communities (2017)

**Contract Format Requested:** Grant

**Funding Requested:** \$64,278

**Target Population:** People with I/DD who have challenging and complex service needs and could benefit from community-based circles of support. This cohort may or may not be receiving services and have services needs not met by the existing service system.

**Service Description/Type:** Training and technical assistance for a minimum of ten people with I/DD and their family and friends to create formal microboards or informal support circles to enhance their quality of life. The program will include a PATH Person Centered Plan along with technical assistance and support to achieve the person's goals and objectives vis a vis their PATH plan.

**Alignment with ID/DD Priorities, Through the "Lens of Integration."** Does the application:

- Focus on a person's control of his/her day and life? YES – project outcomes are focused on planning/training to attain this goal.
- Support a person building connections to the broader community? YES – emphasis is on inclusion and advocacy.
- Support a person participating in community settings of their choice and in ways they desire? YES – the Project uses PATH as a component for self-direction and independence.
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? YES – this is included in the project outcomes.
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? YES – this is included in the project outcomes.
- Incorporate Employment First principles? YES – project supports these principles.
- Acknowledge support and encouragement of self-advocacy? YES, this is a component of the PATH process.
- Address cultural competence and outreach to underserved populations? NO – this is not explicitly mentioned.

**Alignment with Other ID/DD Priority:** Planning for People with Challenging and Complex Service Needs

### **Program Performance Measures:**

#### **Consumer Access:**

The Provider (IAMC) will contact parent groups, self-advocacy groups, providers and other community groups to recruit participants who are underserved by the system of care, as well as people

with challenging service needs. Families and people with I/DD interested in creating new options are also appropriate for this program.

**Staff Assessment:** *does not appear to include a quantifiable measure of access. Length of engagement is expected to vary. Documentation will include attendance sheets, evaluation forms, written summaries and (pending permission) photos of individual plans.*

**Consumer Outcomes:**

For people with I/DD who are participants will have improved quality of life, extended support and stability from family, and greater acceptance and inclusion in the community. In addition: increased community based activities; movement toward independent living; employment options; volunteer opportunities; micro enterprise opportunities; development of social supports and friendships; and acquisition of new skills in daily living.

For family member participants the program will develop circles of support; sibling support and planning; increased access to information necessary to allow the person with I/DD to assume more responsibility.

**Staff Assessment:** *Many outcomes are identified, associated with people, families, and community, but they do not appear to include quantifiable measures (targets.)*

**Utilization/Production Data:** Ten people with I/DD who meet the program criteria; 200 service contacts and 5 community service events.

**Financial Information:**

PY17 CCDDDB/CCMHB Funding Request: \$64,278  
PY17 Total Program Expenses: \$66,778

Program Staff – CCDDDB/CCMHB Funds: FTE: 0.75  
Total Program Staff: FTE: 0.75

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid? N/A—these are most likely not Medicaid billable services.

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? YES

**Budget Narrative:** The project is to be primarily funded with CCMHB/CCDDDB funds with about \$2,500 in additional revenue (membership dues and contributions). The narrative provides adequate explanation about how CCMHB/CCDDDB funding is to be used.

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

Not Applicable \_\_\_X\_\_\_

**Staff Comments:** *New Application*

**Contracting Considerations:** If this application is approved by the CCDDDB or CCMHB for funding, the applicant may be required to submit the following for staff review and approval prior to execution of the final FY17 contract:

IAMC-IBIC

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1. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.
2. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
3. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.
4. Applicant shall warrant that these services are not covered under the Illinois School Code.

**Applicant Review and Input:**

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

**Recommendation:** Pending

**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**PACE, Inc.**

CCMHB/CCDDB 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- Yes
2. Diverse Board and Staff Recruitment- Yes
3. Cultural Competence Organizational Assessment/Evaluation- Yes
4. Implementation of Cultural Competence Values in Policy and Procedure-Yes
5. Outreach and Engagement of Underrepresented Populations defined in the Criteria-Yes
6. Inter-Agency Collaboration- Yes

**Overall CLC Plan Comments**

*The CLCP followed the format that outlined in the application. It is recommend that you Board of Directors participates in the cultural diversity in-service. There was timeframe provided for all of the action steps. There was plan of action outlining the specific process for recommending members and nominations for the Diversity Advisory Board.*

**Cultural Competence Training-**

*PACE staff will sponsor and attend a Cultural Diversity in-service series to increase awareness of the changing needs of the service area's communities*

**Comments:**

**Recruitment of a diverse Board and Staff**

*Ensure that individuals of diverse backgrounds are included in policy-making and program development*

*Ensure that individuals of diverse backgrounds are integrated into Board and staff positions and volunteer opportunities.*

*Contacts are being made with community groups to help establish a community presence for Diversity Advisory Group.*

**Comments:**

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**PACE, Inc.**

**Cultural Competence Organizational Assessment/Evaluation**

*Assess and modify the physical to ensure access for clients. There was an issue with lighting in the lobby area. Modifications were made to the lighting to ensure that some of the clients had more light. Light covers were removed from ceiling fixtures which made the reception area too dark for some consumers.*

**Comments:**

**Policies and procedures which reflect Cultural Competence values**

*Integrate consumers into Board and staff positions and volunteer opportunities.*

**Comments:**

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

*PACE staff will sponsor and attend a Cultural Diversity in-service series to increase awareness of the changing needs of the service area's communities*

*PACE will continue to translate PACE brochures into Spanish and to acquire other materials in Spanish and other languages. This is one of the Committee's priorities.*

*Provide a program specific to people 55 years and over who have visual impairments*


**Comments:**

**Inter-Agency Collaboration**

*PACE, Inc. provides a list of sign language resources available on their website. In addition, ASL classes are taught.*

*Members of PACE, Inc. participate actively in the Human Services Council of Champaign County.*

**Comments:**



## ***DRAFT CCDDDB PROGRAM SUMMARY FY2017***

**Agency:** PACE, Inc.

**Program Name:** Opportunities for Independence

**Contract Format Requested:** Grant

**Funding Requested:** \$54,546

*Staff Assessment: request is for \$24,546 over FY2016 level; FY2014 contract maximum was \$58,623. Fee for service format would capture the varying levels of service provided according to individuals' needs and choices.*

**Target Population:** residents of Champaign County who have ID/DD, meeting all of the current eligibility requirements established by IDHS-DDD, and who request support from the agency, a Center for Independent Living (CIL) serving people of all disabilities. A new target population is included, young people who desire support in developing the skills to transition from secondary education to post-secondary or employment. Employment services for this population would potentially be through the agency's new WIOA-based initiative.

*Staff Assessment: includes details of eligibility criteria and needs assessment. The former are specific to this contract, both target populations, and the latter is the agency's Independent Living Needs Assessment, developed by the Division of Rehabilitation Services and Centers for Independent Living.*

**Service Description/Type:** total agency provides linkage to other programs, agencies, and benefits; assessment of career interest, training for employment readiness and 'soft skills,' and employment support; housing search and skills training. This program also supports social skills, increasing community awareness, advocacy for greater independence/integration in all life areas, health promotion, literacy, etc. Services are delivered in group or individual settings, at agency or in community, based on Independent Living assessment, and via a person-centered and person-controlled plan.

*Staff Assessment: dignity of risk is mentioned; although Vocational Training is identified as application focus, services described in this section are much broader.*

**Alignment with ID/DD Priorities, Through the "Lens of Integration."** Does the application:

- Focus on a person's control of his/her day and life? YES
- Support a person building connections to the broader community? YES.
- Support a person participating in community settings of their choice and in ways they desire? YES.
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? Not explicitly.
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? YES.
- Incorporate Employment First principles? YES.
- Acknowledge support and encouragement of self-advocacy? YES – directly through this program, and consumer advisory board provides input to program development.



