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, October 18, 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 five minutes and limit total time to 20 minutes.

4. Approval of Agenda*

5. President's Comments

6. New Business

   A. Champaign Community Coalition Summer Youth Initiative Presentation
   A report on the Summer Youth Initiatives organized through the Champaign Community Coalition will be distributed at the meeting, and representatives of the Coalition will share highlights.

   B. PY2019 CCMHB Funding Priorities **(pages 3-10)**
   A Briefing Memorandum on funding priorities and allocation criteria for the Program Year 2019 (7/1/18-6/30/19) is included for information only.

7. Agency Information
   The CCMHB reserves the authority to limit individual agency participation to five minutes and limit total time to 20 minutes.

8. Old Business

   A. PY18 Agency Outcome Reports **(pages 11-128)**
   Annual agency performance outcome reports from the program year completed on June 30, 2017 are combined in one document for review. This document will also be available on the public website at http://ccmhddbrds.org.

   B. Alliance Anti-Stigma Film Sponsorship **(page 129)***
   Decision Memorandum on sponsorship of an anti-stigma film at the 2018 Roger Ebert's Film Festival is included in the packet. Action is requested.

   C. Schedules & Allocation Process Timeline **(pages 130-133)**
   Updated copies of meeting schedules and allocation timeline are included in the packet.

9. CCDDB Information

10. Approval of CCMHB Minutes **(pages 134-139)***
    9/20/17 *Minutes are included. Action is requested.*
    9/27/17 *Minutes are included. Action is requested.*

11. Executive Director's Comments

12. Staff Reports **(pages 140-178)**
    Reports from Kim Bowdry, Mark Driscoll, Stephanie Howard-Gallo, Shandra Summerville, and Chris Wilson are included in the packet.

13. Consultant Report **(page 179)**
    A report on the 11th Annual disABILITY Resource Expo and related activities is included in the packet.

14. Board to Board Reports

15. Financial Information **(pages 180-187)***
    A copy of the claims report is included in the packet. Action is requested.

16. Board Announcements

17. Adjournment

Board action

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

6.B.

BRIEFING MEMORANDUM

DATE: October 18, 2017

TO: Members, Champaign County Mental Health Board (CCMHB)

FROM: Lynn Canfield, Executive Director

SUBJECT: FY2019 Allocation Priorities and Decision Support Criteria

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"Everyone else is swimming, diving and frolicking freely, while I'm alone, stuck in a tiny boat, swayed from side to side."

– *Naoki Higashida. Fall Down Seven Times, Get Up Eight.*

Overview:

The purpose of this memorandum is to propose allocation decision support criteria and funding priorities for the Champaign County Mental Health Board (CCMHB) Program Year 2019 period, July 1, 2018 to June 30, 2019. These recommendations emerge from board discussions, input from agency representatives and other stakeholders, and our understanding of the transforming service delivery and payment systems. This document will be shared with stakeholders and provider organizations for their input, and a final draft will be presented to the board for approval at a November or December meeting.

Statutory Authority:

The CCMHB funding policies are based on requirements of the Illinois Community Mental Health Act (405 ILCS 20/ Section 0.1 et. seq.) All funds shall be allocated within the intent of the controlling act, as codified in the laws of the State of Illinois. CCMHB Funding Guidelines require that there be annual review of the decision support criteria and priorities to be used in the funding allocation process. Upon approval by the Board, this memorandum becomes an addendum to the CCMHB Funding Guidelines incorporated in standard operating procedures.

The Operating Environment:

Throughout 2017, the future of health care has been in the news. Many of the proposed plans to 'repeal and replace' the Affordable Care Act would have had devastating near-term and long-term effects on Illinois, on Champaign County, and on people who have behavioral health conditions and/or disabilities. For the moment, no proposed legislation

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is moving toward a vote, but changes in the enforcement of existing rules are likely to result in increased cost and decreased coverage.

At this writing, the federal agency, Centers for Medicare and Medicaid Services (CMS), has yet to approve an 1115 waiver submitted by the State of Illinois. This Medicaid waiver would promote an integrated system of care for behavioral health, maximizing federal matching revenue and supporting innovative and evidence-based approaches. Even if approved, the limitations of state appropriations and the uncertain futures of public and private insurance will continue to impact services and systems.

Many of Illinois' Medicaid reimbursement rates remain well below the actual cost of their covered services. Because the rate paid for each service is inclusive and taken as payment in full, providers cannot charge more for a covered service to an eligible client or accept a third-party payment. Inadequate rates and outdated rules have made it difficult for community based behavioral health providers to meet the needs of people who use Medicaid and waiver services. The damage now includes a growing workforce shortage. Revised state rules would allow for non-certified behavioral health centers, which may attract more service providers but not with the promise of better outcomes for people. Medicaid Managed Care contracting also presents challenges for community-based providers, insured persons, and other funders. The CCMHB will work with traditional and non-traditional providers to identify services not covered by Medicaid but which improve outcomes for individuals and promote a healthier, safer community. With growing uncertainty about the operating environment, a balance of prevention, treatment, and crisis services is indicated.

Expectations for Minimal Responsiveness:

Applications that do not meet these thresholds are "non-responsive" and will not be considered for funding. All agencies must be registered using the online system. The application must be completed using this system, with all required portions completed by the posted deadline. Accessible documents and technical assistance, limited to navigation of the online tools, are available upon request through the CCMHB office.

1. Eligible Applicant, based on completion of the Organization Eligibility Questionnaire.
2. Compliance with application deadline. *Late applications will not be accepted.*
3. Application must relate directly to mental health, substance use disorder, or intellectual/developmental disabilities. How will it improve the quality of life for persons with behavioral health conditions or ID/DD?
4. Application must be appropriate to this funding source, providing evidence that other funding sources are not available to support this program or are maximized. Other potential sources of support should be identified and explored.

To preserve the CCMHB's emphasis on FY2019 allocation decision criteria, all applications proposing new services should align with one or more of the priorities below. Proposals to continue funding for existing programs need not align with specific decision criteria but may be subject to redirection or reduction in funding.

"Spoken language is a blue sea. Everyone else is swimming, diving and frolicking freely, while I'm alone, stuck in a tiny boat, swayed from side to side. Rushing towards me are waves of sound… When I'm working on my alphabet grid or my computer, I feel as if someone's cast a magic spell and turned me into a dolphin."

– Naoki Higashida. Fall Down Seven Times, Get Up Eight.

At the center of our work are people with conditions which isolate them. Naoki Higashida is such a person, reminding us about the power of specific supports to create access to and from the broader community.

FY2019 CCMHB Priorities:

As an informed purchaser of service, the CCMHB considers best value and local concerns when allocating funds. Board discussions have touched on the need for a balance of prevention, wellness and recovery supports, effective treatments, and crisis interventions, along with equitable access across ages, races, and neighborhoods. Stakeholder input has pointed to the need for improved coordination and clarity about services. Direct input from Champaign County residents who have behavioral health conditions or ID/DD and who use or seek services is rare. Through 'consumer' needs surveys, we hope to learn about the supports and services people currently use and those they want and need; these results may be available in spring 2018.

Priority #1 – Behavioral Health Supports for People with Justice System Involvement

The CCMHB continues its commitment to people with serious mental illness and/or substance use disorder who have involvement with the criminal justice system. Local government, law enforcement, community-based providers, and other stakeholders collaborate on these shared and growing concerns, especially where incarceration could be avoided or shortened by improved access to treatments that work, redirecting people with complex conditions to effective supports and services and keeping them engaged. A two-year collaborative effort resulted in recommendations which include strengthening the community-based behavioral health support system (see Priority #2), though not necessarily through a 24 hour 'crisis center.'

In FY19, the CCMHB will support programs addressing the needs of people with justice involvement, including *victims of violence*, *youth* at risk of or subsequent to juvenile justice involvement, and *adults* at risk of incarceration or in re-entry. Program focus may range from decreasing the risk-of-involvement to support for re-entry:

- benefits enrollment, increasing people's access to services, including Medicaid;

- coordination and 'warm hand-off' from jail to community or detox to community;
- peer mentoring and support;
- intensive case management;
- access to psychiatric services and other health services;
- juvenile justice diversion services (see Priority #3), evidence-based or innovative;
- counseling and crisis support specific to victims/survivors of violence or abuse;
- enhanced crisis response;
- access to medical detox and crisis stabilization;
- support for specialty courts.

Priority #2 – Innovative Practices and Access to Community Based Behavioral Health Services

Priority #1 points to the fragile nature of the current community-based behavioral health system. If it is not shored up, we can expect jails, emergency departments, homeless shelters, churches, and public buildings to continue as the default system.

Each year, we comment on the fiscal and legislative uncertainties of the State of Illinois, the shortcomings of Medicaid and Managed Care, and the unknown impact of evolving or interrupted federal programs. The promised community-based behavioral health system, like other elements of the 'safety net', was never fully implemented and has been steadily eroded, especially through the last decade. Local funding has not grown enough to rescue the system or supplant other funding. While advocating and hoping for relief, whether through an 1115 waiver or enforcement of mental health/substance use disorder parity rules, we can: *improve access to services* which are billable to public or private insurance; identify non-billable services and *narrow the gaps* in the behavioral health system; *pilot innovative approaches* to improve outcomes for people. Examples:

- wellness and recovery supports;
- peer mentoring and peer support networks;
- intensive or specialized case management;
- benefits counseling and navigation;
- employment and other community living supports;
- caregiver supports;
- self-advocacy, as the most effective supports result from self-determination, where people control their service plans.

