CCMHB Regular Meeting

March 22, 2017
5:30 p.m.

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

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, March 22, 2017
Brookens Administrative Center, Lyle Shields Room
1776 E. Washington St. Urbana, IL
5:30 p.m.

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1. Call to Order - Dr. Fowler, President
2. Roll Call
3. Citizen Input/Public Participation
   The CCMHB reserves the authority to limit individual public participation to 5 minutes and limit total time to 20 minutes.
4. Additions to the Agenda
5. CCDDB Information
6. Approval of CCMHB Minutes* **(Pages 3-6)**
   2/22/17 *Minutes are included. Action is requested.*
7. President's Comments
8. Executive Director's Comments
9. Staff Reports - *Deferred.*
10. Consultant Report **(Page 7-11)**
    A Program Evaluation Progress Report from Dr. Nicole Allen and Dr. Mark Aber is included in the Board packet.
11. Board to Board Reports
12. Agency Information
    The CCMHB reserves the authority to limit individual agency participation to 5 minutes and limit total time to 20 minutes.

BROOKENS ADMINISTRATIVE CENTER • 1776 E. WASHINGTON STREET • URBANA, ILLINOIS 61802

PHONE (217) 367-5703 • FAX (217) 367-5741

13. Financial Information* **(Pages 12-18)**
A copy of the claims report is included in the packet. Action is requested.

14. New Business

A. CCMHB FY 2016 Annual Report* (Mark Driscoll/Lynn Canfield) **(Pages 19-39)**
The FY16 Annual Report is included in the Board packet for review and approval. Action is requested.

B. Summary of NACBHDD 2017 Legislative & Policy Conference (Lynn Canfield) **(Pages 40-44)**
A Briefing Memorandum summarizes the activities of meetings of the National Association of County Officials' Health Committee and the annual Legislative & Policy Conference of National Association of County Behavioral Health and Developmental Disabilities Directors.

C. Agencies' Feedback on ID/DD Eligibility (Lynn Canfield) **(Pages 45-47)**
A *Briefing Memorandum summarizes responses from funded agencies regarding services to persons who do not have complete documentation of Illinois DHS-DD eligibility criteria.*

15. Old Business

A. Meeting Schedules & Allocation Process Timeline (Lynn Canfield) **(Pages 48-51)**
Updated CCMHB & CCDDB meeting schedules and CCMHB allocation timeline are included in the Board packet.

B. Agency Acronym List and Glossary (Mark Driscoll) **(Pages 52-60)**
List of agency and program name acronyms and Glossary of terms are included in the Board packet.

16. Board Announcements

17. Adjournment

Board action

(6)

CHAMPAIGN COUNTY MENTAL HEALTH BOARD
BOARD MEETING

Minutes—February 22, 2017

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

5:30 p.m.

MEMBERS PRESENT:	Susan Fowler, Judi O'Connor, Joe Omo-Osagie, Thom Moore, Elaine Palencia, Kyle Patterson, Julian Rappaport, Margaret White
MEMBERS EXCUSED:	Anne Robin
STAFF PRESENT:	Lynn Canfield, Mark Driscoll, Stephanie Howard-Gallo, Shandra Summerville
OTHERS PRESENT:	Juli Kartel, Rosecrance; Rebecca Woodard, Lisa Benson, Regional Planning Commission (RPC); Becca Obuchowski, Community Choices (CC); Gail Raney, Prairie Center Health Systems (PCHS); Kari May, Children's Advocacy Center (CAC); Patricia Avery, Karen Simms, C-U Area Project (CUAP); Barb Bressner, Consultant; Beth Chato, League of Women Voters (LWV); James Kilgore, Marlon Mitchell, Tammy Bond, First Followers; Angie Adams-Martin, Cunningham Children's Home;

CALL TO ORDER:

Dr. Fowler 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:

James Kilgore and Marlon Mitchell from First Followers summarized the needs assessment the organization has been conducting. 301 residents were surveyed. Needs were identified as

(3)

housing, employment, public education regarding stigmas, workforce and training development, and supports for families. A detailed report will be presented at a later date.

ADDITIONS TO AGENDA:

Dr. Fowler will be assigning Board members to review applications. She provided an update on the organizational assessment. Liaison assignments have been made and the agencies will be notified of their assignment.

CCDDB INFORMATION:

Ms. Canfield reported on the CCDDB meeting held earlier in the day.

APPROVAL OF MINUTES:

Minutes from the January 18, 2017 Board meeting and the January 25, 2017 Study Session were included in the Board packet for approval.

MOTION: Dr. Rappaport made a motion to approve the minutes from the January 18, 2017 Board meeting and the January 25, 2017 Study Session. Mr. Patterson seconded the motion. A voice vote was taken and the motion passed.

PRESIDENT'S COMMENTS:

Dr. Fowler reviewed the action items on the agenda today.

EXECUTIVE DIRECTOR'S COMMENTS:

Ms. Canfield will be attending the annual legislative and policy conference in Washington D.C. next week.

STAFF REPORTS:

Reports from Mr. Driscoll, Ms. Howard-Gallo, and Ms. Summerville were included in the packet.

CONSULTANT'S REPORT:

A written report from Barb Bressner was included in the Board packet. Ms. Bressner followed up with some verbal additions to the report.

BOARD TO BOARD:

Elaine Palencia attended the January Board meeting of Developmental Services Center (DSC).

AGENCY INFORMATION:

Juli Kartel from Rosecrance shared a positive story regarding benefit assistance that was provided, enabling access to services at Rosecrance.

Becca Obuchowski from Community Choices spoke regarding the impact of eligibility requirements for CCDDB funding.

FINANCIAL INFORMATION:

A list of financial claims was included in the packet.

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

NEW BUSINESS:

C-U Area Project TRUCE and C-U Neighborhood Champions Presentations:
Ms. Patricia Avery and Ms. Karen Simms presented on the status of CUAP's contracts, TRUCE and C-U Neighborhood Champions. Trained "Peacekeepers" assisted with the presentation. A Powerpoint presentation was distributed. Board members were given an opportunity to ask questions following the presentation.

Liaison Assignment Process:
Dr. Fowler assigned Board members their assignments for the year.

CCMHB Revised By-Laws:
A draft copy of the revised CCMHB By-Laws and a Decision Memorandum was included in the Board packet. Discussion followed. Ms. Palencia requested language be added to IV. OFFICERS: Part D., #2 to read...*the Vice-President/Secretary shall act in place of the President in the latter's absence, including signature authority for legal documents and expenditures.*

MOTION: Dr. Rappaport moved to approve modification of the CCMHB By-Laws as presented with the amended language. Ms. Palencia seconded the motion. A voice vote was taken and the motion passed unanimously.

Department of Justice and Mental Health Collaboration Program (JMHCP) Application Matching Funds:
A copy of a Decision Memorandum requesting approval of matching funds for a federal Justice and Mental Health Collaboration Program application was included in the Board packet. Discussion followed.

MOTION: Dr. Rappaport moved to approve the allocation of up to, but not to exceed $75,000 over a two-year period as the 20% matching funds required for the Champaign County JMHCP Implementation and Expansion grant application to the Department of Justice, with release of CCMHB funds contingent upon award of the JMHCP grant. Ms. Palencia seconded the motion. A voice vote was taken and the motion passed unanimously.

OLD BUSINESS:

Meeting Schedule and Allocation Process Timeline:
An updated copy of the meeting schedule and allocation timeline was included in the Board packet for information only.

Agency Acronym List:
A list of agency name acronyms was included in the Board packet for information only.

BOARD ANNOUNCEMENTS:

Some recent news articles were included in the packet.

ADJOURNMENT:

The meeting adjourned at 7:20 p.m.

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

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

10.A

CCMHB Evaluation Capacity Building Update

Provided by the Evaluation Capacity Building Team:
Mark Aber
Nicole Allen
Brett Boeh
Hope Holland
Jessie Fitts
Camarin Meno

March 14, 2017

The Evaluation Capacity Building Team is engaged in three areas of activity to date: logic model training, partnership with agencies to build evaluation capacity and a consultation bank for evaluation questions.

Logic Model Workshops

We have held five logic model training workshops and at least one additional is planned (we plan to hold at least two additional trainings to reach all agencies). During these hands-on sessions, we have introduced funded agency representatives to a logic modeling process anchored in a theory of change approach. This is a fundamental step in building evaluation capacity because it clarifies program goals and outcomes and how activities are theoretically (and sometimes empirically) linked to desired outcomes. Completing a strong working model guides evaluation activities. While the workshops only serve to begin the logic modeling process, agencies are invited to use the evaluation consultation bank for continued help with their models.

Agency Partnerships

We identified four agencies with specific programs within to target evaluation capacity building activities. The goal in these partnerships is to support agency partners in the development of evaluation efforts that can be sustained beyond the partnership. Thus, as planed, this is not an external evaluation, but rather building a sustainable, internal evaluation addressing questions that can contribute to program improvement and where viable a look at program outcomes. For each agency a brief summary of effort to date is provided below. All partners have been actively engaged in the process, meeting regularly for many months, and working collaboratively to progress in building evaluation plans and activities.

Promise Healthcare:

Promise Healthcare identified their Wellness and Justice Program as the target program for the capacity building partnership. Because the program is a relatively small one and the staff on this program also take on other roles, the consultant's first step was to identify the precise activities and outcomes that comprise the program and establish an understanding of how these activities are integrated into the larger healthcare center. The program staff, consultant, and executive director of Promise Healthcare worked collaboratively to create a logic model that defined program activities and the ultimate and proximal goals of these activities. Based on this logic model, several possible evaluation targets were identified. One key challenge has been identifying evaluation questions that are both useful and answerable within the context of a busy healthcare center. This context includes limitations such as the inflexibility of pre-existing data management systems, finite staff time and resources to devote to an evaluation effort, and ethical constraints on research methodology (for example, random assignment of patients to treatment or no treatment would not be ethical). Based on these factors, it was decided to focus primarily on the first step of the logic model—the relationship between program activities and the removal of barriers to patients following their treatment plan. Three components to build evaluation capacity are currently in process. First, the consultant created a searchable and editable online database of resources and referral services, and the Wellness and Justice team is currently in the process of adding all the resources they use to this database. In addition to making it easier to access and update the resources, this will also enable consistency in services across providers and patients, which will strengthen the evaluation efforts. Secondly, to answer the questions of how patients experience the service and whether they intend to follow up on the information provided, we created a questionnaire that will be integrated into the pre-existing yearly survey administration process. This tool is currently in the later stages of development and will soon be pilot-tested. Thirdly, the team is designing a time-limited prospective study of patients served by the program. This will help to evaluate whether patients follow up on referrals and other information provided and how well these referrals meet their needs. In combination, these two evaluation components will enable continuous quality improvement through the identification of possible "potholes" in the logic model (that is, areas where the program activities do not lead to the expected outcomes).

Despite the challenges inherent in building evaluation capacity within a busy, resource-limited setting, the Wellness and Justice Program is making progress in identifying useful evaluation questions and developing tools and protocols to answer them.