- Address cultural competence and outreach to underserved populations? *See agency CLC review attached and demographic and residency data below.* Rural outreach through mailings, newsletter, email, social media, accessible website, presentations, community events, toll free number, collaborations with state and other organizations, and input from Advisory Committee.

**Alignment with Other ID/DD Priority:** Employment Supports and Services, Self-Advocacy.

**Program Performance Measures:**

**Consumer Access:** cultural competence and diversity are discussed. There is sufficient detail on referral to the program, expectations of timeliness, and the intake process. Describes data collected for various assurances (county-wideness, personal outcomes met, enhancement of diversity) and collaborations with other agency. A quantifiable measure of access to the program does not appear to be included, although information present suggests it is measured.

**Staff Assessment:** *care is taken to identify Medicaid eligibility and to avoid billing for persons with services through Medicaid Reintegration, but DD waiver (Medicaid) funding is not explicitly mentioned; increased collaboration with the RPC ISC unit regarding eligibility and the services covered under waivers helps to clarify any potential issues.*

**Consumer Outcomes:** details the agency outcome measures instrument, which tracks along the categories included in agency needs assessment, and was developed by the National Centers for Independent Living and tested in four other programs. Uses quarterly phone survey of randomly selected program participants. Method is described here and in greater detail through attachments.

**Staff Assessment:** *an attachment details 7 goals and provides the outcomes measures survey instrument. Because the 7 goals were not described within Plan Narrative section, they are not explicitly tied to the sections on access, outcomes, or utilization; all have timelines, and some have utilization targets, addressing requirements and priority areas.*

**Utilization/Production Data:**

FY 17 Targets: 35 Community Service Events; 650 Service Contacts; 14 continuing and 11 new TPCs; 35 new NTPCs. (Staff note: "Other" category can be a report of direct service hours, if contract is not Fee for Service format, and Service Contacts can be a tally of contact events or outcome activities rather than hours.)

FY16 (\$30,000) Mid-Year: 16 CSEs against target 15; 365.5 SCs against target 375 (hours); 9 continuing and 6 new TPCs against target 20; 21 new NTPCs against target 10; hours = 365.5.

FY 15 (\$29,311): 15 CSEs against target 15; 309.75 SCs against target 375 (report of hours?); 6 continuing and 6 new TPCs against target 20; 13 new NTPC against target 10; hours = 309.75.

**COUNTY WIDENESS**

FY16 Mid-Year: 27% Urbana, 50% Champaign, 5% Mahomet, 2% Other CC, of 22

FY15: 22% Urbana; 58% Champaign; 4% Mahomet; 8% Rantoul; 8% Other CC.

**DEMOGRAPHICS**

FY16 Mid-Year: 10% are 13 to 18, 80% are 19 to 59, and 10% are 60 and up; 10% Black/AA, 5% Other, and 85% White; 5% are of Hispanic or Latino origin, 95% not; 40% are female, 60% male.

FY15: 10% were 13 to 18, 80% 19 to 59, and 10% 60 and up; 5% were Asian/PI, 10% Black/AA, and 85% White; 5% were of Hispanic or Latino origin, 95% not; 35% were female, 65% male.

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**Financial Information:**

PY17 CCDDDB/CCMHB Funding Request: \$54,546  
PY17 Total Program Expenses: \$54,546

Program Staff – CCDDDB/CCMHB Funds: 1.45 FTE direct staff  
Total Program Staff: 1.45 FTE direct staff

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid? YES.  
Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? YES.

*Staff Assessment: No indirect personnel costs are assigned to this contract; direct personnel costs are 95% of the Independent Living Specialist and all of a half-time Employment & Transition Specialist, to be hired.*

**Budget Narrative:** CCDDDB/CCMHB request is the sole source of **revenue** for this program. Staff costs comprise 91% of CCDDDB budgeted **expenses**; smaller amounts are charged for consumables, general operating, occupancy, conferences/staff development, local transportation, and lease/rental. **Budget Narrative** provides detail on all agency revenue, each expense item associated with this program (with calculations), and the responsibilities of assigned program personnel.

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

**Contracting Considerations:** If this application is approved by the CCDDDB or CCMHB for funding, the applicant may be required to submit the following for staff review and approval prior to execution of the final FY17 contract:

1. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.
2. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
3. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while **minimizing** disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
4. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.
5. Applicant shall warrant that these services are not covered under the Illinois School Code.

**Applicant Review and Input:**

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

**Recommendation:** Pending

PACE-OIP



**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**United Cerebral Palsy Land of Lincoln**

CCMHB/CCDDB 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- Yes
2. Diverse Board and Staff Recruitment- Yes
3. Cultural Competence Organizational Assessment/Evaluation- Yes
4. Implementation of Cultural Competence Values in Policy and Procedure-Yes
5. Outreach and Engagement of Underrepresented Populations defined in the Criteria-Yes
6. Inter-Agency Collaboration- Yes

**Overall CLC Plan Comments-**

**Cultural Competence Training-**

- *Board of directors has allotted minimum of 2 hours for each staff person to take CLC Training*
- *It is required all staff to have at least 2 hours of CLC Training annually.*
- *The annual training curriculum through Relias Learning Management System will be reviewed and revised to reflect our commitment to diversity and cultures reflective of our central Illinois communities. Changes to annual requirements will be made as identified.*

Comments:

**Recruitment of a diverse Board and Staff**

*The Human Resources Manager will contact local churches, job fairs offered through minority organizations to expand UCP's applicant pool*

Comments: There was no action on the recruitment of a diverse board.

**Cultural Competence Organizational Assessment/Evaluation**

- *Annually review/revise the Board policies on accessibility and compliance*

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**DRAFT**  
**2017 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**United Cerebral Palsy Land of Lincoln**

- *Annual review of accessibility plan with goals to address barriers to services*

Comments: It is recommended the staff participates in a cultural competence assessment to measure the awareness of culturally responsive values.

**Policies and procedures which reflect Cultural Competence values**

**" UCP recognizes that a plan may include considerations for persons served, personnel and other stakeholders in the following areas: culture, age, gender, sexual orientation, sexual orientation, spiritual beliefs, socioeconomic status, and language."**

Questions: 1. Is ethnicity/race included in considerations for persons served, personnel and other stakeholders, when creating a plan?

- *All staff must sign and read the CLC Plan within an allotted time period the CLC Plan is reviewed.*

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

- *Individuals/families participate in the development of the service plan with inclusion of any communication and cultural considerations in the way services will be delivered.*
- *The training curriculum for persons served will be reviewed and revised to reflect our commitment to diversity and cultures reflective of our central Illinois communities.*

Comments:

**Inter-Agency Collaboration**

Comments:

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## ***DRAFT CCDDDB PROGRAM SUMMARY FY2017***

**Agency:** United Cerebral Palsy Land of Lincoln

**Program Name:** Vocational Services

**Contract Format Requested:** Grant

**Funding Requested:** \$91,895

***Staff Assessment:*** request is for \$5,420 over FY2016 level. Could be in Fee for Service format, if rates for individual support and group work were negotiated.

**Target Population:** Champaign County residents aged 18-55, who have a developmental disability and need for training or support to secure and keep a job in the community.

***Staff Assessment:*** includes a comment that referrals come from schools, Division of Rehabilitation Services (DRS), Champaign County Regional Planning Commission, and other organizations serving people with DD.

