



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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, June 22, 2016

Brookens Administrative Center, Lyle Shields Room

1776 E. Washington St. Urbana, IL

5:30 p.m.

1. Call to Order - Dr. Townsend, President
2. Roll Call
3. Citizen Input/Public Participation
4. Additions to the Agenda
5. CCDDDB Information
6. Approval of CCMHB Minutes
 - A. 5/18/16 Board meeting* (**Pages 3-10**)
Minutes are included. Action is requested.
7. President's Comments
8. Executive Director's Comments
9. Staff Reports
Staff reports from Mr. Driscoll (Pages 11-12) and Ms. Canfield (pages 13-15) are included in the packet.
10. Consultant Report
Ms. Bressner will provide a verbal report.
11. Board to Board Reports
12. Agency Information
13. Financial Information* (**Pages 16-21**)

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

14. New Business

- A. *CCMHB FY 2017 Budget*(Pages 22-24)
A Decision Memo on the Fiscal Year 2017 budget for the CCMHB is included. Action is requested.*
- B. *Anti-Stigma Community Event*(Page 25)
Decision Memo on sponsorship of an anti-stigma film at the Roger Ebert's Film Festival is included in the packet. Action is requested.*
- C. *FY17 CLC Plans (Pages 26-115)
Included in the Board packet for information only are copies of the Cultural and Linguistic Competence (CLC) Plans submitted by agencies as part of their FY17 applications.*

15. Old Business

- A. *Program Evaluation Report
The Program Evaluation Committee has reviewed a draft of the report and approved moving forward with year two of the consultation. The final report will be presented by Dr. Nicole Allen and Dr. Mark Aber. The report to be distributed at the meeting.*
- B. *Executive Director Search
An update on the search process will be provided at the meeting.*
- C. *CILA Update
An oral report will be provided at the meeting.*

16. Other Business

- A. *Closed session pursuant to 5 ILCS 120/2 (c) 1 to consider the employment, compensation, discipline, performance, or dismissal of an employee**

17. Board Announcements

18. Adjournment

**Board action*

6.A.

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
BOARD MEETING**

Minutes—May 18, 2016

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

5:30 p.m.

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

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

STAFF EXCUSED: Shandra Summerville

OTHERS PRESENT: Luis Cuza, St. Patrick's Catholic Church, Juli Kartel, Sheila Ferguson, Community Elements (CE); Patsi Petrie, Champaign County Board; Lisa Benson, Kari May, Regional Planning Commission (RPC); Sue Suter, Joyce Dill, Phil Krein, CCDDDB; Dale Morrissey, Patty Walters, Danielle Matthews, Developmental Services Center (DSC); Sheryl Bautch, Family Service (FS); Nancy Greenwalt, Promise Healthcare; Brandi Granse, Head Start; Beth Chato, League of Women Voters (LWV); Sherri Rudicil, Carol Bradford, Prairie Center Health Systems (PCHS); Marcius Moore, Mahomet Area Youth Club (MAYC); Jennifer Knapp, Rebecca Obuchowski, Linda Tortorelli, Larissa Kramer, Community Choices (CC); James Kilgore, Charles Davidson, Marlin Mitchell, Tamika Davis, First Followers; Tanya Diaz-Kozlowski, The UP Center; Stephanie Record, Crisis Nursery (CN); Andy Kulczycki, Community Services Center of Northern Champaign County (CSCNCC); Sam Banks, Don Moyer Boys and Girls Club (DMBGC); Adelaide Aime, Children's Advocacy Center (CAC)

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CALL TO ORDER:

Dr. Townsend, President, called the meeting to order at 5:30 p.m.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

ADDITIONS TO AGENDA:

None.

CCDDB INFORMATION:

Dr. Krein stated the CCDDB met this morning and made funding decisions based on staff recommendations and Board review.

APPROVAL OF MINUTES:

Minutes from the 4/20/16 Board meeting were included in the Board packet for approval.

MOTION: Ms. Palencia moved to approve the minutes from 4/20/16. Ms. White seconded the motion. A voice vote was taken and the motion passed.

PRESIDENT'S COMMENTS:

Dr. Townsend reminded Board members of the upcoming winetasting fundraiser for the 10th Annual disAbility Expo on June 9th.

EXECUTIVE DIRECTOR'S COMMENTS:

Mr. Tracy thanked the staff for their work on the funding applications.

STAFF REPORTS:

None. The work of staff members has focused on application reviews and allocation recommendations.

CONSULTANT'S REPORT:

None.

BOARD TO BOARD:

Ms. Palencia attended the April Board meeting of Developmental Services Center (DSC). Margaret White attended the April Board meeting of Promise Healthcare.

Dr. Rappaport attended the Crisis Intervention Team (CIT) Steering Committee meeting along with Lynn Canfield and Mark Driscoll.

AGENCY INFORMATION:

Jennifer Knapp from Community Choices announced she would be leaving the community on June 30th.

FINANCIAL INFORMATION:

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

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

NEW BUSINESS:

FY17 Allocation Decisions:

A Decision Memorandum was included in the Board packet. The intent of the memorandum was to offer staff recommendations for FY17 (July 1, 2016 through June 30, 2017) funding allocations for the consideration of the Champaign County Mental Health Board (CCMHB). Final funding decision authority rests with the CCMHB and their sole discretion and judgment concerning the most appropriate and efficacious use of available dollars based on assessment of community needs, best value, alignment with decision support criteria, pricing and affordability and reasonable distribution of funds across disability areas.

The Champaign County Mental Health Board (CCMHB) policies on funding are predicated on the requirements of the Illinois Community Mental Health Act (405 ILCS 20 / Section 0.1 et.seq.). All funds shall be allocated within the intent of the controlling act as codified in the laws of the State of Illinois. The recommendations included in this memorandum, opinions and comments are based on our assessment of how closely applications align with statutory mandates, CCMHB funding policies, approved decision support criteria and priorities. Best and Final Offers may be sought as part of the negotiation process for authorized FY17 contracts. The CCMHB reserves the right to refrain from making an award when it is deemed to be in the best interest of the county.

The final funding decisions rest solely with the CCMHB and their judgment concerning the most appropriate and efficacious use of available dollars based on assessment of community needs, equitable distribution across disability areas, and decision-support match up. The CCMHB

allocation of funding is a complex task predicated on multiple variables. It is important to remember that our allocation process is not a request for proposals (RFP). Applicants for funding are not responding to a common set of specifications, but rather are applying for funding to address a wide variety of mental health, developmental disability and substance abuse treatment needs in our community.

A significant number of the allocation recommendations included in the decision section of this memorandum are provisional with funding contingent on the completion of successful contract negotiation, revision, and/or inclusion of special provisions. This can include significant modification of the budget, program plan, and personnel matrix in order to align the contract more closely with CCMHB planning, budget and policy specifications. If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services that are agreeable to both parties. Failure to submit required information shall result in cancellation of the award of a contract.

The recommendations in this decision memorandum are based on revenue estimates which will not be finalized until the CCMHB budget is approved by the Champaign County Board in November 2016. For this reason all FY17 CCMHB contracts shall be subject to possible reductions in contract maximums necessary to compensate for any CCMHB revenue shortfall. These reductions shall be documented by contract amendment at the discretion of the CCMHB executive director with every effort made to maintain the viability and integrity of prioritized contracts. The FY17 contract boilerplate shall also include the following provision:

Obligations of the Board will cease immediately without penalty or further payment being required if in any fiscal year the tax that is levied, collected and paid into the "Community Mental Health Fund" is judged by the CCMHB executive director not to be sufficient for payment as delineated in the terms and conditions under this Contract.

Historically, the level of approved CCMHB funding has gone from \$3,189,290 in FY12 to \$3,320,475 in FY16. For future years we project the amount to be approved in FY17 (i.e., the base) will increase by 1.5% each year for FY18 and FY19. These projections will be reevaluated and adjusted as necessary in response to changing economic conditions which effect property tax levies.

The staff recommendations are organized into tiers as a means of facilitating discussion and moving forward with decisions predicated on CCMHB commitments, set-asides, and priorities. "Tier One" is reserved for our commitments for I/DD allocations as identified under Priority #1: Collaboration with the Champaign County Developmental Disabilities Board. "Tier Two" represents set-asides associated with Priority #2 – System of Care for Youth and Families. "Tier Three" is tied to commitments associated with the criminal justice system and includes Priority #3 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface as well as juvenile justice system related interventions and supports. "Tier Four" are programs and supports which are judged to be of moderate priority recommended for funding. "Tier Five" are applications which are not recommended for funding due to Board priorities and fiscal constraints.



Note: some programs recommended for funding are at FY16 levels due to funding constraints. The reduced funding level will be addressed during contract negotiations. All programs subject to contract negotiations and/or that require revised program or financial plans will be notified through the award letter.

Tier One – Intellectual and Developmental Disabilities SUBTOTAL \$633,073

CILA Expansion - CCMHB Commitment	\$ 50,000
Champaign County Head Start – Social Emotional Disabilities Services	\$ 55,645
Community Choices – Customized Employment	\$ 70,000
Community Choices – Self Determination Support	\$ 70,000
Developmental Services Center – Individual and Family Support	\$387,428

Tier Two – System of Care for Youth and Families SUBTOTAL \$428,189

Champaign Urbana Area Project – CU Neighborhood Champions	\$ 19,189*^
Champaign Urbana Area Project – TRUCE	\$ 75,000*^
Don Moyer Boys and Girls Club – CU Change	\$100,000*
Don Moyer Boys and Girls Club - Youth and Family Organization	\$160,000*
Mahomet Area Youth Club – BLAST	\$ 15,000*
Mahomet Area Youth Club – MAYC Members Matter!	\$ 12,000*
TAP In Leadership Academy - The Kickback Lounge	\$ 35,000*
Urbana Neighborhood Connections Center - Community Study Center	\$ 12,000*

*Champaign Community Coalition
 ^Special Initiative

Tier Three – Behavioral Health Services and Supports with a Criminal Justice Interface
 SUBTOTAL \$1,921,107

Community Elements – Criminal Justice	\$284,080
Community Elements – Crisis, Access, Benefits, & Engagement	\$255,440
Community Elements – Parenting with Love and Limits-Front End	\$282,663
Community Elements – TIMES Center (Screening MI/SA)	\$ 70,000
CCRPC – Youth Assessment Center	\$ 26,000
First Followers – Peer Mentoring for Reentry	\$ 29,764
Prairie Center – Criminal Justice Substance Use Treatment	\$ 10,300
Prairie Center – Fresh Start	\$ 75,000*^
Prairie Center – Parenting with Love and Limits-Extended Care	\$300,660
Prairie Center – Specialty Courts	\$199,050
Prairie Center – Youth Services	\$108,150
Promise Healthcare – Mental Health Services with Promise	\$222,000
Promise Healthcare – Promise Healthcare Wellness & Justice	\$ 58,000



*Champaign Community Coalition
^Special Initiative

Tier Four – Moderate Priority and Criteria Alignment SUBTOTAL \$620,430

Champaign Co. Children’s Advocacy Center – Children’s Advocacy Center	\$ 37,080
Community Elements – Early Childhood Mental Health and Development	\$ 75,000
Community Service Center of North. Champaign Co. - Resource Connection	\$ 65,290
Courage Connection – Courage Connection	\$ 66,948
Crisis Nursery – Beyond Blue-Champaign County	\$ 70,000
ECIRMAC – Family Support & Strengthening	\$ 19,000
Family Service of Champaign County – Counseling	\$ 20,000
Family Service of Champaign County – Self-Help Center	\$ 28,928
Family Service of Champaign County – Senior Counseling & Advocacy	\$142,337
Prairie Center – Prevention	\$ 58,247
RACES – Counseling and Crisis Services	\$ 18,600
UP Center – Children, Youth, and Families Program	\$ 19,000

TOTAL FY17 FUNDING RECOMMENDED - \$3,602,799

Tier Five – Exceeds Allocation Parameters

Intellectual and Developmental Disabilities applications not included in Tier One are subject to integrated planning with the Champaign County Developmental Disabilities Board (CCDDB).

All other applications with one exception are recommended to be funded, although some are funded at lower than requested levels and are subject to contract negotiation. The exception is Community Foundation-DREAAM House which is not recommended for funding.

DECISION SECTION

Motion to approve CCMHB funding as recommended for Tier One subject to the caveats as presented in this memorandum: **Dr. Fowler moved to approve and Ms. Palencia seconded. All members voted aye in a roll call vote and the motion passed.**

- Approved**
- Denied
- Modified
- Additional Information Needed

Motion to approve CCMHB funding as recommended for Tier Two subject to the caveats as presented in this memorandum: **Dr. Rappaport moved to approve and Ms. O’Connor seconded. All members voted aye in a roll call vote and the motion passed.**

- Approved**
- Denied
- Modified
- Additional Information needed

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Motion to approve CCMHB funding as recommended for Tier Three subject to the caveats as presented in this memorandum: **Dr. Robin moved to approve and Ms. Palencia seconded. All members voted aye in a roll call vote and the motion passed.**

 Approved
 Denied
 Modified
 Additional Information needed

Motion to approve CCMHB funding as recommended for Tier Four subject to the caveats as presented in this memorandum: **Ms. White moved to approve and Dr. Moore seconded the motion. All members voted aye in a roll call vote and the motion passed.**

 Approved
 Denied
 Modified
 Additional Information needed

Motion to authorize the executive director to conduct contract negotiation as specified in this memorandum: **Dr. Berkson moved to approve and Dr. Rappaport seconded the motion. All members voted aye in a roll call vote and the motion passed.**

 Approved
 Denied
 Modified
 Additional Information needed

Motion to authorize the executive director to implement contract maximum reductions as described in the "Special Notification Concerning FY17 Awards" section of this memorandum: **Dr. Fowler moved to approve and Ms. White seconded the motion. All members voted aye and the motion passed.**

 Approved
 Denied
 Modified
 Additional Information needed

OLD BUSINESS:

Executive Director Search:

A Decision Memorandum to approve a Consulting Agreement with Mr. Tracy was included in the Board packet for approval.

MOTION: Dr. Moore moved to approve and authorize a Consulting Agreement with Peter Tracy from July 1, 2016 to December 31, 2016 and shall be limited to 600 hours at the current hourly rate of \$68.12. Dr. Berkson seconded the motion. A roll call vote was taken and the motion passed unanimously.

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CCMHB 2015 Annual Report:

The FY2015 CCMHB Annual Report was included in the Board packet for review and Board action.

MOTION: Dr. Fowler moved to untable the motion to accept the 2015 Annual Report as presented. A voice vote was taken and the CCMHB FY2015 Annual Report was accepted as presented.

CILA Update:

The second house is being occupied this week.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 6:45 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

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

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Mark Driscoll

Associate Director for Mental Health & Substance Abuse Services

Staff Report – June 22, 2016 Board Meeting

Summary of Activity

CCMHB Contracts: Following the May Board meeting, the majority of my time has been focused on the execution of contracts. As has been past practice, the first step is review the contract boilerplate and revise as needed, although this year only a few minor changes were necessary. At the Mental Health Agencies Council meeting in late May, staff discussed the status of contracts and timeline for completing the process. Providers were reminded of their obligation to inform the CCMHB/DDB staff of changes in personnel supported with Board funds. This obligation is an existing provision in the contract and while that language was under review at the time of the meeting, it was left unchanged.

The drafting of contracts rests with Lynn Canfield and I with the majority of the CCMHB contracts being my responsibility. Many of the contracts involve Special Provisions. This may be language carried over from the prior year or drafted in response to specific issues identified during the allocation process. Special provisions can be specific to a given contract or select group of contracts. For example, last year a number of contracts included language regarding the jail diversion center but stipulates no change in funding would occur without action by the Board and was retained for FY17. All Special Provisions are discussed with Peter Tracy prior to inserting the language into the contracts.

All contracts have been issued. Accompanying the contract(s) is an award letter prepared by Stephanie Howard-Gallo. The award letter notes the amount approved by the Board and whether a specific contract requires negotiations or changes to the application. Agencies were advised in advance of the award letter whether application revisions or contract negotiations were necessary in order to move the process along. All contract negotiation meetings have been held. All revisions to applications are expected to be completed by June 30th. Contracts must be executed by that date as well otherwise the first payment may be delayed.

Criminal Justice - Mental Health: Through Lynn Canfield's involvement with the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) Champaign County has been selected to participate in a virtual mapping exercise on early diversion opportunities for persons coming in contact with law enforcement. In consultation with leadership of the Crisis Response Planning Committee (CRPC) and the Crisis Intervention Team Steering Committee (CITSC) and with guidance from NACBHDD provided during a session planning conference call a list of participants has been identified and invitations to participate in the event sent out. It was recommended the group be kept to less than 20 participants which proved difficult. The outcome of the two hour virtual mapping exercise is expected to be of value to the work of both the CRPC and CITSC. The session will be held July 12th at Community Elements.

In addition to Champaign County, two other counties/communities will also be participating in the exercise. The two hour web-based session will be led by Travis Parker

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of Policy Research Associates out of Washington D.C. Shandra Summerville has agreed to facilitate the session at this end.

The Reentry Council and Crisis Response Planning Committee held monthly meetings. The Reentry Council meeting included updates on plans to conduct community presentations and is scheduled to present to the Board in July, continued discussion of Housing Authority of Champaign County policy toward individuals recently released from prison, new procedures by the Secretary of State (SoS) for issuing identification and problems with IDOC issued identification being accepted by the SoS office. The meeting concluded with the Council being asked focus group questions the Crisis Response Planning Committee plans to use later this summer and fall.

At the Crisis Response Planning Committee, a Mental Health and Incarceration opinion piece to be published in the News-Gazette (June 5, 2016 edition) was shared with the Council. Plans to conduct focus groups and list of questions to be asked was presented. Suggested changes based on the Reentry Council experience and additional groups/stakeholders to engage was provided. A preliminary jail screening flow chart to determine when the CAGE and Brief Jail Mental Health Screen will be used and where indicated referrals made for more in-depth screening was discussed.

The Crisis Intervention Team Steering Committee formed an executive committee at the May meeting. I have volunteered to serve on the committee which held its first meeting in June.

Continuum of Care/Council of Service Providers to the Homeless: Plans for a special meeting are being made to develop a community-wide response to the closing of the Salvation Army Stepping Stone Shelter in March and the announced closing of the TIMES Center Level I transitional housing program on June 30th. The Level I program capacity had already been reduced from 50 to 25 at the start of the year. The community has lost 95 beds for adult men who are homeless since the beginning of 2016. The TIMES Center Level II long term transitional housing program remains open as does the Respite Center.

At the Continuum of Care, the results of the Point in Time survey of the homeless, population completed over a 24 hour period in late January, were presented. A total of 188 people were identified as homeless with 170 housed and 18 unsheltered. Overall, this is an increase of 13%, from 163 to 188. On a more positive note, the Emergency Shelter for Families is expected to open soon. The shelter will have eight units that can house families with up to six members. At the Council of Service Providers, it was announced that the CU At Home documentary "The Phoenix: Hope is Rising" will be shown at the Carle Forum on June 21st at 6:30 PM.

Other Activity: Attended the June meeting of the Child and Adolescent Local Area Network. Only a small group was present with organization giving an update on activities. I also attended the NAMI Champaign County kickoff of the Mental Illness Awareness tour. Three young men from the NAMI U of I chapter will be traveling around the country this summer sharing their personal stories to raise awareness about mental illness and reduce stigma. For more about the tour go to <http://miatour.wix.com/miatour2016>

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Lynn Canfield, Associate Director for Intellectual and Developmental Disabilities
Staff Report – June 22, 2016

Agency Contracts and Reports: FY17 contract negotiations have been completed, special provisions developed, and contracts mailed out for agency review and signatures. Agency users have access to the online forms in order to complete any needed revisions to program and financial forms. The Special Initiative programs will each give a brief mid-year progress report directly to the board during the third quarter. A special provision has been introduced to several contracts for collaboration across programs delivering similar services, building on suggestions from board members and providers. Performance data tables have been updated to track quarterly reports throughout FY17, as in previous years.