Family Service Senior Counseling and Advocacy:

The Family Service Senior Counseling & Advocacy program, in partnership with the UIUC evaluation capacity team, has spent the semester better understanding the processes underlying their program goals and providing structure for caseworkers to measure outcomes in a more systematized way. Family Service began by creating a logic model (available upon request) that defines their goals for the program and the measurable outcomes that can be recorded to understand progress being made. After completing the logic model, Family Service decided that they would like to concentrate on ten specific goals which give the program options for deliverables. The goals include: measuring the effectiveness of their yearly outreach plan; measuring how knowledgeable their experts are; measure how strong rapport is between clients and caseworkers; incorporate scales to measure improvement in anxiety, depression, and social isolation; track referrals to licensed health care providers if there is suspicion of clinical anxiety or depression; measure if basic needs have been met; measure if presenting problem is addressed in a timely manner; increase awareness of options for clients; measure how well caseworkers implement abuse and protection plans; and evaluate whether the demographics of clients served by the Family Service Senior Counseling & Advocacy program are consistent with the demographics of Champaign county. Given the many outcomes Family Service hopes to track through their involvement with the UIUC team, some of the challenges have been creating evaluation measures and processes that will be sustainable in the future and meeting the goals of caseworkers and their clients while simultaneously meeting programmatic goals. Despite these challenges, Family Service has had many early successes as reflected by the fact that they have already completed development of six of the ten goals and are actively working on completing the last four. Through these advances, the agency has also begun to draft a report that can be shared with funders, caseworkers, and administrative staff to better understand where the program is now and to help craft what goals they would like to set for the future.

"The time working with the UIUC evaluation capacity team has been very productive; Ms. Boeh, especially, is engaged, talented, practical, and responsive. While we knew that we were making a difference in the lives of older adults subjectively, through anecdotal reports, and through some limited evidence-informed data, our consultants in the project have provided expertise we did not have on how to state our intent and measure our impact in a reliable and dependable manner that better meets the needs of funders, grantors, clients, and the community." Rosanna McLain

Community Choices:

Starting in Fall 2016, UIUC's Evaluation Capacity Team partnered with Community Choices' Connect Program to better understand the agency's goals and services, and to help support the development of useful and informative evaluation strategies. One of the first tasks accomplished through the partnership was the development of a logic model that demonstrated how current and proposed services directly relate to Connect's desired outcomes. Key to this effort was the articulation of a theory of change driving the Connect Program, which is a description of how and why a set of activities led to certain outcomes. After the logic model was completed, work began on reviewing Community Choices' existing evaluation efforts and exploring how such efforts could better reflect an evaluation of not only the effectiveness of services, but also desired program outcomes. Considerable work went into revising an existing member satisfaction survey to focus on desired program outcomes and to be more accessible to people with disabilities, the primary group whom Community Choices strives to support. Next steps include reviewing Connect's other planned evaluation strategies and thinking clearly about how best to evaluate new program efforts in the coming fiscal year.

"I have found the process of working with the U of I evaluation capacity team extremely helpful and beneficial to the organization. We asked to be part of this project to look specifically at our Connect program which focuses on community/social engagement and family support, two things which are very abstract, hard to measure, but also things which we attribute great value. As we worked with our consultant we were able to not only define the structure of the activities that we engage in, but identify the common thread that holds them all together. The farther into the process we got, the greater the value I saw it giving to us as an organization. Creating a logic model and theory of change has allowed me to see not only how our activities are truly aimed at common goals, but also how we can continue to build on them in a thoughtful and responsive way. With a clear framework for our projects we were quickly able to develop ways to measure core evaluation questions and begin to make plans for how to examine different aspects of our project in more detail. Again, this has been a great experience which I hope to repeat with additional programs at the organization." Becca Obuchowski

Rosecrance:

After considering multiple programs, our current consultation with Rosecrance is focused on the case management program provided in the county jail. To begin, we developed a logic model to articulate the activities and outcomes of the programs implemented in the jail. Given the complexity of these programs, we are still refining the logic model to ensure that it reflects program goals. We are also beginning to focus on

what facets of the case management program can be evaluated in a sustainable way and what outcomes can be reasonably expected from this effort. This will involve increasing our understanding the data that is currently collected, how data collected in other programs may inform this program, and ways to supplement existing data collection in sustainable ways.

Consultation Bank

The Consultation Bank was designed to create a resource for funded agencies who required targeted support with evaluation and could request time to address those issues (e.g., reviewing or identifying a measure; continuing to build a logic model; reviewing existing data in light of performance outcomes). While we have sought participation with the Consultation Bank, we have had no takers. We suspect that the level of abstraction is too high. This fits with our experience working in partnership with agencies in which it took a good deal of time to identify evaluation goals and to craft plans based on those goals. It may be that the narrower focus of the consultation bank would work better once agencies have a basic supported evaluation process in place. We will continue to evaluate whether and how the consultation bank can work.

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

3/10/17 PAGE 1

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
*** DEPT NO. 053 MENTAL HEALTH BOARD												
16	CHAMPAIGN COUNTY TREASURER								GENERAL CORP FND 080			
		3/07/17	03 VR	53-	98		556224	3/10/17	090-053-522.02-00	OFFICE SUPPLIES	MHB REKEY LOCKS 3/3	39.00
											VENDOR TOTAL	39.00 *
25	CHAMPAIGN COUNTY TREASURER								RENT-GENERAL CORP			
		3/01/17	03 VR	53-	91		556225	3/10/17	090-053-533.50-00	FACILITY/OFFICE RENTALS	MAR OFFICE RENT	1,703.45
											VENDOR TOTAL	1,703.45 *
41	CHAMPAIGN COUNTY TREASURER								HEALTH INSUR FND 620			
		2/21/17	01 VR	620-	25		555608	2/28/17	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	FEB HI & LI	2,981.60
											VENDOR TOTAL	2,981.60 *
88	CHAMPAIGN COUNTY TREASURER								I.M.R.F. FUND 088			
		2/15/17	05 VR	88-	5		555244	2/17/17	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 1/20 P/R	869.13
		2/15/17	05 VR	88-	7		555244	2/17/17	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 2/3 P/R	869.13
		3/07/17	05 VR	88-	10		556229	3/10/17	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 2/17 P/R	869.13
											VENDOR TOTAL	2,607.39 *
104	CHAMPAIGN COUNTY TREASURER								HEAD START FUND 104			
		3/01/17	03 VR	53-	66		556232	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR SOC/EMOT SVCS	4,637.00
											VENDOR TOTAL	4,637.00 *
161	CHAMPAIGN COUNTY TREASURER								REG PLAN COMM FND075			
		3/01/17	03 VR	53-	67		556237	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR YOUTH ASSMNT CT	2,167.00
											VENDOR TOTAL	2,167.00 *
176	CHAMPAIGN COUNTY TREASURER								SELF-FUND INS FND476			
		2/22/17	04 VR	119-	8		555617	2/28/17	090-053-513.04-00	WORKERS' COMPENSATION	INSWKCMP 1/6,20 PR FY1	59.06
		2/27/17	04 VR	119-	14		555617	2/28/17	090-053-513.04-00	WORKERS' COMPENSATION	INSWKCMP 2/3,10,17 PR	118.12
		2/22/17	80 VR	119-	83		555618	2/28/17	090-053-513.04-00	WORKERS' COMPENSATION	INSWK COMP 1/6 PR FY16	150.89
											VENDOR TOTAL	328.07 *

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
179	CHAMPAIGN COUNTY TREASURER								CHLD ADVC CTR FND679			
		3/01/17	03 VR	53-	65		556240	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR CAC	3,090.00
											VENDOR TOTAL	3,090.00 *
188	CHAMPAIGN COUNTY TREASURER								SOCIAL SECUR FUND188			
		2/15/17	05 VR	188-	10		555255	2/17/17	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 1/20 P/R	786.85
		2/15/17	05 VR	188-	12		555255	2/17/17	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 2/3 P/R	786.84
		3/07/17	05 VR	188-	18		556241	3/10/17	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 2/17 P/R	786.85
											VENDOR TOTAL	2,360.54 *
4990	ASSN OF COMMUNITY MENTAL HLTH AUTH OF IL ACMHAI											
		2/14/17	07 VR	53-	58		555276	2/17/17	090-053-533.93-00	DUES AND LICENSES	1ST HALF FY17 DUES	8,000.00
											VENDOR TOTAL	8,000.00 *
15495	CHAMPAIGN URBANA AREA PROJECT								SUITE #702			
		3/01/17	03 VR	53-	68		556264	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR NGHBRHD CHAMPIO	1,599.00
		3/01/17	03 VR	53-	68		556264	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR TRUCE	6,250.00
											VENDOR TOTAL	7,849.00 *
16930	CHRISP MEDIA, LLC											
		3/07/17	03 VR	53-	95		556269	3/10/17	090-053-533.07-00	PROFESSIONAL SERVICES	MAR PROFESSIONAL FE	450.00
											VENDOR TOTAL	450.00 *
18203	COMMUNITY CHOICE, INC								SUITE 419			
		3/01/17	03 VR	53-	69		556280	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR CUSTOM EMPLOY	5,833.00
		3/01/17	03 VR	53-	69		556280	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR SELF DETERMINAT	5,833.00
											VENDOR TOTAL	11,666.00 *
18230	COMMUNITY SERVICE CENTER OF NORTHERN								CHAMPAIGN COUNTY			
		3/01/17	03 VR	53-	71		556281	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR RESOURCE CONNEC	5,441.00
											VENDOR TOTAL	5,441.00 *

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
18430	CONSOLIDATED COMMUNICATIONS											
		2/13/17	03	VR	28- 22		555306	2/17/17	090-053-533.33-00	TELEPHONE SERVICE	AC 99790003460 2/1	25.84
		3/03/17	01	VR	28- 33		556283	3/10/17	090-053-533.33-00	TELEPHONE SERVICE	AC 99790003460 3/1	33.86
											VENDOR TOTAL	59.70 *
19260	COURAGE CONNECTION											
		3/01/17	03	VR	53- 72		556286	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR COURAGE CONNECT	5,579.00
											VENDOR TOTAL	5,579.00 *
19346	CRISIS NURSERY											
		3/01/17	03	VR	53- 73		556287	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR BEYOND BLUE	5,833.00
											VENDOR TOTAL	5,833.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC											
		3/01/17	03	VR	53- 74		556292	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR INDIV/FAMILY SU	32,286.00
											VENDOR TOTAL	32,286.00 *
22730	DON MOYER BOYS & GIRLS CLUB											
		3/01/17	03	VR	53- 75		556296	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR CU CHANGE	8,333.00
		3/01/17	03	VR	53- 75		556296	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR YOUTH/FAMILY OR	13,333.00
											VENDOR TOTAL	21,666.00 *
24095	EMK CONSULTING LLC											
		2/14/17	07	VR	53- 59		555315	2/17/17	090-053-533.07-00	PROFESSIONAL SERVICES	INV 147 2/9	8,999.25
		2/14/17	07	VR	53- 60		555315	2/17/17	090-053-533.07-00	PROFESSIONAL SERVICES	INV 148 2/9	8,999.25
		2/27/17	03	VR	53- 63		555697	2/28/17	090-053-533.07-00	PROFESSIONAL SERVICES	2388 MILE 1/3-2/8	1,277.64
		2/27/17	03	VR	53- 63		555697	2/28/17	090-053-533.07-00	PROFESSIONAL SERVICES	LODGING 1/3-2/8	584.44
		3/01/17	03	VR	53- 89		556301	3/10/17	090-053-533.07-00	PROFESSIONAL SERVICES	INV 150 2/23	1,937.50
											VENDOR TOTAL	21,798.08 *
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR											
		3/01/17	03	VR	53- 76		556302	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR FAM SUPPORT	1,583.00
											VENDOR TOTAL	1,583.00 *