**Service Description/Type:** for those already employed, long term job coaching and case management; for job seekers or those interested in improving job skills, vocational training and job development. After short-term DRS funding ends, an individual may continue job supports if needed to maintain employment, work toward a promotion, or increase work schedule. Individual skills, interests, preferences, and strengths are identified through assessment, interview, and career exploration, and a profile developed. Skills training can include employment etiquette, social skills, interviewing, etc. An 8-week janitorial training is available. Job development follows assessment and skills training.

**Alignment with ID/DD Priorities, Through the “Lens of Integration.”** Does the application:

- Focus on a person’s control of his/her day and life? Specific to employment.
- Support a person building connections to the broader community? Not directly but through employment in the community.
- Support a person participating in community settings of their choice and in ways they desire? YES - specific to employment settings.
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? NO.
- Systematically identify and mobilize a person’s capabilities and create access to community associations, workplaces, and learning spaces? YES – specific to employment.
- Incorporate Employment First principles? YES.
- Acknowledge support and encouragement of self-advocacy? NO.
- Address cultural competence and outreach to underserved populations? *See agency CLC review attached and summaries of current and previous contract year demographic and residency data below.* Rural access includes job development and transportation training in individuals’ preferred work settings, which could include rural employers.

**Alignment with Other ID/DD Priority:** Employment Services and Supports.

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**Program Performance Measures:**

**Consumer Access:** Referral sources are identified. Staff provide inservices about the program to other organizations. Eligibility determination is described, with a measure for 100% of cases. Timelines and events from initial contact to engagement are: 7 days from referral to scheduling of intake; 30 days to complete four vocational assessment tools determining appropriateness of service, to notify the individual, and to set a schedule for services. Each case file contains Multi-Disciplinary Conference, UCP Individual Service Plan, Monthly Progress Reports.

***Staff Assessment:*** "CCRPC Case Manager to determine whether they meet the eligibility requirements for the program" is presumed to refer to CCRPC Independent Service Coordination staff and eligibility requirements of IDHS-DDD programs. The measure for 100% eligibility is important for compliance with CCDDDB funding guidelines.

**Consumer Outcomes:** Values and strengths of the agency are described, along with several recognitions, including for continuous quality improvement. Two outcomes for the program relate to utilization targets. On behalf of 20 new people using extended job supports/coaching, staff have monthly employer contacts toward finding employment; 10 participants in vocational training will be involved in training or employment search three times per week. Section includes detail on services specific to each category/outcome.

**Utilization/Production Data:** Section contains information about person-centered planning and individuals' goals, collection of data on program activities and individuals' participation and progress, feedback from program participants, and documentation of direct service hours.

FY 17 Targets: 70 Community Service Events (20 inservice trainings to agencies, presentations to other groups and classes); 160 Service/Screening Contacts; 30 new and 20 continuing TPCs; and Hours = 11,000 (300 hours for each of 30 new people and 100 hours for each of 20 continuing.)

FY16 (\$86,475) Mid-Year: 37 CSEs against target 70; 34 SCs against target 160; 8 continuing and 4 new TPCs against target 50; hours = 1693. At mid-year, 7 people are employed in the community with job coach support.

FY 15 (\$86,475): 59 CSEs against target 70; 97 SCs against target 120; 23 TPCs against target 30; hours = 1398.

**COUNTY WIDENESS**

FY16 Mid-Year: 42% Urbana, 33% Champaign, 25% Other Champaign County, of 12.

FY15: 48% Urbana; 22% Champaign; 13% Mahomet; 17% Other CC.

**DEMOGRAPHICS**

FY16 Mid-Year: 92% are 19 to 59, and 8% are 60 and up; 33% Black/AA, and 67% White; none are of Hispanic or Latino origin (or data not available); 42% are female, and 58% male.

FY15: 100% 19 to 59; 44% Black/AA, 4% Other, and 52% White; none were of Hispanic or Latino origin; 43% were female, 57% male.

***Staff Assessment:*** The FY17 target for service hours seems high compared to FY16 and FY15 actuals and, given the total request, would cost \$8.35 per hour if the services are one on one; janitorial skills classes are included, but estimates of time are not. Could a group rate and an individual rate be identified?

UCPLL-VS

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**Financial Information:**

PY17 CCDDDB/CCMHB Funding Request: \$91,895  
PY17 Total Program Expenses: \$91,895

Program Staff – CCDDDB/CCMHB Funds: 3.83 FTE direct staff and 0.06 FTE indirect  
Total Program Staff: 32.00 FTE direct staff and 3.08 FTE indirect

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid? YES.  
Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? YES.

*Staff Assessment: the personnel forms assigns 2% of Chief Employment Officer and 1% of 2 Accounting Clerks, a Receptionist, and a Human Resources Manager, as indirect staff, and 100% of 2 Job Coaches, 50% of Job Developer, and 33% of Job Development Supervisor, as direct staff. There appears to be an error in one or more financial forms, resulting in a large deficit and not likely intended.*

**Budget Narrative:** The CCDDDB/CCMHB funding request is 100% of **revenue** for this program. Staff costs comprise 94% of CCDDDB/CCMHB budgeted **expenses**, with smaller amounts for local transportation (3%), lease/rental (1%), consumables, general operating, conferences/staff development, equipment purchases, and miscellaneous. **Budget Narrative** explains that expenses are estimated based on experience with this and similar programs operated by the agency, identifies the salaries and direct staff positions along with the relationship to this contract of the indirect staff, and shows how benefits and payroll taxes were determined.

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

**Contracting Considerations:** If this application is approved by the CCDDDB or CCMHB for funding, the applicant may be required to submit the following for staff review and approval prior to execution of the final FY17 contract:

1. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
2. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.
3. Applicant shall warrant that these services are not covered under the Illinois School Code.

**Applicant Review and Input:**

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

**Recommendation:** Pending

UCPLL-VS





14.B

**DECISION MEMORANDUM**

**DATE:** April 20, 2016  
**TO:** CCMHB Members  
**FROM:** Mark Driscoll, Associate Director  
**SUBJECT:** Approve FY2015 Annual Report

Attached for review and approval is the Annual Report for Fiscal Year 2015. The preparation of the Annual Report is a collaborative effort of staff. The report presents a financial accounting of revenue and expenditures, program allocations as well as program service totals by agency and program, and demographic and service sector charts for the past year. The Three Year Plan (FY 2016 – FY 2018) with One-Year Objectives for FY 2016 approved at the November 2015 meeting is included in the Annual Report as well.

Regarding the format of the Annual Report, the attached document has blank pages omitted that will be inserted prior to distribution. The table of contents may be adjusted to reflect the added pages but no change to content of the material presented will be made following approval by the Board.

Decision Section

Motion: Move to approve the Champaign County Mental Health Board Fiscal Year 2015 Annual Report.

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

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# Champaign County Mental Health Board

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In fulfillment of our responsibilities under the Community Mental Health Act, the Champaign County Mental Health Board (CCMHB) presents the following documents for public review:

The CCMHB's Annual Report provides an accounting to the citizens of Champaign County of the CCMHB's activities and expenditures during the period of January 1, 2015 through December 31, 2015.

The CCMHB's Three-Year Plan for the period December 1, 2016 through December 31, 2018 presents the CCMHB's goals for development of Champaign County's system of community mental health, intellectual and developmental disabilities, and substance use disorder services and facilities, with One-Year Objectives for January 1, 2016 through December 31, 2016.