Comparing names of those served in ID/DD programs has allowed for: addressing duplication of service, with only one requiring action during FY16; identification of patterns of utilization, referral, and combinations of service; and, with the addition of PUNS enrollment and eligibility information from the RPC ISC, confidence that people served in the CCDDDB and CCMHB funded DD programs are eligible for the services and that others will be able to access the county funded programs more quickly when capacity exists and the service is desired. We learned at the May 19th Ligas Family Event that the state’s determination of eligibility appears to have changed (for the better) recently, a happy surprise.

Alliance for the Promotion of Acceptance, Inclusion, and Respect: I viewed the final presentations of UIUC Advertising/Computer Science seniors who had selected our project, met with me during the semester, done market research and surveys, and interviewed Alliance artists and customers. Each group’s plan included a website which serves as marketplace and donations site, allows artists to upload biographies and maintain a gallery, promotes the work of the Alliance and its partners, and shares information about events and issues. Each project also included other marketing strategies and tools, with timelines and minimal costs. Whether to adopt one plan intact or use components depend on the availability of artists and partners throughout the year; this effort can be resumed at any time or perhaps serve as a starting place for subsequent student projects. The students seemed very impressed with the artists’ work and excited about the artists, but I do not know whether these positive attitudes were a result of the project or the reason they selected it.

Association Committee Calls, Conferences, and Webinars:

I remain active with the **Association of Community Mental Health Authorities of Illinois (ACMHAI)** as an officer and as a participant in Legislative, ID/DD, and Medicaid/Managed Care, and Committees. Mark Driscoll has joined the latter. The obvious and unfortunate common theme has been how our communities are responding to the impacts of Managed Care implementation

and the state budget impasse. The Association Coordinator is cultivating relationships with other organizations and summarizing information for members, along with updates on Illinois' Certified Community Behavioral Health Center (CCBHC) planning grant. The ACMHAI Summer meeting is scheduled for June 16 and 17 in Bloomington, with training topics in Children's Mental Health.

Through the **National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD)** I participated in meetings of the ID/DD Committee, looking at the approved State Transition Plan of Tennessee and other states' efforts to improve integration, the possible impact on ID/DD services of the final rule Medicaid Managed Care rule, possible use of 1115 waivers to create county systems of care for ID/DD, and the shortage of direct staff across the county. I participated in a webinar event and three 'learning community' conversations on the topic of CCBHCs, with a range of issues: cost reporting, clinic licensure, state financing, reduction of the required metrics to 21, process and outcome measures, what constitutes an encounter, etc. Some participants seem further in the process than others, but all claim that their states have much to figure out before the planning phase is over. Illinois made the decision to include only organizations in non-managed care regions, so that only ten of those interested will move forward in the process. It appears unlikely that all 24 of the planning grant states will receive demonstration grants, but there is a chance that more than 8 will be funded. Other webinars were on The Role of Mindfulness in Behavioral Health Treatment and Prevention, with Dr. Norman Anderson of 'emindful,' a corporate provider, and on a planned Decarceration Initiative, focusing on clinical interventions and public health, with support from Policy Research Associates.

Monthly **Office of Disability Employment Policy (ODEP)** Community of Practice webinars were on the theme of Employer Engagement. "Leveraging the Use of Technology to Engage Employers and Provide High Quality Job Supports" identified specific portable technology, many examples of useful apps, a web presence for job seekers (first names only, photos, videos, short bios,) equipment to enhance the transition from school to work, and other supports. "Employer Perspective: Innovative Case Studies Involving Workers with Disabilities" featured presenters from Acadia Windows (a small company in Maryland), the City of Seattle, Wells Fargo, and Harrison Medical Center; many successes were attributed to focusing on one job-seeker and one employer/job at a time, engaging potential employers in conversation in order to understand their needs, and being ready to deliver a brief pitch to anyone connected with the desired employment.

Other Activity: I participated in meetings of the **Employment and Economic Opportunity for People with Disabilities** task force, the **disABILITY Resource Expo Steering Committee**, the **Mental Health Agencies Council**, the **Champaign Community Coalition Executive Committee** and **All Goal Teams**, the **Metropolitan Intergovernmental Council**, and the **CIT Steering Committee**. Several months ago, a member of the latter suggested that rather than pay for customization of the "MHU" app, UIUC students could design something similar for

Champaign County; I have proposed it to an instructor from the class that took on our Alliance project.

As Mark Driscoll's staff report explains, we are taking advantage of opportunities we believe will support the Criminal Justice/Mental Health collaborations. An oral report will include details.

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

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6/09/16

VENDOR NO	VENDOR NAME	TRN B TR	TRANS NO	PO NO	CHECK NO	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						RENT-GENERAL CORP			
	5/09/16 01 VR 53- 148				541906	5/12/16	090-053-533.50-00	FACILITY/OFFICE RENTALS	MAY OFFICE RENT	2,973.23
	6/01/16 03 VR 53- 178				543032	6/09/16	090-053-533.50-00	FACILITY/OFFICE RENTALS	JUN OFFICE RENT	2,973.23
									VENDOR TOTAL	5,946.46 *
41	CHAMPAIGN COUNTY TREASURER						HEALTH INSUR FND 620			
	5/23/16 04 VR 620- 80				542581	5/31/16	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	MAY HI, LI, & HRA	4,074.49
									VENDOR TOTAL	4,074.49 *
88	CHAMPAIGN COUNTY TREASURER						I. M. R. F. FUND 088			
	5/17/16 04 VR 88- 23				542233	5/20/16	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 4/29 P/R	1,485.86
	5/19/16 01 VR 88- 26				542233	5/20/16	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 5/13 P/R	1,425.98
	6/01/16 05 VR 88- 30				543038	6/09/16	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 5/27 P/R	1,908.70
									VENDOR TOTAL	4,820.54 *
161	CHAMPAIGN COUNTY TREASURER						REG PLAN COMM FND075			
	6/01/16 03 VR 53- 169				543045	6/09/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN YOUTH ASSMNT CT	4,330.00
									VENDOR TOTAL	4,330.00 *
176	CHAMPAIGN COUNTY TREASURER						SELF-FUND INS FND476			
	5/17/16 04 VR 119- 32				542241	5/20/16	090-053-513.04-00	WORKERS' COMPENSATION	INSWKCOMP 4/1,15,29 P/	284.43
									VENDOR TOTAL	284.43 *
179	CHAMPAIGN COUNTY TREASURER						CHLD ADVC CTR FND679			
	6/01/16 03 VR 53- 168				543047	6/09/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN CAC	6,180.00
									VENDOR TOTAL	6,180.00 *
188	CHAMPAIGN COUNTY TREASURER						SOCIAL SECUR FUND188			
	5/17/16 04 VR 188- 36				542243	5/20/16	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 4/29 P/R	1,318.64
	5/19/16 01 VR 188- 40				542243	5/20/16	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 5/13 P/R	1,265.51

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

6/09/16

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VENDOR NO	VENDOR NAME	TRN B	TR	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090	MENTAL HEALTH										
6/01/16	05 VR 188-	44		543048	6/09/16	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER FICA 5/27 P/R				1,693.92
								VENDOR TOTAL			4,278.07 *
3150	AMERICAN NETWORK OF COMMUNITY OPTIONS & RESOURCES										
5/25/16	02 VR 53-	158		542599	5/31/16	090-053-533.70-00	LEGAL NOTICES, ADVERTISING INV 59301 5/23				500.00
								VENDOR TOTAL			500.00 *
18052	COMCAST CABLE - MENTAL HEALTH ACCT										
5/17/16	03 VR 53-	155		542284	5/20/16	090-053-533.85-00	PHOTOCOPY SERVICES 8771403010088314 5/				84.90
5/23/16	02 VR 53-	157		542632	5/31/16	090-053-533.29-00	COMPUTER/INF TCH SERVICES 8771403010773527 MA				126.78
								VENDOR TOTAL			211.68 *
18203	COMMUNITY CHOICE, INC										
								SUITE 419			
6/01/16	03 VR 53-	160		543076	6/09/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS			MAY CUSTOM EMPLOY	4,583.00
6/01/16	03 VR 53-	160		543076	6/09/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS			JUN CUSTOM EMPLOY	4,587.00
6/01/16	03 VR 53-	160		543076	6/09/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS			JUN SELF DETERMINAT	9,170.00
								VENDOR TOTAL			18,340.00 *
18209	COMMUNITY ELEMENTS										
5/17/16	03 VR 53-	153		542286	5/20/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS			MAR TIMES CENTER	5,502.50
6/01/16	03 VR 53-	161		543077	6/09/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS			JUN CRIMINAL JUSTIC	58,136.00
6/01/16	03 VR 53-	161		543077	6/09/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS			JUN CRISIS/ACCESS	33,330.00
6/01/16	03 VR 53-	161		543077	6/09/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS			JUN EARLY C'HOOD	8,000.00
6/01/16	03 VR 53-	161		543077	6/09/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS			JUN PLL FRONT END	25,257.00
								VENDOR TOTAL			130,225.50 *
18230	COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY										
6/01/16	03 VR 53-	162		543078	6/09/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS			JUN RESOURCE CONNEC	10,880.00
								VENDOR TOTAL			10,880.00 *
19260	COURAGE CONNECTION										
6/01/16	03 VR 53-	163		543081	6/09/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS			JUN AWP	11,158.00
								VENDOR TOTAL			11,158.00 *

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VENDOR NO	VENDOR NAME	TRN B	TR	TRNS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
19346	CRISIS NURSERY	6/01/16	03 VR	53- 170	543082	6/09/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN BEYOND BLUE		11,670.00
									VENDOR TOTAL		11,670.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC	6/01/16	03 VR	53- 171	543087	6/09/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN INDIV/FAM SUP		62,694.00
									VENDOR TOTAL		62,694.00 *
22730	DON MOYER BOYS & GIRLS CLUB	5/10/16	02 VR	53- 149	541953	5/12/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	COMM COALTN SUM PRG		42,800.00
		6/01/16	03 VR	53- 172	543090	6/09/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN ENGAGE/SOC MRKT		13,000.00
		6/01/16	03 VR	53- 172	543090	6/09/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN YOUTH ENGAGE		28,330.00
									VENDOR TOTAL		84,130.00 *
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR	6/01/16	03 VR	53- 173	543096	6/09/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN FAM SUPPORT		2,170.00
									VENDOR TOTAL		2,170.00 *
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY	6/01/16	03 VR	53- 164	543099	6/09/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN SELF HELP		4,738.00
		6/01/16	03 VR	53- 164	543099	6/09/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN SENIOR COUNSEL		33,898.00
									VENDOR TOTAL		38,636.00 *
44570	MAHOMET AREA YOUTH CLUB	6/01/16	03 VR	53- 174	543136	6/09/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN UNIV SCREENING		1,670.00
		6/01/16	03 VR	53- 174	543136	6/09/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN BLAST		2,500.00
									VENDOR TOTAL		4,170.00 *
54650	PEPSI COLA CHAMPAIGN-URBANA BOTTLING	5/10/16	02 VR	53- 150	541992	5/12/16	090-053-533.51-00	EQUIPMENT RENTALS	AC 5734 MAY RENT		6.95
		5/10/16	02 VR	53- 150	541992	5/12/16	090-053-522.02-00	OFFICE SUPPLIES	INV 776611 4/11		5.96
		5/10/16	02 VR	53- 150	541992	5/12/16	090-053-522.02-00	OFFICE SUPPLIES	INV 795912 4/25		5.96
									VENDOR TOTAL		18.87 *

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VENDOR NO	VENDOR NAME	TRN B	TR	TRN NO	TRANS NO	PO NO	CHECK NO	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
55635	PIATO CAFE, INC.	5/11/16	02	VR	53-152		541993	5/12/16	090-053-533.89-00	PUBLIC RELATIONS	INV 5113 4/4	234.00
											VENDOR TOTAL	234.00 *
56750	PRAIRIE CENTER HEALTH SYSTEMS	6/01/16	03	VR	53-165		543156	6/09/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN CJ SUB TREATMEN	1,670.00
		6/01/16	03	VR	53-165		543156	6/09/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN VIVITROL PILOT	1,702.00
		6/01/16	03	VR	53-165		543156	6/09/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN PREVENTION	9,430.00
		6/01/16	03	VR	53-165		543156	6/09/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN SPECIALTY COURT	38,435.00
		6/01/16	03	VR	53-165		543156	6/09/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN PLL EXTEND CARE	33,010.00
											VENDOR TOTAL	84,247.00 *
57196	PROMISE HEALTHCARE	6/01/16	03	VR	53-166		543160	6/09/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN WELLNESS/JUSTIC	6,670.00
		6/01/16	03	VR	53-166		543160	6/09/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN MH SVCS	27,500.00
											VENDOR TOTAL	34,170.00 *
59434	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS	6/01/16	03	VR	53-167		543166	6/09/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN RACES	3,100.00
											VENDOR TOTAL	3,100.00 *
62523	SAM'S CLUB MC/SYNCRB - MENTAL HEALTH ACCT AC 5560531010084676	5/17/16	03	VR	53-154		542373	5/20/16	090-053-522.02-00	OFFICE SUPPLIES	INV 002340 4/25	37.53
		5/17/16	03	VR	53-154		542373	5/20/16	090-053-533.95-00	CONFERENCES & TRAINING	INV 002340 4/25	71.34
											VENDOR TOTAL	108.87 *
67867	SPOC LLC	5/16/16	03	VR	28-94		575	5/20/16	090-053-533.33-00	TELEPHONE SERVICE	INV 1120643 5/10	42.44
		5/16/16	03	VR	28-94		575	5/20/16	090-053-533.33-00	TELEPHONE SERVICE	INV 1120643 5/10	27.08
											VENDOR TOTAL	69.52 *
69305	THE STATE JOURNAL REGISTER	5/25/16	02	VR	53-159		542749	5/31/16	090-053-533.70-00	LEGAL NOTICES, ADVERTISING	INV 7555667 5/15	815.00
											VENDOR TOTAL	815.00 *

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VENDOR NO	VENDOR NAME	TRN B	TR	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
76867	UNIV OF IL SPONSORED PROG & RESEARCH ADM	6/01/16	03 VR	53- 177	543192	6/09/16	6/09/16	090-053-533.07-00	PROFESSIONAL SERVICES	JUN MHB16-039 CONSL	8,905.00
										VENDOR TOTAL	8,905.00 *
77280	UP CENTER OF CHAMPAIGN COUNTY	6/01/16	03 VR	53- 175	543196	6/09/16	6/09/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN UP CENTER	2,000.00
										VENDOR TOTAL	2,000.00 *
78120	URBANA NEIGHBORHOOD CONNECTION CENTER	6/01/16	03 VR	53- 179	543199	6/09/16	6/09/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUN UNIV SCREENING	2,000.00
										VENDOR TOTAL	2,000.00 *
78550	VERIZON WIRELESS-MENTAL HEALTH BOARD	6/03/16	02 VR	53- 180	543204	6/09/16	6/09/16	090-053-533.33-00	TELEPHONE SERVICE	38635688700001 5/20	19.78
										VENDOR TOTAL	19.78 *
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH	5/23/16	02 VR	53- 156	542782	5/31/16	5/31/16	090-053-533.89-00	PUBLIC RELATIONS	3930 AMAZON 4/19	2.08-
		5/23/16	02 VR	53- 156	542782	5/31/16	5/31/16	090-053-533.89-00	PUBLIC RELATIONS	3930 AMAZON 4/19	1.25-
		5/23/16	02 VR	53- 156	542782	5/31/16	5/31/16	090-053-533.89-00	PUBLIC RELATIONS	3930 AMAZON 4/19	1.92-
		5/23/16	02 VR	53- 156	542782	5/31/16	5/31/16	090-053-533.89-00	PUBLIC RELATIONS	3930 AMAZON 4/27	1.20-
		5/23/16	02 VR	53- 156	542782	5/31/16	5/31/16	090-053-533.89-00	PUBLIC RELATIONS	3930 AMAZON 4/27	1.50-
		5/23/16	02 VR	53- 156	542782	5/31/16	5/31/16	090-053-533.89-00	PUBLIC RELATIONS	3930 AMAZON 4/27	.50-
		5/23/16	02 VR	53- 156	542782	5/31/16	5/31/16	090-053-533.89-00	PUBLIC RELATIONS	3930 AMAZON 4/18	20.28
		5/23/16	02 VR	53- 156	542782	5/31/16	5/31/16	090-053-533.89-00	PUBLIC RELATIONS	3930 PARTY CITY 4/1	24.42
		5/23/16	02 VR	53- 156	542782	5/31/16	5/31/16	090-053-522.02-00	OFFICE SUPPLIES	3930 STAPLES 4/19	335.96
		5/23/16	02 VR	53- 156	542782	5/31/16	5/31/16	090-053-522.06-00	POSTAGE, UPS, FED EXPRESS	3930 STAPLES 4/19	17.30
		5/23/16	02 VR	53- 156	542782	5/31/16	5/31/16	090-053-533.89-00	PUBLIC RELATIONS	3930 AMAZON 4/27	12.99
		5/23/16	02 VR	53- 156	542782	5/31/16	5/31/16	090-053-533.70-00	LEGAL NOTICES, ADVERTISING	3930 COMM BEHAV 5/3	100.00
		5/23/16	02 VR	53- 156	542782	5/31/16	5/31/16	090-053-533.70-00	LEGAL NOTICES, ADVERTISING	3930 NEWS GAZTT 5/3	392.00
		5/23/16	02 VR	53- 156	542782	5/31/16	5/31/16	090-053-533.70-00	LEGAL NOTICES, ADVERTISING	3930 IARF 5/4	95.00
										VENDOR TOTAL	989.50 *

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VENDOR NO	VENDOR NAME	TRN B	TR	TRN NO	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
81610	XEROX CORPORATION	5/10/16	02	VR	53-151	542042	5/12/16	5/12/16	090-053-533.85-00	PHOTOCOPY SERVICES	INV 141505042 4/5	285.89
										VENDOR TOTAL		285.89 *
602880	BRESSNER, BARBARA J.	5/09/16	01	VR	53-145	542051	5/12/16	5/12/16	090-053-533.89-00	PUBLIC RELATIONS	EXPO SUPPL 3/10-4/2	42.44
		5/09/16	01	VR	53-147	542051	5/12/16	5/12/16	090-053-533.07-00	PROFESSIONAL SERVICES	MAY PROFESSIONAL FE	1,968.75
		6/01/16	03	VR	53-176	543233	6/09/16	6/09/16	090-053-533.07-00	PROFESSIONAL SERVICES	JUN PROFESSIONAL FE	1,968.75
										VENDOR TOTAL		3,979.94 *
641810	SUMMERVILLE, SHANDRA A	5/09/16	01	VR	53-146	542119	5/12/16	5/12/16	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	117 MILE 3/3-4/25	63.18
		5/09/16	01	VR	53-146	542119	5/12/16	5/12/16	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARKING 3/8	2.00
		5/09/16	01	VR	53-146	542119	5/12/16	5/12/16	090-053-533.95-00	CONFERENCES & TRAINING	218 MILE 4/29-30	117.72
										VENDOR TOTAL		182.90 *
										MENTAL HEALTH BOARD	DEPARTMENT TOTAL	545,825.44 *
										MENTAL HEALTH	FUND TOTAL	545,825.44 *

*** FUND NO. 090 MENTAL HEALTH

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14.A.