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY							GRANTS				
		3/01/17	03 VR	53-	77		556307	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR SELF HELP	2,411.00
		3/01/17	03 VR	53-	77		556307	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR SENIOR COUNSEL	11,861.00
		3/07/17	03 VR	53-	96		556307	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN FAMILY COUNSEL	1,667.00
											VENDOR TOTAL	15,939.00 *
26760	FIRST FOLLOWERS											
		3/01/17	03 VR	53-	78		556313	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR PEER MENTORING	2,480.00
											VENDOR TOTAL	2,480.00 *
44570	MAHOMET AREA YOUTH CLUB							601 EAST FRANKLIN				
		3/01/17	03 VR	53-	79		556349	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR BLAST	1,250.00
		3/01/17	03 VR	53-	79		556349	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR MEMBERS MATTER	1,000.00
											VENDOR TOTAL	2,250.00 *
51600	NEWS GAZETTE											
		3/07/17	03 VR	53-	99		1419	3/10/17	090-053-533.70-00	LEGAL NOTICES,ADVERTISING	7084 1341937 2/11	715.78
		3/07/17	03 VR	53-	99		1419	3/10/17	090-053-533.70-00	LEGAL NOTICES,ADVERTISING	7084 1342906 2/26	841.06
											VENDOR TOTAL	1,556.84 *
56750	PRAIRIE CENTER HEALTH SYSTEMS							GRANTS				
		3/01/17	03 VR	53-	80		556370	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR CJ SUB TREATMEN	858.00
		3/01/17	03 VR	53-	80		556370	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR FRESH START	6,250.00
		3/01/17	03 VR	53-	80		556370	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR PLL EXTENDED	25,055.00
		3/01/17	03 VR	53-	80		556370	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR PREVENTION	4,854.00
		3/01/17	03 VR	53-	80		556370	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR SPECIALTY COURT	16,588.00
											VENDOR TOTAL	53,605.00 *
57196	PROMISE HEALTHCARE											
		3/01/17	03 VR	53-	81		556372	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR WELLNESS/JUSTIC	4,833.00
		3/01/17	03 VR	53-	81		556372	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR MH SVCS	18,500.00
											VENDOR TOTAL	23,333.00 *

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
59434	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS											
		2/27/17	03	VR	53- 62		555781	2/28/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB RACES	1,550.00
		3/01/17	03	VR	53- 82		556377	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR RACES	1,550.00
											VENDOR TOTAL	3,100.00 *
61780	ROSECRANCE, INC.											
		2/27/17	03	VR	53- 61		555788	2/28/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN TIMES CENTER	5,833.00
		2/27/17	03	VR	53- 61		555788	2/28/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB TIMES CENTER	5,833.00
		3/01/17	03	VR	53- 70		556382	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR CRIMINAL JUSTIC	23,673.00
		3/01/17	03	VR	53- 70		556382	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR CRISIS/ACCESS	21,287.00
		3/01/17	03	VR	53- 70		556382	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR EARLY C'HOOD	6,250.00
		3/01/17	03	VR	53- 70		556382	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR PLL FRONT END	23,555.00
		3/01/17	03	VR	53- 70		556382	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR TIMES CENTER	5,833.00
											VENDOR TOTAL	92,264.00 *
76867	UNIV OF IL SPONSORED PROG & RESEARCH ADM											
		3/01/17	03	VR	53- 90		556404	3/10/17	090-053-533.07-00	PROFESSIONAL SERVICES	MAR MHB17-039 CONSL	4,545.00
											VENDOR TOTAL	4,545.00 *
77280	UP CENTER OF CHAMPAIGN COUNTY STE 516											
		3/01/17	03	VR	53- 84		556408	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR CHILD/FAM/YOUTH	1,583.00
											VENDOR TOTAL	1,583.00 *
78120	URBANA NEIGHBORHOOD CONNECTION CENTER											
		3/01/17	03	VR	53- 83		556412	3/10/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR COM STUDY CENTE	1,000.00
											VENDOR TOTAL	1,000.00 *
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH AC#4798510049573930											
		2/24/17	04	VR	53- 64		555831	2/28/17	090-053-533.95-00	CONFERENCES & TRAINING	3930 NACBHDD 1/24	550.00
											VENDOR TOTAL	550.00 *
81610	XEROX CORPORATION											
		3/07/17	03	VR	53- 97		556438	3/10/17	090-053-533.85-00	PHOTOCOPY SERVICES	INV 146621611 2/4	39.60

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
		3/07/17	03 VR	53-	97		556438	3/10/17	090-053-533.85-00	PHOTOCOPY SERVICES	INV 146621610 2/4	246.29
											VENDOR TOTAL	285.89 *
602880	BRESSNER, BARBARA J.											
		3/01/17	03 VR	53-	85		556461	3/10/17	090-053-533.07-00	PROFESSIONAL SERVICES	MAR PROFESSIONAL FE	2,260.00
											VENDOR TOTAL	2,260.00 *
603719	BRUSVEEN, JOHN											
		3/07/17	03 VR	53-	94		556462	3/10/17	090-053-533.07-00	PROFESSIONAL SERVICES	JAN/MAR PROF FEES	2,000.00
											VENDOR TOTAL	2,000.00 *
604568	CANFIELD, LYNN								MENTAL HEALTH BOARD			
		3/07/17	03 VR	53-	101		556465	3/10/17	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	108 MILE 1/5-2/23	57.78
		3/07/17	03 VR	53-	101		556465	3/10/17	090-053-533.95-00	CONFERENCES & TRAINING	LODGING 2/24-3/31	967.55
		3/07/17	03 VR	53-	101		556465	3/10/17	090-053-533.95-00	CONFERENCES & TRAINING	AIRFARE 2/24-3/31	385.60
		3/07/17	03 VR	53-	101		556465	3/10/17	090-053-533.95-00	CONFERENCES & TRAINING	TAXI 2/24-3/31	36.07
		3/07/17	03 VR	53-	101		556465	3/10/17	090-053-533.95-00	CONFERENCES & TRAINING	MEAL 2/24-3/31 WSH	105.00
		3/07/17	03 VR	53-	101		556465	3/10/17	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARKING 1/5-2/23	6.00
											VENDOR TOTAL	1,558.00 *
611802	DRISCOLL, MARK								MENTAL HEALTH			
		3/07/17	03 VR	53-	93		556480	3/10/17	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	131 MILE 1/4-2/28	70.09
		3/07/17	03 VR	53-	93		556480	3/10/17	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARKING 1/4-2/28	4.90
											VENDOR TOTAL	74.99 *
619548	HOWARD-GALLO, STEPHANIE								MENTAL HEALTH BD			
		3/07/17	03 VR	53-	92		556502	3/10/17	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	71 MILE 1/4-2/14	37.99
											VENDOR TOTAL	37.99 *
630360	MAYER, JAMES											
		3/01/17	03 VR	53-	86		556529	3/10/17	090-053-533.07-00	PROFESSIONAL SERVICES	MAR PROFESSIONAL FE	906.00
											VENDOR TOTAL	906.00 *

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
641810	SUMMERVILLE, SHANDRA A								MENTAL HEALTH BOARD			
		3/07/17	03 VR	53-	100		556575	3/10/17	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	162 MILE 1/5-2/27	86.67
											VENDOR TOTAL	86.67 *
										MENTAL HEALTH BOARD	DEPARTMENT TOTAL	351,540.21 *
										MENTAL HEALTH	FUND TOTAL	351,540.21 *

DECISION MEMORANDUM

DATE: March 22, 2017
TO: CCMHB Members
FROM: Mark Driscoll, Associate Director
SUBJECT: Approve FY2016 Annual Report

Attached for review and approval is the Annual Report for Fiscal Year 2016. The preparation of the Annual Report is a collaborative effort of staff. The report presents a financial accounting of revenue and expenditures, program allocations as well as program service totals by agency and program, and demographic and service sector charts for the past year. The Three Year Plan (FY 2016 – FY 2018) with One-Year Objectives for FY 2017 approved at the December 2016 meeting is included in the Annual Report as well.

Regarding the format of the Annual Report, the attached document has blank pages omitted that will be inserted prior to distribution. The table of contents may be adjusted to reflect the added pages but no change to content of the material presented will be made following approval by the Board.

Decision Section
Motion: Move to approve the Champaign County Mental Health Board Fiscal Year 2016 Annual Report.

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

BROOKENS ADMINISTRATIVE CENTER • 1776 E. WASHINGTON STREET • URBANA, ILLINOIS 61802

PHONE (217) 367-5703 • FAX (217) 367-5741

Champaign County Mental Health Board

In fulfillment of our responsibilities under the Community Mental Health Act, the Champaign County Mental Health Board (CCMHB) presents the following documents for public review:

The CCMHB's Annual Report provides an accounting to the citizens of Champaign County of the CCMHB's activities and expenditures during the period of January 1, 2016 through December 31, 2016.

The CCMHB's Three-Year Plan for the period December 1, 2016 through December 31, 2018 presents the CCMHB's goals for development of Champaign County's system of community mental health, intellectual and developmental disabilities, and substance use disorder services and facilities, with One-Year Objectives for January 1, 2017 through December 31, 2017.

Any questions or comments regarding the CCMHB's activities or the county's mental health services can be directed to the Champaign County Mental Health Board; 1776 E. Washington; Urbana, IL 61802; phone (217) 367-5703, fax (217) 367-5741.