Any questions or comments regarding the CCMHB's activities or the county's mental health services can be directed to the Champaign County Mental Health Board; 1776 E. Washington; Urbana, IL 61802; phone (217) 367-5703, fax (217) 367-5741.

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**Champaign County Mental Health Board**

**Fiscal Year 2015 Annual Report & Three-Year Plan 2016-2018**

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# LISTING OF 2015 BOARD MEMBERS AND STAFF

## BOARD MEMBERS

Dr. Deborah Townsend  
(President)

Dr. Deloris Henry  
(Vice-President)

Dr. Astrid Berkson

Ms. Aillinn Dannave

Dr. Susan Fowler

Dr. Thom Moore

Ms. Judi O'Connor

Dr. Julian Rappaport

Dr. Anne Robin

## STAFF

Peter Tracy  
Executive Director

Lynn Canfield  
Associate Director for Developmental Disabilities

Nancy K. Crawford  
Business Unit Comptroller

Mark J. Driscoll  
Associate Director for Mental Health and Substance Abuse Services

Stephanie Howard-Gallo  
Developmental Disabilities Contract Specialist

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## CCMHB President's Report

The President's Report is an opportunity for me to reflect on the efforts undertaken over the last year to address the needs of people living throughout Champaign County. The Annual Report itself presents financial data for the Board as a whole followed by detail of contracts awarded to various entities to deliver services throughout Champaign County and statistics on the number served by contracted program. Also included in the Annual Report is the current Three Year Plan with Objectives for the 2016 fiscal year, adopted by the Board in November 2015.

During my tenure as a member of the Board, I have found as a collective body we have faced many challenges over the years. The past year has proven to be one of the most challenging for the Board and the community we serve. The State of Illinois has not passed a budget, has issued contracts for which there is no authority to make payments for services provided in good faith, and in some cases not issued contracts, period. In the latter case, the lack of the psychiatric leadership contract was most troublesome. It was only through the close working relationship between Community Elements and Promise Healthcare, a relationship fostered in part by the Board, has enabled psychiatric services for our most vulnerable members of society to continue. For other select services the courts have had to intervene to ensure the state honors its obligations in order for providers to have the funding to deliver services. One can argue about how we got to this point or who in state government is responsible – but in the end the state must meet its constitutional obligations to service those most in need. And it is well past time for the state to do so as it is beyond the capacity of this Board to fill the void the actions of the state has created for our community no matter how strong our desire to do so or how hard we try.

On a more positive note, the Board continues to work in close collaboration with collaboration with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB). Two homes of the four homes under the jointly funded Community Integrated Living Arrangements (CILA) initiative have been purchased and one is fully occupied. Other collaborative efforts by the two Boards continue such as the Disability Resource Expo and Alliance for the Promotion of Acceptance, Inclusion, and Respect support for Ebertfest.

In an effort to improve program evaluation and outcome measurement by funded agencies the Board has engaged researchers from the University of Illinois - Department of Psychology. An initial report on the study's findings is expected later this year. The evaluation study and allocation criteria for the coming year were topics of a Board retreat. The retreat was a new and positive experience for the Board. The ACCESS Initiative funded under the SAMHSA cooperative agreement has come to a close but the Board and community stakeholders have committed to building on the successes of the Initiative through the work of the Champaign County Community Coalition. As part of the commitment the Board has hired Ms. Shandra Summerville as the Cultural and Linguistic Competence Coordinator. Progress continues to be made to address the issue of mental health services for adults involved with the criminal justice system. Mr. Leon Evans, a nationally recognized expert on the issue was brought in for a three day consultation that resulted in a collaboration between many community partners including public dialogue with the community, whose work is on-going and now manifested in the Crisis Response Planning Committee. The Committee was formed

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SECTION I: Financial Reports and Service Data

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD**

**ANNUAL FINANCIAL REPORT**

**12/01/14 - 12/31/15**

	<b>2014</b>	<b>2015</b>
	<b>13 Months</b>	
<b>Beginning of the Year Fund Balance</b>	\$ 2,064,614	\$ 1,971,236
 <b>REVENUE</b>		
<b>General Property Taxes</b>	\$ 4,037,720	\$ 4,161,439
<b>Back Taxes, Mobile Home Tax &amp; Payment in Lieu of Taxes</b>	8,332	9,725
<b>Local Government Revenue</b>	-	
<b>Champ County Developmental Disabilities Board</b>	337,536	330,637
<b>Interest Earnings</b>	1,016	1,385
<b>Gifts and Donations</b>	28,192	26,221
<b>Miscellaneous</b>	85,719	67,600
<b>TOTAL REVENUE</b>	<u>\$ 4,498,515</u>	<u>\$ 4,597,007</u>
 <b>EXPENDITURES</b>		
<b>Administration &amp; Operating Expenses:</b>		
<b>Personnel</b>	\$ 532,909	\$ 502,890
<b>Commodities</b>	9,282	11,237
<b>Services</b>	375,735	382,870
<b>Capital Outlay</b>	-	-
<b>Sub-Total</b>	<u>\$ 917,926</u>	<u>\$ 896,997</u>
 <b>Grants and Contributions:</b>		
<b>Program</b>	3,673,967	3,335,718
<b>Capital</b>	-	-
<b>Sub-Total</b>	<u>\$ 3,673,967</u>	<u>\$ 3,335,718</u>
 <b>TOTAL EXPENDITURES</b>	<u>\$ 4,591,893</u>	<u>\$ 4,232,715</u>
 <b>Fund Balance at the End of the Fiscal Year</b>	<u>\$ 1,971,236</u>	<u>\$ 2,335,528</u>

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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD**

**PROGRAM ALLOCATIONS -- FY2015**

**01/01/2015 - 12/31/15**

<b>AGENCY/PROGRAM</b>	<b>TOTAL PAID</b>
<b>CHAMPAIGN COUNTY CHILDREN'S ADVOCACY CENTER</b>	<b>37,080.00</b>
<b>CHAMPAIGN COUNTY REGIONAL PLANNING COMMISSION</b>	
Youth Access Center	26,000.00
Headstart - Social/Emotional Disabilities	20,515.00
<b>Agency Total</b>	<b>46,515.00</b>
<b>COMMUNITY CHOICES - Self Determination</b>	<b>49,998.00</b>
Community Living	57,502.00
Customized Employment	52,496.00
<b>Agency Total</b>	<b>159,996.00</b>
<b>COMMUNITY ELEMENTS - CJ &amp; Problem Solving Courts</b>	<b>72,020.00</b>
CJ Problem Solving Courts Return of Unused Revenue CY14	(4,292.00)
Crisis/Access Benefits & Engagement	214,833.00
Psychiatric/Primary Care Services	102,075.00
Early Childhood Mental Health	95,002.00
Early Childhood Mental Health Return of Unused Revenue CY14	(14,597.00)
CJ Integrated Behavioral Health	211,810.00
Parenting with Love and Limits - Front End Services	254,610.00
Parenting with Love and Limits Return of Unused Revenue CY14	(9,787.00)
TIMES Center	53,707.50
<b>Agency Total</b>	<b>975,381.50</b>
<b>COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY - Resource Connection</b>	<b>65,290.00</b>
<b>COURAGE CONNECTIONS - A Woman's Place</b>	<b>66,948.00</b>
<b>CRISIS NURSERY - Beyond Blue - Rural</b>	<b>70,000.00</b>
<b>DEVELOPMENTAL SERVICES CENTER</b>	
Individual & Family Support	188,070.00
Integrated Site Based Services	178,155.00
<b>Agency Total</b>	<b>366,225.00</b>
<b>DON MOYER BOYS &amp; GIRLS CLUB - Community Engagement</b>	<b>39,000.00</b>
Community Home	67,500.00
Engagement & Social Marketing	32,498.00
Trauma Training	15,000.00
Youth Engagement	92,895.00