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

DECISION MEMORANDUM

DATE: June 22, 2016
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Peter Tracy, Executive Director
SUBJECT: FY17 Champaign County Budget Submission

Recommended Action: The purpose of this memorandum is to seek approval of the preliminary budget managed by the Champaign County Mental Health Board (CCMHB) for County Fiscal Year 2017 (January 1, 2017 through December 31, 2017).

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

Programs: The attached document is the proposed FY17 budget for the Champaign County Mental Health Board. The proposed budget for the Champaign County Developmental Disabilities Board is included for information only.

Fiscal/Budget Impact: Approval of this budget by the CCMHB and the Champaign County Board will allow us to conduct business and meet our contracted obligations as specified in the FY17 allocation decisions made by the CCMHB in May 2016.

Decision Section: Motion to approve the attached budget document for County Fiscal Year 2017 for the Champaign County Mental Health Board.

- Approved
- Denied
- Modified
- Additional Information Needed

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CCMHB FY17 DRAFT BUDGET PROPOSAL		MHB	MHB		
Line Item	Description	as of 5/31/16	Proposed Budget	M & G	Program
Revenue		FY16 BUDGET	FY17 BUDGET		
		2.8%>	1.5%>		
311.24	Property Taxes, Current	4,313,571	4,378,275		
313.24	Back Property Taxes	500	500		
314.10	Mobile Home Tax	4,000	4,000		
315.10	Payment in Lieu of Taxes	700	700		
336.23	DD Revenue	373,166	354,017		
361.10	Investment Interest	500	500		
363.10	Gifts & Donations	25,000	25,000		
	TOTAL	4,717,437	4,762,992		
Line Item	Description				
Expenditures		457,592			
511.02	Appointed Official	134,643	99,500	79,600	19,900
511.03	Reg FTE	322,949	323,557	208,103	115,454
511.09	Overtime Wages	1,500	2,505	2,255	251
511.28	Employee Bonus	6,200	-		
513.01	FICA	35,008	35,150	22,703	12,447
513.02	IMRF	41,490	43,645	28,190	15,455
513.04	W-Comp	2,517	2,550	1,647	903
513.05	Unemployment	3,093	4,200	2,713	1,487
513.06	H/L Insurance	54,564	57,600	37,204	20,396
513.2	Retirement Events	500	500	500	
		602,464	569,207	382,915	186,292
522.01	Printing	1,000	1,000	1,000	
522.02	Office Supplies	4,000	4,000	4,000	
522.03	Books/Periodicals	500	500	500	
522.04	Copier Supplies	1,500	1,500	1,500	
522.06	Postage/UPS/Fed X	1,500	1,000	1,000	
522.44	Equip Under \$1,000	15,000	10,000	10,000	
		23,500	18,000	18,000	
533.07	Professional Fees	300,000	300,000	99,099	200,901
533.12	Travel	6,500	7,000	7,000	
533.20	Insurance	12,000	10,000	10,000	
533.29	Computer Services	5,750	8,200	8,200	
533.33	Telephone	3,500	3,500	3,500	
533.42	Equipment Maintenance	500	500	500	
533.50	Office Rental	36,250	20,586	20,586	
533.51	Equipment Rental	750	750	750	
533.70	Legal Notices/Ads	2,400	150	150	
533.72	Dept Operating Expense	200	200	200	
533.84	Business Meals/Expense	250	250	250	
533.85	Photocopy Services	3,900	4,000	4,000	
533.89	Public Relations	60,000	50,000		50,000
533.92	Contributions/Grants	3,609,973	3,719,649		3,719,649
533.93	Dues/Licenses	23,500	25,000		25,000
533.95	Conferences/Training	24,000	26,000		26,000
		4,089,473	4,175,785	154,235	4,021,550
571.80	General Corp 080 (Mtg Fees)	2,000			
	To be pd thru 533.29 per Auditor's Office	2,000			
	TOTAL	4,717,437	4,762,992	555,150	4,207,842
	Revenue Over Expenditures	-	0		

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CCDDB PROPOSED BUDGET FY17			
		DDB FY16	DDB FY17
			Projected
Line Item	Description	Budget	
Revenue			
311.19	Property Taxes, Current	3,630,368	3,684,824
313.24	Back Property Taxes	500	500
314.10	Mobile Home Tax	1,000	1,000
315.10	Payment in Lieu of Taxes	1,000	1,000
361.10	Investment Interest	300	300
	TOTAL	3,633,168	3,687,624
Expenditures			
533.07	Professional Fees	376,208	354,017
533.92	Contributions/Grants	3,206,960	3,283,607
571.90	TR to MH Fund = CILA	50,000	50,000
		3,633,168	3,687,624
		-	(0)
The CCDDB pays 42.15% of allowable expenditures as calculated after the CCMHB budget is developed.			
4/11/2016			

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14.B.

DECISION MEMORANDUM

DATE: June 22, 2016
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Peter Tracy, Executive Director
SUBJECT: Anti-Stigma Community Event – Roger Ebert’s Film Festival 2017

Recommended Action: The purpose of this memorandum is to seek approval for the Executive Director to commit to working with the Champaign County Alliance for the Promotion of Acceptance, Inclusion, and Respect to sponsor an anti-stigma film at the 2017 Roger Ebert’s Film Festival and related concurrent anti-stigma activities.

Issue: The Roger Ebert’s Film Festival is the centerpiece of our anti-stigma efforts in Champaign County. Our status as a primary sponsor has grown over the years, reaping increased exposure, special attention from Chaz Ebert and festival staff, high-profile concurrent art exhibits, increased collaboration with local alliance members, and strong interest from other community stakeholders in future ‘pro-inclusion’ partnerships.

Programs: Mental Health, Developmental Disabilities, and Substance Use Disorder social marketing and anti-stigma community events.

Fiscal/Budget Impact: The total cost for the event/sponsorship is approximately \$30,000 and would be divided between the CCMHB and CCDDDB. The CCDDDB share is charged as part of the administrative fee paid under the Intergovernmental Agreement. We continue to offset the total cost with contributions from Alliance members and ticket sales. In FY16 Alliance members contributions and ticket sales totaled \$6,500.

Decision Section: Motion to approve up to \$17,355 as the CCMHB share, contingent on approval of \$12,645 by the CCDDDB, to sponsor an anti-stigma film and concurrent anti-stigma activities at the 2017 Roger Ebert’s Film Festival.

- Approved
- Denied
- Modified
- Additional Information Needed

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14.C

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

Date: June 22, 2016

To: Champaign County Mental Health Board Members

From: Shandra Summerville, Cultural and Linguistic Competence Coordinator

Re: 2017 Cultural Competence Plans for Agencies

Included in the packet to the Board are the CLC Plans for organizations of funds that have been allocated by the Champaign County Mental Health Board. These are the plans that were reviewed and recommendations were provided for changes for enhancement to the plan during the application review period. Any revisions and/or updates to the plans will be provided during the 2nd quarter reporting period with the exception of the agencies that had revisions within their contract negotiation.

Thank you again for your commitment and support as we continue to travel the journey of Cultural Competence. If you have any questions, feel free to contact me at shandra@ccmhb.org

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Children's Advocacy Center of Champaign County **Cultural and Linguistic Competence Plan**

CAC Board Chair: Julia Rietz, State's Attorney

CAC Executive Director: Adelaide Aimé, MSW, LCSW

MISSION: *The mission of the Champaign County Children's Advocacy Center is to coordinate a timely, comprehensive, and multidisciplinary response to allegations of child sexual and serious physical abuse in a safe, agency-neutral, child-focused setting. The Children's Advocacy Center facilitates investigations, makes medical and treatment referrals, and assists with any consequent legal proceedings in order to protect and support the children it serves and their families. The CAC also assists in coordinating education and prevention services.*

POLICY STATEMENT: It is the aim of the Children's Advocacy Center that children and families from all backgrounds feel welcomed, valued, respected and acknowledged by staff, Multidisciplinary Team members and Governing Board members, regardless of their appearance, background or beliefs.

Diversity issues influence nearly every aspect of our work with children and families, including welcoming a child to the CAC, employing effective interviewing techniques, gathering information, selecting appropriate service providers and securing help for a family in a manner in which it is likely to be utilized. To effectively meet the child's needs, CAC personnel and Multidisciplinary Team members attempt to understand the child's world-view and adapt practices as needed and as appropriate.

Clients, CAC employees, Multidisciplinary Team members, Governing Board members and anyone else with whom we have dealings are treated with respect, dignity and fairness. Members of the CAC Team are encouraged to seek opportunities to develop and reach their full potential as individuals, thereby achieving both professional and personal goals. Members of the CAC Team promote not only awareness of the issues surrounding cultural diversity but demonstrate sensitivity to these issues by interacting in an appropriate manner with peoples of all cultures.

Adopted: May 24, 2012 Revised: April 25, 2013 & November 19, 2015

Policy and Governance Level Role & Responsibility: Develop and implement policies that promote cultural and linguistic values within the organizational structure.

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
Review, evaluate and update the CAC Protocol for the Multi-Disciplinary Investigation of Child Sexual and Severe Physical Abuse.	November 2016	Governing Board	The Board will consider several major revisions to the Protocol, so that by the 11/16 they will have revised or affirmed the entire document.
Review, evaluate and update CLC Plan.	November 2015	Governing Board and Executive Director	The Board will review this plan with proposed changes and approve or revise as desired. The Executive Director will ensure that the most-recently approved version of the CLC Plan is posted on the CAC webpage.
Retain our full-time Child Forensic Interviewer (CFI).	June 2016	Governing Board and Executive Director	The Board and the Executive Director will identify and secure an adequate, renewable source of funding for our Child Forensic Interviewer by June 2016. When the CAC created the CFI position, we knew that the initial funding source was temporary. The Governing Board is actively seeking alternate sources of funding.
Evaluate the diversity of the Board and the Multidisciplinary Team.	March 2016	Governing Board	The Board will annually evaluate the diversity of the Board and the Multidisciplinary Team.
Allocate funding/resources for cultural competence training.	Ongoing	Governing Board and Executive Director	CAC staff will complete at least one cultural competence training in each six-month half of the plan year.
Evaluate program & agency by reviewing OMS System surveys completed by clients and Multidisciplinary Team members.	Spring 2016	Governing Board and Executive Director	Using the OMS system, at the initial visit the Executive Director will give surveys to the parents/caregivers of children receiving services at the CAC.

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				The Executive Director will survey Multidisciplinary Team members annually. Annually, the Board will review and evaluate survey results compiled by the Executive Director.
Review and evaluate client demographics (i.e., gender, age, race, residency) to identify potential gaps in services and ensure that the Center is responding appropriately to access issues.	March 2016	Governing Board and Executive Director		The Board will review client demographics for Plan Year 2016, compiled by the Executive Director.

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Administration/Management Level Role & Responsibility: Develop an organizational structure, administrative guidelines, and system of evaluation to ensure that services are effective, efficient, accessible, and of high quality.

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
Assess and modify, if necessary, the physical facility to reflect the population of focus, to be welcoming, clean, and attractive by providing cultural art, magazines, toys, refreshments.	Semi-Annually	Executive Director	The Executive Director will conduct a semi-annual assessment of the facility to ensure that the facility is inviting to all children and families and respects the diversity of our clients. The Executive Director will purchase magazines, decorations, toys, interview aids, etc. that reflect the needs and interests of the population served.
Assess the physical facility and make modifications, if necessary, to ensure that the facility is accessible by persons with disabilities.	Semi-Annually	Executive Director	The Executive Director will assess the facility on a semi-annual basis to ensure that the facility is accessible by persons with disabilities.
Ensure compliance with the National Children's Alliance's Accreditation Standard for Cultural	Spring 2016	Executive Director	The Executive Director will ensure that the CAC complies with the NCA Accreditation Standard for

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<p>Competence "requiring that culturally competent services are routinely made available to all CAC clients and coordinated with the Multidisciplinary Team response."</p> <p>Ensure access by staff and Multidisciplinary Team members to CLC training.</p>	<p>Ongoing</p>	<p>Executive Director</p>	<p>Cultural Competence.</p> <p>CAC staff will complete at least one cultural competence training in each six-month half of the plan year.</p> <p>The Executive Director will notify MDT supervisors of the availability of CLC training opportunities and will encourage participation by members of the Multidisciplinary Team.</p>
<p>Refer clients to community-based services that are culturally-appropriate, and sensitive to the client/family's needs.</p>	<p>Ongoing</p>	<p>Executive Director</p>	<p>The CAC will continue to contract for Crisis Intervention Counseling Services with licensed therapists who demonstrate a commitment to cultural competence in the provision of services.</p> <p>Direct service staff will continue to refer to community-based agencies that demonstrate a commitment to the provision of culturally competent services.</p>
<p>Maximize the opportunities for children and families to have access to services in their language of choice.</p>	<p>Ongoing</p>	<p>Executive Director, Case Manager and Multidisciplinary Team</p>	<p>CAC staff and MDT investigators will make every effort to enlist interpreters so that child interviews are conducted in the child's language of choice.</p> <p>CAC staff and MDT investigators will make every effort to enlist interpreters so that family social histories are conducted in the family's language of choice.</p> <p>CAC staff will make every effort to enlist interpreters in order to provide follow-up services in the family's language of choice.</p>

				The Executive Director will maintain a current list of language and sign-language interpreters.
				The Executive Director will maintain an Interagency Agreement with the East Central Illinois Refugee Mutual Assistance Center.
Seek outreach opportunities with groups that reflect the diversity of our community.	Ongoing	Executive Director		The Executive Director will implement one community engagement and/or outreach activity annually.

Practitioner Level Role & Responsibility: Work through and with the Multidisciplinary Team, families, and other service providers to ensure that clients receive services which are responsive to and respectful of the family's racial and ethnic cultural traditions, beliefs, values, and preferred language and which increase the likelihood of engagement.

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
Read CLC Plan and sign acknowledgment that the Plan is understood and that practices will be implemented within the Agency.	Ongoing	Executive Director	The Executive Director will ensure that all newly hired staff read and acknowledge in writing the CLC Plan during the first month of employment. The Executive Director will ensure that all existing staff read and acknowledge in writing any revisions to the CLC Plan within 1 month of adoption by the CAC Board.
Complete CLC training.	Ongoing	Executive Director	CAC staff will complete at least one cultural competence training in each six-month half of the plan year.
Engage families in the service provision process and ensure that families have a primary decision-making	Ongoing	Case Manager	During the Social History process, the Case Manager will inquire about the family's

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<p>role in the development of their service plan. Ensure that the family's preference/needs are present in the plan.</p>			<p>ethnic/cultural background and will identify their natural and informal supports.</p> <p>The Case Manager will inquire about and be sensitive to the family's cultural and language preferences, and will seek resources aligned with those preferences.</p> <p>The Case Manager will communicate identified cultural issues that might impact upon the case to Team members to ensure that these issues are considered in the service delivery process.</p>
<p>Develop a system of local providers, organizations, and other community supports.</p>	<p>Ongoing</p>	<p>Case Manager</p>	<p>The Case Manager will maintain knowledge of diverse community-based resources for assisting CAC clients.</p> <p>The Case Manager will utilize 211 to ensure that we are able to provide clients with accurate, up-to-date information on services available in our community.</p>
<p>Collect demographic data on clients served by the CAC</p>	<p>Ongoing</p>	<p>Executive Director</p>	<p>Collect data on race, ethnicity and primary language of individuals.</p>

Consumer/Client/Individual and Family Level Roles & Responsibility: Build the consumer voice in the overall implementation of culturally responsive practices.

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
<p>Parents/caregivers will be given an opportunity to provide feedback about CAC services through client surveys.</p>	<p>Ongoing</p>	<p>Governing Board and Executive Director</p>	<p>Utilizing the OMS System, at the initial visit the Executive Director will give surveys to the parents/caregivers of children</p>

			<p>receiving services at the CAC.</p> <p>Among other things, the OMS System client survey will attempt to measure the client's perception of the cultural sensitivity of CAC services.</p> <p>Spanish-language surveys and cover letters will be given to parents/caregivers as needed.</p> <p>Annually the Board will review and evaluate survey results compiled by the Executive Director.</p>
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CHAMPAIGN COUNTY HEAD START/EARLY HEAD START (CCHS)

2016-2017 Cultural and Linguistic Competence Plan

POLICY AND GOVERNANCE LEVEL

Role/Responsibility: Ensure a systematic approach to delivery of culturally sensitive and linguistically competent services and supports for enrolled children and families.

Action Steps	Time Frame	Person(s) Responsible	Benchmarks	Timeline/Progress for Plan of Action
1.1 Review and update the Cultural and Linguistic Competence Plan.	February 2016	Social-Emotional Development Specialist, CCHS Director and Managers.	An updated Cultural and Linguistic Competence Plan will be available February 2016.	Completed
1.2 Submit 2016-2017 Cultural and Linguistic Competence Plan to CCHS Policy Council for approval.	April 2016	CCHS Director	Review and approval at meeting.	
1.3 Recruit enrolled parents of diverse nationalities and/or cultures to run for Policy Council Representative positions.	Fall 2016	CCHS Director	A diverse membership constitutes the 2016-2017 Policy Council.	
1.4 Review with new Policy Council members the 2016-2017 Cultural and Linguistic Competence Plan as a factor in decision making.	September 2016	CCHS Director	At first meeting of the Policy Council for the 2016-2017 program year.	
1.5 Include in Community Assessment ongoing procedures identifying services available or lacking for culturally and linguistically diverse populations of the community.	Ongoing	Child and Family Services Manager	Completed Community Assessment by May 2016	
1.6 Include in ongoing Self-Assessment procedures analysis of cultural and linguistic sensitivity of services provided.	Ongoing	CCHS Director	Completed Self-Assessment by August 2017	
1.7 Revise annual program plans to set goals for improving cultural and linguistic sensitivity of services.	Spring 2016	CCHS Managers	Revised program plans for 2016-2017 school year submitted to Policy Council by September 2017 meeting.	

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ADMINISTRATIONS/MANAGEMENT LEVEL

Role/Responsibility: Develop an organizational structure, administrative guidelines and system of evaluation to ensure that effective, efficient, accessible and high quality services are provided to clients.				
Action Steps	Time Frame	Person(s) Responsible	Benchmarks	Timeline/Progress for Plan of Action
2.1 CCHS will endeavor to employ staff who speak the preferred language of families in the program. We encourage Spanish language interns to work with our program and seek translators from the East Central Illinois Refugee Mutual Assistance Center.	Ongoing	Supervisors	Position announcements, interview questions, wage structure and education/training reimbursement program support employment of staff who speak English and the preferred language of enrolled families.	
2.2 Maintain CCHS environments to reflect the diverse cultures, ethnicities and nationalities of enrolled families so as to create surroundings that are welcoming and comfortable.	Ongoing	All CCHS Staff	CCHS sites and options will assess environments each Fall to determine if they reflect current CCHS families' culture, nationality and ethnicity.	
2.3 Include in Strategic Plan the goal to offer services where they are geographically accessible to and accepted by CCHS families.	Summer 2016	CCHS Managers	Savoy classrooms are relocated to a site more central to where families reside	
2.4 Recruit income-eligible families from among the diverse populations of the community.	Enrollment throughout the year	Child & Family Service Managers	90% of enrolled families have income no greater than 130% above poverty level for their family size.	
2.5 Use cultural and linguistic competence evaluation in self-assessment process. Include in annual self-assessment identification of the linguistic capacity and needs of staff and partners.	Ongoing	Social Emotional Development Specialist	The self-assessment process for 2016 and forward includes a component for evaluating the program's cultural and linguistic competence.	
2.6 Review and modify job descriptions and performance review format to include requirements for cultural knowledge and cross-cultural practices related to populations served by the program.	Summer 2016	CCHS Managers	Every job description and performance review will contain requirements for cultural knowledge and cross-cultural practices related to populations served by the program.	