Champaign County Mental Health Board

Fiscal Year 2016 Annual Report & Three-Year Plan 2016-2018

Table of Contents

LISTING OF 2016 BOARD MEMBERS AND STAFF

BOARD MEMBERS

Dr. Deborah Townsend
(President)

Dr. Susan Fowler
(Vice President)

Dr. Astrid Berkson

Dr. Thom Moore

Ms. Elaine Palencia

Ms. Judi O'Connor

Dr. Julian Rappaport

Dr. Anne Robin

Ms. Margaret White

STAFF

Peter Tracy
Executive Director

Lynn Canfield
Associate Director for Developmental Disabilities

Nancy K. Crawford
Business Unit Comptroller

Mark J. Driscoll
Associate Director for Mental Health & Substance Abuse Services

Stephanie Howard-Gallo
Developmental Disabilities Contract Specialist

Shandra Summerville
Cultural & Linguistic Competence Coordinator

CCMHB President's Report

The past year has been one of significant change for the Champaign County Mental Health Board (CCMHB) amidst continuing challenges at the state level and uncertainty regarding the future of the Affordable Care Act at the federal level. As the incoming President of the Champaign County Mental Health Board I want to take this opportunity to thank Board member Dr. Deborah Townsend for her many years of service and leadership and to our county board representative Dr. Astrid Berkson. In their place, I welcome Mr. Joseph Omo-Osagie and Mr. Kyle Patterson, our new county board representative, and member Dr. Julian Rappaport who was reappointed for another term. The Board also experienced significant changes at the staff level. Mr. Peter Tracy, Executive Director, and Ms. Nancy Crawford, Business Unit Comptroller both retired in 2016. While the fiscal position is yet to be filled, the Board following an extensive search process chose to promote Ms. Lynn Canfield to Executive Director.

As we enter 2017, the State of Illinois continues to operate without a budget. A stop-gap budget expired at the end of December 2016 that itself was out of balance by up to $8 billion. The state's backlog of unpaid bills continues to grow while human service agencies with signed state contracts continue to deliver services in good faith to our most vulnerable citizens. While the November election did not significantly alter the balance of power within Illinois, the resulting change in administration at the national level, particularly the commitment to repeal and replace the Affordable Care Act and the implications for states such as Illinois that expanded Medicaid coverage, compounds the chaotic operating environment for agencies and for families that rely on the healthcare coverage made accessible through the Act. In contrast to ongoing state budget crisis, delayed payments, and potential shifts in healthcare coverages, the CCMHB is fiscally responsible and accountable to the citizens of the Champaign County. The Board in County FY2016, received $4,246,055 as part of the county property tax levy and awarded $3,428,015 to social service agencies and out of the administrative services line provided $283,882 in other support to programs and community events.

As the new Board President, it is my pleasure to present the Champaign County Mental Health Board 2016 Annual Report. The Annual Report includes information on the Boards finances, funding allocated to a wide range of programs, service data reported by funded programs for the term of the contract, and various charts presenting data on those served and allocation of funds. The second section of the report includes the Three-Year Plan with Objectives for 2017.

With the level of change that has occurred at the board and staff level, the Board in collaboration with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB) and the Executive Director have undertaken an organizational assessment to review various policies and procedures as well as staff responsibilities. Close collaboration with the CCDDB is a hallmark of the intergovernmental agreement between the two boards. In addition to the organizational assessment, the Boards are re-evaluating its approach to anti-stigma activities such as the support for Ebertfest and the disAbility Resource Expo. These actions as well as the annual allocation process reflect the Board's long-standing commitment to ensure the funds entrusted to the Board by the taxpayers of Champaign County are used effectively and efficiently.

Respectfully,

Dr. Susan Fowler
CCMHB President, 2017

SECTION I: Financial Reports and Service Data

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

ANNUAL FINANCIAL REPORT

12/01/15 - 12/31/16

	2015	2016
Beginning of the Year Fund Balance	$ 1,971,236	$2,335,528
REVENUE		
General Property Taxes	$ 4,161,439	$ 4,246,055
Back Taxes, Mobile Home Tax & Payment in Lieu of Taxes	9,725	9,360
Local Government Revenue		
Champ County Developmental Disabilities Board	330,637	377,695
Interest Earnings	1,385	3,493
Gifts and Donations	26,221	18,822
Miscellaneous	67,600	21,340
TOTAL REVENUE	$ 4,597,007	$ 4,676,764
EXPENDITURES		
Administration & Operating Expenses:		
Personnel	$ 502,890	$ 577,548
Commodities	11,237	7,998
Services	382,870	410,156
Interfund Transfers	-	60,673
Capital Outlay	-	-
Sub-Total	$ 896,997	$ 1,056,375
Grants and Contributions:		
Program	3,335,718	3,428,015
Capital	-	-
Sub-Total	$ 3,335,718	$ 3,428,015
TOTAL EXPENDITURES	$ 4,232,715	$ 4,484,390
Fund Balance at the End of the Fiscal Year	$ 2,335,528	$ 2,527,902

CHAMPAIGN COUNTY MENTAL HEALTH BOARD
PROGRAM ALLOCATIONS -- FY2016

01/01/2016 - 12/31/16

AGENCY/PROGRAM	TOTAL PAID
CHAMPAIGN COUNTY CHILDREN'S ADVOCACY CENTER	**37,080.00**
CHAMPAIGN COUNTY REGIONAL PLANNING COMMISSION	
Youth Assessment Center	**26,000.00**
Headstart - Social/Emotional Disabilities (6 months)	**27,822.00**
Agency Total	**53,822.00**
CHAMPAIGN URBANA AREA PROJECT	
CU Neighborhood Champions (6 months)	**9,594.00**
TRUCE (6 months)	**37,500.00**
Agency Total	**47,094.00**
COMMUNITY CHOICES - Self Determination	**62,500.00**
Community Living (6 months)	**29,962.50**
Customized Employment	**62,500.00**
Agency Total	**154,962.50**
COMMUNITY ELEMENTS, now ROSECRANCE C-U	
Criminal Justice	**302,446.00**
Crisis, Access, Benefits & Engagement	**227,720.00**
Early Childhood Mental Health	**75,500.00**
Parenting with Love and Limits - Front End Services	**257,103.00**
Psychiatric/Primary Care Services (4 months)	**37,176.00**
TIMES Center	**74,885.50**
Agency Total	**974,830.50**
COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY - Resource Connection	**65,290.00**
COURAGE CONNECTION - Courage Connection	**66,948.00**
CRISIS NURSERY - Beyond Blue - Rural	**70,000.00**
DEVELOPMENTAL SERVICES CENTER	
Individual & Family Support	**381,790.00**
DON MOYER BOYS & GIRLS CLUB	
Community Coalition Summer Youth Programs	**107,000.00**
CU Change (6 months)	**49,998.00**
Engagement & Social Marketing (6 months)	**39,000.00**
Youth and Family Organization (6 months)	**79,998.00**
Youth Engagement (6 months)	**84,998.00**
Agency Total	**360,994.00**

EAST CENTRAL ILLINOIS REFUGEE ASSISTANCE CENTER	
Family Support and Strengthening	**16,000.00**
EASTERN ILLINOIS FOOD BANK	
Donation on Behalf of Retiring CCMHB Member, Deloris Henry	**100.00**
FAMILY SERVICE - Self Help Center	**28,680.00**
Family Counseling	**14,660.66**
Family Counseling return of unused revenue CY15	**(10,171.00)**
Senior Counseling and Advocacy	**152,508.00**
Agency Total	**185,677.66**
FIRST FOLLOWERS - Peer Mentoring for Re-entry (6 months)	**14,880.00**
MAHOMET AREA YOUTH CLUB - BLAST	**15,000.00**
Members Matter (6 months)	**6,000.00**
Universal Screening (6 months)	**5,002.00**
Agency Total	**26,002.00**
PRAIRIE CENTER HEALTH SYSTEMS - CJ Substance Use Treatment	**10,150.00**
Fresh Start (6 months)	**37,500.00**
Parenting with Love and Limits - Extended Care	**272,203.00**
Prevention	**57,402.00**
Specialty Courts	**200,439.00**
Vivitrol Pilot Program (6 months)	**5,098.00**
Youth Services	**95,869.57**
Agency Total	**678,661.57**
PROMISE HEALTHCARE - Mental Health Services	**193,500.00**
Wellness/Justice	**49,000.00**
Agency Total	**242,500.00**
RAPE ADVOCACY COUNSELING EDUCATION SERVICES (6 months)	**9,300.00**
TAP IN LEADERSHIP ACADEMY	
Kickback Lounge (5 months)	**14,585.00**
*Kickback Lounge Return of Unused Revenue CY16	**(14,585.00)**
Agency Total	**-**
UP CENTER OF CHAMPAIGN COUNTY	**15,498.00**
URBANA NEIGHBORHOOD CONNECTION-Community Study Center	**12,000.00**
GRAND TOTAL	**3,413,330.23**

* CY16 Payments returned by Tap In Leadership Academy are deducted here but not reflected in the Financial Report Grants and Contributions total; these funds are deposited into fund balance instead.

SERVICE TOTALS FOR CONTRACT YEAR 2016 (7/1/15 - 6/30/16
BY TYPE OF SERVICE UNIT

CSE = Community Service Event. Non-client specific service, e.g. public presentation, consultation advocacy for a target population, media event, workshop or community development activity.
SC = Service Contact/Screening Contact. Encounter to provide information, referral, assessment, crisis intervention or general service.
TPC = Treatment Plan Client. Client has a written assessment and service plan.
NTPC = Non-Treatment Plan Client. Brief service is provided without a written service plan.
FFS = Fee for Service. Pre-determined fee paid for defined unit of service.

CONTRACTED AGENCIES & PROGRAMS

	CSEs	SCs	TPCs	NTPCs	FFS Units	Type
Champaign County Children's Advocacy Ctr.	8	156	240	12	-----	-----
Champaign County Regional Planning Commission Social Services						
Youth Assessment Center (CCMHB)	42	55	104	16		
Community Choices						
Community Living	2		19		1519 hrs *plus 4 classes*	
Customized Employment	4	835	43			
Self-Determination Support	4	1114	-----	154		
Community Elements, now Rosecrance C-U						
Al Parenting with Love & Limits - Front En	-----	-----	52	----	-----	-----
Criminal Justice			195	419		
Crisis, Access, Benefits & Engagement	28	4481	----	315	-----	-----
Early Childhood Mental Health and Dev.	184	140	138	-----	-----	-----
Psychiatric/Primary Care Services		605	113			
			plus 270 clients served by FN nurse			
TIMES Center (Screening MI/SA)	-----	168	-----	252	5934	1/4 hrs
Community Service Center of Northern CC						
Resource Connection	-----	6498	-----	1423	-----	-----
Courage Connection						
Courage Connection	194	663	311	11	-----	-----
Crisis Nursery						
Beyond Blue	142	1323	40	119	-----	-----
Developmental Services Center						
Individual and Family Support	2	18	20	17	-----	-----
Don Moyer Boys and Girls Club						
Community Engagement & Social Marketi	10	47	----	---	-----	-----
Youth and Family Engagement Services	43	424	----	155	-----	----
East Central Illinois Refugee Assistance Center (ECIRMAC)						
Family Support and Strengthening	88	-----	-----	-----	-----	-----