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<b>Agency Total</b>	<b>246,893.00</b>
<b>EAST CENTRAL ILLINOIS REFUGEE ASSISTANCE CENTER</b>	
Refugee Support	13,000.00
<b>FAMILY SERVICE - Self Help Center</b>	
Senior Resource Center (Senior Counseling and Advocacy)	28,676.00
Counseling	142,337.00
	28,065.80
<b>Agency Total</b>	<b>199,078.80</b>
<b>MAHOMET AREA YOUTH CLUB - Universal Screening</b>	
Bulldogs Learn & Succeed Together (BLAST)	12,498.00
	15,000.00
<b>Agency Total</b>	<b>27,498.00</b>
<b>PRAIRIE CENTER FOR SUBSTANCE ABUSE - Prevention</b>	
CJ Substance Abuse Treatment	77,287.00
Specialty Courts	10,000.00
Parenting with Love and Limits - Extended Care	187,425.00
Vivitrol Pilot Program	271,903.00
Youth Services	5,094.00
	105,000.00
<b>Agency Total</b>	<b>656,709.00</b>
<b>PROMISE HEALTHCARE - Mental Health Services/Counseling</b>	
FNHC Wellness Campaign	216,000.00
	30,002.00
<b>Agency Total</b>	<b>246,002.00</b>
<b>RAPE ADVOCACY COUNSELING EDUCATION SERVICES</b>	<b>18,600.00</b>
<b>UNIVERSITY OF ILLINOIS - PSYCHOLOGICAL SERVICES</b>	
Girls Advocacy	12,502.00
Girls Advocacy Return of Unused Revenue CY14	(3,862.36)
<b>Agency Total</b>	<b>8,639.64</b>
<b>UP CENTER OF CHAMPAIGN COUNTY</b>	<b>6,000.00</b>
<b>URBANA NEIGHBORHOOD CONNECTION-Community Study Center</b>	<b>11,002.00</b>
<b>YOUTH &amp; FAMILY PEER SUPPORT - Family Engagement</b>	
Universal Screening	67,500.00
Youth Move	13,898.00
	33,462.00
<b>Agency Total</b>	<b>114,860.00</b>
<b>GRAND TOTAL</b>	<b>3,335,717.94</b>

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**SERVICE TOTALS FOR CONTRACT YEAR 2015 (7/1/14 - 6/30/15)  
BY TYPE OF SERVICE UNIT**

- CSE** = Community Service Event. Non-client specific service, e.g. public presentation, consultation advocacy for a target population, media event, workshop or community development activity.  
**SC** = Service Contact/Screening Contact. Encounter to provide information, referral, assessment, crisis intervention or general service.  
**TPC** = Treatment Plan Client. Client has a written assessment and service plan.  
**NTPC** = Non-Treatment Plan Client. Brief service is provided without a written service plan.  
**FFS** = Fee for Service. Pre-determined fee paid for defined unit of service.

**CONTRACTED AGENCIES & PROGRAMS**

	<u>CSEs</u>	<u>SCs</u>	<u>TPCs</u>	<u>NTPCs</u>	<u>FFS Units</u>	<u>Type</u>
<u>Champaign County Children's Advocacy Ctr.</u>	18	166	156	12	----	----
<u>Champaign County Head Start/Early Head Start</u>						
Social-Emotional Disabilities Services	3	843	191	232	----	----
<u>Champaign County Regional Planning Commission Social Services</u>						
Youth Assessment Center (Qc)	36	200	291	129	----	----
Youth Assessment Center (CCMHB)	72	81	292			
<u>Community Choices</u>						
Community Living	2		20		5956	15 minute
Customized Employment	4	1074	46			
Self-Determination Support	5	1036	----	162		
<u>Community Elements</u>						
AI Parenting with Love and Limits	----	----	70	----	----	----
Criminal Justice Specialty Courts			133	642		
Criminal Justice Integrated Behavioral Health		42	34	20		
Crisis, Access, Benefits and Engagement	39	4360	305	730	----	----
Early Childhood Mental Health and Dev.	143	184	217	----	----	----
Psychiatric/Primary Care Services		1349	230			
TIMES Center (Screening MI/SA)	----	309	----	315	4030	15 minute
<u>Community Service Center of Northern CC</u>						
Resource Connection	----	5663	----	1571	----	----
<u>Courage Connection</u>						
A Woman's Place	194	663	311	11	----	----
<u>Crisis Nursery</u>						
Beyond Blue	240	1343	40	106	----	----
<u>Developmental Services Center</u>						
Integrated and Site-Based Services	15	7	56	138	----	----
	<u>CSEs</u>	<u>SCs</u>	<u>TPCs</u>	<u>NTPCs</u>	<u>FFS Units</u>	<u>Type</u>
<u>East Central Illinois Refugee Assistance Center (ECIRMAC)</u>						
Family Support and Strengthening	80	----	----	----	----	----
<u>Family Service of Champaign County</u>						

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Counseling	----	405	52	----	1864 minutes
Self-Help Center	288	----	----	----	----
Senior Counseling and Advocacy	----	9517	295	1295	----
<b><u>Mahomet Area Youth Club</u></b>					
AI Universal Screening MAYC**	426	162	40	165	
AI Bulldogs Learn and Succeed Together*	382	147		708	
<b><u>Prairie Center Health Systems</u></b>					
AI Parenting with Love & Limits	----	----	46	----	----
Criminal Justice Substance Use Treatment	----	----	0	120	
Specialty Courts	14	14555	109		
Prevention Program	1055	----	----	----	----
Youth Services	17	137	120	----	----
<b><u>Promise Healthcare</u></b>					
Frances Nelson Wellness and Justice	8	490	----	88	
Mental Health Services at Frances Nelson	----	3037	510	66	----
<b><u>RACES Counseling &amp; Crisis Services</u></b>					
	74	122	46	5	
<b><u>University of Illinois - Psychological Services Center</u></b>					
AI Girls Advocacy Program**		480	13		

	<u>CSEs</u>	<u>SCs</u>	<u>TPCs</u>	<u>NTPCs</u>
<b>TOTAL GENERIC SERVICE UNITS</b>	3,115	46,372	3,623	6,515

	<u>Days</u>	<u>Hours</u>	<u>Service Encounters</u>
<b>TOTAL FEE BASED UNITS</b>		682	1,263

**Notes on Service Data**

\*\* ACCESS Initiative data are reported in the Local and National Evaluation, as required by contract with Illinois Department of Human Services.

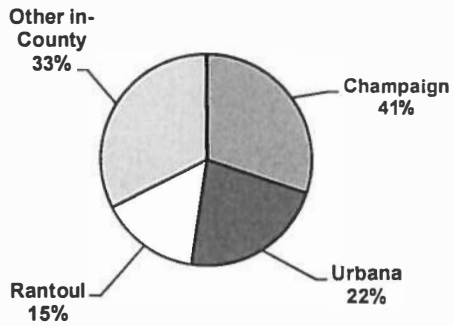
+ Data reported combined Quarter Cent and CCMHB funded services

Data are for the period of Contract Year 2015: July 1, 2015 to June 30, 2015.