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2.7 Include in annual continuous improvement plan (CIP) and family satisfaction survey items related to cultural and linguistic competence.	August 2016 (CIP and parent survey) September 2016 (Program Plans)	CCHS Managers and Social Emotional Development Specialist	An updated continuous improvement plan and revised program plans result from the annual self-assessment. Parent satisfaction surveys contain a least one item evaluating cultural and linguistic competence.
2.8 CCHS will provide a choice of service options to meet the diverse needs of families such as home-based services, family child care collaborations, and center-based full day, part day, and combination programming.	Ongoing	CCHS Managers	Program options address potential families' needs as determined by annual the Community Assessment and survey of current families.
2.9 One or more managers will attend at least one training annually that deals with diversity issues.	Ongoing	CCHS Managers	Management staff will receive training on diversity inclusion related to hiring and maintaining a diverse work force.

PRACTITIONER LEVEL

Action Steps		Time Frame	Person(s) Responsible	Benchmarks	Timeline/Progress for Plan of Action
<p>Role/Responsibility: Implement outreach, engagement, assessment, diagnosis, treatment processes and procedures, and support services which are responsive to and respectful of the family's racial and ethnic cultural traditions, beliefs, values, and preferred language. This section refers to both clinical and non-clinical service providers.</p>					
3.1 Read and sign written agreement that CLC plan has been read and practices will be implemented within the designated time period.	Spring 2016	CCHS Director	Upon receiving a grant from the Developmental Disability Board, the Director will sign the CLC written agreement.		
3.2 Continue to provide families with a non-discriminatory, private, and humane experience.	Ongoing	CCHS Staff	Appointments will be scheduled to meet the needs of families in the most private settings available and conducted in family-preferred language when possible.		

<p>3.3 Endeavor to include in treatment plans client requests for religious and spiritual resources, natural supports, bilingual services, self-help groups, and consultation from culturally and linguistically competent independent providers, except when clinically or culturally contraindicated.</p>	<p>Ongoing</p>	<p>Social Emotional Development Specialist</p>	<p>Counseling treatment plans reflect the requests of each client/family.</p>	
<p>3.4 Continue to make available a grievance/appeals process to families and the community.</p>	<p>Ongoing</p>	<p>CCHS Director</p>	<p>The updated grievance/appeal process and form(s) are distributed to potential enrollees and included in the annual Parent Handbook distributed to enrolled families.</p>	
<p>3.5 Staff are aware of cultural supports within the community and utilize community networks and collaborations to provide services.</p>	<p>Ongoing</p>	<p>Family Support Team members, Social Emotional Development Specialist, CCHS Managers</p>	<p>Summaries of monthly Family Support Team meetings reflect updates to community supports, collaborations and networks.</p>	
<p>3.6 Organize and implement parent engagement and/or outreach activities to address mental health issues and facilitate services within the community.</p>	<p>Ongoing</p>	<p>Social Emotional Development Specialist</p>	<p>Quarterly reports reflect number of Individual Success Plan meetings, parent trainings at each site, and parent newsletter items with mental health information.</p>	
<p>3.7 Collect and enter child and family data on race, age, ethnicity and primary language of children and families within ChildPlus and report data quarterly.</p>	<p>Ongoing</p>	<p>CCHS Managers, Social Emotional Development Specialist</p>	<p>The CCHS' management information system, Child Plus, aggregates the demographic data of enrolled families; individual family data reflects demographics of each family.</p>	
<p>3.8 Evaluate and, when relevant, increase the amount of written information in home languages available to families.</p>	<p>Summer 2016</p>	<p>CCHS Staff</p>	<p>An annual review of materials, meetings and training available in both English and home languages show an increase each year.</p>	

3.9 Train staff using information from January 2015 Institute on School Readiness of African-American Preschool Boys.	August 2016	CCHS Managers	Staff will be trained in issues and strategies related to serving African-American preschool boys.
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CONSUMER/CLIENT LEVEL

Role/Responsibility: To begin to build the consumer voice in the overall implementation of culturally responsive practices.

Action Steps	Time Frame	Person(s) Responsible	Benchmarks	Timeline/Progress for Plan of Action
4.1 Encourage CCHS families frequently to participate in their site's Family Committee Meetings and run for their site's Parent Representative positions for Policy Council.	Fall each year	CCHS Director Site Managers	At least 51% of the Policy Council is parents. At least 25% of the families at each site participate in their site's monthly Family Committee meetings.	
4.2 Provide opportunities at least monthly for families to give feedback about CCHS programs and services 1) in person, 2) in meetings, 3) in writing.	Ongoing	1) Teachers 2) Site Managers 3) Social-Emotional Development Specialist	1) Home Visits/Parent-Teacher conferences 4 times each year 2) Monthly Family Committee summaries reflect feedback opportunity as a standard agenda item. 3) At least 54% of parents complete the annual satisfaction surveys.	
4.3 Strive to engage families to participate in their child's education by setting goals for their child when staff seeks input during home visits, parent-teacher conferences and by parents volunteering in their child's classroom or completing activities at home that support the curriculum.	Ongoing	CCHS Managers Teaching Staff	At least 85% of enrolled parents participate in home visits, parent-teacher conferences and volunteer at least once during the school year.	
4.4 Parents will participate in an annual Parent Satisfaction Survey to give feedback on services, supports, and cultural/ linguistic needs.	April 2016	Social-Emotional Development Specialist	At least 54% of parents will participate in giving feedback and ideas to Head Start for program improvement.	

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**Champaign County Regional Planning Commission
Cultural Competency Plan 2016**

Policy and Governance Level			
External and internal communication reflects effective flow of information to/from the agency and its diverse stakeholders; policies and procedures promote cultural and linguistic values.			
Action Steps	Time Frame	Person(s) Responsible	Benchmarks
Supervisor contact information included on 'Rights and Responsibility' form signed by each client	ongoing	Program Manager / Supervisor	Supervisor responds to 100% of client calls within one business day
Plan regular supervisions with intake and direct service staff regarding work with clients	ongoing	Supervisor / Staff	Direct service staff have weekly supervisions
Plan regular team meetings to share information	ongoing	Supervisor / Team	Regular team meetings are provided
Quarterly outreach events provided by each team	ongoing	Team	Produce 10 media/outreach/events to promote Community Services
Recruit board members from client base	ongoing	Team	CCRPC, CAB, Senior Services Advisory Board and CDS include client representatives
Cultural and Linguistic Competence Plan is updated annually through board, staff, client and partner input	ongoing	Program Managers	Plan updated with input from board, staff, client satisfaction surveys, funder and partner comments
Wellness at Work Program incentivizing employee health	quarterly	Human Resource Director	Submission of wellness efforts provided by employees quarterly and paid day off awarded quarterly by random drawing
Conduct community needs assessment	annually	Community Services Director	Community stakeholders provided survey to provide information on community needs
			Complete Case Management supervisor responded to calls ongoing 1 Community Services Division Meeting, 4 Case Management team meetings, 24 No Limits team meetings, 12 CDS team meetings, 12 ISC team meetings 12/2014 - Community Action Board new member reflect community client representative 02/2016 - FY16 Cultural and Linguistic Plan approved ongoing 02/2016 - Community Needs Assessment - Board & Staff 02/2016 - Community Needs Assessment - Community at Large

Administration / Management Level			
Services are accessible and welcoming to populations served.			
Action Steps	Time Frame	Person(s) Responsible	Benchmarks
Ensure services are geographically accessible and available at convenient times, with considerations for language, cultural diversity and disability as needed	ongoing	Director / Program Managers	Intake center is located in accessible area, services are provided in convenient locations which may include clients home and brochures are available in Spanish
Recruit, train and evaluate staff to support diversity and cultural competence of the agency.	when openings occur	Director / Program Managers	100% of staff reflect target population and are trained in cultural competency 12/2015 - New Youth Assessment Center team member fluent in Spanish 08/2015 - VISTA Worker fluent in Spanish 08/2015 - Fall session intern is fluent in Spanish 01/2015 - Two spring session interns are fluent in Spanish 12/2014 - New Youth Assessment Center team member is fluent in Spanish 10/2014 - New No Limits team member is fluent in Spanish
Utilize universal assessments tools that identify both strengths and challenges as well as demographic information that can be used in developing service plans	ongoing	Case Managers	100% of service plans and agreements are written based on information learned from assessments
Develop communication and language assistance protocol for staff to access language assistance.	ongoing	Case Managers	When necessary translators and/or interpreters are used
			Complete 10/2014 - Independent Service Coordination opened 3rd location at Mattis office. 10/2014 - No Limits moved 2nd location to centrally located Youth Assessment Center 01/2016 - County Translators List updated and distributed

Practitioner Level

Sigma associated with requesting/receiving needed services is reduced, screening and assessment identify factors of race, ethnicity, culture, age, disability, language that may guide service plans and use of natural supports and referrals, resources and supports used will reflect diversity of populations served.

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
Provide staff continuing education activity on identifying and using natural supports	ongoing	Director / Program Managers	100% of staff participate in continuing education activities
			02/2016 - "Youth with Intellectual & Developmental Disabilities in Juvenile Justice" training 01/2015 - Americans with Disabilities Act (ADA) Campaign County-wide Staff Training 01/2016 - Supported Decision Making training 01/2016 - WIOA Orientation: A Pathway to Employment & Training Opportunities 12/2015 - Confidentiality Training 12/2015 - Homeless Service Providers in the East Central region of IL Collaborative Cross Training 12/2015 - Risk Assessments for Home and Community-Based Waiver Program training 11/2015 - "Youth Leadership for Restorative Justice" training 11/2015 - "A Scenario-Based Approach to Financial Aid" FASFA Training 10/2015 - Cardiopulmonary Resuscitation Training (CPR) 10/2015 - "disABILITY" Resource Expo 09/2015 - Illinois Relay Service (TTY) training 09/2015 - "SSA Benefits & Creative Job Development Strategies" training session 08/2015 - IDHS "Conversion from ICD-9 to ICD-10 Codes" training 08/2015 - Office of Inspector General (OIG) Rule 50 Training 07/2015 - IL AIRS Conference 06/2015 - Central Illinois Volunteerism Conference 06/2015 - "Sharpening Your CoC Program Skills" training session 05/2015 - IACAA "Community Assessments" training 04/2015 - The Arc Annual Convention (Best Practice / National Trends) 04/2015 - Linguistic and Cultural Competence Guidelines and Plan Development 02/2015 - "Coaching: Implementing Self-Directed Work Teams" IACAA seminar 01/2015 - "Appreciating difference as a path to personal growth: diverse worship styles and food" seminar by Alan Kim 01/2015 - "Modifications of Ligas Transition Service Plan" training 11/2014 - "The 28th Annual Celebration of Diversity" University of Illinois presentation 10/2014 - "The Habits of Happy People" seminar by Dennis Marikis 10/2014 - "Introduction to Positive Behavioral Support" conference (6.0 Nursing CE) 10/2014 - "No More Misunderstandings: How to Work with People who are different than you" training 10/2014 - "Promoting Health and Wellness for Individuals with IDD" training 10/2014 - Mental Health First Aid training 09/2014 - "Being an Effective Supervisor" training 09/2014 - SHIP training 07/2014 - "Home Visits: Fun & Safe" training 06/2014 - "Stepping Stones to Recovery" training 06/2014 - "Crossroads for Change: Build, Revent, Restore!" training 05/2014 - "Community Action: 50 Years of Moving Forward" IACAA Annual Conference 04/2014 - "Cross-Cultural Issues in Working with Families" training (2.0 OIDP CE) 04/2014 - "Rebalancing: Creating Opportunities from Challenges" training
Inform the community of client's progress and success	ongoing	Program Manager	Create a No Limits video to show at scheduled outreach events and meetings

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Consumer Level

Consumer input will be used in developing interventions/service plans

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
Using the "Got Goals" workbook, No Limits clients guide their goal plans;	ongoing	Consumer / Case Managers	100% of client plans are developed using client workbook.
Peer Court respondents are invited to serve on Peer Court following their station adjustment and respondent	ongoing	Consumer / Case Managers	20% of youth will be trained as peer jurors
Mediation agreements are developed by the victim	ongoing	Consumer / Case Managers	100% of mediation agreements will be developed by victim and respondent.
Consumer transition plans will be written with input from consumers and their guardians	ongoing	Consumer / Case Managers	100% of transition plans will be written with direct input from consumer
Client satisfaction will guide service provision through continuous quality improvement efforts.	ongoing	Consumer / Case Managers	75% of clients will respond to surveys and information will be used to improve services.



Champaign-Urbana Area Project
Proposed Cultural and Linguistic Competence Plan

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Mission

The Champaign-Urbana Area Project is organized to serve as a catalyst for citizens working together to address problems and issues affecting them. Specifically, CUAP is to provide services to "at risk" youth and their families.

These activities seek to empower low-income citizens and shall include, but not be limited to: cultural, educational, recreational, community organization and development, self-esteem enhancing, and social activities which result in preventing juvenile delinquency.

The Champaign-Urbana Area Project is established exclusively for Charitable and Educational purposes within the meaning of Section 501(c)3 of the Internal Revenue Code.

CUAP Principles and Philosophy of Cultural and Linguistic Competence

The Cultural and Linguistic Competence Plan (CLCP) is designed, within the cultural and linguistic context, to ensure that all of the services, strategies, policies, and procedures are designed and implemented to meet the needs of the diverse children, youth and families we serve.

GOVERNANCE LEVEL

Role/Responsibility: Develop a governance structure, leadership and infrastructure supports required to deliver or facilitate the delivery of culturally and linguistically competent care. (Board of Directors)

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
1.1. 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.	As needed /Annual	Board of Directors	Demonstrated knowledge of CLC will be a part of the interview process at the time of hiring. The Board's annual appraisal of the Executive Director will include CLCP compliance.
1.2. Identify, recruit and select members of the board of directors body that are reflective of the focus population of CUAP (including informal and formal cultural leaders, faith-based communities, youth representatives and family members)	Ongoing	Board of Directors /Executive Director and Community Committee Members	CUAP structure is designed to work with established diverse community committees. These community committees, among other groups (business and service groups) provide a diverse body from which the Board Members are selected or some serve as ad hoc, proxy, or consultants.
1.3. Create and/or revise the mission statement to affirm support of a CLC perspective to governance, management and service delivery	July 2016	Board of Directors	Formal inclusion into the mission statement.
1.4. Allocate adequate funds to support activities and training related to cultural and linguistic competence.	Annual	Board of Directors/Executive Director	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-base trainings.

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1.5. Develop employment criteria for the program manager/staff which includes requirements for demonstrated skills in working with the populations of focus and diverse populations	Ongoing	Board of Directors/Executive Director	When necessary employment criteria will be revised and reflected to address the growing need of a diverse community.
1.6. 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.	Ongoing	Board of Directors/Executive Director	The Board of Directors and Executive Director will modify the communications policy, as necessary, to ensure appropriateness of messaging/imagery and sensitivity to the diversity of the community we serve.
1.7. Review, evaluate, and update CLC Plan	Annually beginning January 2017	Board of Directors/Executive Director	The Board will review CLC plan with proposed changes and approve or revised as needed. The Executive Director will ensure staff is aware/trained on policy changes and they are posted on agency website.
1.8. Develop formal partnerships, MOU's, etc. with cultural community agencies, faith-based entities, traditional cultural providers, and other culturally-relevant organizations.	Ongoing	Board of Directors/Executive Director	The Executive Director will present formal document(s) to the Board regarding potential partnerships. The board will approve the culturally-relevant agreement with participating organizations.
1.9 Institutionalization of the implementation of CLC Plan with the hiring of the Program Manager with a subspecialty in cultural and linguistic competency.	Prior to program implementation	Board of Directors/Executive Director	The Program Manager will be skilled in the mentoring and implementation of the CLC Plan competences.

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ADMINISTRATION/MANAGEMENT LEVEL

Role/Responsibility: Develop an organizational structure, administrative guidelines and system of evaluation to ensure that effective, efficient, accessible and high quality services are provided to the population(s) of focus. This section refers specifically to Executive Director and Program Managers/Coordinator.

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
2.1. Develop and implement strategies to support and retain diverse board members through the provision of support services, as indicated. (i.e. including mentoring and partnering).	Ongoing	Executive Director	Executive Director will continually evaluate the diversity of the Board in order to assist Board with a strategic plan for recruitment and retention.
2.2. Develop criteria for reviewing existing policies to ensure that they support the development and implementation of culturally and linguistically competent system of care.	July 2016/Ongoing	Executive Director	Utilize this CLCP as benchmark to develop formal criteria. Review monthly the work of the community committees which reports to the Board to ensure compliance with CUAP's CLCP.
2.3. Organize cultural and linguistic competence committee and provide with the authority to monitor service delivery	Ongoing	Executive Director/Board of Directors	The CUAP Board/Director will serve as oversight committee to ensure CLCP compliance.

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<p>2.4. Review and update the Cultural and Linguistic Competence Plan including a policy for the timely provision of interpretation services and allocation of bilingual staff.</p>	<p>Annually in January</p>	<p>Executive Director</p>	<p>The Director will review the plan annually and the Board of Directors will approve any updates at their scheduled Board meeting.</p>
<p>2.5. Conduct an annual organizational CLC self-assessment</p>	<p>Annually</p>	<p>Executive Director</p>	<p>The Executive Director will conduct the annual assessment and make any necessary adjustments to ensure sensitivity and inclusiveness.</p>
<p>2.6. 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.</p>	<p>Annually</p>	<p>Executive Director</p>	<p>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.</p>
<p>2.7. Services are located geographically such that they are accessible and acceptable to the population</p>	<p>Ongoing</p>	<p>Executive Director/Program Manager</p>	<p>The current facility is centrally located and accessible and acceptable to the population CUAP serves.</p>
<p>2.8. Develop and implement a continuous quality improvement plan and customer satisfaction survey process.</p>	<p>Annual</p>	<p>Executive Director/Program Manager</p>	<p>Annually the Executive Director and Program staff will review and evaluate survey results.</p>
<p>2.9. Assess the culturally and linguistic capacity and needs of service providers and support staff.</p>	<p>Ongoing</p>	<p>Executive Director</p>	<p>CUAP serves a diverse community, culturally, socially, and emotionally. Continuous monitoring will be necessary to make appropriate recommendations and adjustments.</p>
<p>2.10. Review and modify job descriptions to include requirements for development of cultural knowledge and cross-cultural practice skills</p>	<p>Annual</p>	<p>Executive Director</p>	<p>Executive Director will evaluate the extent to which the goals have been reached and make and/or recommend changes for improvement.</p>

2.11. Develop performance indicators related to the delivery of cultural and linguistic competence and include them in performance reviews and professional development plans	July 2016	Executive Director	The Executive Director will develop CLC performance indicators that will be presented to the Board of Directors for approval.
2.12. Provide training in cultural and linguistic competence to all personnel, including support staff and Board of Directors.	Annual	Executive Director	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.
2.13. Develop a line-item in the annual budget that is specifically dedicated to the development and continued support of culturally and linguistically competent services, as well as for outreach, engagement, social marketing, cultural events, etc.	Annual	Executive Director	During the annual budget process in April/May the Director will include a line –item that will support the activities that maintains a culturally appropriate service delivery plan.
2.14. Provide specific training to staff and violence interrupters, aka “peace seekers” reflective of the diversity of the service population to ensure meaningful engagement at all levels within and outside the formal system of care.	Bi-Annual/ Ongoing	Executive Director	Annual training or “as needed”. The Executive Director will arrange culturally responsive activities and trainings to support staff and violence interrupters.
2.15. Hire employees in key leadership positions and direct service positions who reflect the populations of focus.	Ongoing	Executive Director	Executive Director will ensure that all existing and newly hired staff read and acknowledge in writing CLC plan upon employment.
2.16. Establish a plan for retention of diverse workforce; review and revise as indicated.	July 2016	Executive Director	Executive Director will develop new retention policy for Board approval in July 2016.
2.17. Establish a plan to support program managers in their role to promote culturally and linguistically competent service delivery on a daily basis; review and revise as indicated	July 2016	Executive Director	Executive Director will develop new policy supportive of program staff for board approval in July 2016.