	CSEs	SCs	TPCs	NTPCs	FFS Units	Type
Family Service of Champaign County						
Counseling	-----	199	37	-----	802	1/4 hrs
Self-Help Center	344	-----	-----	-----	-----	-----
Senior Counseling and Advocacy	-----	12291	324	1558	-----	-----
Mahomet Area Youth Club						
BLAST	331	286	----	504		
Members Matter!	81	162	----	81		
Prairie Center Health Systems						
Criminal Justice Substance Use Treatmen	-----	20	10	160		
Drug Court Vivitrol Pilot	-----	38	7	----		
Parenting with Love & Limits - Extended C	-----	-----	60	-----	-----	-----
Prevention Program	1301	-----	-----	-----	-----	-----
Specialty Courts	5	4379	99	----		
Youth Services	52	115	74	67	-----	-----
Promise Healthcare						
Mental Health Services at Frances Nelson	-----	1683	342	53	-----	-----
Wellness and Justice	36	1339	76	1148		
RACES Counseling & Crisis Services	178	23	28	8		
UP Center Children, Youth, & Families Program	34	108	16	59		
Urbana Neighborhood Connections Center						
Community Study Center	----	----	----	432		

	CSEs	SCs	TPCs	NTPCs
TOTAL GENERIC SERVICE UNITS	3,113	37,170	2,348	6,963

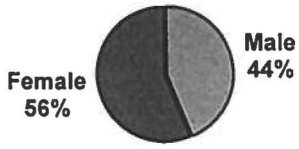
	Days	Hours
TOTAL FEE BASED UNITS		3,203

Notes on Service Data

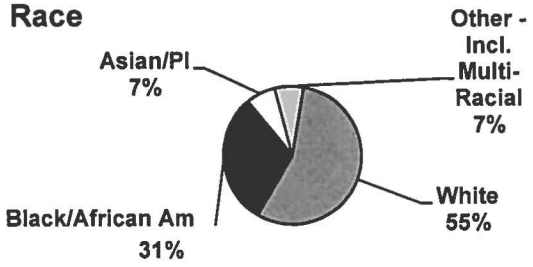
Data are for the period of Contract Year 2016: July 1, 2015 to June 30, 2016.

DEMOGRAPHIC AND RESIDENCY DATA FOR PERSONS SERVED IN CY2016

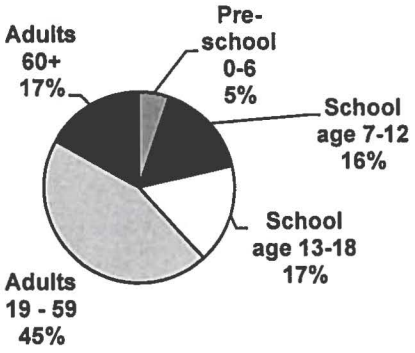
Gender



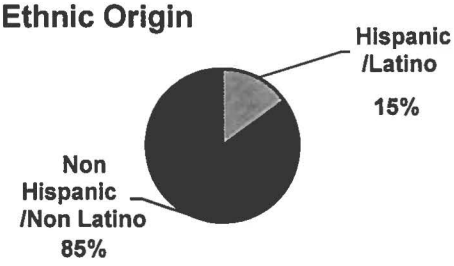
Race



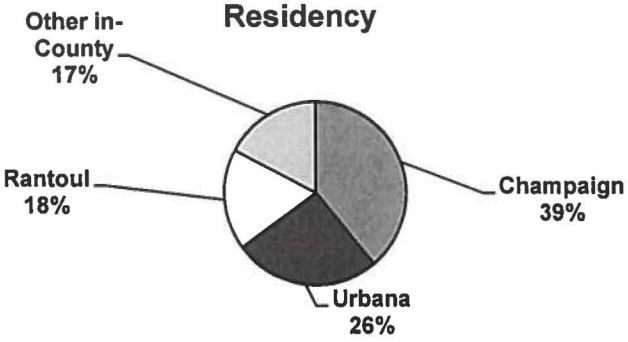
Age



Ethnic Origin

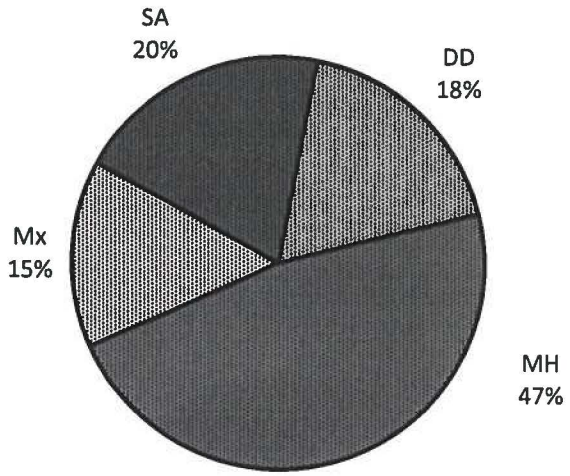


Residency

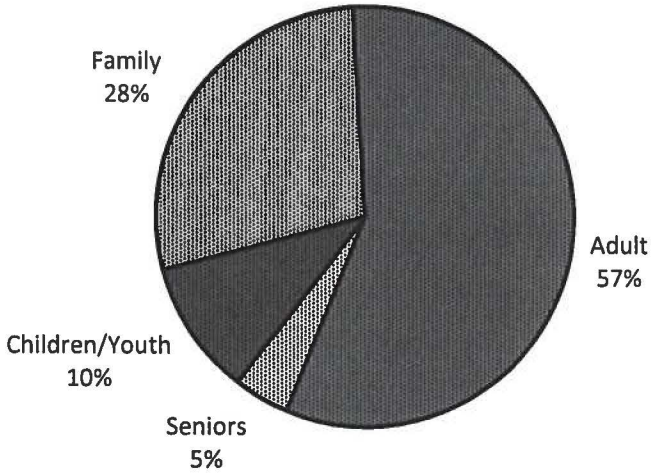


Funding by Sector, Population, and Service in Contract Year 2016 (CY16)

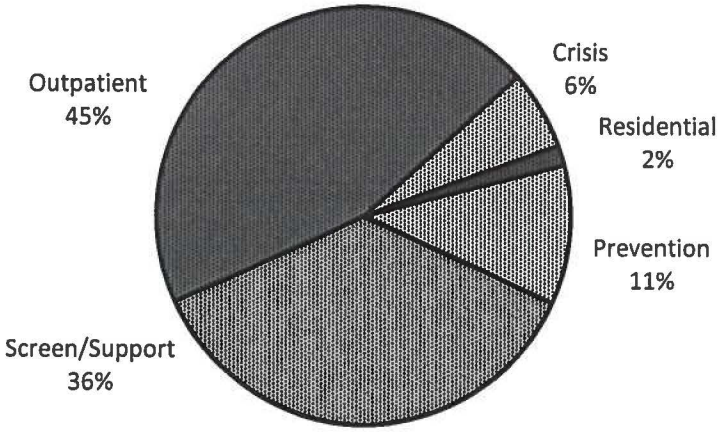
CCMHB CY16 Allocation by Community Mental Health Sector



CCMHB CY16 Allocation by Target Population



CCMHB CY2016 Allocation by Type of Service



SECTION II: Three-Year Plan 2016-2018
with FY 2017 One-Year Objectives

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

THREE-YEAR PLAN

FOR

FISCAL YEARS 2016 - 2018
(1/1/16 – 12/31/18)

WITH

ONE YEAR OBJECTIVES

FOR

FISCAL YEAR 2017
(1/1/17 – 12/31/17)

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

WHEREAS, the Champaign County Mental Health Board has been established under Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. seq.) in order to "construct, repair, operate, maintain and regulate community mental health facilities to provide mental health services as defined by the local community mental health board, including services for the developmentally disabled and for the substance abuser, for residents (of Champaign County) and/or to contract therefore..."

WHEREAS, the Champaign County Mental Health Board is required by the Community Mental Health Act to prepare a one- and three-year plan for a program of community mental health services and facilities;

THEREFORE, the Champaign County Mental Health Board does hereby adopt the following Mission Statement and Statement of Purposes to guide the development of the mental health plan for Champaign County:

MISSION STATEMENT

The mission of the CCMHB is the promotion of a local system of services for the prevention and treatment of mental or emotional, intellectual or developmental, and substance abuse disorders, in accordance with the assessed priorities of the citizens of Champaign County.

STATEMENT OF PURPOSES

1. To plan, coordinate, evaluate and allocate funds for the comprehensive local system of mental health, intellectual disabilities and developmental disabilities, and substance abuse services for Champaign County.

2. To promote family-friendly community support networks for the at-risk, underserved and general populations of Champaign County.

3. To increase support for the local system of services from public and private sources.

4. To further develop the systematic exchange of information about local services and needs between the public/private service systems and the CCMHB.

In order to accomplish these purposes, the Champaign County Mental Health Board must collaborate with the public and private sectors in providing the resources necessary for the effective functioning of the community mental health system.

SYSTEMS OF CARE

Goal #1: Support a continuum of services to meet the needs of individuals with mental and/or emotional disorders, addictions, and/or intellectual or developmental disabilities and their families residing in Champaign County.

Objective #1: Under established policies and procedures, solicit proposals from community based providers in response to Board defined priorities and associated criteria using a competitive application process.

Objective #2: Hold a study session on multi-year contracts including potential impact on the budget of extending contract term for select programs and contingent on action by the Board, implement multi-year contracts for select programs.

Objective #3: Expand use of evidenced informed, evidenced based, best practice, and promising practice models appropriate to the presenting need, in an effort to improve outcomes for individuals across the lifespan and for their families and supporters.

Objective #4: Promote wellness for people with mental illnesses, substance use disorders, intellectual disabilities, or developmental disabilities to prevent and reduce early mortality, through support services including access to services addressing basic needs, enrollment in benefit plans and coordinated access to primary care.

Objective #5: Pursue, as feasible, development or expansion of residential and/or employment supports for persons with behavioral health diagnosis not supported through expansion of Medicaid or the Affordable Care Act.

Objective #6: As enrollment in health insurance and Medicaid managed care plans reduce the uninsured population, realign CCMHB dollars to fund services and supports outside the realm of Medicaid, e.g. Peer Supports.

Objective #7: Build evaluation capacity of contracted providers utilizing expertise of evaluators from the Department of Psychology at the University of Illinois.

Goal #2: Sustain commitment to addressing the need for underrepresented and diverse populations access to and engagement in services.

Objective #1: Support culturally responsive and family driven support networks for underrepresented populations, underserved populations, and general populations of Champaign County.

Objective #2: Require a cultural competence and linguistic competence plan, with bi-annual reports, as evidence of the provider's capacity to provide services to meet the needs of the population served.

Objective #3: Encourage providers and other community based organizations to allocate resources to provide training, seek technical assistance, and pursue other professional development activities for staff and governing and/or advisory boards to advance cultural and linguistic competence.

Objective #4: Use the Culturally and Linguistically Appropriate Services Standards (CLAS) as a blueprint to strengthen funded agencies' Cultural and Linguistic Competence.

Goal #3: Improve consumer access to and engagement in services through increased coordination and collaboration between providers, community stakeholders, and consumers.

Objective #1: Encourage development of collaborative agreements between providers to increase or maintain access and coordination of services for consumers throughout Champaign County.