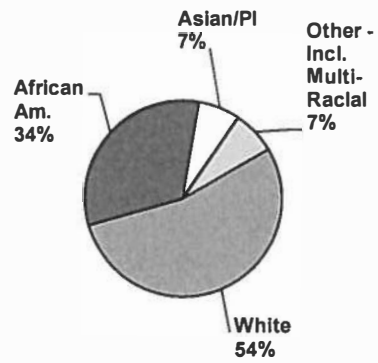
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# Demographics of Persons Served in CY15

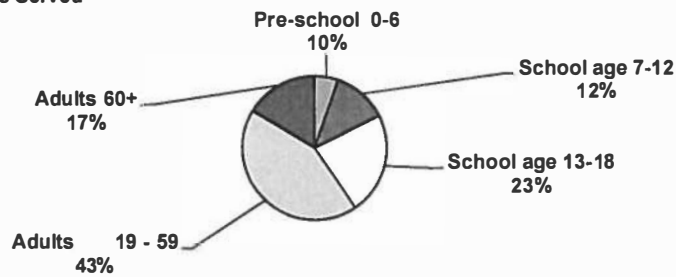
Residency of Persons Served



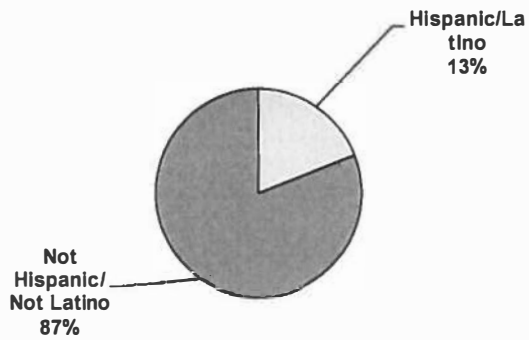
Race of Persons Served



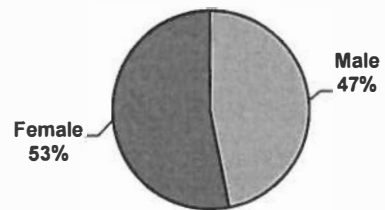
Age Distribution of Persons Served



Ethnic Origin of Persons Served



Gender Distribution of Persons Served

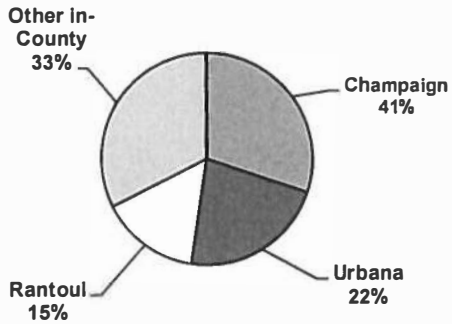


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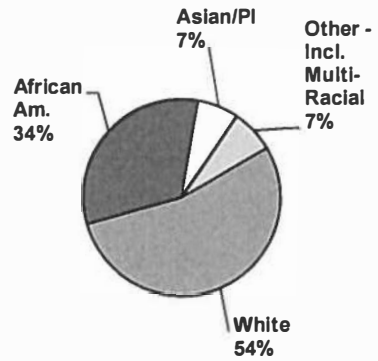
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# Demographics of Persons Served in CY15

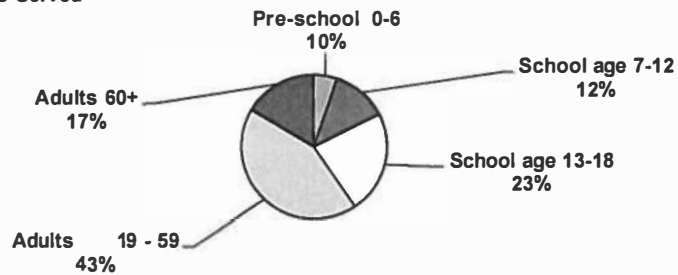
Residency of Persons Served



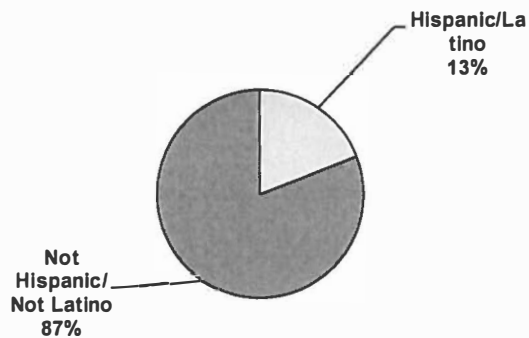
Race of Persons Served



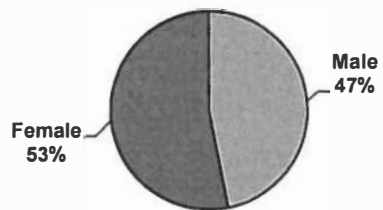
Age Distribution of Persons Served



Ethnic Origin of Persons Served



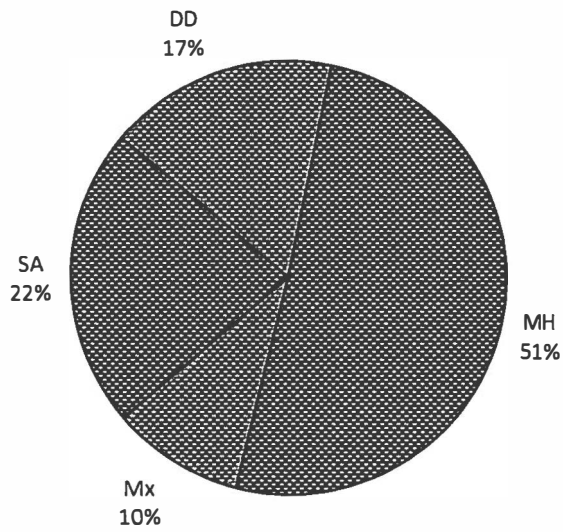
Gender Distribution of Persons Served



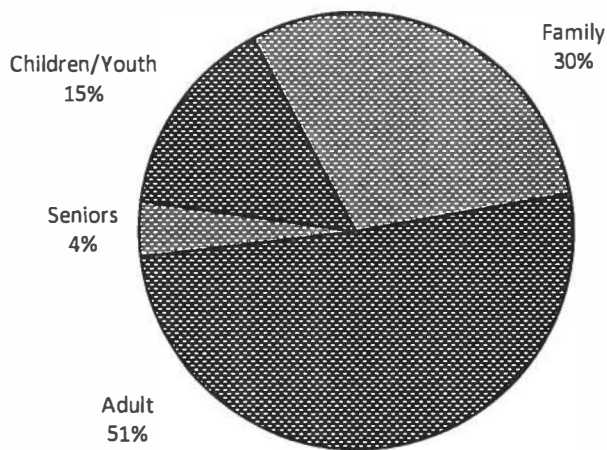
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# Funding by Sector, Population, and Service in Program Year 2015 (CY15)

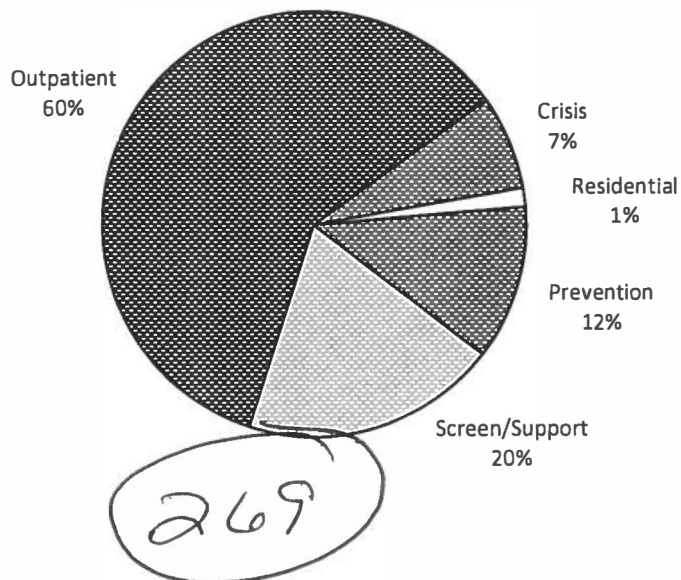
## CCMHB PY15 Appropriation by Community Mental Health Sector