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DIRECT SERVICE LEVEL: PROGRAM MANAGER/COMMUNITY SERVICE WORKER (CSW)

Role/Responsibility: Provide quality care and service in a culturally and linguistically responsive way to underserved and diverse populations. Implement outreach, engagement, assessment, and procedures, and support services which are responsive to and respectful of the family's racial and ethnic cultural traditions, beliefs, values, and preferred language.

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Action Steps	Time Frame	Person(s) Responsible	Benchmarks
3.1. Read and sign written agreement that CLC Plan has been read, and practices will be implemented within the designated time period.	Annual	Program Manager/CSW	Upon hire Program staff will read and sign CLCP.
3.2. Draft program plans which include traditional and non-traditional supports which are culturally and linguistically competent providers.	Annual beginning July 2016	Program Manager/CSW	Program staff will provide Executive Director with annual CLCP program plans for review and approval.
3.3. Recruit youth and their families, and community members reflecting the diversity of the service population to actively participate in the development and evaluation of the service array.	Ongoing	Program Manager/CSW	Program staff will recruit individuals from service area who are willing to assist in annual quality control assessment.
3.4. Complete cultural assessment and mapping protocol to explore the role of cultural framework of the service area.	Annual	Program Manager/CSW	Annual mapping protocol of "hot spots" and suspected communities suffering from high levels of traumatic experiences will be central to appropriate service delivery. Partnering with Community Coalition will aid in success of mapping protocol.

3.5. Refer program participants and their families to community-based services that are culturally-appropriate, and sensitive to their needs.	Ongoing	Program Manager/CSW	Direct service staff will continue to refer individuals to community-based agencies that demonstrate a commitment to culturally and linguistically competent services.
3.6. Conduct annual demographic analysis and needs assessment.	Annual	CSW	Conduct annual spring/summer needs assessment survey in collaboration with Community Coalition "Walk as One." Information will be reviewed by Program Manager and Director for analysis.
3.7. Collect, enter, and, maintain in CUAP data base youth and family data on race, age, ethnicity, geo-location, and primary language of youth and families.	Ongoing	Program Manager	Maintain accurate records will be a requirement for the fidelity of services and reporting purposes.
3.8. Organize and implement one community engagement and/or outreach activity at least semi-annually to facilitate awareness of mental health issues and services within the community, including emerging populations, faith-based organizations, etc.	July 2016	Program Manager	Community engagement and outreach is key components of CUAP's service delivery. In July 2016 Program Manager will present education and engagement plan to Executive Director for review and approval.
3.9. Develop a directory of local providers, organizations, and other community supports.	July 2016	Program Manager	Program Manager will develop and maintain list of providers. Program manager will also mention 211 when making referrals.
3.10. Attend one cultural and linguistic competence education, professional development training on an annual basis at a minimum.	Annual	Program Manager/CSW	Will attend at least one CLC and professional development training.
3.11. Develop incentives for volunteers, youth and family involvement and participation. Monitor CSW, and volunteer's activities and CLC compliance.	Annual	Program Manager	Develop an engagement plan that will be reviewed and approved by Director at start of program year.

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YOUTH/FAMILY/COMMUNITY LEVEL

Role/Responsibility: Provision of cultural information articulation of community strengths, identification of community supports, and assisting in the development of collaborative relationships among the system of care; providers; children, youth and families; cultural communities, and the community at large in ways that promote cultural and linguistic competence.

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
4.1. Attend and participate in Cultural and Linguistic Competence Committee meetings.	Ongoing	Youth/Family and Community members	Youth, family, and community members working on community communities that report to the Board or who receives services from CUAP will be encouraged to attend annual CLC training or activities.
4.2. Identify and link system of care to community based individuals who could serve as cultural brokers. Violence interrupters, aka "Peace Seekers" are examples of cultural brokers. They are individuals who serve as mediators of distrust between cultures, models, mentors and catalysts for change in underserved and hard to reach individuals.	Ongoing	Youth/Family and Community members, Peace Seekers	City of Champaign Neighborhood group leaders and Community Coalition Neighborhood Champions will link appropriate systems providers to youth and families. Peace Seekers will help to communicate differences and similarities across cultures to eliminate the cultural gap between the high risk and socially marginalized individuals. They may also mediate and negotiate, as needed, more complex processes within organizations, government, communities, and between interest groups.

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<p>4.3. Review all pertinent written, oral, and symbolic materials with youth and family (including consent forms, posters, signs, and audio/video tape recordings) to ensure that they are interpreted from the appropriate cultural perspective.</p>	<p>Annual</p>	<p>Youth/Family and Community members</p>	<p>Prior to any program service delivery youth, family, and community members will review and receive information before accepting or signing off.</p>
<p>4.4. Participate in the process to discuss services that are delivered. Help identify and organize community leaders and other stakeholders in design of needs assessment data collection instruments.</p>	<p>Annual in January</p>	<p>Youth/Family/Peace Seekers and Community members</p>	<p>Annual assessment surveys will be conducted with the assistance of people who live, work, and play in the service area.</p>

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APPENDIX: GLOSSARY OF TERMS

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

Cultural Competence is

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

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

Cultural refers to integrated patterns of human customs, beliefs, values of racial, ethnic, religious, or social groups.

Competence implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by children, youth and families and their communities.

Cultural Brokers are individuals, who help to communicate differences and similarities across cultures to eliminate the cultural gap between them. They may also mediate and negotiate more complex processes within organizations, government, communities, and between interest groups or countries. Cultural brokers are knowledgeable about the beliefs, values and norms of their cultural group, and the system they have helped to navigate successfully for their families. They can serve as cultural liaisons, cultural guides, mediators of distrust between cultures, models, mentors and catalysts for change. Excerpt from *Bridging the Cultural Divide in Health Care Settings: The Essential Role of Cultural Broker Programs*, National Center for Cultural Competence. Document available at: <http://www.culturalbroker.info/index.html>

PeaceSeekers are trained individuals who perform in the role of "Violence Interrupters." PeaceSeekers are grass root frontline outreach workers with street credibility with the high risk violent population because of their own personal histories as prior perpetrators of violence, and as such can in most cases intervene in conflicts between individuals or groups before they spiral into violence. Peaceseekers utilizing their talents and skills in a positive way can help to reduce trauma to these targeted underserved and hard to reach communities. These violence interrupters can be also be described as "Culture Brokers" because they can help to communicate differences and similarities across cultures to eliminate the cultural gap between the high risk and socially marginalized individuals. They may also mediate and negotiate, as needed, more complex processes within and outside organizations, government, communities, and between interest groups. <https://www.youtube.com/watch?v=fPEK1mpCAGa>

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**Community Elements
Cultural Competency Plan
Action Areas**

Annual Cultural Competency Training:

Due to operating several 24-7 programs and therefore, having staff who work varying shifts including weekends and overnights, we have chosen not to offer just one cultural competency training per year as many staff would not be able to attend. Instead, each team or department is expected to offer at least 2 cultural competency trainings each year. This allows the flexibility within program/staff schedules and it also allows supervisors to identify trainings that may be of particular interest to their team. Supervisors report trainings on their monthly Quality Management Council (QMC) All Staff reports. These events are tracked each quarter and reported to the Program Quality committee of the Board. Below is a list of some of the training events this past year:

- The Culture of Poverty
- Assessing your Ethnocentrism
- Trauma Informed Care
- Review of SAMHSA's American Indian Culture Card
- Lunch and Learn viewing of: Homestretch which was about homeless youth culture

Diverse Board and Staff Recruitment:

The Board of Directors has been committed to recruiting members who reflect the diversity of our community. This includes diversity that goes beyond race. Additionally, the Program Quality Review Committee Regular Session is an advisory committee to the Board and, in addition to board members there are community members that attend. While the group adds members from year to year, the group has included members with lived experience since inception. For example, the local chapter of NAMI attends and reports on events and concerns that they have from the perspective of consumer, family member(s) and loved ones of those with mental health issues. In 2016, a member from the Depression and Bipolar Support Alliance will begin regular attendance.

The Agency Scorecard which is reviewed annually by the Board of Directors and the Cultural Competency Committee reflects the growing diversity of agency staff as it relates to race. 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%.

Cultural Competence Organizational Assessment/Evaluation:

In July 2015 the agency adopted a new organizational assessment tool following consultation with Shandra Summerville. 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. We reached out to the Access Initiative Evaluation team for assistance on how to analyze survey data, but due to their own time and staff commitments to the overall evaluation project, they were not able to provide assistance.

Implementation of Cultural Competence Values in Policy and Procedures:

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. For example, PRP 100.05 Accessibility Plan states: The Agency is dedicated to identifying and taking all appropriate and reasonable steps to remove architectural, environmental, attitudinal, financial, employment, communication, transportation, and any other barrier identified by persons served, personnel or other stakeholders. We have many PRP's that reflect our value for Cultural Competence such as; Interpreter Services PRP, Cultural Competency PRP, and the Discrimination and Harassment Free Workplace PRP just to name of few. Staff is given the opportunity to review and suggest changes to the PRP's on an annual basis. Of particular note in our Interpreter Services PRP is a statement that discourages use of family member to provide the interpretation. Our agency has committed financial resources to provide both sign and language interpreters as well as having purchased services from the Language Line when in person interpreters are not available.

Outreach and Engagement of Underrepresented Populations:

It is hard to capture all the ways in which staff works to engage people from all aspects of our community and in particular underrepresented populations. There are numerous community events, fairs, presentations and committees that staff attends each year such as the 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, just to name a few. Our extensive work in the jails and to homeless adults and youth further demonstrates our commitment to reaching out to engage people who may be in need of our services yet unfamiliar or uneasy about how to access them.

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.

Interagency Collaborations:

We have over 180 signed collaborative agreements on file. Despite this large number of agreements, we collaborate with so many more groups, services, programs or agencies. From hospitals, to schools, to all facets of healthcare needs, employment, housing, childcare, recreation, clothing, food and faith. You name it; we will collaborate with anyone who can help meet the needs of the people we serve. When authorized by a release of information, we will share service plans and assessments to assist with care coordination.

POLICY AND GOVERNANCE LEVEL CULTURAL COMPETENCY AND LINGUISTICS PLAN - FY17

Role/Responsibility: Guide the Agency's efforts related to Cultural and Linguistic Competency and allocate financial resources necessary for outreach and services to the diverse cultures represented in our community.

Action Steps	Time Frame	Person(s) Responsible	Benchmarks	Timeline/Progress for Plan of Action
1. The Board of Directors reviews the Agency Scorecard that includes key consumer, employee and community demographics.	February	Board of Directors	Conducts a review, identifies any trends and determines if any action is necessary	
2. Program Quality Review Committee (PQR) of the board receives updates on cultural competency committee work plan and status of team cultural competency trainings.	Ongoing	Cultural Competency Chair	PQR reviews to determine if agency teams participate in a cultural competency training at least semi-annually.	
3. The Board of Directors will annually review the Cultural Competency Plan Policy.	October	Board of Directors	Review the Cultural Competency Plan PRP.	
4. The Board of Directors will review the Cultural Competency Plan.	January	Board of Directors	Conducts a review at meeting and determines any action as necessary	
5. The Board of Directors will be offered an opportunity to participate in at least one cultural competency event.	Annually	Board of Directors	Board members participate in a training opportunity.	
6. When Board vacancies occur the board will commit to recruiting a diverse membership.	Ongoing	Board of Directors	Vacant positions filled by individuals that build upon the diversity of the board.	

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ADMINISTRATION/MANAGEMENT LEVEL

Role/Responsibility: Lead the Agency's efforts related to Cultural and Linguistic Competency and support all stakeholders in active participation to assure the diverse cultures represented in our community are aware of and have access to services.

Action Steps	Time Frame	Person(s) Responsible	Benchmarks	Timeline/Progress for Plan of Action
1. The Executive Leadership Team reviews the Agency Scorecard that includes key demographic characteristics of consumers,	February	Executive Leadership Team	Conducts a review, identifies any trends and determines if any action is necessary	
2. The Executive Leadership Team will address any action items from the Agency Scorecard review and complete action plan(s) as applicable.	July	Executive Leadership Team	If action was necessary, the steps were identified, implemented, and documented.	
3. Supervisory staff provide a cultural competency training event semi-annually for their teams.	Ongoing	Supervisory staff	Report in monthly All Staff Quality Management Council (QMC) Reports	
4. The Executive Leadership Team will annually review and update the Cultural Competency Plan Policy with Board approval as needed.	October	Executive Leadership Team	Review and provide input on the Cultural Competency Plan PRP.	
5. Agency meets accreditation and licensing standards; including those focused on strength-based, consumer driven plans of care.	Determined by auditing cycle. Typically every 2-3 years	Leadership Teams	Audit reports/scores	
6. The Agency will participate, as resources allow, in community events focused on reducing stigma and improving CLC competency including but not limited to MLK, CC Alliance for AIR, and the Community Coalition.	Ongoing	Chief Executive Officer	Provide sponsorship or staff resources to support events or educational opportunities.	

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PRACTITIONER LEVEL

Role/Responsibility: To be active participants in daily activities to identify and respond to consumer needs related to cultural and linguistic competency, which includes reaching out to the diverse cultures represented in our community.

Action Steps	Time Frame	Person(s) Responsible	Benchmarks	Timeline/Progress for Plan of Action
1. The CLC Committee reviews the Agency Scorecard that includes key demographic characteristics of consumers, employees and the community.	March	Cultural Competency Committee	Conducts a review, identifies any trends and determines if any action is necessary	
2. Participate in a cultural competency training event	Semi-annually	All Staff	Report of events in monthly All Staff QMC reports.	
3. All Staff will be given the opportunity to review the CLC Plan Policy.	September	All Staff	Review and provide input to the Executive Leadership Team	
4. All Staff will be provided the opportunity to complete the bi-annual agency CLC assessment	Next launch date July 2017	Cultural Competency Committee	Launch of the biennial site assessment.	
5. Carry out the responsibilities contained in the Work Plan for the year.	Ongoing	Cultural Competency Committee	See Cultural Competency Committee Work Plan.	
6. Utilize the language line and/or in person interpreters to provide support and access to non-English and hearing impaired consumers.	Ongoing	All Staff	Language line and/or in person interpreters provided for consumers.	
7. Cultural and Linguist Competency Committee members serve as liaisons to all employees	On-going	Cultural Comp Committee Members	Ideas, questions, comments shared by employees are brought to committee meetings	

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CONSUMER/CLIENT/INDIVIDUAL LEVEL

Role/Responsibility: Provide outreach and education about our services to the diverse cultures in our community.

Action Steps	Time Frame	Person(s)	Benchmarks	Timeline/Progress for Plan of
1. Spanish-language version of the Agency website will be made available.	FY 2015	Chief Financial Officer	Launch of a Spanish-language version of the Internet site.	Target Date FY 2015 -- carried over to FY 2016 - 17
2. Clients will be offered the opportunity to participate in client satisfaction surveys and client ombudsman services as needed.	Ongoing	Chief Executive Officer	Client surveys are provided at pre-determined intervals and ombudsman services are reported to the Board of Directors, Program Quality Review Committee.	Surveys being distributed.
3. Provide educational opportunities and presentations to various diverse groups throughout the year such as churches, civic groups, community groups and other organizations.	Ongoing	Coordinator I- Crisis Line Program Staff	Events reported in Monthly All Staff QMC Reports	

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COMMUNITY SERVICE CENTER PY17 CLC PLAN

GOVERNANCE LEVEL

Role/Responsibility: Develop and implement policies that will promote cultural and linguistic values within an organizational structure. (Example)

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
1.1 Allocate funding/resources for annual cultural competence training.	PY 2017	Governing Board	Staff will be allowed 6 hours per year for cultural competence training.
1.2 Set aside one meeting during the year for board CLC training	PY 2017	Governing Board	Date and time selected, presenter invited. Majority of the board receives training.
1.3 Continue to identify and recruit diverse membership on the Board of Directors	PY 2017	Governing Board	A list of qualities and experiences for recruitment of board members is developed.

ADMINISTRATION/MANAGEMENT LEVEL

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

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
2.1. Organize a Cultural and Linguistic Competence Committee with authority to monitor goals of Cultural Competence Plan and create action steps.	PY17	Administrator and Board	Board forms an ad hoc CLC committee by end of second quarter PY17. Committee meets to review plan and develop next plan.
2.2. Assess and modify the physical facility to reflect the population of focus, to be welcoming, clean, and attractive by providing cultural art, magazines, etc.	PY17	Administrator and Staff	Add a selection of Spanish language magazines to the magazine rack by January 2017. Continue to provide Spanish language brochures from other agencies.
2.3 Develop Communication and Language assistance protocol for staff to access language assistance.	PY17	Administrator	Written protocol developed by Jan. 2017.

DIRECT SERVICE LEVEL

Role/Responsibility: To provide quality care and service in a culturally and linguistically responsive way to underserved and diverse populations.			
Action Steps	Time Frame	Person(s) Responsible	Benchmarks
3.1. Read and sign agreement that CLC plan has been read and practices will be implemented within the designated time period.	First quarter PY17	Executive Director	Staff signature forms in personnel files.
3.2. Develop a directory of local providers, organizations, and other community supports for Latino and GLBQ clients.	Dec. 2016	Management and staff	Hand-out developed for staff use and to give out to clients
3.3 Participate actively in collaborative groups	PY17	Management and staff	Attend the Latino Partnership, Human services Council, Council of Service Providers to the Homeless, and the MHAC.

CONSUMER/CLIENT/INDIVIDUAL LEVEL

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

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
Conduct an annual client satisfaction survey which includes questions on agency's CLC	June and July of each year	Administrator	Survey completed by August and results reported to CLC committee.
Utilize feedback from the satisfaction survey in the delivery of services.	Dec. 2017	Management and staff	Changes in service delivery documented in reports to the board.
Begin to identify and recruit a current or previous client as a	PY 2017 or as a vacancy	Management and staff	Documentation in Nominating

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potential board member.	occurs		Committee minutes.

**Community Choices Cultural and Linguistic Competence Plan
FY 2017**

POLICY AND GOVERNANCE LEVEL

Role/Responsibility: Develop and implement policies that will promote cultural and linguistic values within Community Choices' organizational structure.

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
Review Cultural and Linguistic Competence Plan	June 30, 2016	Board of Directors	Approve revised plan.
Continue policy and procedure for provision of interpretation services	June 30, 2016	Board of Directors	Policy utilized by staff
Conduct annual organizational Cultural Competence Self-Assessment	March 31, 2017	Board of Directors	Self-assessment utilized as part of the cultural competence training.
Complete Cultural Competence training	March 31, 2017	Board of Directors	100% of the board has received training.
Begin to identify and recruit diverse membership on the Board of Directors	June 30, 2017	Board of Directors	Intentional recruiting of diverse skills and cultural experiences

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**Community Choices Cultural and Linguistic Competence Plan
FY 2017**

ADMINISTRATION/MANAGEMENT LEVEL

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

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
Continue to include cultural assessment information in determining initial and ongoing services	June 30, 2016	Membership Coordinator	Intake forms and service plans include cultural information.
Maintain relationships with bilingual and interpretive resources	September 30, 2016	Executive Director	Cooperative agreements with bilingual and interpretive resources.
Utilize feedback from individuals and families in annual membership meeting	March 31, 2017	Executive Director	Families complete satisfaction surveys.
Ensure that person-centered, culturally competent approach is taught to all direct staff	September 30, 2016	Management Team	Quality Assurance committee reviews survey responses. * 100% of staff have received training.
Complete Cultural Competence training	March 31, 2017	Management Team	100% of the management team has received training.
Participate in outreach activities for potential participants to promote disability and cultural awareness	June 30, 2017	Management Team	Take part in 3 outreach activities (such as the Disability Expo.) Participate in IEPs for students who are transitioning out of school.
Read and sign new Cultural Competence Plan	July 31, 2016	Management Team	Signed receipts from management team.
Recruit diverse staff	June 30, 2017	Executive Director	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.
Emphasize cultural competence values in Participant Handbook	June 30, 2016	Membership Coordinator	Revise Participant Handbook (particularly the "What you can

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**Community Choices Cultural and Linguistic Competence Plan
FY 2017**

			expect from us" section) to ensure values are communicated clearly
Develop diverse community partners (churches, university departments, informal clubs/groups)	FY 2017	Management Team	Develop relationships with with 5 diverse groups over the course of the year.
Participate actively in collaborative groups	FY 2017	Management Team	Continue participation in Disability Expo planning, Transition Planning Committee, Mental Health Agencies Council, Illinois APSE, and Job Developers Network
Continue to promote natural interagency collaboration	FY 2017	Management Team	Further develop the Employment First collaboration with DSC; conduct informal meetings with leaders from other agencies every other month

*NOTE: The Quality Assurance Committee is made up of individuals and families served.