Priority #3 – System of Care for Children, Youth, Families

The CCMHB has focused on youth with serious emotional disturbance and multi-system involvement since 2001. Evidence-based practices were implemented to reduce recidivism among those with juvenile justice involvement. A System of Care was cultivated and now sustained by the Champaign Community Coalition, with a commitment to trauma-informed, youth-guided, family-driven, and culturally and linguistically competent youth serving systems. The CCMHB has also funded programs for very young children, including early identification, intervention, and prevention. Some are evidence-based and some innovative. Prevention services for children and youth can maximize their academic and social/emotional success; providers and

interested parties have collaborated through the Birth to Six Council and the CU Cradle to Career Kindergarten Readiness Group, and many are also connected to the Champaign Community Coalition. There is growing recognition of the importance of Adverse Childhood Events and the social determinants of health. Trauma-informed systems mitigate the impact of trauma, including exposure to violence. A strong System of Care benefits individuals and families and can have a high return on investment, driving economic development for the community. Components include:

- *Programs consistent with the work of the Champaign Community Coalition.* Representatives of local government, funders, education, park districts, law enforcement, juvenile justice, behavioral health, families, neighborhoods, faith-based organizations, public health, and others collaborate on planning and improving the System of Care;
- *Juvenile justice diversion services* (see Priority #1) for young people with serious emotional disturbance and multiple system involvement, whether evidence-based or innovative, to improve outcomes for those youth and their families;
- *Family and youth organizations*, acknowledging the critical role of peer support, coordination, and planning of the system;
- *Early identification, prevention, and intervention services for children from birth through high school,* including those which keep children excited about learning.

Priority #4: Collaboration with the Champaign County Developmental Disabilities Board

The Intergovernmental Agreement between the CCMHB and the Champaign County Developmental Disabilities Board (CCDDB) defines the FY19 allocation for developmental disabilities programs and an expectation for integrated planning by the Boards. Applications should explain how services – across levels of intensity of support - are as self-determined and integrated as possible, consistent with the Home and Community Based Services regulations, provisions of the Workforce Innovation and Opportunity Act, and Department of Justice ADA Olmstead findings. Most funded services for people with ID/DD are tracked through a new system to clarify utilization. In the most self-determined, integrated system, with various types of support:

- people control their day, what they do and where, and with whom they interact;
- people build connections to their community as they choose, for work, play, learning, and other, in places other community members use and at the same times they use them;
- people create and use networks of support consisting of friends, family, community members with similar interests, and allies they choose;
- people advocate for themselves, make informed choices, control their service plans, and pursue their own aims.

Nationally only 11% of people with ID/DD rely on agency service providers. The majority of care comes from family, friends, and community. Parent and self-advocate support networks are critical to the system of supports, contribute clarity about service preferences, and raise community awareness. The disAbility Resource Expo is an

established community awareness/networking project of the CCMHB and CCDDB; applications to coordinate, implement, and evaluate the event will be considered.

Overarching Priorities:

Underserved Populations and Countywide Access
Programs should promote access for underserved populations identified in the Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity. A Cultural and Linguistic Competence Plan is required of each applicant agency, and the online system holds a template aligned with requirements of Illinois Department of Human Services. The template has been modified for PY2019 so that an agency may include activities consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) Applications should address earlier, more accurate identification in underrepresented populations, as well as reduction of racial disparities in the utilization of services. Members of underserved populations and people living in rural areas should have the opportunity to use quality services.

Inclusion and Anti-Stigma
Applications supporting efforts to reduce the stigma associated with behavioral health disorders and disabilities will be prioritized. Stigma limits people's participation in their communities, inhibits economic self-sufficiency, and increases personal vulnerability. It may even be a cause of decreased State and federal support for effective treatments. The personal cost of stigma is mirrored by the cost to our communities. Young adults at colleges and universities find themselves in crisis not only because of pressure to perform in school but also fear of being exposed as having a behavioral health condition. The CCMHB is interested in creative approaches to increasing community awareness and access, promoting inclusion and respect, and challenging negative attitudes and discriminatory practices.

Outcomes
Each application's program plan narrative will identify measures of access for people seeking to participate in the program and outcomes which will result from this participation. Because defining and measuring valuable outcomes is challenging, the Board has engaged with the University of Illinois at Urbana Champaign's Department of Psychology for guidance and training on 'theory of change' logic modeling, development of an 'outcome bank', and a template for organizations to use in reporting. Organizations which are required to report on particular outcomes to other funders may consider including those outcomes, if relevant, in the application for CCMHB funding.

Coordinated System
Without a central location for all services and all providers, and given the known limitations of online resource guides, applications should address awareness of other possible resources for people and how they might be linked. Examples include collaboration with other providers and stakeholders (schools, support groups, hospitals, advocates, etc.) and a commitment to updating information about the program in any resource directories.

Budget and Program Connectedness
Applications will include a completed Budget Narrative section, explaining the relationship between anticipated costs and program components. Clarity about what the board is buying will include detail about the relevance of all expenses, including indirect costs. Programs which offer services billable to Medicaid should identify non-billable activities and the associated costs to be charged to the CCMHB. While CCMHB funds should not pay for service activities or supports

billable to another payor, the Board has an interest in programs taking advantage of multiple resources in order to secure long-term sustainability.

Realignment of Existing PY18 Contracts to Address Priorities
The CCMHB reserves the right to reduce or eliminate incumbent programs and services in order to support the PY19 priorities listed in this memorandum.

Secondary Decision Support and Priority Criteria:

The process items included in this section will be used as discriminating factors that influence final allocation decision recommendations. The CCMHB uses an online system for agencies applying for funding. An agency must complete the one-time registration process, including an organization eligibility questionnaire, before receiving access to the online application forms.

1. Approach/Methods/Innovation: Cite the relevant recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet defined community need, clearly describe the innovative approach, including method of evaluation, to be considered.
2. Staff Credentials: Highlight staff credentials and/or specialized training.
3. Resource Leveraging: While leveraging is strictly interpreted as local match for other grant funding, describe all approaches which amplify CCMHB resources: state, federal, and other local funding; volunteer or student support; community collaborations. If CCMHB funds are to be used to meet a match requirement, the funder requiring local match must be referenced and the amount required identified in the Budget Narrative.

Process Considerations:

The criteria described in this memorandum are to be used as guidance by the Board in assessing applications for funding. They are not the sole considerations in final funding decisions. Other considerations include the judgment of the Board and staff, evidence of the provider's ability to implement the services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCMHB funds, applications must reflect the Board's stated goals, objectives, operating principles, and public policy positions; downloadable versions of these Board documents are available on the public page of the online application system. Final decisions rest with the CCMHB and their judgment concerning the most appropriate and effective use of the fund, based on assessment of community needs, equitable distribution across disability areas, and alignment with decision support criteria.

The CCMHB allocation of funding is a complex task and not a request for proposals (RFP). Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of service and support needs for people who have mental health conditions, substance use disorders, and/or intellectual/developmental disabilities. The nature and scope of applications may vary widely and may include prevention and early intervention models. As a result, a numerical rating/selection methodology is not relevant or feasible. Our focus is on what constitutes a best value to the community, in the service of its most vulnerable members, and is therefore based on a combination of cost and non-cost factors, reflecting an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCMHB. In the event that applications are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCMHB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCMHB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- Technical assistance available to applicants will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCMHB Funding Guidelines.
- Applications which include excessive information beyond the scope of the application format will not be reviewed and, at the discretion of staff, may be disqualified from consideration. Letters of support for applications are discouraged and, if submitted, will not be considered as part of the allocation and selection process.
- The CCMHB retains the right to accept or reject any or all applications and reserves the right to refrain from making an award when that is deemed to be in the best interest of the County.
- The CCMHB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCMHB deems such variances to be in the best interest of Champaign County.
- Applications and submissions become the property of the CCMHB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made. Materials submitted will not be returned.
- The CCMHB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years with or without additional procurement.
- If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services that are agreeable to both parties. Failure to submit required information may result in disallowance or cancellation of the award of a contract.
- The execution of financial contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of Champaign County.
- The CCMHB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online application process will be given equal opportunity to update proposals for the newly identified components.
- All proposals considered must be received on time and must be responsive to the application instructions. The CCMHB is not responsible for lateness or non-delivery of mail or messenger. Late applications shall be rejected.
- The contents of a successful application will be developed into a formal contract, if selected for funding. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCMHB reserves the right to withdraw or reduce the amount of an award if there is misrepresentation of the applicant's ability to perform as stated in the application.
- The CCMHB reserves the right to negotiate the final terms (i.e., best and final offer) of any or all contracts with the applicant selected, and any such terms negotiated as a result of this application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCMHB reserves the right to require the submission of any revision to the application which results from negotiations conducted.
- The CCMHB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- For FY19, two-year applications will be considered as part of the award process.

8.A.