## CCMHB PY15 Appropriation by Target Population



## CCMHB PY15 Appropriation by Type of Service



SECTION II: Three-Year Plan 2016-2018  
with FY 2016 One-Year Objectives

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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD**

**THREE-YEAR PLAN**

**FOR**

**FISCAL YEARS 2016 - 2018  
(1/1/16 – 12/31/18)**

**WITH**

**ONE YEAR OBJECTIVES**

**FOR**

**FISCAL YEAR 2016  
(1/1/16 – 12/31/16)**

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## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

WHEREAS, the Champaign County Mental Health Board has been established under Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. seq.) in order to "construct, repair, operate, maintain and regulate community mental health facilities to provide mental health services as defined by the local community mental health board, including services for the developmentally disabled and for the substance abuser, for residents (of Champaign County) and/or to contract therefore..."

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

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

### MISSION STATEMENT

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

### STATEMENT OF PURPOSES

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

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

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## SYSTEMS OF CARE

Goal #1: Support a continuum of services to meet the needs of individuals with mental and/or emotional disorders, addictions, and/or intellectual or developmental disabilities and their families that reside in Champaign County.

Objective #1: Under established policies and procedures, solicit proposals from community based providers in response to Board defined priorities and associated criteria using a competitive application process and during the allocation decision-making process consider multi-year term for select contract awards.

Objective #2: Expand use of evidenced informed and evidenced based/best practice models appropriate to the presenting need in an effort to improve outcomes for families with infants, children, and adolescents, as well as for adults and the elderly.

Objective #3: Promote wellness for people with mental illnesses, substance use disorders, intellectual disabilities, and/or developmental disabilities to prevent and reduce early mortality, through support services including enrollment in benefit plans and coordinated access to primary care.

Objective #4: Pursue, as feasible, development or expansion of residential and/or employment supports for persons with behavioral health diagnosis not supported through expansion of Medicaid or the Affordable Care Act.

Objective #5: As enrollment in health insurance and Medicaid managed care plans reduce the uninsured population, realign CCMHB dollars to fund services and supports outside the realm of Medicaid, e.g. Peer Supports.

Objective #6: Build evaluation capacity of contracted providers utilizing expertise of evaluators from the Department of Psychology at the University of Illinois.

Goal #2: Sustain commitment to addressing the need for underrepresented and diverse populations access to and engagement in services.

Objective #1: Support culturally responsive and family driven support networks for underrepresented populations, underserved populations, and general populations of Champaign County.

Objective #2: Require submission of a cultural competence and linguistic competence plan, and bi-annual report on the same, as evidence of the provider's capacity to provide services to meet the needs of the population served.

Objective #3: Encourage providers and other community based organizations to allocate resources to provide training, seek technical assistance, and pursue other professional development activities for staff and governing and/or advisory boards to advance cultural and linguistic competence.

Goal #3: Improve consumer access to and engagement in services through increased coordination and collaboration between providers, community stakeholders, and consumers.

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Objective #1: Encourage development of collaborative agreements between providers to increase or maintain access and coordination of services for consumers throughout Champaign County.

Objective #2: Participate in various coordinating councils whose mission aligns with the needs of the various disability populations of interest to the Board with the intent of strengthening coordination between providers in the delivery of services.

Objective #3: Explore at the Board level potential for collaboration on issues of mutual interest with the C-U Public and Health District and the Champaign County Board of Health.

Objective #4: In conjunction with the United Way of Champaign County, monitor implementation of the 211 information and referral system.

Goal #4: Continue the collaborative working relationship with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB).

Objective #1: In consultation with the CCDDB, review and revise as necessary the current CCMHB-CCDDB Intergovernmental Agreement.

Objective #2: Coordinate integration, alignment, and allocation of resources with the CCDDB to ensure the efficacious use of resources within the intellectual disability and developmental disability (ID/DD) service and support continuum.

Objective #3: Assess alternative service strategies that empower consumers and increase access to integrated settings as exemplified by the collaborative approach to the Employment First Act.

Objective #4: Concurrent with the CCDDB, continue financial commitment to expand the availability of Community Integrated Living Arrangement (CILA) housing opportunities for people with ID/DD from Champaign County.

Objective #5: Foster communication between the CCMHB and the CCDDB by holding regular meetings between the Executive Director and the Officers of the two Boards, sharing of information between the Boards, and co-sponsoring public hearings, trainings and anti-stigma events.

Objective #6: Collaborate with the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability on issues of mutual interest as exemplified by the expansion of CILA housing and joint sponsorship of events promoting acceptance, inclusion, and respect for people with ID/DD.

#### MULTI-AGENCY INVOLVED YOUTH AND FAMILIES

Goal #5: Building on progress achieved through the six Year Cooperative Agreement between the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Illinois Department of Human Services (IDHS), and the Champaign County Mental Health Board (CCMHB) implement a plan to sustain the SAMHSA/IDHS system of care model.

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Objective #1: Support the efforts of the Champaign County Community Coalition and other system of care initiatives.

Objective #2: Establish a permanent full time position to coordinate and monitor all Cultural and Linguistic Competence (CLC) activities associated with the CCMHB/SAMHSA/IDHS system of care model.

Objective #3: Continue community based partnerships and coordination of evidence based services and supports for youth and families such as occurring through CHOICES.

Objective #4: Ongoing support of a Champaign County Youth Organization in recognition of the importance of the system of care being youth-guided, with the organizations main focus peer to peer support and advocacy in Champaign County and at the state level assisting with system of care expansion.

Objective #5: Ongoing support of a Champaign County Parent Organization in recognition of the importance of the system of care being parent-driven, to continue the development of a viable parent organization to enable parent input on effectively meeting the needs of multi-system involved youth and families at the local level and at the state level assisting with system of care expansion.

Objective #6: Support System of Care Expansion in Illinois through sharing of knowledge and experience with system of care principles and practices.

Objective #7: Upon completion of the SAMHSA/IDHS Cooperative Agreement System of Care Evaluation Study Final Report schedule a presentation by the Evaluation Team on the results of the study and plans for dissemination of the study to community stakeholders.

Objective #8: Complete the closeout of the SAMHSA Children's Mental Health Initiative Cooperative Agreement.

#### CRIMINAL JUSTICE AND MENTAL HEALTH SYSTEM COLLABORATION

Goal #6: Support infrastructure development and investment in services along the five criminal justice intercept points to divert as appropriate persons with behavioral health needs from the criminal justice system.

Objective #1: Continue involvement in the Crisis Intervention Team Steering Committee in support of increased collaboration between law enforcement and crisis team response in the community.

Objective #2: Sustain efforts to engage persons with behavioral health diagnoses re-entering the community from jail or prison or with recent involvement with the criminal justice system, in treatment and other support services.

Objective #3: Maintain commitment to the Problem Solving Courts operating in Champaign County including continued participation on the Specialty Court Steering Committee.