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PRACTITIONER LEVEL

Role/Responsibility: Provide person-centered, strength-based, culturally competent services to individuals with developmental disabilities.

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
Work with individual, their personal network, and management to develop and implement person-centered plans	FY 2017	Individual planning teams	Each individual has an individual service plan and notes on progress towards individual goals
Determine meeting times and places with the individual and family.	FY 2017	All	Meeting notes reflect individual choices.
Identify natural supports and community resources to support the individual and family	FY 2017	Individual planning teams	Individual plans include natural supports and community resources
Train new staff on cultural competence	March 31, 2017	Executive Director	100% of new staff have completed training

**Community Choices Cultural and Linguistic Competence Plan
FY 2017**

CONSUMER/CLIENT/INDIVIDUAL LEVEL

Role/Responsibility: Strengthen the consumer and family voice in the overall implementation of person-centered, culturally responsive practices.

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
Utilize the self-advocacy group to help plan services and gain feedback	September 30, 2016	Special Projects Coordinator	Group plans and feedback incorporated in services
Families complete satisfaction survey and give feedback at annual meeting	March 31, 2017	Executive Director	Families complete satisfaction surveys; Quality Assurance Committee reviews survey responses.
Develop services with input from young adults and families	FY 2017	Management team	Provide examples of utilization of consumer/family input
Provide informal support to each other	FY 2017	All	Service plans and progress notes reflect cooperative involvement
Read and sign new Cultural Competence Plan	June 30, 2017	Membership Coordinator	Signed annual receipts from individuals served.

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Cultural and Linguistic Competence Plan Instructions and Template

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

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

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

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

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

- **Role/Responsibility:** describe the overarching missions of individuals at each accountability level as they relate to cultural and linguistic competence. These broad descriptions should provide direction for the development of all action steps within the CLC Plan table.
- **Action Steps:** explicitly state the measurable and time-sensitive tasks to be completed within a year by those responsible at each level of accountability.
- **Time Frame:** provide task completion dates and the frequency of tasks conducted more than once. It is recommended that time frames for task completion fall within the same period as the funding request.
- **Person(s) Responsible:** indicate specific individuals within the organization who will be responsible for the implementation of culturally and linguistically responsive practices.
- **Benchmarks:** offer observable indicators of progress in reaching or measuring the goal. For instance, a benchmark related to the provision of training on cultural and linguistic competence might be: 100% of the board/staff have received mandated Cultural Diversity training by January, or within 6 months of hiring.

POLICY AND GOVERNANCE LEVEL

Role/Responsibility: Develop and implement policies that will promote cultural and linguistic values within an organizational structure.

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
Ensure agency support and direction for cultural competence in strategic planning.	Ongoing	Board of Directors	<ul style="list-style-type: none"> • Completion of annual review of our policies and protocols to check whether they are culturally appropriate and ensure staff competence / acceptable physical and living environment. • Production of annual report on findings as relate to cultural competency. • Identification of and financial support towards training resources for agency staff. • Maintenance and promotion of agency as a safe and diverse place to work and receive services.
Ensure a diverse population for the Board.	Ongoing	Board of Directors	<ul style="list-style-type: none"> • Recruitment based upon identified gaps in Board membership. (Skill-set, background, demographic, etc.) • Recruitment based upon population served. • Maintenance and promotion of atmosphere of a safe and diverse Board.

ADMINISTRATION AND MANAGEMENT LEVEL

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

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
Conduct a self-assessment.	Annually	Management Team	<ul style="list-style-type: none"> • Completion of self-assessment each year during grant application process to update cultural competency plans. • Develop an employee self-assessment tool and/or process, including staff signing off on agency cultural competency plans and/or policies.
Support multicultural and multilingual staff.	Ongoing	Management Team	<ul style="list-style-type: none"> • Publishing of job opportunities with clear language about desires for diverse applicants. • Maintenance of accommodation of staff's cultural or religious needs whenever possible. <ul style="list-style-type: none"> ○ Documentation of efforts to ensure fairness and inform future practice. • Maintenance of qualified interpreters / interpretation services to ensure appropriate service delivery. • No complaints filed regarding staff members being treated as representatives of an entire community / complaints are appropriately dealt with.
Ensure a culturally competent physical environment.	Ongoing	Management Team	<ul style="list-style-type: none"> • 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 and other languages as identified as needed. • Exploration of availability /

Courage Connection CLC Plan 2017

			<p>necessity of cultural competence in all new purchases.</p> <ul style="list-style-type: none"> • Development of improvements and changes as identified.
<p>Ensure that service delivery tools used in the agency are culturally competent.</p>	<p>Ongoing</p>	<p>Management Team</p>	<ul style="list-style-type: none"> • Maintenance of primary documents in English and Spanish. • 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.

PRACTITIONER LEVEL

Role/Responsibility: To consistently engage in high-quality, culturally-appropriate services, to demonstrate a commitment to ongoing cultural competency education, and to actively contribute to the ongoing improvements of cultural competency in the agency.

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
Provide appropriate language accessibility.	Ongoing	Staff	<ul style="list-style-type: none"> • Only qualified interpreters will be utilized (which can include a staff member) unless the survivor prefers to use a family member or friend. • No use of children or youth to interpret unless requested by survivor. • Resources for interpreters are updated at least annually. • Use of telephone language line will only occur when all other resources are exhausted.
Maintain safety and secure environment for immigrants in keeping with their spoken language and/or country of origin.	Ongoing	Staff	<ul style="list-style-type: none"> • As with all clients, client's judgment is paramount regarding how to maintain their safety. This is of particular importance in respecting the client's judgment about police involvement
Proactively identify and present solutions for gaps in and/or improvements to cultural competency in the agency.	Ongoing	All staff	<ul style="list-style-type: none"> • Staff regularly utilizes team meetings and supervision to raise issues of cultural competency. • Biannual trainings at the team level focused on an aspect of cultural competency.
Ensure Community Service Events have a cultural competency component.	Ongoing	All staff	<ul style="list-style-type: none"> • Presenting staff ensure issues of cultural competency are reflected in the development of Community Service Events and are present in any material present.

CONSUMER / CLIENT / INDIVIDUAL LEVEL

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

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
Assess cultural competency through clients via a culturally and linguistically appropriate residential consumer feedback form.	Annual	Management staff	<ul style="list-style-type: none"> • Use of form with current residents. • Staff to review content following use, and make adjustments as needed.
Assess cultural competency through clients via a culturally and linguistically appropriate non-residential consumer feedback form.	Annual	Management staff	<ul style="list-style-type: none"> • Use of form with current non-residential clients. • Staff to review content following use, and make adjustments as needed.
Recruit consumer membership on the Board / ensure Board understands needs and daily experience of clients.	Ongoing	Staff / Consumers / Board	<ul style="list-style-type: none"> • Board membership includes at least one formerly homeless and/or domestic violence survivor. • Regular communication avenue between Board and clients.

APPENDIX: GLOSSARY OF TERMS

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

Cultural Competence is

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

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

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

(Wade Noble MD adapted from the TA Partnership)

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

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

Instructions:

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

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

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



ISLAND OF SAFETY

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CULTURAL AND LINGUISTIC COMPETENCE PLAN 2017

POLICY AND GOVERNANCE LEVEL

Role/Responsibility: Develop and implement policies that will promote cultural and linguistic values within an organizational structure.

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
1.1 Review Cultural and Linguistic Competence Plan bi-annually with feedback from management and staff	FY2017	Board of Directors, All Staff	CLC plan is reviewed and revised annually by management, and will be approved by the Board of Directors. 100% of staff will have the opportunity to provide feedback on the CLC plan.
1.2 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.	FY 2017	Board of Directors, All Staff	100% of staff and Board have participated in at least 2-4 hours of CLC training each year.
1.3 CN will accept clients of any race, ethnicity and economic status.	Ongoing	Board of Directors, ED	Staff maintains demographic data on 100% of clients.
1.4 CN will charge no fees for our services.	Ongoing	Board of Directors, ED	100% of services are offered at no cost to the client.
1.5 CN is located in a neighborhood easily accessed by our client population and on a bus line.	Ongoing	Board of Directors, ED	Clients can readily access our services at any time of day.
1.6 CN will maintain a makeup of 10-15% of board members of other ethnicities by actively recruiting members from diverse populations.	Ongoing	Board of Directors, ED	Currently, 10% of CN Board consists of diverse individuals. ED will actively recruit diverse populations to participate on the CN Board.
1.7 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.	Ongoing	Board of Directors, ED	CN becomes aware of targeted populations who do not have representation of our Board and actively recruits those members.
1.8 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).	Ongoing	Board of Directors, ED	100% of eligible staff is able to use their personal/sick leave for family needs.
1.9 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.	Ongoing	Board of Directors, ED	100% of eligible staff has a choice of which day to celebrate a religious holiday.
1.10 Create an Advisory Committee consisting of	FY 2017	ED	This committee is currently being developed and

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<p>representatives from the community and all levels of CN, including former clients/volunteers to provide guidance and input on Crisis Nursery services, including client access.</p> <p>1.11 At the guidance of management, Crisis Nursery will expand and adjust services to respond to community needs.</p>	<p>FY2017</p>		<p>should meet for the first time in FY2016.</p>
			<p>Management will receive feedback from staff members, clients, community stakeholders re: community needs and how Crisis Nursery can better address them through the following avenues: weekly staff meetings, client meetings and grievance reports, and participation in community coalitions and advocacy groups. Management will then devise strategies to address those concerns.</p>

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ADMINISTRATION/MANAGEMENT LEVEL

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

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
2.1. CN Advisory Committee will actively discuss cultural and linguistic competency and address any programmatic issues that may arise.	Ongoing	ED, Strong Families Program Director, Safe Children Program Director	100% of issues involving cultural or linguistic competency are addressed in a timely manner by administration
2.2. CN will continually 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.	Ongoing	ED/Program Staff	CN contains books, music, dolls, wall hangings etc. that reflect different cultures and races. Dietary needs of children are respected at all time.
2.3 CN will actively hire employees who are culturally and linguistically diverse.	Ongoing	ED	100% of CN job openings are posted on the CN website and in the News-Gazette.
2.4 Crisis Nursery will supply awareness materials in both English, Spanish, and French.	FY 2017	ED/ Development and Communications Director	100% of our most widely distributed awareness materials are available in both English and Spanish. Translation of the same materials into French is in progress as of FY16.
2.5 CN will maintain 4-5 volunteers or staff who speak Spanish and agree to come in when needed.	Ongoing	Safe Children Program Director	100% of CN clients have access to a Spanish speaking individual when utilizing our services.
2.6 CN will utilize its volunteers' linguistic diversity to best serve children in the Safe Children program.	Ongoing	Safe Children Program Director	The Safe Children Program Director maintains a list of Safe Children volunteers who speak language other than English. These volunteers are utilized in the Safe Children program whenever possible, as needed.
2.6 CN will utilize reflective supervision for all staff	Ongoing	ED, Strong Families Program Director, Safe Children Program Director	100% of CN staff has an avenue to express concerns with their supervisors. Beyond Blue staff participates in monthly reflective supervision with an outside service provider.
2.7 CN website (our most widely utilized resource for families, volunteers and donors) will be capable of being accessed in any language	Ongoing	ED/ Development and Communications Director	100% of CN clients have access to the website, regardless of their primary language.

PRACTITIONER LEVEL

Role/Responsibility: Develop practices that promote cultural and linguistic competency values in all Crisis Nursery interactions.

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
3.1 CN will read and sign agreement that CLC plan has been read and practices will be implemented within the designated time period.	FY 2017	ED	CLC is signed and implemented within the designated time period.
3.2 CN will develop and continually update a directory of local providers, organizations, and other community supports.	Ongoing	Strong Families Program Director, Safe Children Program Director/Crisis Advocate	100% of clients have access to referral services, if requested.
3.3 Staff will participate in 4-8 public events in neighborhoods or ethnically-focused family events.	FY 2017	Strong Families Program Director/Family Specialists	Family Specialists will track the number of events attended with a minimum goal of 4 during FY2017.
3.4 Staff will work with other agencies for the purpose of referral and service awareness.	Ongoing	Strong Families Program Director/Family Specialists/Crisis Advocate	CN participates in the Latino Partnership, Local Area Network (LAN), Birth to 6 Council, Human Service Counsel, 0-3 Service Coordinating Council, Infant Mental Health Coalition, Crisis Nursery Coalition, Council of Service Providers to the Homeless, and the Urbana-Champaign Continuum of Care. In addition, Program Staff contacts at least 3 agencies a month regarding CN services and client needs. Family Specialists maintain a list of ethnic groups' meeting times for participation.
3.5 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.	Ongoing	All staff	100% of calls are fielded to appropriate person regardless of client's primary language. CN has access to translation services for 100% of clients. CN provides at least 2 trainings annually on "Spanish for Non-Spanish speakers."
3.6 Staff conducts quarterly events at CN to encourage community and agencies to experience the Nursery without experiencing a crisis.	Ongoing	Strong Families Program Director/Safe Children Program Director	100% of attendees of these events feel comfortable and safe in the CN environment. A minimum of 4 per year will take place during FY2017.



3.7 Staff found to be disrespectful or judgmental to children or parents are counseled regarding these attitudes and their employment can be terminated if the behavior continues.	Ongoing	Executive Director	100% of staff will be culturally and linguistically sensitive by policy and by attitude.
3.8 CN staff will participate in regular in-service trainings geared to meet client needs. Presenters will include people of diversity (both staff and outside professionals).	Ongoing	Safe Children Program Director/Program Staff	100% of staff are expected to attend one in-service event quarterly during FY2017.
3.9 CN staff will recognize ethnic holidays and various activities as requested by families.	Ongoing	Safe Children Program Director/Program Staff	100% of children who stay at CN are able to celebrate and recognize their home customs while in CN care.
3.10 CN staff will review intake materials to ascertain how to elicit more cultural and home environmental information.	Ongoing	Safe Children Program Director/Program Staff	CN records all relevant information of the child's home life/customs to ensure that the parents' wishes are followed while in CN care.
3.11 CN will train all staff and volunteers in the CN philosophy of childcare, management and discipline for children.	Ongoing	Safe Children Program Director/Program Staff/Program Staff	100% of staff and volunteers have had training in the CN philosophy of childcare.
3.12 CN will hold weekly staff meetings to discuss client and programming needs.	Ongoing	Safe Children Program Director/Strong Families Program Director	100% of CN staff is able to communicate concerns regarding client or programming needs.

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CONSUMER/CLIENT/INDIVIDUAL LEVEL

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

Action Steps		Time Frame	Person(s) Responsible	Benchmarks
4.1	CN services will be available at a wide variety of times to best ensure client access.	FY2017	Safe Children Program Director/Strong Families Program Director/Family Specialists	Crisis Nursery is open 24 hours a day/7 days a week to best ensure client access to the Safe Children program. 100% Staff will offer other services at a variety of dates and times to ensure client access.
4.2	CN will make available at least 6 home visits for any clients experiencing frustration with child's behaviors.	FY 2017	Strong Families Program Director/Family Specialists	100% of clients who are experiencing frustration with their child's behavior have access to home visits by a CN staff member.
4.3	CN will make available at least 4 parent support groups, 4 parent education sessions and 4 PCI groups to clients who utilize the Nursery. Groups will take place within a wide range of times and locations to ensure access by clients.	FY 2017	Strong Families Program Director/Family Specialists	100% of CN clients have access to the Strong Families Program.
4.4	All CN clients will have the opportunity to participate in an outcomes survey which is administered interview-style by Crisis Advocates.	FY 2017	Crisis Advocate/Safe Children Program Director/Strong Families Program Director/Family Specialists	100% of clients are able to give their feedback regarding CN services, regardless of literacy level.
4.5	CN clients will be asked to give testimonials of their experiences at CN and the services received.	Ongoing	Safe Children Program Director/Strong Families Program Director	CN receives at least 3 client testimonials a month to be included in the Program Director reports to the ED.
4.6	Crisis Nursery will maintain a client grievance policy	Ongoing	ED	CN has a client grievance procedure in place for 100% of clients
4.7	Crisis Nursery will explain in writing and in person the client's rights while their child is at Crisis Nursery.	Ongoing	Program Staff	100% of clients sign a form outlining their rights and are offered a copy for their own records.
4.8	Crisis Nursery clients will drive the development of	Ongoing	Safe Children Program	100% of clients drive the development of their service

their individualized plans with CN in an effort to foster confidence, competence and mutual respect.	Director/Strong Families Program Director	plan. Families' preferences and needs are present in all plans and documentation of their progress is strength based.
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Additional Narrative

Crisis Nursery is dedicated to cultural and linguistic competency, as to best ensure client access to needed services. Management drafts our CLC plan annually, and it is reviewed by staff members. We will also request feedback on the plan from our Program Advisory Committee, which will begin meeting in FY2016. At the Champaign County Mental Health Board's suggestion, our Board of Directors will vote to approve our CLC plan annually starting in FY2017.

To gather client feedback, our annual survey for clients offers space for individuals to provide suggestions for service improvements. We also have a formal client grievance policy in place, which gives clients a clear pathway to inform management about service gaps and needed improvements. Clients will be involved in our Program Advisory Committee, providing an additional method for collaboration and feedback.

At the staff member level, we seek to train our employees on the basics of cultural and linguistic competency and empower them to identify gaps where the organization can improve. Staff meet weekly to discuss programmatic topics, and we encourage feedback regarding how we can better implement cultural and linguistic competency elements into our everyday policies and procedures. We aim for diverse staff recruitment. All of our staff openings are posted publicly to ensure they reach a wide variety of individuals, and we prioritize bilingual candidates.

We engage in community outreach and collaboration on multiple fronts in order to inform diverse populations about our services and ensure service access. 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. Through this engagement, we stay abreast of the needs of our community and cooperate on strategies to meet them. Many organizations distribute our Crisis Nursery and Beyond Blue service brochures, and we reach out bi-annually to check stock levels and deliver more brochures free of charge to agencies. At least once a year, we reach out to organizations and offer to train their staff on Crisis Nursery services so they are empowered to make appropriate referrals. We have a close working relationship with CU Public Health's WIC offices, which results in numerous referrals for our Beyond Blue program. We participate in a number of community events to educate the public about the work we do, including Jettie Rhodes Day, Church of the Living God Wellness Fair, Disability Resource Expo, Buddy Walk, CU Pride Fest, Mommy and Baby Expo, Autism Walk, and Playing it Safe Fair. We host quarterly open houses to encourage inquiries from potential clients about services. We also provide regular child abuse prevention education to the

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community through our *Darkness to Light Stewards of Children*, an evidenced based curriculum on child sexual abuse prevention. During this curriculum, we share about Crisis Nursery services, including the Beyond Blue program. Since this program began in 2014, we've reached nearly 1,000 adults in Champaign County. Lastly, we regularly make public and private presentations about our services, presenting to groups such as the Champaign Rotary Club, the Junior League, UIUC School of Social Work, church groups, and physicians participating in Carle's Community Health rotation, among others.