Objective #2: Participate in various coordinating councils whose mission aligns with the needs of the various populations of interest to the Board with the intent of strengthening coordination between providers in the delivery of services.

Objective #3: Explore at the Board level potential for collaboration on issues of mutual interest with the C-U Public Health District and the Champaign County Board of Health.

Objective #4: In conjunction with the United Way of Champaign County, monitor implementation of the 211 information and referral system.

Goal #4: Continue the collaborative working relationship with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB).

Objective #1: Coordinate integration, alignment, and allocation of resources with the CCDDB to ensure the efficacious use of resources within the intellectual disability and developmental disability (ID/DD) service and support continuum.

Objective #2: Assess alternative service strategies that empower people with ID/DD and increase access to integrated settings as exemplified by the collaborative approach to the Employment First Act.

Objective #3: Concurrent with the CCDDB, continue financial commitment to expand the availability of Community Integrated Living Arrangement (CILA) housing opportunities for people with ID/DD from Champaign County.

Objective #4: Collaborate with the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability on issues of mutual interest as exemplified by the expansion of CILA housing and joint sponsorship of events promoting acceptance, inclusion, and respect for people with ID/DD.

MULTI-AGENCY INVOLVED YOUTH AND FAMILIES

Goal #5: Building on progress achieved through the six Year Cooperative Agreement between the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Illinois Department of Human Services (IDHS), and the Champaign County Mental Health Board (CCMHB) implement a plan to sustain the SAMHSA/IDHS system of care model.

Objective #1: Support the efforts of the Champaign Community Coalition and other system of care initiatives.

Objective #2: Continue community based partnerships and coordination of evidence based services and supports for youth and families such as occurring through CHOICES.

Objective #3: Ongoing support of Champaign County family-run organizations that incorporate family-driven and youth-guided principles. In recognition of the importance of multi-system involved families and youth, maintain direct involvement and input about decisions that are made. Encourage organizations' focus on peer support specialists, peer-to-peer support, advocacy at the local level, and statewide expansion of family-run organizations.

CRIMINAL JUSTICE AND MENTAL HEALTH SYSTEM COLLABORATION

Goal #6: Support infrastructure development and investment in services along the five criminal justice intercept points to divert from the criminal justice system, as appropriate, persons with behavioral health needs or developmental disabilities.

Objective #1: Continue involvement in the Crisis Intervention Team Steering Committee in support of increased collaboration between law enforcement and crisis team response in the community.

Objective #2: Sustain efforts to engage persons with behavioral health diagnoses re-entering the community from jail or prison or with recent involvement with the criminal justice system, in treatment and other support services.

Objective #3: Maintain commitment to the Problem Solving Courts operating in Champaign County including continued participation on the Specialty Court Steering Committee.

Objective #4: Support integrated planning and service coordination for adults involved in the criminal justice system through participation in the Champaign County Re-Entry Council.

Objective #5: Through the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), in its partnership with the National Association of Counties (NACo,) pursue opportunities for technical assistance and support through the "Decarceration Initiative," "Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails," and the "Data Driven Justice Initiative." Encourage and participate in other similar collaborative opportunities aimed at improving outcomes for those with behavioral health needs involved with the criminal justice system.

Goal #7: In conjunction with the Champaign County Sheriff's Office and other community stakeholders provide an alternative to incarceration and/or overutilization of local Emergency Departments for persons with behavioral health needs or developmental disabilities.

Objective #1: Serve on the Crisis Response Planning Committee, the planning body established under the Justice and Mental Health Collaboration award

from the Department of Justice, and commit resources necessary to meet the matching funds requirement of the DoJ award.

Objective #2: Identify options for developing jail diversion services including a center to provide behavioral health assessments, crisis stabilization and detoxification from alcohol and/or other substances as may be necessary to serve Champaign County.

Objective #3: Secure commitment to support and sustain the development of a diversion center from vested stakeholders in the public and private sectors.

Objective #4: Use public input gathered through these collaborations to guide advocacy for planning and policy changes at the state and federal levels, local system redesign and enhancement, and in the consideration of future funding priorities for the CCMHB.

Goal #8: Support interventions for youth who have juvenile justice system involvement to reduce contact with law enforcement or prevent deeper penetration into the system.

Objective #1: Support continued implementation of the Parenting with Love and Limits (PLL) program based on positive evaluation and feedback from community partners and stakeholders.

Objective #2: Monitor local utilization of PLL and pursue options as necessary to address potential excess capacity.

Objective #3: Through participation on the Youth Assessment Center Advisory Board advocate for community and education based interventions contributing to positive youth development and decision-making.

Objective #4: Through participation and engagement in the Champaign Community Coalition and other community focused initiatives, promote and encourage multi-collaborative approaches for prevention and reduction of youth violence trends and activities.

Objective #5: Promote and support those targeted interventions that specifically address historical trauma experienced by African American and other minority youth disproportionately impacted in multiple systems.

Objective #6: Utilize the principles from "Models for Change" to reduce the disproportionate minority contact with law-enforcement and involvement with the juvenile justice system.

COMMUNITY ENGAGEMENT & ADVOCACY

Goal #9: Address the need for acceptance, inclusion and respect associated with a person's or family members' mental illness, substance use disorder, intellectual disability, and/or developmental disability through broad based community education efforts to increase community acceptance and positive self-image.

Objective #1: Continue support for and involvement in efforts to challenge stigma and discrimination, such as the Champaign County Alliance for the Promotion of Acceptance, Inclusion and Respect signature event at Roger Ebert's Film Festival and other community education events including

disABILITY Resource Expo: Reaching Out for Answers and the National Children's Mental Health Awareness Day.

Objective #2: Promote substance use disorder prevention initiatives as a community education tool targeting youth and young adults.

Objective #3: Participate in behavioral health community education initiatives, such as national depression screening day, to encourage individuals to be screened and seek further assistance where indicated.

Objective #4: Encourage and support efforts to more fully integrate people with behavioral health disorders and/or intellectual or developmental disabilities into community life in Champaign County.

Goal #10: Stay abreast of emerging issues affecting the local systems of care and consumer access to services and be proactive through concerted advocacy efforts.

Objective #1: Monitor implementation of the Affordable Care Act and the expansion of Medicaid by the State of Illinois and advocate for increased service capacity sufficient to meet consumer demand through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHAI) and other state and national associations.

Objective #2: Track state implementation of class action suit settlements involving persons with intellectual disabilities or developmental disabilities or mental illness, e.g. Ligas vs. Hamos Consent Decree and Williams vs. Quinn Consent Decree, and proposed closure of state facilities, and advocate for the allocation of state resources sufficient to meet needs of clients returning to home communities or seeking fuller integration in their communities.

Objective #3: Continue broad based advocacy efforts at the state and local levels to respond to continued reductions in state funding and delays in payment for local community based mental health, substance use disorder, and intellectual disability and developmental disability services and supports and to the broader human services network under contract with the State of Illinois. As opportunities arise, participate in planning and policy development with state agencies such as IDHS, and use these opportunities to advocate for the needs of Champaign County residents.

Objective #4: Through the National Association of County Behavioral Health and Developmental Disability Directors, monitor the federal rulemaking process applying parity to Medicaid Managed Care and associated benefit plans and on the Institutions for Mental Disease (IMD) Medicaid Exclusion. Use opportunities for public comment on proposed rules and legislative action to advocate for the needs of our community.

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

BRIEFING MEMORANDUM

DATE: March 22, 2017

TO: Members, Champaign County Developmental Disabilities Board (CCDDB) and Champaign County Mental Health Board (CCMHB)

FROM: Lynn Canfield, Executive Director

SUBJECT: NACBHDD 2017 Legislative and Policy Conference Activities

At the end of February, I attended conferences of the National Association of County Officials (NACo) and National Association of County Behavioral Health and Developmental Disabilities Directors (NACBHDD) in Washington, DC. A summary of five days of information-rich sessions follows. Please contact me for more information or materials, if interested.

On Saturday, February 25th, as a guest of NACBHDD's current liaison to the NACo Health Committee, I attended a full day of meetings and presentations:

Healthy Counties Forum Breakfast and Advisory Board Meeting

- Review of the forum held Feb 24th
- Topics for 2017 (housing, justice-involvement, and ACA repeal, e.g.)
- Discussion of the Intersection of Health & Justice, led by Julius Lang
-

Panel Discussion on County Nursing Homes

- Making Communities Livable for All (examples: age-integrated park spaces and mixed income neighborhoods allow for improved natural support of older individuals.)
- Counties Creating a Continuum of Care for Older Adults, with presenters from National Association of County Health Facilities and the Michigan County Medical Care Facilities Council (MI has 35 county-owned facilities with 5,075 beds, many five-star.)
- Leaders Engaged on Alzheimer's Disease (over 5m American's have a dementing illness, with cost of care over $200b per year; promote support for quality of life for these people and their caregivers, detect and diagnose, and research prevention, treatment, and cure.)

Medicaid Coverage and County Jails

- Panel discussion with representatives from Community Oriented Correctional Health Services, NACBHDD, and NACo (detail: every dollar spent on community based behavioral health saves $0.24 in the justice system alone.)
- Recommended positions: undo the inmate exclusion; suspend rather than terminate (in all states) Medicaid coverage for those with justice-involvement; exercise flexibility in Medicaid, crucial to help counties fulfill their safety net obligations, break the cycle of recidivism, and lower short term costs to taxpayers and long term costs to federal government.

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Lunch with Panel Discussion on Homelessness and Housing

Health Policy Committee Meeting

- Medicaid and Counties: understanding the program and why it matters to Counties; especially negative impact of block grants/per capita caps on states which underutilize the program and do not have approved 1115 waivers; IL the most dramatic example, will lose many hospitals, clinics, and 42,000 jobs.
- Discussion and votes on legislative policy resolutions.

Sunday, February 26 was lighter:

NACBHDD Board Meeting

- Review of Strategic Directions set at Summer meeting and Additional Tactics discussed at Fall meeting (organization's brand and positions, workforce development, enforcement of parity, coordination of behavioral health and criminal justice, restoring the Justice Committee, development of cross system coordination, responding to external pressures.)
- Review of financial reports, approval of budget, discussion of proposed by-laws changes.
- Roundtable on state's budgets, waivers, responses to national changes.

Reception for NACo Board, Health Committee, and Justice Committee

Monday, February 27, a full day of presentations:

NACBHDD Initiative on Improving County Behavioral Health Systems to Decarcerate County Jails

- (Although Champaign County discontinued participation in the Decarceration Initiative, focusing instead on the federal planning grant, we have asked to become re-involved and to be considered as a pilot community for the initiative's planned support for Intercept Zero development, strengthening the community-based behavioral health system to keep people from entering the criminal justice system.)

Update on CCBHC (Certified Community Behavioral Health Clinics) Demonstrations

- Panelists from SAMHSA, COCHS, New Jersey, Oregon, and Minnesota
- Unlike the FQHCs' uniform data, and to the speaker's chagrin, CCBHCs will have unique data systems per state, resulting in eight different models of value-based payments. Discussion of per capita capping of Medicaid and impact on various states; the CCBHC project is a test to see if this approach really does bend the cost curve – the pressure is on the demonstration states!