Compiled Annual Performance Outcome Reports of CCMHB Funded Programs for Contract Year 2017

Champaign Community Coalition

Summer Youth Initiative - $107,000.

Although this contract did not require performance reports in CY17, as the ACCESS Initiative Sustainability Plan transitioned to the Coalition, a summary report is included.

Champaign County Children's Advocacy Center

Children's Advocacy Center - $37,080

Champaign County Regional Planning Commission Community Services

Youth Assessment Center - $26,000

Champaign County Regional Planning Commission Head Start

Social-Emotional Disabilities Services - $55,645 (ID/DD program)

Champaign Urbana Area Project

CU Neighborhood Champions - $19,189

TRUCE - $75,000

Community Choices

Community Living - $63,000 (ID/DD program)

Self-Determination Support - $70,000 (ID/DD program)

Community Service Center of Northern Champaign County

Resource Connection - $65,290

Courage Connection

Courage Connection - $66,948

Crisis Nursery

Beyond Blue Champaign County - $70,000

Developmental Services Center

Individual and Family Support - $387,428 (ID/DD program)

Don Moyer Boys and Girls Club

CU Change - $100,000

Youth and Family Services - $160,000

East Central Illinois Refugee Mutual Assistance Center

Family Support & Strengthening - $19,000

Family Service of Champaign County

Counseling - $20,000

Self-Help Center - $28,928

Senior Counseling & Advocacy - $142,337

First Followers

Peer Mentoring for Re-entry - $29,764

Individual Advocacy Group

CILA Expansion - $50,000 CCMHB & $50,000 CCDDB

Although this agreement does not require performance reports from the provider, a brief report is included.

Mahomet Area Youth Club

Bulldogs Learning and Succeeding Together - $15,000

MAYC Members Matter! - $12,000

Prairie Center Health Systems

Criminal Justice Substance Use Treatment - $10,300
Fresh Start - $75,000
Parenting with Love & Limits Extended Care - $300,660
Prevention - $58,247
Specialty Courts - $199,050
Youth Services - ~~$108,150~~ $54,078

Promise Healthcare
Mental Health Services with Promise - $222,000
Promise Healthcare Wellness & Justice - $58,000

Rape Advocacy, Counseling & Education Services
Counseling & Crisis Services - ~~$18,600~~ $7,750

Rosecrance C-U
Criminal Justice - $284,080
Crisis, Access, & Benefits - $255,440
Parenting with Love & Limits Front End - $282,663
TIMES Center Screening MI/SA - $70,000

UP Center of Champaign County
Children, Youth, & Families Program - $19,000

Urbana Neighborhood Connections
Community Study Center - $12,000

2016 Champaign Community Coalition Summer Youth Initiatives

- Champaign Schools - $20,000
  - Targeted initiative for (18) middle-school boys
    Leadership, academic enrichment, mentoring
  - Targeted initiative for new group of (10) middle-school boys
    Leadership, academic enrichment, mentoring
    Contact: Orlando Thomas, thomasor@champaignschools.org

- Urbana Schools - $25,000
  - Summer employment and training
  Career awareness and exploration
  Up to (40) students participating
  Contact: Lisa Benson, lbenson@ccrpc.org; Don Owen, dowen@usd116.org

- Dream House - $4,000
  - Dream House summer educational initiative
  (25) boys pre-kindergarten enrichment and reading
  Contact: Tracy Dace, tracy@dreaamhouse.org

- CU Neighborhood Champions - $4,000
  - Trauma information and education for targeted neighborhoods in Champaign-Urbana
  Training for up to (40) participants
  Contact: Karen Simms, karen.c.simms@gmail.com

- Boys and Girls Club - $10,000
  - Subcontracts –
  Racial Taboo, video production, community engagement, Coalition promotional activities, Mental Health Awareness Week, Rantoul Project?
  (200) participants
  Contact: Ray Pratt, RPratt@dmbgc-cu.org

- Midnight Basketball - $10,000
  - Youth-For-Christ – targeted initiative boys and girls
  Leadership-recreation
  Up to (200) participants
  Contact: Willie Comer, williecomer@att.net

- Community Campus Connection (C^3) - $2,300
  - Partnership University of Illinois
  Community organizations
  Campus-based recreational activities
  Up to (300) community youth and campus participants
  Contact: Robyn Deterding, rdeterdi@illinois.edu

- 1st String - $1,000
  - Sports-based initiative
    Leadership and skill development
    Up to (40) youth participants
    Contact: John Cooper, cooper.john7249@comcast.net ;

Peter McFarland, mcfarlandpeter@hotmail.com

- Lifeline - $2,000
  - Summer camp activities
  Garden Hills area youth
  10-16 age group
  (35) participants
  Contact: Rev. Lekevie Johnson, pastorlcj@aol.com

- Dream Girls Academy - $2,000
  - Targeted middle-school girls
  Coaching-mentoring-advocacy
  Up to (75) participants
  Contact: Debarah McFarland, dreamgirlsacademyil@gmail.com

- Banks Bridgewater Lewis Academy - $3,000
  - Fine arts, music academy
  Up to (60) participants
  Contact: Nathaniel Banks, nathlbanks@gmail.com

- Community Arts - $3,000
  - In development
  Krannert, Urbana Park District, Urbana schools
  Summer arts-focused project
  Up to (15) participants
  Contact: Sam Smith, smsmith3@illinois.edu

- Community Arts - $5,000
  - 3-week dance camp for targeted students
  Krannert, Champaign schools, Champaign Park District
  Up to (20) participants
  Contact: Angela Smith, smithan@champaignschools.org

- Freedom School - $5,000
  - Academic enrichment reading program
  Up to (20) participants
  Contact: Regina Parnell, ReginaParnell@gmail.com

- Over (1100) participants

- Initiative Funding made possible by $107,000 Award from the Champaign County Mental Health Board

- Don Moyer Boys and Girls Club – Fiscal Agent

10% Administration Fee = $10,700
$96,300 allocation

CHAMPAIGN COUNTY CHILDREN'S ADVOCACY CENTER PERFORMANCE OUTCOME REPORT PROGRAM YEAR 2016

PERFORMANCE OUTCOME MEASURES:

Consumer Access:

Service Quantity

During Program Year 2017, the Champaign County Children's Advocacy Center {CAC} continued to provide Immediate, round-the-clock access to the facility, ensuring a timely response to allegations of child sexual and serious physical abuse. CAC staff members continue to be available 24 hours per day in order to facilitate interviews and to initiate services.

During the 12-month period ending June 30, 2017, a total of 187 (at 12.5% increase from FY 2016) Champaign County children were interviewed at the Children's Advocacy Center, a number which includes 159 children interviewed as potential primary victims of sexual or serious physical abuse (treatment plan clients), plus 28 children interviewed as potential witnesses or who are siblings of the primary victims (non-treatment plan clients), for a total of 187 Champaign County children. We exceeded the annual target of 110 screening contacts for Champaign County children (the sum of primary victims plus witness/siblings).

Not counted in this number are children interviewed at the CAC who reside outside of Champaign County. On July 1, 2016 we officially began providing CAC services to Ford County children and families. This new coverage did not impact operations because we were already seeing those families on a courtesy basis-the difference now is that we receive additional funding from Department of Child and Family Services (DCFS) to support the services to these families.

In the calendar year 2016 we interviewed 213 children from all counties (Champaign and others), a 15% increase from 2015. While we expect fluctuations from year to year, we note that other Illinois CACs are seeing the same increased numbers.

Service Involvement by Other Entities

All children interviewed at the CAC are brought there (described as being "referred") at the direction of either law enforcement investigators and/or child protection investigators from the Illinois Department of Children and Family Services (DCFS). DCFS becomes involved in a case if the alleged perpetrator is a caregiver or in a position of trust or authority over the child. Most of the CAC cases are considered for prosecution in Champaign County, so the Champaign County State's Attorney's Office Is part of the Multidisciplinary Team for Coordinated Investigations. In addition to DCFS and the State's Attorney's Office, the following Champaign County law enforcement departments were involved in interviews conducted at the Children's Advocacy Center during Plan Year 2017:

Champaign Police Department
Champaign County Sheriff's Office
Federal Bureau of Investigation-local office
Fisher Police Department
Ford County Sherriff's Office
Grundy County Sherriff's Office
Gibson City Police Department
Mahomet Police Department
Paxton Police Department
Rantoul Police Department
Thomasboro Police Department
Tolono Police Department
Urbana Police Department
Villa Grove Police Department
Vermillion County Sherriff's Office

In addition, we interviewed children from cases originating out of each of the following jurisdictions:

Macon County, Ford County, and Vermilion County Sheriff's offices
Aurora Police Department
Terre Haute, Indiana Police Department

Algonquin Police Department

In the role of coordinator of the Multidisciplinary Team (MDT), the Children's Advocacy Center Executive Director coordinated and facilitated Multidisciplinary Team Case Review Meetings each month in PY 2017. A new Executive Director, Kari May, started in February 2017. During the 12-month period ended June 30, 2017, 207 Champaign County cases involving primary victims were reviewed by the MDT. Individuals representing the following agencies/organizations attended one or more MDT Case Review meetings during the reporting period:

All of the Champaign County Law Enforcement entities listed above, plus:

- IL Department of Children and Family Services
- Champaign County State's Attorney's Office (SAO)
- Champaign County SAO Victim-Witness Advocate
- Carle Clinic-Pediatrics Department Carle Hospital-Emergency Department
- Carle Clinic-Social Work Department
- Champaign County CAC (all three of our staff attend)
- East Central Illinois Refugee Mutual Assistance Center
- RACES (Rape Advocacy, Counseling & Education Services)
- Stephanie Beard, Crisis Counselor
- Joanna Kling, Crisis Counselor
- Christine Washo, Crisis Counselor
- Ann Chan, Crisis Counselor

Services:

Crisis Counseling and Family Advocacy

Entirely funded through a grant from the Illinois Criminal Justice Information Authority, the Children's Advocacy Center offers free crisis counseling services to children referred to the CAC and their non-offending family members. The Crisis Counseling services are provided by three licensed therapists under contract to the CAC, and can last up to about eight weeks, or longer if the client is on a wait list for long-term services at another local provider. A new Crisis Counselor funded through donations, Stephanie Beard, was added to the team in order to provide counseling in for those clients who reside in Rantoul and Ford County. One of the positives about our crisis counseling contract is that the young people are eligible for the service until they turn 18 years old. For fiscal year 2018 services through Beard will be funded through an expansion of the Victims of Crime Assistance Grant. So if the child has additional emotional problems years after the abuse they are eligible to start up with counseling again.