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APPENDIX: GLOSSARY OF TERMS

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- 1 a defined set of values and principles which are reflected within the behaviors, attitudes, policies, and structures of agencies, family/youth/consumer organizations, providers, and community stakeholders to result in appropriate and effective services for all;
- 2 the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to diversity and the cultural contexts of the communities served; and
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Culture - vast structures of behavior, ideas, attitudes, values, habits, beliefs, customs, language, rituals, ceremonies, and practices peculiar (identified) to a group of people... that provides them with a general design for living and patterns for interpreting reality....”

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

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

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DEVELOPMENTAL SERVICES CENTER CULTURAL AND LINGUISTIC COMPETENCE PLAN

FY 2017

Mission Statement: Our mission is to enhance the lives of individuals with disabilities with providing services and supports which enable them to live, work, learn and participate in their communities. DSC promotes person-centered services that guide people to think about choice and control within the context of their family and community. DSC promotes inclusiveness and advocates for policies and practices that foster inquiry about differences in ability, language, and culture. In this cultural and linguistic competence plan, DSC strives to build understanding of the unique characteristics of the community we serve and to provide respectful and responsive services within an atmosphere of trust. DSC celebrates and embraces our consumers and staff as valuable members of this community.

DSC goals and action steps are in sync with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care.

1. Policy and Governance Level

Role/Responsibility: In order to foster effective cross cultural communication and advocate for cultural competence, DSC will develop and implement policies that will promote cultural and linguistic values within an organizational structure.

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
1.1. Allocate funding/resources needed for implementing cultural/linguistic competence plan (CLC).	7/1/16	Governing Board	FY 2017 budget will include a line item for cultural competence spending on research, training, and implementation of the CLC plan.
1.2. DSC Board will review the current CLC plan.	7/31/16	Governing Board	100 % of Board members in attendance.
1.3. DSC Board will participate in a mid-year study session to review CLC plan progress.	1/31/17	Governing Board	100 % of Board members in attendance.
1.4. Recruit diverse members to the DSC Board of Directors.	6/30/17	Governing Board CEO	Documented outreach to diverse community members for board membership.
1.5. DSC Board and Administration will research the feasibility and logistics of an Advisory Board.	12/31/16	Governing Board Administration	Documented minutes from meeting will be submitted.
1.6. DSC Board will continue to support and monitor the work of the CQL accreditation process and work groups.	FY2017	Governing Board	100% of Board members will attend to CQL updates at least annually.

2. Administration/Management Level

Role/Responsibility: In order to define and implement culturally and linguistically responsive organizational practices, DSC will develop an organizational structure, administrative guidelines, and a system of evaluation to ensure that services are effective, efficient, accessible, and of high quality.

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
2.1. Introduce new committee participants to DSC's Cultural and Linguistic Competence Committee.	7/30/16	CLC Committee Chairperson	Introductory committee meeting will be held by 7/30/16.
2.2. Administration and management will review current DSC policies and procedures for inclusion of culturally responsive practices in all major areas and will revise as needed.	FY2017	CLC Committee Chairperson	DSC Policies and Procedures will include culturally diverse and responsive practices in the DSC Board Manual and the DSC Employee Handbook.
2.3. Expand recruiting efforts by including diverse organizations in employment notices.	FY2017	Human Resources Manager	External advertising will include notices to diverse organizations, 100% of the time.
2.4. DSC Administration and Management staff will participate in a cultural diversity training.	FY2017	CLC Committee	100% of all DSC Administration and Management staff will participate.
2.5. Recruit diverse candidates for upper management and direct service positions.	FY2017	Human Resources Director and Administration	External advertising will include notices to diverse organizations, 100% of the time.
2.6. Identify and maintain interagency collaboration in each DSC program.	FY2017	Program Directors	Quarterly Reports will include current and new collaborative relationships.
2.7. DSC will elicit feedback regarding consumer satisfaction, including specific indicators of cultural and linguistic responsiveness, via an annual consumer satisfaction survey.	June 2017	Director of Quality Assurance	90% of returned surveys will indicate satisfaction with person-centered process and cultural and linguistic responsiveness.
2.8. All DSC staff will participate in an annual cultural and linguistic diversity self-assessment.	12/31/16	CLC Committee	100% of staff will participate in self-assessment.

3. Direct Support Staff Level

Role/Responsibility: In order to promote inclusiveness and embrace cultural and linguistic differences, DSC staff will provide services that are person-centered and culturally and linguistically responsive to the individual served.

Action Steps	Time Frame	Person Responsible	Benchmarks
3.1. All new staff will participate in staff orientation which includes introduction to the CLC plan and will sign acceptance of the plan.	FY2017	Training Coordinator	100% of new staff will participate and sign.
3.2. Each employee will receive the current CLC plan and will sign acceptance of plan.	July 2017	CLC Committee	100% of employee files will contain signed acceptance of CLC plan.
3.3. Maintain a directory of diverse language interpreters to distribute to each program.	FY2017	CLC Committee Chairperson	Interpreter directory will be updated annually.
3.4. CLC will submit an article for the monthly <i>In Our House</i> staff newsletter, promoting culturally and linguistically responsive services.	FY2017	CLC Committee Chairperson	In Our House newsletter for 12/12 months.
3.5. Direct support staff will participate in one cultural diversity training sponsored by DSC.	FY2017	Training Coordinator CLC Committee Chairperson	100% of direct service staff will participate.
3.6. DSC Human Resource department will provide support and incentives for preventing burn-out, compassion fatigue.	FY2017	Human Resource Director	Documented promotion of Employee Assistance Program, Direct Service Professionals Week activities, DSC promoted festivities.
3.7. DSC staff will continue to respond to consumer needs with flexible scheduling of appointments and meeting space.	FY2017	Program Directors	Case notes and itineraries will reflect meetings times and places outside of the typical work time and space.
3.8. DSC staff will continue to participate on CQL workgroups.	FY2017	CQL Committee	Documented minutes/updates from each work group.

4. Consumer/Client/Individual Level

Role/Responsibility: In order to provide an atmosphere that reflects the unique diversity of the DSC community, DSC will build the consumer voice in the overall implementation of culturally responsive practices.

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
4.1. Incorporate activities to reflect relevant cultural themes such as Black History Month; schedule activities that provide exposure to a variety of cultures.	FY2017	CLC Committee Program Representatives	Cultural opportunities will be presented at least quarterly.
4.2. Consumer feedback and input into CLC plans will be solicited through the self-advocacy committee.	FY2017	CLC Committee Chairperson	100% of consumers in attendance will participate.
4.3. Intake and person-centered planning process will include social history, support system, and person's racial and ethnic identification as identified by the consumer.	FY2017	Case Managers	100% of intake and annual meetings will include this information.
4.4. DSC will increase outreach to underserved populations, as defined in the Surgeon General's Report: Mental Health: Culture, Race, and Ethnicity.	FY2017	Administration and Upper Management	Staff will attend community events in diverse neighborhoods (e.g. Jhetti Rhodes Neighborhood Day) and develop relationships with organizations serving under-represented groups.
4.5. DSC will participate in outreach and engagement activities to promote behavioral health and disability awareness.	FY2017	Administration, Upper Management, Consumers	Consumers will participate in art fairs at Ebert Fest, Disability Expo. and will attend conferences such as Speak Up, Speak Out.
4.6. DSC will continue to collect and maintain data on race, ethnicity, and primary language of consumers.	June 2017	Director of Quality Assurance	The DSC Management Report will include demographic information for each program.
4.7. DSC buildings and spaces will reflect the people who inhabit each space and will include cultural art, magazines, and materials	FY2017	CLC Committee	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.

Don Moyer Boys and Girls Club CLC Plan- FY2017

GOVERNANCE LEVEL

Role/Responsibility: Develop and implement policies that will promote cultural and linguistic values within an organizational structure.			
Action Steps	Time Frame	Person(s) Responsible	Benchmarks
1.1 Allocate funding/resources for annual cultural competence training.	FY 2017	Board of Directors	Staff will be allowed 8 hours per year for cultural competence training.
1.2 Read and Sign CLC Plan	FY 2017	Executive Director	All Board of Directors members will read and sign a copy of CLC Plan by September 30, 2016
1.3 Complete annual Cultural Competence Training.	FY 2017	Executive Director and Board of Directors	Documentation and attendance participation of training completion before June 30, 2017
1.4 Organize a Cultural and Linguistic Competence Committee with authority to monitor goals of Cultural Competence Plan and create action steps.	FY2017	Executive Director and Board of Directors	Bi-Annual meeting to address and develop diversity activities.
1.5 Develop and review Cultural and Linguistic Competence Plan bi-annually with feedback from board of directors, management, staff, and individuals served by the organization.	FY2017	Executive Director and Board of Directors	Signed documentation of CLC Plan review by December 31, 2016 and June 30, 2017

ADMINISTRATION/MANAGEMENT LEVEL

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

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
2.1 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.	FY2017	Executive Director, Program Staff	Benchmarks for this activity will be defined by the CLC Committee
2.2 Develop Communication and Language assistance protocol for staff to access language assistance.	FY2017- Q4	Executive Director, Admin Team	By June 30, 2017 this protocol will be included into the DMBGC handbook.
2.3 Develop a policy for timely provision for communication and language assistance.	FY2017- Q4	Executive Director and Admin Team	By June 30, 2017 this protocol will be included into the DMBGC employee handbook.
2.4 Develop a plan for inter-agency collaboration to support diverse populations.	FY2017- Q4	Executive Director and Admin Team	Benchmarks for this activity will be defined by the CLC Committee
2.5 Begin to identify and recruit diverse membership on Board of Directors, workforce and clients	FY2017	Executive Director, Board, Admin Team	Demographic information collected on Board of Directors, DMBGC staff members, and DMBGC clients will reflect diverse populations
2.6 Read and Sign CLC Plan	FY 2017- Q1	Executive Director	All members of the DMBGC Admin Team will read and sign a copy of Plan by September 30, 2016
2.7 Complete annual Cultural Competence Training.	FY 2017	Executive Director	Documentation and attendance participation of training completion before June 30, 2017

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DIRECT SERVICE LEVEL

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

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
3.1 Conduct regular opportunities for clients to discuss services that were delivered.	FY2017	DMBGC program staff and supervisors	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
3.2 Develop a plan to ensure that individuals and their family or identified support system will have a primary decision-making role in the development of their service plan.	FY2017	Program Staff and supervisors	Service Plans developed with youth and parent/guardians served by DMBGC will be influenced by family decisions on services and supports
3.3 Plan appointments/meetings that are accessible for individuals and families and that will not conflict with their work.	FY2017	DMBGC program staff and supervisors	Youth and parent/guardians served by DMBGC will report this during annual organizational assessment and through customer feedback surveys
3.4 Plan and implement outreach and engagement activities to promote behavioral health/disability awareness that will include youth and families in the	FY2017	Executive Director, Admin Team, program staff, youth and families	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.

planning and implementation.			

First Followers Cultural Competence Plan 2016-2017

Action Steps	Time Frame	Persons Responsible	Benchmarks
1.1 Allocate funding for cultural competence training and events	FY 2017	Board of Directors	Ample amount of funds should cover all competence materials, activities, or training
1.2 Review cultural competence training material	FY 2017	Board of Directors	Annually or each time there is a change in material or training
1.3 Participate in cultural competence training	FY 2017	Board of Directors	Annual training for all members
2.1 Review cultural competence training material	FY 2017	Administrative	Annually or each time there is a change in material or training
2.2 Participate in cultural competence training	FY 2017	Administrative	Annual training for all members
2.3 Research national trends on cultural competence initiatives	FY 2017	Administrative	2 ideas should be tabled annually for discussion
2.4 Identify a cultural competence committee to carry out initiatives	FY 2017	Administrative	Annual review of committee
2.5 Assess facility to reflect and accommodate inclusiveness	FY 2017	Administrative	Annual review of facility
2.6 Develop communications and language assistance protocol	FY 2017	Administrative	Consistently and ongoing
2.7 Provide relevant multicultural and diversity literature	FY 2017	Administrative	Consistently and ongoing
3.1 Participate in cultural competence training	FY 2017	Direct Service Staff	Annual training for all members
3.2 Administer a survey that gages the cultural climate	FY 2017	Direct Service Staff	Annual dissemination
3.3 Organize training and cultural competence events	FY 2017	Direct Service Staff	All staff will attend 2 cultural competence event annually
3.4 Update webpage to reflect constituents and cultural events/holidays	FY 2017	Direct Service Staff	Routinely and ongoing

First Followers Cultural Competence Plan 2016-2017

4.1 Engage in informal conversations/observations to gather feedback regarding culture climate	FY 2017	Consumer of Services	Participate in cultural competence activities and focus groups/interviews
4.2 Organize activities that will highlight and foster multicultural backgrounds	FY 2017	Consumer of Services	A minimum of 2 events should be actively participated in

CLC Plan Mahomet Area Youth Club

Guidelines	Time Frame/Timeline	Benchmark
<i>Governance and Policy Level</i>		
Develop and review Cultural Competency Plan annually, with feedback from administrative staff and individuals served by the program	March 2016 Mahomet Area Youth Club Executive Director Marcius Moore	Board will review Competency Plan and create list of things to be addressed by staff and BLAST coordinators
Recruit diverse members of the board	Ongoing Marcius Moore	Seek possible members through the BLAST program families by April 2016
BLAST coordinators complete Cultural Competency training annually	June 2016 Marcius Moore	Training to be held prior to start of 2016-17 school year
Review and update MAYC's and MS Schools policy on cultural competency-related items	June 2016 Marcius Moore	Handbook will be reviewed by May 2016 among key administrators; Voted on at June board meeting
<i>Administration/Management Level</i>		
Assess and identify physical need of MAYC premises and BLAST spaces to ensure it meets the needs of members and family	Ongoing Marcius Moore	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	Ongoing Marcius Moore	
Recruit and retain diverse work force/volunteer base, including a plan to recruit past members	Ongoing Marcius Moore	

CLC Plan Mahomet Area Youth Club

Complete cultural competency training annually	Ongoing, yearly Marcius Moore	Training will be held before the 2016-2017 school year.
Maintain short training program for new-hires to disseminate information about MAYC's cultural competency plan	Ongoing Marcius Moore	
Maintain records about demographics in order to influence programming and services offered	Ongoing Marcius Moore	We track this information to make sure that we are reaching are target population of low income at risk in the Mahomet Area.
Staff will extend an invitation monthly to families and parents to present how the club has benefitted them	Monthly Marcius Moore	
Update BLAST survey given to parents to retrieve new/updated data as needed	Ongoing, as BLAST sessions end Marcius Moore	
<i>Practitioner Level</i>		
Complete cultural competency training annually	August 2016 Marcius Moore	Training for current employees will be completed by June 2016; New employees by August 2016
Attend orientation to MAYC cultural competency plan	Within 2 weeks of hire Marcius Moore	New hires will attend within 2 weeks of hire
Ensure that parent/family wishes are documented and implemented in programming and services provided	Ongoing Marcius Moore	MAYC and BLAST coordinators will keep a log of all contacts made
Encourage participation in MAYC Parent's Club and BLAST participation surveys	Ongoing Marcius Moore	

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CLC Plan Mahomet Area Youth Club

Use strength-based approaches when interacting with members	Ongoing Marcius Moore	
Refer concerns and suggestions related to cultural competency to MAYC administrative staff, when necessary	Ongoing Marcius Moore	
Develop a volunteer expectations and orientation packet for new BLAST volunteers, which include information about cultural sensitivity	Ongoing Marcius Moore	We have created it and we will continue to add to it.
<i>Individual and Family Level</i>		
Review and Sign the family handbook and information about MAYC's cultural competency plan	Ongoing, as members sign up for MAYC Marcius Moore	Disseminate information about the competency plan; request signed forms be returned; will be complete after board approves change to handbook
Make suggestions and address concerns about cultural competency to MAYC staff as necessary	Ongoing Marcius Moore	
Attend board meetings to present about how the club has aided their families	1 family per meeting Marcius Moore	Different parents/families will be contacted each month to be invited to the following month's board meeting
Continually respond to inquiries about satisfaction in BLAST programming	1 survey per BLAST session attended Marcius Moore	

**Promise Healthcare Cultural and Linguistic Competency Plan
July 1, 2016 – June 30, 2017**

Notations show CCMHB and Access Initiative requirements.

1. Annual Training
2. Implementation of CLC Policies and Procedures
3. Diversification of Board
4. Diversification of Staff
5. Engagement and Outreach

POLICY AND GOVERNANCE LEVEL

Role/Responsibility: Develop and implement policies that will promote cultural and linguistic values within an organizational structure.

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
Actively recruit Board Members reflective of the community demographics (3)	Fall 2016	Board of Directors	Board composition diversity reflects the community
Ensure that at least 51% of board of directors are active patients (3)	Fall 2016	Board of Directors	Majority of the board are active patients.
Ensure that the active patients that serve on the board reflect the diversity of the community (3)	Fall 2016	Board of Directors	Active patient member demographics represent community demographics
Review Cultural and Linguistic Competency Plan bi-annually with feedback from management, staff and patients. Review continuous quality improvement plan bi-annually.	Fall 2016, Spring 2017	Board of Directors	Include Cultural and Linguistic Competency Plan as part of bi-annual Quality Improvement Plan review.
Review policy for timely provision of interpretation services.	Fall 2016	Board of Directors	Interpretation services policy included in annual review of board approved policies.

ADMINISTRATION/MANAGEMENT LEVEL

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

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
Maintain a Cultural and Linguistic Competence Committee as a subcommittee to Quality Improvement Quality Assurance Committee	Q1, Q2, Q3, Q4	Executive Director and Director of Quality	Minutes of CLC Committee meetings
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.	Q1, Q2, Q3, Q4	QIQA Committee	Minutes of QIQA meetings
Recruit and maintain staff and volunteers who represent the general populations of communities served	Q1, Q2, Q3, Q4	Management Team	Semi—annual review of staffing and recruitment practices
Provide staff training annually on cultural and linguistic competency	Fall 2016	Management Team	Staff Training Calendar
Provide board training annually on cultural and linguistic competency	Fall 2016	Board President and Executive Director	Minutes of board meeting(s) and/or board training sessions to reflect training activities
Support training and community outreach efforts throughout organization (5)	FY2016	Board of Directors	Documentation of training provided throughout organization— minimum of three training sessions at various organizational levels – board, staff, etc.