Interesting Updates: California Proposition 63

- Also known as the Millionaire Tax, taxes 1% of personal earned income over $1m and has generated $14b for behavioral health services since its passage.
- For 2017/2018, it constitutes 25% of the state's funding for behavioral health.

Update on New Administration

- Dale Jarvis, NACBHDD consultant, made predictions about the current effort to repeal and replace the ACA and stressed the importance of regionalization.

Key Developments in the Medicaid Program

- High cost of redoing the IT infrastructure; Home and Community Based Services would be streamlined; 15-day limit on IMD; etc.

Parity at a Crossroads

- Remains a high priority, though not much enforcement in a decade of this law; none of the 25 California plans were in compliance; some states seem to think there's no issue because they don't get complaints, but only about 4% of people know what the parity rule is.
- 21st Century CURES (if there's an appropriation) should be helpful.
- Epidemics of suicice, opioid abuse and overdose, behavioral health issues for veterans of all conflicts.
- If insurers warrant they are doing parity, the failure to can be investigated as fraud, so reach out to states' Attorneys General.

Next Steps on NACBHDD Strategic Directions

- Reports from committee chairs; review of Board meeting.

Tuesday, February 28:

Update from SAMHSA and HRSA

- SAMHSA: Surgeon General's report on Alcohol, Drugs, and Health; CCBHC demonstrations; 42CFR Part 2 rulemaking; CARA provisions for prescriptions by NPs and PAs' parity; first episode psychosis programs; Assisted Outpatient Treatment pilot; block grants; the Data Driven Justice Initiative; CURES Act; etc.
- HRSA: working with 3000 grantees - counties, faith-based organizations, universities, tribal entities; primary care needs to focus more on behavioral health; depression is the 4th and anxiety the 6th highest reason people visit; some centers hesitate to become substance use disorder clinics; build behavioral health into medical school curricula; shift away from the traditional, episodic models toward recovery/chronic model, and change financing to incentivize recovery.

Status of Home and Community Based Service Waivers

- Data makes us credible, stories make us memorable; focus on dignity and respect (not from behind our computers); background of the Administration on Community Living and the need for consumer voice ('advocrats'); the top 5% drive 55% of Medicaid expenditures, mostly under the umbrella of long term supports and services; institutional bias in Medicaid is expensive; conflict of interest barriers – separate case management from services; discussion of the HCBS settings regs and states' progress on transition plans, few approved.
- Push for capacity of non-disability specific setting options; develop tiers and flexibility; suspend admission to segregated settings, and spend money on developing other models; 50 state comparison of costs of day-hab and residential settings.

Response to the Opioid Epidemic

- Task Force: illness model, arrests won't solve it, stigma is an obstacle, learn from the past.
- Success of naloxone and beyond; syringe service programs and messaging; diversion from arrest; specialty courts; expand insurance (telemedicine); barriers to and stigma about Medication Assisted Treatment; vivitrol programs; recovery specialists and recovery housing.

Discussion of 2017 NACBHDD Legislative Agenda

- Review of positions developed by NACo and NACBHDD's committees and boards; one-pagers on Stepping Up, the Opioid Epidemic, and Medicaid.

Final Preparations for Capitol Hill

Population Health Management

- Presentation by Dr. Manderscheid: do both Health Promotion and Disease Mitigation now; begin thinking about caring for a population which includes healthy and unhealthy people, with and without diseases, and plan interventions for all; if we treat it, the disparity disappears; state grants for First Episode Psychosis - prodromal intervention can work; Trauma and Wellness research; culture of well-being in the workplace.

"All Health is Local" Senate Hearing and Reception at the Russell Senate Building

- Speakers from NACBHDD and NACo on legislative positions

<u>Wednesday, March 1</u>:

Addressing the Human Resource Crisis

- The Grand Challenges – themes for change; a consortium to meet in April; after ten years of talking about workforce development, there is no progress; peers will be providing 25% of Behavioral Health supports within twenty years.
- Rural responses: rural communities are not shrinking in population, just not growing as fast as others; rural is 15% of total population now; people tend to be older, have more chronic illness, heart disease, and untreated mental illness; limited providers, especially specialists; limited access to broadband.
- Peer Supports: the basis of peer support relationships is fostering hope, safe relationships, empathy, example, reliability, trauma-informed (what happened? vs. what's wrong?); Peer Bridgers are not Case Managers, cheap staff, etc.; Peer Support Models – respite centers, recovery centers, crisis warm lines, peer-run housing and employment supports; court order should be the last resort; do not embed peers within traditional organizations; student loan repayment benefits to supplement salaries.

Update on Care Integration

- "The Integration of Everything" (recommended reading by Dr. Manderscheid)
- Behavioral Health Homes in Oregon: discussion of barriers, on the ground change agents, alternative payment method development, and changing the culture deliberately; Complex Care Team statistics show positive impact (e.g., 5 or more ER visits compared to 9.6 ER visits before.)

- Whole Person Care Pilots in California: county-based and optional; financed through 1115 waiver extension; housing and supportive services; may pay for early intervention for behaviors that jeopardize housing.

Expanding Initiatives of Managed Care Organizations

- 133m Americans have a chronic condition; national health care will cost $3.5 million; US funding for research decreases.
- Medicaid has 90m people; there are 28m uninsured people in the US under age 65, and 11,000 of them turn 65 every day.
- Long term services and supports move to managed care model; use value based payment models and move away from fee for service; emphasize social determinants of health.
- Of 5m people in the US who have ID/DD: 1.4 million are served by state agencies; 60% rely on Medicaid; 80% are eligible for Medicaid; nearly 75% live with family; high level of health care utilization.
- Of people with ID/DD, 33% have an MI, 50% when SUD added; 38% have a cardiovascular condition, 28% central nervous system disease, and 45% have three or more chronic conditions; 90% have associated medical conditions.
- As a group, people with ID/DD have three times the physical health issues, use four times as many prescriptions, are often misunderstood when communicating about their physical symptoms, have more than twice as many mood disorders, are three to four times more likely to have suffered childhood sexual abuse, and more than five times as likely to suffer sexual abuse if female.
- Depressed people have more primary care visits and higher rates of referral to specialists.
- Work is important to health; less than 20% of state ID/DD funding goes to integrated employment supports, compared with facility based; only one third of states have increased the number of people in integrated employment; people with ID/DD earn the lowest wages.
- WE ARE THE ADVOCATES.

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

BRIEFING MEMORANDUM

DATE: March 22, 2017

TO: Members, Champaign County Developmental Disabilities Board (CCDDB) and Champaign County Mental Health Board (CCMHB)

FROM: Lynn Canfield, Executive Director

SUBJECT: Agencies' Feedback on ID/DD Eligibility

Background.

In FY2016, approximately **500 adults** and **820 children** with ID/DD and **340 family** members received supports and/or services through CCDDB and CCMHB contracts. Some of those in the first category are served without documentation from the State of Illinois Department of Human Services – Division of Developmental Disabilities (DHS-DDD,) or its agent the CCCRPC Independent Service Coordination Unit, that their eligibility criteria for DD services are met. Other important evidence of disability or need for services may be present in individual clinical files, but CCDDB funding guidelines specify DHS-DDD eligibility.

In February, agency providers of certain services were asked to send detail on all such cases, along with any suggested referral actions to be taken on behalf of these people.

Agencies' Responses.

Of the 41 people whose eligibility was 'grandfathered' during the early years of CCDDB funding, **27** are still being served at **Developmental Services Center**, some also at other agencies:

- 1 in DSC's Community Employment, Clinical, and Service Coordination
- 5 in DSC's Community Employment and Service Coordination
- 6 in DSC's Apartment Services, Integrated/Site Based Services, and Service Coordination
  One of these people also participates in **PACE**'s Opportunities for Independence
- 1 in DSC's Apartment Services, Clinical, and Service Coordination
- 4 in DSC's Apartment Services and Service Coordination programs
- 3 in DSC's Apartment Services, Community Employment, and Service Coordination
  One of these people also works with **Rosecrance CU**'s Coordinated MI/DD programs
- 4 in DSC's Service Coordination only
  One of these people is involved with **Community Choices**' Self-Determination program
- 1 in DSC's Clinical and Service Coordination
- 1 in DSC's Apartment Services, Community Employment, Clinical, and Service Coordination
- 1 in DSC's Integrated/Site Based Services and Service Coordination

Unduplicated subtotal = 27

45

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During a period of time when DHS-DDD was slow to make eligibility determinations, and unlikely to consider the functional impact of DDs other than where IQ scores were 70 or below, **six** people were officially exempted from the DHS-DDD criteria requirement of the CCDDB. One of these was initially served by Community Choices but now has state funding. Another, who had also been 'grandfathered,' is listed above. 4 continue at **Community Choices**:

- 1 in CC's Self-Determination and Customized Employment, previously also served in **Rosecrance CU** Coordinated MI/DD program
- 1 in CC's Self-Determination and Community Living programs
- 2 in CC's Self-Determination, Customized Employment, and Community Living programs

Unduplicated subtotal = 4

An additional **64** at **Developmental Services Center**, **3** at **PACE**, **10** at **Rosecrance Champaign-Urbana**, and **14** at **Community Choices** do not have documentation of DHS-DDD eligibility. Each agency has referred many cases to the Independent Service Coordination Unit for their assessment and will be closing a few, with referral to another appropriate provider. Community Choices' Self-Determination program was not required to demonstrate eligibility but will refer an additional 10 people to the ISC for assessment. People participate in the following services:

- 10 in DSC's Individual and Family Support only
- 4 in DSC's Apartment Services, Community Employment, and Service Coordination
- 1 in DSC's Apartment Services, Community Employment, Integrated/Site Based, and Service Coordination
- 3 in DSC's Apartment Services, Clinical, and Service Coordination
- 3 in DSC's Apartment Services, Clinical, Integrated/Site Based, and Service Coordination
- 5 in DSC's Apartment Services and Service Coordination
- 2 in DSC's Apartment Services, Integrated/Site Based, and Service Coordination
- 4 in CC's Customized Employment only
- 1 in DSC's Community Employment, Clinical, and Service Coordination; also participates in CC's Self-Determination
- 9 in DSC's Community Employment and Service Coordination
- 2 in DSC's Community Employment, Integrated/Site Based, and Service Coordination
- 1 in CC's Community Living only
- 4 in DSC's Clinical and Service Coordination
- 3 in DSC's Clinical, Integrated/Site Based, and Service Coordination
- 15 in DSC's Service Coordination only; of these, 1 also participates in CC's Community Living, 1 in CC's Self-Determination, and 1 in Rosecrance's Coordinated MI/DD program
- 1 in DSC's Individual and Family Support, Integrated/Site Based, and Service Coordination
- 1 in DSC's Integrated/Site Based and Service Coordination
- 9 (in addition to the 2 listed above) in Rosecrance's Coordinated MI/DD
- 3 (in addition to the 1 listed above) in PACE's Opportunities for Independence
- 8 (in addition to the 2 listed above) in CC's Self-Determination
- 2 (in addition to the 1 listed above) in CC's Customized Employment and Self-Determination
- 5 (in addition to the 1 listed above) in CC's Community Living and Self-Determination
- 1 (in addition to the 2 listed above) in CC's Community Living, Customized Employment, and Self-Determination

Unduplicated subtotal = 97

United Cerebral Palsy of Land of Lincoln had already completed all related actions before the request for information was made; no one is currently served in their CCDDB-funded Vocational Services program without evidence of having met the criteria. **IAMC Building Inclusive Communities** and **CTF Illinois'** funded programs are also not serving people who do not have the DHS-DDD evidence. Support networks and programs serving very young children do not have this requirement and were not asked to provide information.