The CAC Family Advocate provides free case management services to children who live, have lived, or were the suspected victim of sexual or severe physical abuse while visiting Champaign County. The service ranges from a few brief follow-up contacts to the non-offending parent to intensive services helping families with serious needs such as homelessness, food insecurity, or child behavioral issues. She works with the family for up to two years, or until the court case concludes if there is one. We are tracking the length of time families remain in services in order to assess optimal case management service duration.

Child Forensic Interviewing

Since January of 2014 the CAC has employed a Child Forensic Interviewer. While many Champaign County investigators are trained interviewers, giving them the option to use the CAC-based interviewer has benefits for both the investigators and the children. The CAC was notified on Jun 15, 2017 that funds were awarded through an expansion of the Victims of Crime Assistance {VOCA) grant to retain the experienced Forensic Interviewer.

Case Coordination and Child Forensic Interviewing

In June 2017 the CAC also received additional VOCA funding to hire an additional staff person who will coordinate the case review (Multidisciplinary Team - MDT) meetings, coordinate MDT trainings, coordinate trainings with new members of the MDT upon hire and provide child forensic Interviews. The new MDT Coordinator will provide services at the CAC for fiscal year 2018.

Cultural Competence

In November of 2016 the Governing Board of the CAC reviewed the Cultural and Linguistic Competence Plan, and approved some changes which were reported to the CCMHB Cultural Competence Coordinator. The Board

will review the Plan, and any suggested changes, annually each November, so that changes may be incorporated into the CCMHB application due early in each calendar year.

Protocol for Multidisciplinary Investigation of Child Sexual and Physical Abuse
Throughout this plan year the CAC has revised sections of the agency Protocol for Multi- disciplinary Investigation of Child Sexual and Physical Abuse, a 20 page document outlining the approach and service delivery guidelines for all aspects of the center. The plan was reviewed and revised in November 2016. The plan will be updated and revised again in November of 2017 to reflect the changes to the National Children's Alliance performance standards that were released January 2017.

Consumer Outcomes:
Consumer Satisfaction Surveys
Beginning January 1, 2017 we began participation in the Outcome Measurement System designed and supported by our national accrediting body NCA. The instruments, which have been deemed valid and reliable by research professionals, are administered to the parent/caregiver at the end of the initial interview via a tablet computer (supplied by NCA) and results are uploaded to a national database. We chose to join this initiative both to increase our survey response numbers, and to be able to benchmark our results against a national sample.

Our parents and caregivers have responded quite positively, and express gratitude that we ask for their feedback. Completed surveys have been highly positive, and have also highlighted areas for improvement, mostly pointing to writing down more of our information so that parents can refer back to the documents when they are not in the midst of the crisis of child sexual abuse investigations.

Service Impact
For each case child receiving management or crisis counseling services, the CAC staff person conducting the intake completes a comprehensive needs assessment. The needs assessment serves as a pre-service measure of well-being, assists with the identification of child and family strengths, highlights areas of concern, and serves as a guide for identifying appropriate community-based services and making initial service referrals. The Family Advocate tracks the ongoing progress of each client through frequent telephone, in-person, and written contacts with the child's non-offending parent/caregiver. All client contacts are documented.

Prior to case closure, the CAC Family Advocate reviews each case to evaluate, among other things, services offered to the family, whether or not the family has accepted those services and/or has experienced any barriers or impediments to the delivery of services, any additional service referrals which might assist the family, any recommendations made by the Multidisciplinary Team (MDT), and the status of any criminal or juvenile court proceedings. If after that evaluation the Case Manager determines that the case is eligible for closure, she discusses the recommendation with the CAC Executive Director, who grants final approval for closure.

Utilization:
For Plan Year 2017

	Community Service Events	**Service/Screening Contact Clients**	**Treatment Plan Clients**	**Non- Treatment Plan Clients**	**Other Clients**
Target	12	110	100	10	0
Actual (New)	15	187	159	**28**	0
Percent of target met	125%	170%	159%	280%	na

The client numerical targets have exceeded they annual target amount. This is a function of the numbers of children that have been brought to the center by law enforcement or DCFS, rather than anything we can influence. The CAC does not have any input into how many children are brought to the center for interviews and in 99% of cases we are able to schedule the interview within 48 hours of the date/time requested by the investigator.

Additional Program Activities:
The agency's most pressing challenge has been the delay in payments for the grant the program receives from the Department of Children and Family Services (DCFS). Vouchers were sent from DCFS to the Comptroller's office in mid-December and as of August 24, 2017, payment has still not been received from the state, despite numerous calls and attempts to apply for hardship status by Executive Director, Kari May.

A second challenge has been data management. When the former Executive Director began at the CAC in June of 2013 the agency was using paper and pencil tallies to document client numbers and demographics, services, and case dispositions. In July of 2017 the program received noticed that a grant from National Children's Alliance will fund the purchase of a database made specifically for Children Advocacy Centers which can be tailored to track the required documentation required by the 5 different grants who fund the CAC.

Respectfully Submitted,
Kari S. May
Executive Director, Children's Advocacy Center

CCRPC Youth Assessment Center

Fiscal Year July - June	JULY '16	AUG	SEPT	OCT	NOV	DEC	JAN '17	FEB	MAR	APR	MAY	JUNE	Total
Total # referrals processed	**46**	**50**	**75**	**79**	**56**	**52**	**40**	**74**	**87**	**38**	**61**	**44**	702
CPD	13	9	19	31	24	18	15	26	39	13	17	20	244
UPD	4	9	9	2	5	5	7	15	8	7	15	12	98
RPD	6	2	5	2	7	2	1	1	2	2	2	1	33
Sheriff	4	14	12	8	4	11	3	3	11	1	15	5	91
Other law enforcement	2	0	4	0	0	3	5	1	4	4	0	1	24
JDC	13	2	5	18	4	3	1	5	5	5	10	2	73
Schools	0	0	0	1	2	1	0	7	0	0	0	0	11
Self/ family	1	4	5	1	0	0	0	0	0	1	0	3	15
# Brought to YAC by law enforcement	3	10	16	16	10	9	8	16	18	5	2	6	119
# ineligible + out of county	2	0	2	3	2	3	0	0	2	3	3	2	22
# youth re-referred due to successive offense(s)	18	15	18	22	12	14	14	18	22	9	22	22	206
# of Intakes complete during the month	**24**	**33**	**30**	**34**	**28**	**27**	**22**	**33**	**45**	**21**	**23**	**17**	337
Rate of Engagement	**52%**	**66%**	**40%**	**43%**	**50%**	**52%**	**55%**	**45%**	**52%**	**55%**	**38%**	**39%**	**48%**
Law Enforcement Diversions													
Station Adjustments	17	22	19	25	22	21	15	26	28	13	17	11	236
Warn & Release	7	8	6	8	7	6	4	5	14	4	9	3	81
Station Adjustments closed in the month								**16**	**24**	**19**	**30**	**29**	**118**
Successful								13	18	9	19	12	71
Failed								2	2	5	6	4	19
Unengaged								1	4	5	5	1	16
Mandatory Diversion Intervention	**17**	**21**	**18**	**24**	**20**	**21**	**19**	**26**	**29**	**11**	**15**	**3**	**224**
Mediation	9	3	2	4	6	4	4	6	5	6	6	0	55
Peer Court	3	13	11	13	10	13	10	14	13	5	7	3	115