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PRACTITIONER LEVEL

Role/Responsibility:

Action Steps

Time Frame

Person(s) Responsible

Benchmarks

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Provide avenues for professional staff to develop and maintain skills and knowledge to explore and validate patient needs	Q1, Q2, Q3, Q4	Medical Providers/Medical Directors	Minutes of monthly provider meetings, personnel files of providers showing continuing education
Include CLC pieces periodically in In Focus, the weekly staff/volunteer newsletter.	Q1, Q2, Q3, Q4	Management Team	CLC articles included at least once each quarter.
Plan and implement outreach or engagement to promote behavioral health/disparity awareness.	Q1, Q2, Q3, Q4	Medical Director and provider team	Reports of activities, number of events.
Individuals and their family or identified support system will have a primary decision—making role in the development of their services plan. Ensure that the family's preferences/needs are present in the plan.	Q1, Q2, Q3, Q4	Medical Director and provider team	Peer chart reviews document as executed.
Ensure that documentation of an individual's progress is strength based.	Q1, Q2, Q3, Q4	Medical Director and provider team	Peer chart reviews document as executed.
Collect and enter data on race, ethnicity, and primary language of individuals and families for file, electronic health records and electronic practice management.	Q1, Q2, Q3, Q4	Clinical registration staff and medical assistants	UDS reporting to show registration with 95+% completion and accuracy
Plan appointments/meetings that are accessible for individuals and families and that will not conflict with their work.	Q1, Q2, Q3, Q4	Clinical registration staff and medical assistants	Look for feedback in patient satisfaction surveys and comment cards.
Identify natural and informal supports for the individual and their family.	Q1, Q2, Q3, Q4	Program Coordinators and Associates	Peer chart reviews document as executed.
Ensure high quality services that are effective, efficient, and accessible	Q1, Q2, Q3, Q4	QIQA Committee	QIQA Annual Plans to address areas of need; Patient Satisfaction Surveys
Provide services in community based settings and medically underserved areas.	Q1, Q2, Q3, Q4	Executive Director	All permanent locations are in federally designated MUAs.
Establish a plan to support, or incentives for supervisors and workers to prevent burn-out and compassion fatigue. Using Employment Assistance Program supports.	Spring 2017	HR Management	Documenting sharing EAP monthly newsletter, trainings, and staff support.

PATIENTS/CLIENTS/COMMUNITY LEVEL

Role/Responsibility: Provide outreach via formal relationships with external organizations involved in delivery of medical care, dental care, mental health, and social services; and via a relationship within the community.

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
<p>Develop cultural awareness by assessing patient and staff level of knowledge and understanding regarding medical situations related to individual's cultural beliefs, and by engaging patients and staff to develop awareness, knowledge, and skills to provide culturally appropriate medical care.</p>	<p>Q1, Q2, Q3, Q4</p>	<p>All Staff</p>	<p>Self assessment tools provided to all staff annually</p>
<p>Ensure that the following are in place and current:</p> <ul style="list-style-type: none"> a. Services provided on a sliding fee scale based on income b. Bilingual English/Spanish, English/French, English/Mandarin speaking staff are on site c. Spanish option messages are available on phone system d. All forms are translated into Spanish e. New patient packets and prenatal documents translated to French and Mandarin f. Printed forms, educational materials, brochures and videos are culturally and linguistically appropriate g. Patient education materials are at appropriate reading level h. Client satisfaction is measured by satisfaction surveys 	<p>Q1, Q2, Q3, Q4</p>	<p>Management Staff</p>	<p>Annual review of all systems, forms, and other materials</p>

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Encourage staff members and interns to participate formally and informally in community outreach projects; foster formal and informal relationships with all appropriate local and area organizations	Q1, Q2, Q3, Q4	All staff	Reporting on community events attended in staff/volunteer newsletter and board updates.
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FY17 Prairie Center Health Systems Cultural and Linguistic Competence Plan

POLICY AND GOVERNANCE LEVEL

Role/Responsibility: Develop, implement, and provide on-going review of policies that will promote cultural and linguistic values within Prairie Center as an organization.

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
1.1 Allocate funding/resources for annual cultural competence training.	Ongoing	Board of Directors	Funding to cover CEU's for cultural competence trainings will be budgeted annually; trainings to take place during monthly staff in-service times.
1.2 Annually review Personnel Handbook	On-going	Human Resources Director with Board Personnel Committee	To be compliant with Equal Employment Opportunity regulations and promote diversity in the workforce
1.3 Review of Board Demographics and Recruitment	On-going	Board of Directors	Board demographics to mirror as closely as possible the population being served, including Board members with lived substance use disorders experience
1.4 Review Workforce Demographics and Recruitment	Quarterly	Human Resources Director with Board Personnel Committee	To be compliant with Equal Employment Opportunity regulations and promote diversity in the workforce
1.4 Complete and implement annual agency-level CLC Action Plan in response to FY16 CLC staff survey	FY16 and implement in FY17	Multicultural Services Advisory Council (MSAC)	MSAC monitors quarterly progress on any action plans related to culturally competent and culturally responsive care; MSAC reports to Admin Team and Board of Directors
1.5 Provide Personal Days and EAP services for employees as part of benefits package	Ongoing	Board of Directors	Budget funds to cover 24 hours of personal time per year and EAP services for staff
1.6 Allocate funding to provide clients who have language assistance needs with appropriate language services	Annually	Board of Directors	Budget funds to provide language assistance services free of charge to clients
1.7 Maintain working agreements with other organizations which support diverse populations	Annually	CEO	Review working agreements with other organizations and determine need for renewal of current or development of any new working agreements to support clients' diverse needs
1.8 Allocate funds/resources to participate in Disability Expo	Annually	Board of Directors	Funding to cover sponsorship and staff resources to participate in annual Disability Expo.

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ADMINISTRATION/MANAGEMENT LEVEL

Role/Responsibility: Review of the organizational structure and administrative guidelines. Implementation of system of evaluation that ensures services are effective, efficient, accessible, and of high quality.

Action Steps		Time Frame	Person(s) Responsible	Benchmarks
2.1. Continue regular meetings of the Multicultural Services Advisory Committee.		Ongoing	CEO	Committee to meet a minimum of quarterly; reports to Administrative Team & Board of Directors
2.2. Assess and modify the physical facility to reflect the population of focus, to be welcoming, clean, accessible, and attractive by providing cultural art, magazines, etc.		On-going	Office Manager at each facility with MSAC	Include any recommendations in monthly facility checklist presented. If there is a recommendation, copy to facility Director
2.3. Ensure program/office hours allow for accessibility that does not conflict with work hours for individuals served		Ongoing	CEO	Facility hours will provide access for weekday and evening services and/or meetings
2.4. Quantitative analysis of population served reported to Board of Directors and Administrative Team		Annually	CEO/designee	Analysis submitted as part of fourth quarter Quality Assurance Report
2.5. Analysis of client responses to cultural sensitivity questions on MHSIP Client Satisfaction Survey		Quarterly	CEO/designee	Analysis submitted to Administrative Team and Board of Directors
2.6. Use survey responses from bi-annual Organizational Cultural Competency Assessment completed in FY16 to develop specific action plan; report progress on plan quarterly. Plan includes training, supervisory, and		FY17	MSAC	Complete development of, and implement, FY16-17 Action Plan; Report progress on plan quarterly to CEO and Admin Team
2.7. Continue plan to recruit and retain a diverse workforce, including collaborating with area universities in offering internship opportunities in substance abuse services		Ongoing	HR Director & hiring managers	Continue to use written recruitment plan in attempts to attract diverse staff
2.7.1 Track, monitor, and report workforce diversity		Quarterly	HR Director	Report workforce demographics in accordance with EEOC requirements to Board of Directors
2.8. Conduct bi-annual agency-wide individual staff CLC self-assessments		FY17	MSAC	Conduct agency-wide staff CLC self-assessments
2.9. Monitor need and use of language assistance services by clients		Quarterly	CEO/designee	Submitted as part of quarterly Quality Assurance Report to Board of Directors
2.10 Participate in Disability Expo and other outreach, engagement, and advocacy events		Ongoing	Admin Team	Staff and volunteers will participate in at least 3 outreach, engagement, and advocacy events throughout the year.

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PRACTITIONER LEVEL

Role/Responsibility: Acknowledge the vital role of cultural competency in providing quality services. Support each client in their individualized recovery and engage/support clients in a way that is culturally and linguistically appropriate.

Action Steps		Time Frame	Person(s) Responsible	Benchmarks
3.1. Read and sign agreement that CLC plan has been read and understood.		At time of hire	Human Resources Director	100% of all staff hired will sign Cultural Competency Plan verification form
3.2 New hires will attend New Employee Training, which includes a section devoted to cultural and socioeconomic characteristics of the substance use disorders population		Within 6 months of hire	Human Resources Director & Employee's direct supervisor	95% of all staff hired will attend New Employee Training
3.3 Employees will attend at least one training per year related to cultural competence topics;		Annually	Employee's direct supervisor	95% of all staff will complete this action
3.3.1 FY17 CLC trainings to include training topics to be chosen based on FY16 agency-wide CLC staff survey		Annually	MSAC	MSAC will recommend FY17 training topics to Quality Assurance Team and Admin Team
3.4 Clinicians and Case Managers will assess individual clients and refer to culturally appropriate providers, organizations, and other community supports as appropriate.		On-going	Quality Assurance Team & direct supervisors	95% of all clients who identify with a particular cultural group will receive a referral to appropriate services when needed
3.5 Language assistance will be provided at no additional cost to clients		On-going	Clinicians & support staff	100% of clients in need of language assistance will receive needed assistance
3.6 Completion of bi-annual agency-wide individual staff CLC self-assessments		By end of FY17	MSAC	Attempt to get survey return rate of 50% of all staff
3.7 Collect and enter data on race, ethnicity, and primary language of individuals in Demographic form kept in electronic health record (also the management information system)		On-going	Clinicians & support staff	100% of treatment plan clients will have Demographic form entered in Anasazi, in compliance with Illinois Administrative Rule 2060
3.8 Treatment/service plans will be developed in accordance with Prairie Center policy, which requires primary input from client and/or family.		On-going	Clinicians	100% of strengths-based, trauma-informed, individualized treatment plans will be developed with client to include client preferences.

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CONSUMER/CLIENT/INDIVIDUAL LEVEL

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

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
4.1 MSAC Committee to include one consumer	On-going	MSAC	At least one consumer to participate on MSAC
4.2 Analysis of client responses to cultural sensitivity questions on MHSIP Client Satisfaction Survey	Quarterly	CEO/designee	Analysis submitted to Administrative Team and Board of Directors as part of quarterly Quality Assurance Report
4.3 Board of Directors to include at least one past consumer	On-going	Board of Directors	At least one past PCHS consumer to be a Board member
4.4 Conduct client forums at each facility	Annually	CEO	At least one Administrative Team member will conduct a client forum at each facility to gain client feedback and input for improving programs, services, outreach, and engagement
4.5 Form alumni groups to assist with outreach and engagement activities	On-going	Program Directors	At least one alumni group will be formed and assist with outreach and engagement activities
4.6 Former/current clients to assist with education/outreach/engagement activities	At least once annually	Program Directors	Former/current clients will assist with educating community, policy makers, funders, family members, and prospective clients about substance use disorders and Prairie Center services.

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Governance Level

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
1.1 Review organizational policies to ensure they support the development and implementation of culturally and linguistically competent systems.	Ongoing	Governing Board	Review the Team Handbook in increments during the monthly meetings, with the goal of reviewing the entire Handbook annually.
1.2 Identify, recruit and select members of the governing body that are reflective of the population served.	Ongoing	Governing Board	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.
1.3 Revise the mission and vision statement of the organization to affirm support of a culturally and linguistically competent perspective.	January 2017	Governing Board & Executive Director	Have unanimous approval by all Board members on the current mission statement and evaluate how well the organization abides by the two statements.
1.4 Develop, review and update the Cultural and Linguistic Competence Plan	PY 2017	Governing Board & Executive Director	During monthly Board meetings, the Board will review this plan with proposed changes and approve or revise as necessary.

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Administrative/Management Level

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
2.1 Allocate funds from various funding sources for cultural and linguistic competency trainings.	PY 2017	Administrative Team	Staff will complete at least one cultural and linguistic competency training every six months.
2.2 Review and evaluate client demographics to identify potential gaps in	Ongoing	Administrative Team	The Administrative Team will semi-annually evaluate the various programs



services.			offered and identify gaps during team meetings.
2.3 Develop partnerships, MOU's, MOA's, etc. with culturally competent agencies.	Ongoing	Executive Director, Program Directors & Community Engagement Coordinator	Actively build relationships with various community organizations by attending community events and maintaining a positive community presence.
2.4 Maximize the opportunities for youth and families to have access to services in their home-language.	Ongoing	Executive Director & Director of English as a Second Language	Meet monthly to identify languages spoken by program participants to ensure that we provide resources and find opportunities to serve participants in their home language. Staff will make every effort to enlist enrichment providers and community members who speak the home languages of those served by current programs.
2.5 Conduct a self-assessment of all staff members and their cultural competency.	March 2017, November 2017		All staff will be presented with surveys to complete semi-annually, followed by a training or professional development opportunity.
2.6 Maintain a database of all community partners, enrichment providers, and other community supports.	Ongoing	Community Engagement Coordinator	Dedicate time monthly to updating and adding new contacts to the database.

Direct Service Level

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
3.1 Plan and facilitate community and family engagement events that are based on diverse community interests.	Ongoing	Executive Director, Director of Support Services, & Community	Host or partner with community agencies on a monthly basis to hold community events based on various community

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		Engagement Coordinator	interests of the diverse population served.
3.2 Refer families and youth served to community-based agencies, services, and resources that are culturally appropriate.	Ongoing	Executive Director, Director of Support Services, & Community Engagement Coordinator	Actively advertise community agencies, services, and resources in newsletters, on social media, and other various platforms to reach the community.
3.3 Maximize the opportunities for youth and families to have access to services in their home-language.	Ongoing	Executive Director, Director of English as a Second Language, & Community Engagement Coordinator	Host two or more events annually that held entirely in a home language of program participants, other than English.
3.4 Attend cultural and linguistic competency trainings provided by the organization.	May 2017, November 2017	All Staff	Staff will complete at least one cultural and linguistic competency training every six months.


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Consumer/Client/Individual Level

Action Steps	Time Frame	Person(s) Responsible	Benchmarks
4.1 Conduct regular evaluations of those served by the organization in regards to our staff and programs' cultural and linguistic competency.	PY 2017	Administrative Team & Independent Evaluator	All families served will receive at least two surveys related to the cultural competence level of staff and programs.
4.2 Maximize the opportunities for youth and families to have access to services in their home-language.	Ongoing	Executive Director, Director of English as a Second Language, & Community Engagement Coordinator	Semi-annually distribute surveys to program participants and families to receive suggestions of other languages to provide programming or events in.

POLICY AND GOVERNANCE LEVEL

Role/Responsibility: Develop and implement policies that will promote cultural and linguistic values within an organizational structure. (Example)



Allocate funding/resources for annual cultural competence training.	Ongoing	Governing Board	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.
Allocate funds to be used for recruiting new and diverse members to serve on the board.	Ongoing	Governing Board	Board recruitment will focus on racially and ethnically representative members.
Develop policies that reflect the agency mission to serve underrepresented populations.	Ongoing	Governing Board	It will be a requirement that one board member be a youth board member.
Develop annual cultural competence training plan for board and staff members	First quarter of FY 2017	Governing Board	Executive committee will review available options with board and staff at board retreat in Fall 2016.

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ADMINISTRATION/MANAGEMENT LEVEL

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



Monitor the physical facility to reflect the population of focus, to be welcoming, clean, and attractive to the agency's diverse consumers, and to be as physically accessible as possible
Read and sign agreement that CLC plan has been read and practices will be implemented within the designated time period.

Ongoing

July, 2016

Office Coordinator

Office Coordinator

Office Coordinator will report to Governing Board initial changes or needs at annual FY 2017 Board Retreat
Form will be reviewed at August 2016 Governing Board meeting



PRACTITIONER LEVEL

Role/Responsibility: Develop, implement, and evaluate outreach and programming that promote a culturally diverse participant base.

<p>Read and sign agreement that CLC plan has been read and practices will be implemented within the designated time period.</p>	<p>July, 2016</p>	<p>Youth Coordinator; Crisis Clinician</p>	<p>Forms will be reviewed at August 2016 Governing Board meeting</p>
<p>Update existing directory of local providers, organizations, and other community supports.</p>	<p>Quarterly, FY 2017</p>	<p>Youth Coordinator</p>	<p>Submitted electronically to Governing Board quarterly</p>
<p>Continue to make available brochures and flyers for people who read and/or speak Spanish.</p>	<p>FY 2017</p>	<p>Youth Coordinator</p>	<p>Staff will maintain copies of flyers and brochures written in Spanish.</p>
<p>Continue to ensure that rural residents can utilize agency services by providing transportation assistance.</p>	<p>FY 2017</p>	<p>Youth Coordinator; Crisis Clinician</p>	<p>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.</p>
<p>Ensure support and services are available to and accessible for individuals who speak Spanish.</p>	<p>FY 2017</p>	<p>Youth Coordinator</p>	<p>Staff will establish and maintain relationships with community partners who can provide support and services to youth and clients who speak Spanish, including social service providers and translators, as needed.</p>
<p>Market programs, events, and services to youth and young adults in the area.</p>	<p>FY 2017</p>	<p>Youth Coordinator</p>	<p>The Youth Coordinator will visit local Gay Straight Alliances, schools, and other organizations that support LGBT youth to inform them about agency programs, events, and clinical services</p>
<p>Demonstrate to the public how The UP Center is serving under-represented populations.</p>	<p>FY 2017</p>	<p>Youth Coordinator</p>	<p>The Youth Coordinator will organize and implement a poster campaign, placing posters</p>

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designed by program participants which describe and promote UP Center youth services inside all MTD buses.

CONSUMER/CLIENT/INDIVIDUAL LEVEL

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

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Participate in surveys to determine who is utilizing agency services.	FY 2017	Community Members	Individuals will take surveys before and after participating in programs, events, and/or other services.
Participate in needs assessments to determine how we can best serve those utilizing our services	FY 2017	Community Members	Interested individuals will participate in a needs assessment before The UP Center starts a new program or before organizing an event.
Participate in and promote Act UP LGBTQ Youth Theater Group, including public performances	FY 2017	Community Members	Youth who are interested will participate in the creation and community experience of theater which addresses and expresses issues relevant to youth's individual experiences and cultures
Serve as Youth liaison to The Board of Directors	FY 2017	Youth Board Member	Youth Coordinator will collaborate with youth clients and Youth Committee chair to nominate, mentor, and support a new youth board member for FY 2017.

Urbana Neighborhood Connections Center, Inc.

2017 Cultural Competency Plan

Introduction

Urbana Neighborhood Connections Center's (UNCC) cultural competency's mission is to provide a healthy, compassionate, progressive community where all children and families of all ethnicities, cultures, beliefs, lifestyles, and languages have access to services and supports that empowers successful development. Culture plays an important role in the delivery of mental health services and UNCC's goal is to continue to provide barrier free access to all groups. UNCC places great emphasis on service delivery that adapts to and effectively meet the mental health needs of our community regardless of what values, beliefs, and lifestyles they bring with them.

Cultural Competency Statement

UNCC is committed to cultural competency by accepting and valuing people from all ethnic and religious backgrounds, regardless of their age, gender, sexual orientation, or disability. Embracing inclusion of all ethnicities and cultures will strengthen UNCC as mental health professionals that will empower our community

Goals and Objective

Urbana Neighborhood Connections Center's goals and objectives currently include:

- Provide resources information to all residents in Champaign County in their primary language.
- Cultural Competency training for all staff; with specific consultation with the MHB Cultural Competency professional.
- Developing partnerships within the community and other mental health organizations to enhance access to services

Goal 1

Provide resource information to all residents in Champaign County in their primary language.

Objective

UNCC will continue to provide written material in various languages for parents and families.

Action

When resources and information are provided from other agencies, UNCC will request resources and information in other languages as needed.

Measurement

Survey

Status

On going

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Goal 2

Cultural Competency training for all staff

Objective

Provide all UNCC staff with at least one training per year. The trainings will focus on cultural competency.

Action

Acquire training resources and curriculum to train staff specifically on Cultural Competency. Consult with the Mental Health Board's Cultural Competency professional to design the most effective training agenda.

Status

In progress – Facilitated focus discussion on effectively working with diverse populations.

Goal 3

Develop partnerships in the community and other mental health organizations to enhance access to services

Objective

Continue to strengthen and grow partnerships with community and mental health organizations

Action

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.

Status

On going

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