Unduplicated total = 128 (approximately one quarter of adults served in FY2016)

Next Steps.

Four people will be closed from current programs. Some of the 27 originally grandfathered were not eligible per DHS-DDD because there was no documentation of disability prior to age 21; continued exemption from the rule may be requested on their behalf. In all cases, other sources of funding and services should be explored and this effort documented.

Because so many individuals are referred for assessment or reassessment by the ISC, it will take some time to understand how many continue to be qualified. Evidence of eligibility and exemptions should be maintained in agencies' individual case files, and this should be prerequisite to services under the funded contracts. As suggested at the January meetings of the CCDDB and CCMHB, two people do not wish to be enrolled in PUNS and do not desire the state-funded services. If these people benefit from continuing in the funded programs, and if they are eligible per DHS-DDD, the reason for refusal of state-funded services but desire for locally-funded services should be presented to CCDDB/CCMHB for review.

The preferences of people receiving and seeking funded supports and services should be well documented in order for the best service and funding determinations to be made. Eligibility determinations and assessment of individual needs are ideally completed by a third party. Conflict free case management is a federal requirement, and, whether fully and effectively implemented in the state of Illinois or not, evidence of moving the local system in that direction will be of great value.

Collective data exist which reflect some preferences of eligible people in our community:

We know from review of DHS PUNS data sorted per county, that Champaign County residents identify the following supports as needed, in order: Transportation, Personal Support, Support to work in the community, Support to engage in work/activities in a disability setting, Out-of-home residential services with less than 24-hour supports, Speech Therapy, Behavioral Supports, Occupational Therapy, Assistive Technology, Out-of-home residential services with 24-hour supports, and Physical Therapy.

Of the 306 people who participated in the ISC's survey during FY16 (while enrolling or re-enrolling for PUNS), the following services/supports were identified as needed: independent living/daily living, by 70% of those surveyed; vocational, by 50%; financial, by 45%; transportation, by 42%; medical, 40%; none, 16%; socialization, 13%; behavioral therapy/counseling, 8%; assistive technology, 7%; and physical/occupational/speech therapy, 7%.

CCMHB 2017 Meeting Schedule

First Wednesday after the third Monday of each month--5:30 p.m.
Brookens Administrative Center
Lyle Shields Room
1776 E. Washington St., Urbana, IL (unless noted otherwise)

January 18, 2017
January 25, 2017 Study Session (Putman Rm.)
February 22, 2017
March 8, 2017 (Optional Study Session)
March 22, 2017
March 29, 2017 (Optional Study Session)
~~***April 19, 2017***~~ **CANCELLED**
April 26, 2017
May 17, 2017 (Study Session)
May 24, 2017
May 31, 2017
June 21, 2017
June 28, 2017 (Optional Study Session)

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

CCDDB 2016-2017 Meeting Schedule

Board Meetings
8:00AM except where noted
Brookens Administrative Building, Lyle Shields Room
1776 East Washington Street, Urbana, IL

February 22, 2017 – 8:00 AM
March 22, 2017 – 8:00 AM
April 19, 2017 – Noon
May 17, 2017 – 8:00 AM
June 21, 2017 – 8:00 AM

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

DRAFT

January to June 2017 Meeting Schedule with Subject and Allocation Timeline*

The schedule provides the upcoming dates and subject matter of board meetings through June 2017 for the Champaign County Mental Health Board. The subjects are not exclusive to any given meeting as other matters requiring Board review or action may also be addressed or may replace the subject listed.

Study sessions may be scheduled throughout the year with potential dates listed. Study session topics will be based on issues raised at board meetings, brought to the CCMHB by staff, or in conjunction with the Champaign County Developmental Disabilities Board.

Included with the meeting dates is a tentative schedule for the CCMHB allocation process for Contract Year 2018 (July 1, 2017 – June 30, 2018).

Timeline	Tasks
1/4/17	CCMHB/CCDDB Online System opens for CCMHB CY 2018 application cycle.
1/18/17	**Regular Board Meeting** Election of Officers
1/25/17	**Study Session** – Application Review/Program Summary
2/10/17	Online System Application deadline – System suspends access to CY18 applications at 4:30 p.m. (CCMHB close of business).
2/22/17	**Regular Board Meeting** Liaison Assignments List of Funding Requests
3/8/17	(Optional Study Session)
3/22/17	**Regular Board Meeting** Approve FY 2016 Annual Report Discussion of Applications for Funding
3/29/17	**Study Session** Discussion of Applications for Funding
4/19/17	Program summaries released to Board and copies posted online with the CCMHB April 26, 2017 Board meeting agenda.
~~4/19/17~~	~~Regular Board Meeting~~ CANCELLED

4/26/17	**Regular Board Meeting** Program Summaries Review and Discussion
5/10/17	The earliest date allocation decision recommendations are released to Board and copies posted online. The respective meeting agenda will list allocation decisions as an action item.
5/17/17	**Study Session** Allocation Discussion
5/24/17	**Regular Board Meeting** Allocation Decisions
5/31/17	**Regular Board Meeting** Allocation Decisions Authorize Contracts for CY 2018
6/21/17	**Regular Board Meeting** Approve FY 2018 Draft Budget
6/28/17	(Optional Study Session)
6/30/17	Contracts completed.

This schedule is subject to change due to unforeseen circumstances. Please call the CCMHB-CCDDB office to confirm all meetings and allocation process deadlines.

Agency and Program acronyms

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

CAC - Children's Advocacy Center

CC – Community Choices

CCDDB – Champaign County Developmental Disabilities Board

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

CCMHB – Champaign County Mental Health Board

CCRPC – Champaign County Regional Planning Commission

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

CN - Crisis Nursery

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

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

DMBGC - Don Moyer Boys & Girls Club

DSC - Developmental Services Center

ECIRMAC – East Central Illinois Refugee Mutual Assistance Center

ECMHD - Early Childhood Mental Health and Development, a program of Rosecrance Champaign/Urbana

FDC – Family Development Center

FS - Family Service of Champaign County

FN - Frances Nelson previously known as Frances Nelson Health Center Health Center. Healthcare facility operated by Promise Healthcare

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

MAYC - Mahomet Area Youth Club

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

PEARLS - Program to Encourage Active Rewarding Lives

PCHS - Prairie Center Health Systems

PHC – Promise Healthcare

PSC - Psychological Services Center (University of Illinois)

RAC or ECIRMAC – East Central Illinois Refugee Mutual Assistance Center

RACES – Rape Advocacy, Counseling, and Education Services

RCU – Rosecrance Champaign/Urbana

RPC – Champaign County Regional Planning Commission

TIMES Center – Transitional Initiative Men's Emergency Shelter Center, a program of Rosecrance Champaign/Urbana

UCP – United Cerebral Palsy

UNCC – Urbana Neighborhood Community Connections Center

UP Center – Uniting in Pride Center

UW – United Way of Champaign County

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

Glossary of Other Terms and Acronyms

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

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

ACA – Affordable Care Act

ACMHAI – Association of Community Mental Health Authorities of Illinois

APN – Advance Practice Nurse

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

ASD – Autism Spectrum Disorder

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

ATOD – Alcohol, Tobacco and Other Drugs

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

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

CBCL – Child Behavior Checklist.

CC – Champaign County

CCBoH – Champaign County Board of Health

C-GAF – Children's Global Assessment of Functioning

CILA – Community Integrated Living Arrangement

CLC – Cultural and Linguistic Competence

CQL – Council on Equality and Leadership

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

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

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

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

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

DCFS – Illinois Department of Children and Family Services.

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

DD – Developmental Disability

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

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

DHS – Illinois Department of Human Services

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

DSM – Diagnostic Statistical Manual.

DSP – Direct Support Professional

DT – Developmental Training

EI – Early Intervention

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

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

ER – Emergency Room

FACES – Family Adaptability and Chesion Evaluation Scale.

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

FOIA – Freedom of Information Act.

FQHC – Federally Qualified Health Center

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

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

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

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

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

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

ICADV – Illinois Coalition Against Domestic Violence

ICASA – Illinois Coalition Against Sexual Assault

ICDVP - Illinois Certified Domestic Violence Professional

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ICJA - Illinois Criminal Justice Authority

ID – Intellectual Disability

IDOC – Illinois Department of Corrections

I&R – Information and Referral

ISC – Independent Service Coordination

ISP – Individual Service Plan

ISSA – Independent Service & Support Advocacy

JDC – Juvenile Detention Center

JJ – Juvenile Justice

JJPD – Juvenile Justice Post Detention

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

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

LPC – Licensed Professional Counselor

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

MH – Mental Health.

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

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

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

NTPC -- NON - Treatment Plan Clients – This is a new client engaged in a given quarter with case records but no treatment plan - includes: recipients of material assistance, non-responsive outreach cases, cases closed before a plan was written because the client did not want further service beyond first few contacts or cases assessed for another agency. It is a category of service measurement providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II utilization form application/program plan and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application. Similar to TPCs, they may be divided into two groups – Continuing NTPCs - clients without treatment plans served before the first day of July and actively receiving services within the first quarter of the new program year. The first quarter of the program year is the only quarter in which this data is reported. Essentially it is a case carried from one program year into the next. The other is New TPCs that is the number of new clients in a given quarter of the program year.

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

OMA – Open Meetings Act.

PAS – Pre-Admission Screening

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning

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

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

PTSD – Post-Traumatic Stress Disorder

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

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

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

QIDP – Qualified Intellectual Disabilities Professional

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

SA – Substance Abuse

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

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

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

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

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

SEL – Social Emotional Learning

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

TALKS - TALKS Mentoring (Transferring A Little Knowledge Systematically)

TPCs - Treatment Plan Clients – This is the number of service recipients with case records and treatment plans. It is a category of service measurement providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II utilization form of the application/program plan and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application. Treatment Plan Clients may be divided into two groups – Continuing TPCs - clients with treatment plans written prior to the first day of July and actively receiving services within the first quarter of the new program year. The first quarter of the program year is the only quarter in which this data is reported. Essentially it is a case carried from one program year into the next. The other is New TPCs that is the number of new clients with treatment plans written in a given quarter of the program year.

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

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