Reflections	4	4	5	2	4	3	4	3	9	0	1	0	39
Drug/Alcohol Assessment	1	1	0	5	0	1	1	3	0	0	0	0	12
other	0	0	0	0	0	0	0	0	2	0	1	0	3
Fiscal Year July - June	**JULY '16**	**AUG**	**SEPT**	**OCT**	**NOV**	**DEC**	**JAN '17**	**FEB**	**MAR**	**APR**	**MAY**	**JUNE**	
# youth assessed at a risk level warranting treatment referrals	7	7	11	8	6	7	10	16	15	5	6	8	106
Recommended Service Referrals	**22**	**56**	**34**	**34**	**32**	**26**	**28**	**40**	**37**	**10**	**28**	**28**	**375**
Individual Counseling / Mental Health													
Kevin Elliot Counseling	0	0	0	0	1	0	0	0	0	0	0	0	1
Pavilion	0	2	1	0	0	0	0	2	0	0	0	0	5
Family Services	0	2	1	0	0	0	0	0	0	0	0	1	4
Choices	2	2	1	0	0	0	1	2	0	0	1	0	9
HopeSprings (Cunningham Children's Home)	0	0	0	2	2	0	1	3	7	0	2	4	21
Clubs/Groups/Classes													
Preparing for Success	0	0	1	0	3	2	1	4	2	0	0	0	13
Reflections	5	6	0	5	4	2	1	2	1	0	0	0	26
Big Brothers/Sisters	0	0	0	0	1	0	0	0	0	0	2	0	3
Boys & Girls Club	3	4	3	1	1	4	0	2	2	2	1	1	24
Park District	1	3	0	0	0	1	2	0	0	0	0	0	7
FACC Anger Management	0	2	3	2	0	1	3	4	3	2	3	7	30
Parenting with Love & Limits (PLL)	3	33	20	21	15	12	10	13	13	6	10	12	168
Mentoring/Individual Support													
No Limits 4 teens	0	0	0	0	0	0	3	3	3	0	2	2	13
Drug/Alcohol Counseling													
Prairie Center/ Seven Challenges	1	0	1	0	0	1	4	0	0	0	0	1	8
3rd Millennium	0	0	0	0	0	0	0	0	0	0	0	0	0
refused connection	7	1	3	0	1	0	0	2	3	0	2	0	19
Other	0	1	0	3	4	3	2	3	3	0	5	0	24

Annual Performance Measures Report FY2016-2017 Outcomes
For Champaign County Head Start/Early Head Start (CCHS)

The outcomes for the 2016-2017 school year were as follows:

Service Categories	Annual Targets	Annual Data
Community Service Events	1	26
Service/Screening Contacts	600	824
New Non-Treatment Plan Clients	55	72
Continuing Treatment Plan Clients	30	17
New Treatment Plan Clients	60	75
Other activities	8	40

Champaign County Head Start/ Early Head Start experienced a staffing change with the Social-Emotional Development Specialist (SEDS) role during 2016. After more than a decade of service Lynn Watson retired in April of 2016, creating an opening that needed to be filled. By August 2016, the Early Childhood Division Director had contracted with Elise Belknap to provide SEDS services for the students and families of CCHS. With the new hire came a new approach to providing services. Changes to strategies and supports will be identified in the narrative below.

The Head Start/Early Head Start (HS/EHS) program had 17 Continuing TPC rollover from the 2015 – 2016 school year. Those clients were in counseling, play therapy or had Individual Success Plans (ISP) in the 2015 – 2016 school year that continued on into the 2016 – 2017 school year.

The New TPC clients for this school year totaled 75. Those clients were children that had a new Support Plan (replacing the ISP) developed during a one-hour meeting by the support team including parents, teachers, site managers, family advocates, any other important stakeholders, and the SEDS. Support plans include a hypothesis for the function of the challenging behavior experienced in class and/or at home and goals related to the identified behavior. Support plans also include prevention strategies, new skills to teach, suggested teaching strategies, and new response strategies for when the child engages in the challenging behavior and for when they engage in positive behavior at home or in the classroom. New TPC clients also includes children that had social/emotional goals added to their lesson plans due to scores above the cutoff on the ASQ-SE, and new clients in counseling or play therapy services.

HS/EHS exceeded the target number of 60 New TPC's by 15. The Social-Emotional Development Specialist received 79 referrals for children demonstrating challenging behavior in the classroom or at home. Out of the 79 referrals, four parents did not sign the consent for a social-emotional observation.
The total TPC goal for this school year was 90. HS/EHS did not meet that target because of a lower than expected continuing TPC count of 17 instead of 30.

The new NTPC goal for this school year was 55. During the 2016 – 2017 school year the SEDS supported 72 NTPC clients surpassing the goal of 55 by 17. This year's number may seem significantly less than previous years. That is because the current SEDS interprets who qualifies as a new NTPC differently than the previous SEDS. In previous years this category included parent/teacher meetings to discuss concerns of a child, ISP team meetings, and parent training. It was logical to the current SEDS that this category includes any individual that warranted an informal consultation with teachers, parents, medical professionals, or local school district staff. This year NTPC category is

determined by the number of clients who were discussed but did not require goals, treatment plan, or support plan. The meetings identified in previous years as NTPC were instead counted this year as service contacts.

The Service Contacts target this year was 600. The cumulative number of Service Contacts was 824. The services counted under this category included Social Emotional classroom observations, individual child observations, child and family focus meetings, support plan meetings, parenting consultations, parent counseling sessions, crisis interventions, play therapy, 1:1 behavior support in the classroom, teacher consultation, meetings required to complete functional behavior assessments, informal consultation contacts, meetings to support referrals, parent meetings and trainings, and the number of ASQ SE screenings completed.

Community Service Events included representing CCHS at community meetings such as, the Infant Mental Health central chapter, Champaign Community Coalition, CU Neighborhood Champion meetings, and Early Intervention LIC meetings. The goal for Service Events was 1 and SEDS participated in 26 of these events.

The Other category consists of staff trainings, social-emotional information shared through parent newsletters. Our goal was 8 for this category and HS/EHS achieved 40. This significant surpassing of the goal was due to the current SEDS providing more staff trainings than anticipated in order to support responsive relationships between children and staff an important component of preventing challenging behaviors in the classroom.

The board is well aware of the fiscal challenges of the last couple of years in the state of Illinois. For most social service agencies and school settings the needs of the community continue to increase and while funding for services has continued to decrease. Champaign County Head Start/Early Head Start very much appreciates the support of the Mental Health Board to fund services for some of the most vulnerable and marginalized members of our community.

CU Neighborhood Champions – FY 17 Outcomes Report

CU Neighborhood Champions (CUNC) had a successful year. We achieved the following outcomes:
CSE: 12 Projected 26 Held
SC: 70 Projected 118 unduplicated individuals who attended an intensive training event/activity
NTPC: 0 Projected 2 (Support to partners of fresh start participants)
TPC: 0 Projected 6 (A family and their extended network)
Other: 75 Projected 97 additional people participated in an introductory workshop or educational activity. (i.e. an Educational Presentation at the Douglas Library). These numbers do not include the 19 people who consistently attend a Trauma Care Informed Working Group Meeting monthly; and 17 people regularly attend our bi-monthly Champions Responder meetings.

In addition to the aforementioned we achieved the following outcomes:
We had four Youth-CAN Best Practices to Address Urban Violence Eight-Hour Trainings, one Youth Training, and 2 Trainings for Seniors.
In addition, we conducted nine Introduction to Trauma Informed Care Workshops, reaching more than 118 participants. These participants represented a number of community organizations: formal organizational representatives have come from Choices, Cunningham, law enforcement, city government, therapists in private practice, seniors, students and faculty of the University of Illinois, youth-service providers, child-care providers, and mental-health and human-service providers. We did not succeed in reaching substance-abuse providers, but they are part of our targeted outreach for the upcoming fiscal year.
We have developed a network of 22 community-level potential responders. Twelve of these participated in our Healing Solutions Training. Afterward, they spent time (1) developing a job description and protocols based on the content of the training. They also started applying the skills they acquired in the training in informal ways: informing neighbors, friends, and peers about trauma, providing them with resources, and serving as listening ears. They also spent time (2) discussing how to engage in the work effectively, in a way that meets the needs of those most affected by violence and who did not also suffer from adverse emotional impacts; and (3) listening to community members and identifying training and educational needs.
At community events, TRUCE sponsored block parties and Walk as One events. Champion Responders made themselves available to listen to survivors of gun violence, to listen to neighbors (especially seniors) who had experienced distress because of witnessing and experiencing community violence, and to serve as supporters for their peers. They heard people's fears about being involved in systems, their reticence about relating to law enforcement, and their attempts to normalize their feelings of distress and the impact of trauma in their lives. The Champion Responders felt that these informal, peer-to-peer and neighbor-to-neighbor contacts were the best way they could respond to people's needs. As a result, we did not require them to document these contacts. At this juncture, we agree that these informal contacts might stay informal, and that we will create a structure for a more formal process. This formal process would involve a family-intervention model with a three-person team of supports. In the fourth quarter, we were able to operationalize this model and respond to the needs of a family, providing them with more than 90 hours of supports including linkage to care, resources, and support for meeting their basic needs, such as housing, clothes, mental health services, child care, food.
In addition to addressing the needs of individuals informally, program participants thought that for the responder effort to succeed, we must continue to reduce stigma but also increase the community's understanding of trauma and trauma-informed care. We held a Training for Trauma Educators that was co-sponsored by Cunningham Children's home, which provided CEUs. Twenty-six participants represented various formal and informal organizations; 10were not agency affiliated. They completed evaluations at the end, and 86% rated the training as extremely helpful and having exceeded their expectations. All the participants agreed to apply what they had learned in their work and to conduct presentations in the community or at their places of employment. Everyone involved felt that this effort was a success and should be offered again.
We also held our inaugural Healing Solutions: Best Practices to Address Urban Violence training. Thirty-one people attended, most of them (22) participating in 20 or more hours, and 17 completing the whole program. Their comments included "This was the one of the best trainings I have attended" (from a seasoned professional) and that the training "was lifesaving" and she "wished all the adults in her life had these skills" (from a young adult graduate). The latter graduate is now in college pursuing a degree in psychology. She is a young adult with a significant trauma narrative that includes bouts of homelessness and the losing a boyfriend to gun violence. Her high school vice principal even advised her to drop out of school because she seemed "hopeless and disengaged." She

reported that the training helped her see herself as competent and led her to apply to school. She has been using the skills she acquired in her peer community, in her young adult group at church, and with her own family. Everyone involved stressed that the training should be offered again. Sixteen people expressed an interest in attending the training after hearing feedback from others, but we did not have funding to replicate the training in the spring.
Participants in our Youth CAN and Healing Solutions Training complete individualized plans at the training and are asked to provide updates on them at six-month intervals. Forty-seven participants have completed a plan at baseline, and 24 have sent us sixth-month updates.
According to the feedback we have about the individual action plans, participants have been engaged in the following activities post-training:

- Educating their family members, friends, and peers about trauma.
- Helping community groups and faith-based organizations become more aware of trauma and violence.
- Restructuring their volunteer youth, community and afterschool programs.
- Practicing better self-care.
- Finding and working with trauma therapists, and helping family members, children, or loved ones secure trauma treatment.
- In the case of home-based child-care providers, integrating proactive factors and trauma-based healing/affect regulation skills into their programs (to better meet the social, emotional, and behavioral needs of their clients).
- Advocating more effectively for trauma-informed services and supports at school and at work.
- Increasing their engagement in neighborhoods and community groups

Increasing the application of protective-factor and resiliency-building strategies at home and in their families.

Champaign Urbana Area Project TRUCE Performance Outcomes Report, FY2017

PROGRAM PERFORMANCE MEASURES

TRUCE was developed and implemented using the evidenced based Cure Violence model that seeks to:
1) Interrupt transmission of gun violence
2) Identify and change the thinking of highest potential transmitters
3) Change group norms
Most studies focus on measuring criminal justice outcomes (i.e. arrests and homicides) rather than norms of violence or changes in individual or community well-being (i.e. Mental health, trauma informed supports).
Most initiatives, with the cure violence and/or "don't shoot," program includes multi-agency efforts, community mobilization, and the use of street outreach workers. Fortunately in Champaign County during the FY16/17 fiscal year we implemented programs like TRUCE, CU Neighborhood Champions, and CU Fresh Start to work collaboratively with law enforcement, and in the community on reducing and deterring gun violence, as well as, to increased trauma education and responses when shooting incidences occurred.
As a result of our combined efforts there has been a reduction in shootings and homicides reported from last year this time. There was a recent story on WCIA-TV about gun violence down in C-U. See link and story except below.
http://www.illinoishomepage.net/news/local-news/gun-crimes-down-in-numbers/811567807

Gun crimes down in numbers
By: Ty Batemon
Posted: Sep 14, 2017 10:58 PM CDT
Updated: Sep 14, 2017 11:17 PM CDT

This year there been 58 acts of gun violence in Champaign-Urbana.
That's down from 74 at this time last year.
Numbers may be down but there's still work that needs to be done.
Police Chief Anthony Cobb says last month was the worst August they've had in three years.
That included three homicides.
In the forum they discussed some of the factors that have helped.

With the help of C-U Fresh Start, they've been able to reduce the number of shootings and recurring offenses.
While there have been some changes, gun violence is still a larger problem for everyone.
"It's a society issue and that's the reason why we have a focus tier model that involves all three prongs. You have law enforcement, you have the community, and social service agencies all working together to try to deal with this society issue," says Champaign Police Chief Anthony Cobb.
C-U Fresh Start and Chief Cobb say ***its vital to make sure the community is truly engaged in this process***.
For people to have the type of community they want - they have to be proactive to get there.
As reported by TRUCE administration, in order to effect outcome measures it would take specific training and recruitment of individuals who could serve as violence interrupters a.k.a. "Peaceseekers." Recruitment and Training took place during the first six months of the program's reporting year (as indicated in the program plan) which would reflect in the overall performance outcomes.
Although CUAP Administration and Board is pleased with the overall outcome of what the PeaceSeekers have been able to accomplish in six months, more can and will be done in FY 2018 to stop the transmission of violence in our community.
We expect more data analysis will be reported in FY2018 now that we have begun to effectively track, manage, and analyze all program data.
Currently data is being collected by MSU and the City of Champaign Community Relations department to determine what we are doing as a community that is working in the area of violence reduction programs.

CONSUMER ACCESS

CUAP offered over 48 hours of professional training to community members who were interested in becoming a PeaceSeeker (violence interrupter) in the TRUCE program or a CU Neighborhood Champion Trauma Responder. 40 hours CU Champions "Healing Solutions" and additional 8 hours of TRUCE "Peaceful Solutions" training was offered.
Program objectives: Conduct Annual Training Session.
Program objectives: Meet ☑ Exceeded ☑
Program objectives: Recruit four individuals to become involved in Truce.
Program objectives: Meet ☑ Exceeded ☑

Program Outcome: Truce now has 6 trained individuals who are involved with the program and of which four of them identify as TRUCE PeaceSeekers.

- 1 Peaceseekers has obtained 40 hours – Jobie Taylor
- 1 Peacseekers has obtained 32 hours – Joyce Robinson
- 3 Peaceseekers 30 hours – Josh Payne, Kardia Shelby, Wandjell Harvey Robinson
- 1 Peaceseekers 16 hours – Linda Turnbull

Total combined TRUCE PeaceSeekers training hours received: **118 hours**

Truce PeaceSeekers collaborated with Andre Montgomey from Amehigh to provide regular visits to JDC to mentor/motivate/encourage individuals. It is estimated that the TRUCE PeaceSeeker spent approximately 12 hours speaking to the incarcerated youth over a six month period. Amehigh hours most likely exceeded those provided by Truce because of the frequency of their visits.

CUAP Executive Director also made a visit to JDC with a Peace Seeker to observe them in action, and to speak, also with the youth who suffered a gunshot wound about retaliation. 1 hour.
Total JDC Visit hours: Approx. 13 hours

CONSUMER OUTCOMES:

On February 2, 2017 CUAP participated in answering 78 questions on the on-line Violence Reduction Assessment (VRAT) survey.
The Violence Reduction Assessment Tool (VRAT) is a planning and support instrument that allows communities to assess their capacity for effective implementation and to identify concrete action steps to increase their capacity to adopt evidence-based practices.
The VRAT has been developed by Michigan State University (MSU) under a grant from the Bureau of Justice Assistance (BJA). Initially designed for Project Safe Neighborhoods (PSN) programs working to reduce violence,

the VRAT have been shown to be a useful resource for abroad range of SMART Suite Justice Programs for strategic planning purposes in support of effective implementation,
The Survey has 78 questions covering 4 sections: (1) Governance and Project Management; (2) Partnerships; (3) Data and Analysis; (4) Feedback and Awareness. At the end of the survey I added your respective names to an invitation list to take the survey so forgive me if you receive another e-mail directly from the VRAT inviting you to take the survey.
CUAP is a community partner, and a member of MDT steering committee and we work in collaboration with the City of Champaign Community Relations department staff on the distribution, collection, and dissemination of community surveys. Community surveys are still being collected at CU Day event in August.
Once this information becomes available we will be able to share with CCMHB and other community partners of its findings.

Expected Outcomes:
Public Education and Mobilization events: 4 community events: Reached over 490 people/Moblized 91 individuals through planning and peace marches/rallies.
Program objectives: Hosts community building activities, educate the community about the impact of violent crime, and to change community norms.
Program objectives: Meet☑ Exceeded ☐ Ongoing ☑

Shooting Responses: 5
Program objectives: To interrupt the transmission of violence.
Program objectives: Meet ☐ Exceeded ☐ Ongoing ☑

TRUCE PeaceSeekers held their first public event on February 18, 2017. The objective of the Peace Summit was to have an open dialogue with the audience about the causes of, problems with, and possible solutions of gun violence. There were 39 participants in attendance, and 17 surveys collected.
We were able to hear from many individuals from our targeted audience young (African American Males) who believed the problem of increased gun violence was mainly tied to lack of opportunities, jobs, capital, education, constructive recreation, and simple pettiness.
In March, 2017 the Peaceseekers were able to reach over 71 individuals directly during our Peace Walk and Rally and we came into contact with at least 150 others as we marched and passed out information bags to residents and passerbys. We made stops in Beardsley, Douglass, and Martin Luther King Parks.
In April 2017 the PeaceSeekers participated in the Silver/Vawter Peace Walk and Neighborhood clean-up. Over 100 people attended the walk, helped to clean-up the neighborhood, and promise to work to bring positive change back to that area in the future. During the event CUAP staff and the PeaceSeekers was able to increase the knowledge of many in attendance about the serious impact gun violence has on communities and families.
In June 2017, and, after weeks of planning with numerous community members the PeaceSeekers held the "Tremont Street Block Party," which unfortunately was held one day after a deadly shooting in the Douglass Park area. Needless to say this tragedy had a huge impact on turnout for the event. The community partners felt the event still was a success with nearly 130 people attending including eight resource tables set up complete with candy and information packets. The children sure felt it was a hit, with the bouncy fun house, and all the candy and give-aways were gone from the tables.