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Objective #4: Support integrated planning and service coordination for adults involved in the criminal justice system through participation in the Champaign County Re-Entry Council.

Objective #5: Participate in "Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails" co-sponsored by the National Association of Counties (NACo), the American Psychiatric Foundation and other stakeholders, and encourage and participate in other similar collaborative opportunities aimed at improving outcomes for those with behavioral health needs involved with the criminal justice system.

Goal #7: In conjunction with the Champaign County Sheriff's Office and other community stakeholders provide an alternative to incarceration and/or overutilization of local Emergency Departments for persons with behavioral health needs through the development of the Behavioral Health Jail Diversion Initiative.

Objective #1: Serve on the Crisis Response Planning Committee, the planning body established under the Justice and Mental Health Collaboration award from the Department of Justice, and commit resources necessary to meet the matching funds requirement of the DoJ award.

Objective #2: Identify options for developing jail diversion services including a center to provide behavioral health assessments, crisis stabilization and detoxification from alcohol and/or other substances as may be necessary to serve Champaign County.

Objective #3: Secure commitment to support and sustain the development of a diversion center from vested stakeholders in the public and private sectors.

Objective #4: Form an advisory committee to develop a request for proposals associated with the Jail Diversion Behavioral Health Initiative, to evaluate proposals submitted, and make recommendations for action to stakeholders including the Champaign County Mental Health Board.

Goal #8: Support interventions for youth at risk of juvenile justice system involvement to reduce contact with law enforcement or deeper penetration into the system.

Objective #1: Support continued implementation of the Parenting with Love and Limits (PLL) program based on positive evaluation and feedback from community partners and stakeholders.

Objective #2: Monitor local utilization of Parenting with Love and Limits and pursue options as necessary to address potential excess capacity.

Objective #3: Through participation on the Youth Assessment Center Advisory Board advocate for community and education based interventions contributing to positive youth development and decision-making.

Objective #4: Through participation and engagement in the Community Coalition and other community focused initiatives, promote and encourage multi-collaborative approaches for prevention, reduction and elimination of increase in youth violence trends and activities.

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Objective #5: Promote and support those targeted interventions that specifically address African American and other minority youth disproportionately impacted in multiple systems.

Objective #6: Utilize the principals from "Models for Change" to reduce the disproportionate minority contact of law-enforcement and involvement with the juvenile justice system.

## COMMUNITY ENGAGEMENT & ADVOCACY

Goal #9: Address the need for acceptance, inclusion and respect associated with a person's or family members' mental illness, substance use disorder, intellectual disability, and/or developmental disability through broad based community education efforts to increase community acceptance and positive self-image.

Objective #1: Continue support for and involvement in the Champaign County Alliance for the Promotion of Acceptance, Inclusion and Respect signature event at Roger Ebert's Film Festival and other community education events including disAbility Resource Expo: Reaching Out for Answers and the National Children's Mental Health Awareness Week.

Objective #2: Promote substance use disorder prevention initiatives as a community education tool targeting youth and young adults.

Objective #3: Participate in behavioral health community education initiatives, such as national depression screening day, to encourage individuals to be screened and seek further assistance where indicated.

Objective #5: Encourage and support efforts to more fully integrate people with behavioral health disorders and/or intellectual or developmental disabilities into community life in Champaign County.

Goal #10: Stay abreast of emerging issues affecting the local systems of care and consumer access to services and be proactive through concerted advocacy efforts.

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

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

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

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Objective #4: Through the National Association of County Behavioral Health and Developmental Disability Directors, monitor the federal rulemaking process applying parity to Medicaid Managed Care and associated benefit plans and on the Institutions for Mental Disease (IMD) Medicaid Exclusion.

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15.A.

**Planning for the Executive Director Search for the Champaign County Mental Health Board and Developmental Disabilities Board. April 2016**

*(Note: Funds for conducting search were approved at Feb. DDB and March MH meetings.)*

**1. Establish criteria for job—see attached- Board members asked to respond with comments (April)**

**2. Executive Committee (Presidents and V-Presidents) identify the search committee membership—range of 6-8 (April) (Nominations were requested)**

- a. 2 MHB members (Fowler, Moore)
- b. 2 DDB members (Smith, Ruesch)
- c. 1-2 consumer representatives who receive services in Champaign County
- d. 2 community representatives who have backgrounds in human resources, developmental disabilities and/or mental health;

Members of the search committee report through an elected chair to both Boards. They maintain confidentiality regarding candidates until such time as the individual candidates are finalized and agree to be publicly identified.

**3. Delegate to search committee: (April to early June)**

- a) identify venues for advertising (based on staff and community input)
- b) develop rubric based on attached criteria for evaluating written applications
- c) develop initial phone interview questions and rubric for responses to interview
- d) conduct phone interviews with promising candidates
- e) based on interviews, identify top tier and request references; notify them that the search will become public
- f) conduct reference checks

**4. Bring list of finalists to both Boards for approval and make public ( June)**

**5. With Boards develop interview schedule and meet and greets that will include CCDB/MHB Board members, MHB/DDB Staff, representatives from agency/service providers who receive funding from Board as well as consumers, county and city administrators, and elected officials who indicate an interest in the process. Interview schedule to be developed by search committee once preferred candidates are identified. (June)**

**6. Conduct interviews with public notice (June-July)**

**7. Collect feedback from all concerned participants. Summarize the feedback, use this and responses to interview questions, reference checks to identify finalist(s). (June-July).**

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**8. Conduct negotiations with preferred candidate using Mental Health Board personnel policies (July-Aug)**

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# Executive Director, Champaign County Mental Health and Developmental Disabilities Boards

4/4/16

## Criteria:

- Can articulate a vision of community mental health
- background and education in a mental health or disability area
- skills as a public administrator managing a complex organization supported by public funds
- advanced degree, or baccalaureate degree with equivalent advanced experience, in a field relevant to mental health, substance abuse, developmental disabilities, or health care.
- Experience in program administration or management
- strong ability to communicate with citizens, service providers, and public officials, including preparation of reports, program evaluation, and proposal processes
- working knowledge of Medicaid Law and requirements; managed care operations; relevant State of Illinois Administrative Rules.
- reports to both the Mental Health Board and the Developmental Disabilities Board
- Collaborates with other public bodies in Illinois and appropriate national organizations
- Committed to addressing disparities in service access and efficacy; promoting cultural and linguistic competency.

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The Executive Director manages and oversees a budget of approximately \$7 million generated by referenda-based tax levies in Champaign County for the support of persons with mental health challenges, substance abuse disorders, intellectual disabilities, developmental disabilities, and related challenges. The position is funded from these tax levies. The position requires a person with a background and education in a mental health or disability area and skills as a public administrator managing a complex organization supported by public funds.

Education and experience: The minimum requirements are an advanced degree, or baccalaureate degree with equivalent advanced experience, in a field relevant to mental health, substance abuse, developmental disabilities, or health care. Experience in program administration or management is required. Evidence of strong ability to communicate with citizens, service providers, and public officials, including preparation of reports, program evaluation, and proposal processes is required. The person prepares contract terms and leads contract negotiations with applicants and providers. Additional experience includes: working knowledge of Medicaid Law and requirements; managed care operations; relevant State of Illinois Administrative Rules.

The Executive Director reports to both the Mental Health Board and the Developmental Disabilities Board, and is responsible for collaboration and coordination with other state and county-funded social services. Collaboration with other public bodies in Illinois and appropriate national organizations is expected. The Director must demonstrate a commitment to addressing disparities in service access and efficacy by promoting cultural and linguistic competency.

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