Utilization/Production Data Narrative
SC's Annual Target: 40 Actual: 56
Program objectives: Meet ☑Exceeded ☑

CSE's Annual Target: 24 Actual: 44
Program objectives: Meet ☑Exceeded ☑

Other: Annual Target: 36 Actual: 32
Program objectives: Meet ☐ Exceeded ☐

Community Choices

Performance Measure Outcomes, FY 2017: Community Living Program

Community Transitional Support

(Goal: 15 individuals)

- Number individuals served: 18
    - Number individuals living independently in the community: 15
    - Number individuals with guardians: 3
    - Number individuals with payees: 10

- Individual Plans and Assessments:
    - Number of individuals completing person-centered plans: 10 (Plans are still being developed for several participants in the Planning phase. Several other participants left the program before their plan for the year was due to be renewed, and several others remain in consultation and receive services as needed and thus do not have a formal plan)
    - Assessments:
        - Number of "Personal Outcome Measures" completed: 14
            - Individuals increasing their score in at least one area: 6 (please note that not all individuals completing the POM were doing so for the second time, making score comparison impossible)
            - Based anecdotal analysis of POM results for individuals participating in the program throughout the phases, program staff found that individuals reported on their POMS increased satisfaction in domains relating to their personal goals from the program. This continues to be an area that staff will use to evaluate program validity.
- Planning Phase Outcomes
    - Individuals served in the Planning phase: 4
    - Individuals completing the planning phase: 3
        - Goals met by individuals in the planning phase: One individual moved into a house with roommates, one individual began informal meetings with a potential roommate
        - New Community Activities engaged in: Two individuals began walking together regularly

- Move-Out Phase Outcomes
    - Individuals served in the Move-Out phase: 8
    - Individual completing the Move-Out phase: 6
        - Examples of goals met by individuals in the Move-Out phase: Moving into new and more ideal living situation, Navigation to local businesses and a family members home using a white cane and public transport, preparation of food [eggs, stuffed shells, enchilada casserole, bacon, mac and cheese], advocating to

landlord for needed repairs, writing a formal letter including standard mailing conventions, updating a resume, planning, saving, and financing the purchase of a vehicle, voting in the presidential election, saving toward moving expenses and security deposit
        - Examples of new Community Activities engaged in: two individuals began having lunch together occasionally, two individuals started a movie club, one individual began playing video games with roommates, one individual began visiting preferred community locations on his own

- Reach-Out Phase Outcomes
    - Individuals served in the Reach-Out Phase: 8
    - Individuals completing the Reach-Out Phase: 2
        - Examples of goals met by individuals in the Reach-Out Phase: Fixing up a bicycle and riding for transportation, completed home-repair projects, responding to and handled a security breach by an employer, preparation of food [home-made BBQ sauce, spaghetti, applying for and completing a financial aid audit, voting in the presidential election, accessing programs for low income residents (YMCA scholarship, low cost internet service, etc.)
        - Examples of new Community Activities engaged in: Three individuals started an informal lunch club, one individual joined a gym, another individual began attending a regular work-out group, one individual began attending a movie group

Life-Skills Training

- Number of Life Skills Classes Offered: 5
    - Topics – Men's Group 2x, Women's Group 2x, Intro to Technology 1x
        - Skills learned by participants: Coping skills, understanding and using peer support, friendship building skills and strategies, use of personal technology devices (smart phones and tablets), how to access and use email on personal devices, how to access and use text messages on personal devices, email, phone, and texting etiquette, how to identify and respond safe and unsafe communication using technology, how to use an app to plan routes and use the MTD
        - A curriculum for how to cook health vegetable dishes was also developed to be taught later
    - Number of total participants: 21
- Number of Personal Support Workers with increased skills: 11 PSWs increased their skills and ability to provide support to individuals with disabilities
    - Examples of skills gained: How to fade back support, how to support with job development and coaching, communication tools and strategies (PECS, checklists, visual supports, etc.), how to coach financial decisions and budgeting in a person-centered way

Accomplishments Beyond our Deliverables

- **Home-Based Service Facilitation** (Funded by State of Illinois)
  - Number of individuals served: 33
    - Number of visits with individuals and families: 46
    - Number of individual goals met: 33
      - Examples of goals met: getting a volunteer job, cooking healthy meals, living within a budget, exercising regularly, joining a community group, using coping skills to control anger, learning parenting skills to care for son
      - Examples of natural supports built: friendship formed with a coworker, neighbor, and church member, regularly attending events at Parkland College, becoming a regular at the YMCA, gaining closer relationships with past acquaintances
  - Development of new HBS Service Facilitation options for upcoming shift in the organization of state-funded services
    - Staff worked to create a menu of services that individuals and families can choose to purchase with their HBS waiver funds to better meet their needs and budgets
    - Staff worked to keep abreast of changes to the develop new tools and methods for using state funds in progressive and person-centered ways

Performance Measure Outcomes, FY 2017: <u>Self-Determination</u>

Building Community

- Social Events held: 48
  - Average attendance per event: 12 individuals
  - Number of individuals attending for the 1st time: 7
    - Examples Types/Locations of Events: Series events in an effort to help participants feel like and be accepted as a "regular" (Urbana Food Truck Rally, Monthly Trivia Team at Jupiter's Pizza, Neighborhood Nights Live Music Events); Dining Groups (Fiesta Café, Red Robin, Siam Terrace, Potbelly's, etc.); Trip to Indiana Beach; U of I Hockey Game; Marching Illini Concert; Bowling
- Co-op Clubs: 4
  - Number of Individuals Participating in Co-Op Clubs: 15

    Examples of Clubs being supported:
    - Wii Club: Members play Wii Games and enjoy snacks together at the organizers home
    - Area 51 Club: Members meet at an area café every 2 weeks to discuss "Fantastical Things" and lives/minds of the club members
    - Cooking Club: Members meet monthly at the organizers home to jointly prepare dinner, eat together, and watch a movie
    - Just for Fun Society: Members meet monthly or bi-monthly to do fun things around the community such as going to a movie, bowling, or playing Putt-Putt golf.

    Examples of Relationships Built through these events: Individuals have contacted each other for company outside of the structure provided by Community Choices; One member threw a holiday party for his club members and their families; One group has been able to continue meeting without the support of the Community Choices facilitator

- Togethering Participants: 6
    - Examples of Connections/Relationships Built: One individual joined and became a regular speech-giving member in the area Toastmasters International Club, one person joined the CU Poetry Group, three individuals participated in the Ladies Geeking Out Meet-Up group at Titan Games, One individual joined a local Pokemon Go group, two individuals joined the 1 People CU organization and trained to volunteer at their free summer arts camp for middle schoolers

Self-Advocacy

- "Step Up to Leadership" Class Offerings: 1
    - Number of participants: 7
- Self-Advocacy Projects initiated: 1
    - The Leadership Class participants conceived of initiated a project where adult self-advocates with disabilities become mentors to secondary-school aged individuals also with disabilities
    - On-going partnership and collaboration with CU 1 to 1 Mentoring Established
    - Members trained and meeting regularly with dedicated mentees at Jefferson Middle School: 3
    - Members regularly meeting as a group and one on one with staff for guidance and support in their mentorship efforts
- State-wide Events Attended: 2 (Speak Up – Speak Out, Going Home Rally)
    - Number of participants: 6
- Additional Opportunities created for the execution of leadership skills by individuals with disabilities: Presentation on adult services and the experience of living with a disability was developed collaboratively with one individual and presented to multiple U of I courses; One individual with a disability joined the Community Choices Board of Directors; two individuals with a disability took a leadership role in developing relationships and connections to their mentee's families, one individual continue to co-develop and execute the leadership course

Family Support and Education

- Family Informational and Networking meetings: 8
    - Topics covered: The Host-Home CILA Model, Additional Day Program services in the Champaign Area, How to help families create a person-centered approach to meetings and interactions with adults with disabilities, Understanding Employment 1st, Community Input on Home-based Support needs and organizational policies, HBCS Rule Changes
        - Average Attendance: 28
        - New Attendees: 16
- Family Gatherings: 4
- Family Members Engaging in Advocacy: 10
    - Focus: Creating Housing Options – a workgroup met 6 times to develop systems to work toward supportive housing options in our community, these ideas were communicated to state leaders in supportive housing (Lore Baker and CSH Leadership)

Accomplishments beyond our deliverables:

- Individuals are made aware of additional community social events monthly and encouraged to participate without direct staff support.
- 7 inclusive, public, co-sponsored events with community groups were and executed. (Funded by the Illinois Council of Developmental Disabilities *"A Life Like Any Other"* grant).

PERFORMANCE MEASURE OUTCOMES FOR PY17
Community Service Center of Northern Champaign County

Consumer Access/Production Report

The number of households served, the various client contacts, and overall service levels are some of the indicators we use to track performance in terms of consumer access and outcomes. The information and referral (I&R) contacts have decreased by 3% after a 14% increase the last year. This seems to be a normal year to year fluctuation rather than an indicator of changing needs. We are referring to 211 infrequently –21 times compared to 8 times the previous year, only when the information sought is not readily available to our staff. The number of non-treatment plan households increased by 3% after a 9% decrease. We are still seeing fewer new clients and more continuing clients. The number of people in need of basic services is slightly higher, but those remaining are also receiving services less often. This is reflected by the fact that our overall client contact count has decreased by 3%.

We also track the number of client contacts by other agencies using our facilities. The number of contacts by other CCMHB funded agencies increased significantly; 463 in PY17 and 274 in PY16. The primary reason is an increase in clients seen by Prairie Center staff in the past year. The current CCMHB/DD funded agencies that use our facility are: Prairie Center, Family Service, Courage Connection, the Regional Planning Commission, and the Refugee Center. Prairie Center along with Courage Connection and the Refugee Center now have regular hours here. Choices CCS has also used our offices occasionally. However, our overall count of contacts by other agencies has decreased by 15%, mainly due to not having four different temp employment agencies that used our facilities in the previous year. Community Health Partnership of Illinois is currently using two offices. The Partnership provides health services to agricultural workers, primarily Latino. The portion of Latino families accessing our services has increased a bit from 21% to 25%. This number does vary somewhat by how many migrant workers access our services each year.

The requests for food assistance have increased by another 1% after a 3% increase last year. This is consistent with continued reports showing increased demand at most food pantries. However in the past two years, two more small pantries are operating in Rantoul and that does take some of the burden off our pantry. Also, the economic condition seems to have improved somewhat locally. In the last year we had four temp employment agencies using our community room to pre-screen potential employees for the local factories. They stopped using our facilities in March of 2016 and some have located within the factories they serve. In PY13 we gathered data on the frequency of use of our services. 78% of our consumers received direct services six or less times in the fiscal year. That number was the same for PY14. In PY 15, we had 79% receiving services six or fewer times. In PY16, we had 75% of households receiving services six or less times. This past year that number rose to 81%, so although we served more households, they did not need services as often (see first paragraph). We continue to provide more resources for those that use our services more than six times per year by connecting them with other needed services including mental health related programs. We also regularly give out flyers informing new clients of other services available at our offices, stressing access to mental health and substance abuse programs.

We have a public phone and copy/fax service which consumers use to contact other services and submit needed information via fax. That service is very popular with our consumers but the demand decreased from 1,421 faxes sent and copies made in PY16, to 819 in PY17, a 42% decrease (after a 4% increase the previous year). We don't have a viable explanation as to why that happened. This past year we added a free Notary Public service that was used by 46 clients. We continually strive to provide various forms of

access to services for our consumers and are now providing limited computer access so people can download various forms and check their LINK accounts. In PY16 we helped 32 different individuals with this service. This past year the number increased to 48. We did set up a small table in our lobby with a lap top to help with this. All these efforts enhance access for our consumers to other needed services and hopefully lessen the stress for those struggling with meeting basic needs and related problems.

The percentage of unmet needs/services (based on information & referral contacts) has decreased; 5.5% in PY17 down from 7.3% in PY16. The main areas of unmet needs continue to be basic needs such as food, utilities, and housing, as well as more specialized areas such as baby needs (diapers, formula, etc.) and holiday assistance. The needs that decreased were for housing and food.

The need for our services continues to stay at a high level, including the need for services from other agencies that use our facility. We are glad to see new agencies and services being provided here. Currently we are housing the Police Social Worker from the Regional Planning Commission and funded by a new grant from CCMHB. Access to services is enhanced due to collaboration between providers and this funding body. We continue to meet local demand by employing a 66% time intake worker (partially funded by CCMHB) which helps a great deal. Through the continued support from the CCMHB we are able to function as **the** hub for mental health and social services for residents of northern Champaign County.

Courage Connection Performance Outcome Report – FY17

CONSUMER ACCESS
Performance Outcome Measure(s):

Individuals who are interested in accessing services with our domestic violence programs do so through walk-in or by contacting our 24/7 domestic violence hotline. Hotline advocates are available to victims, or to anyone calling on their behalf, for crisis intervention, safety planning, and information/referrals. Through our hotline we have access to over 200 languages through interpreter services, and can receive/make calls through services for the hard-of-hearing. Trained personnel staff the shelter 24/7 so that services are always available to victims of domestic violence. All staff have completed the state-mandated 40-hour domestic violence training prior to working with victims. The training curriculum is developed by the Illinois Coalition Against Domestic Violence (ICADV) and the Illinois Certified Domestic Violence Professionals.

Staff regularly engage in cultural competency review at the team level, and policies and practices are adjusted and improved as needed based on consumer feedback.

Services do not have a maximum length, with the exception of residential services. Emergency shelter is a maximum of 30 days, and transitional shelter is a maximum of one year. In both cases, there is the ability to extend in order to ensure discharge to a safe location. There are no limits to how often an individual or family can utilize either shelter so long as they continue to meet eligibility criteria.

For emergency shelter, access is immediate so long as there is bed availability. Transitional shelter beds are available for anyone to move into from the emergency shelter, again depending on bed availability.

The length of time from referral to assessment to engagement in counseling services is as follows:

1) 100% of individuals who are seeking counseling services will be able to contact the 24/7 domestic violence hotline and speak with a client advocate immediately. This is made possible by policy that ensures the hotline is accessible by staff at all times, and with practices to ensure back-up staff in the case of primary staff being occupied with assisting a client.

100% of individuals who contacted our hotline for any reason were able to speak to an advocate immediately. The hotline is directed as the primary responsibility of all who work within our domestic violence program. In the rare cases of our phone lines going down, the hotline is forwarded to the National Domestic Violence Hotline.

2) 85% of individuals who are eligible for services will be contacted by a Counselor to set up an intake assessment within 72 hours.

84.49% of individuals who were eligible for services were contacted by a Counselor within 72 hours, most within the same day. It should also be noted that for several months, we were down to one Counselor, and it was during this period that we had lower-than-typical percentages. 100% were contacted were services (although a small percentage were incidents with a disconnected number, no voice mail, or other barrier to establishing contact).

3) 60% of individuals who complete an intake assessment will engage in at least two follow up counseling appointments.

80% of individuals who completed an intake assessment engaged in at least two follow up appointments. It should be noted that we could not filter this report for Champaign County only clients: as the vast majority of our clients are from Champaign County (90%+), and the percentage is significantly over the goal, we feel confident in this report that the goal was met.

CONSUMER OUTCOMES
Performance Outcome Measure(s):

For ensuring survivors achieve an improved sense of safety and self-empowerment, we will measure the degree to which residential clients, both emergency and transitional, discharge into improved, safer environments. Based on exit data, we will measure "Reason for Leaving", using the categories "Completed program", "Left for housing opportunity before completing program", and "Needs could not be met by project" as positive indicators of an improved, safer environment. (The latter category because in each case this is marked it represents a referral to a living environment that better suits the client's immediate and/or most pressing needs. Other categories include negative or questionable discharges such as rule violations or unknown destinations.) We expect 60% positive discharge indicators, with no more than 15% of discharges to be "Unknown" or "Unassigned".

61% of discharges met the categories of positive discharge indicators.

37% of discharges were "Unknown" or "Unassigned", which represents almost the entire balance of clients who did not discharge under the positive indicators. The goal of 15% was a "stretch goal" that we intended to use to bring up the number of positive departures, working on an assumption that many of "Unknown" or "Unassigned" events were preventable. The year's data suggests they are not.

The dynamics that lead to unknown departure locations are almost always examples like a client returning to live with an abuser and (incorrectly) assuming our staff will be unhappy with this, so they do not tell us they are leaving out of shame, or fear, or concern they will be disappointing staff. Indeed, those who flee domestic violence often return to abusers, and need to leave on average 7 times before they leave permanently. (An excellent resource that summarizes why this is can be found at: http://womensfreedomcenter.net/get-informed/barriers-to-leaving/) Courage Connection's role is to provide a safe space that people can feel they return to, and to ensure that no matter where they leave to, they have learned more ways to keep themselves safe (so that they *can* return when/if the abuse continues).

The 15% goal continued into the FY18 application and subsequent contract. This goal will almost certainly be revised in the FY19 application, should data at that time show the trend continues, so as to focus simply on positive discharges.

To measure a survivor's skills and confidence to move to a more positive situation (or a more rapid removal from a dangerous one), we will use survey responses generated by IDHS and the Illinois Coalition Against Domestic Violence (ICADV) as recorded in the InfoNet reporting system. Survey questions asked are in accordance with IDHS and ICADV standards, and vary slightly depending on the service (e.g. Legal Advocacy or Counseling). We endeavor to ensure that 75% of eligible surveys will be administered, when not including Legal Advocacy. (We do collect surveys for Legal Advocacy, but the often singular nature of this service, often provided exclusively in court, makes administering the survey particularly challenging, and often irrelevant given the brief nature of the service.) Surveys are not administered to small children who do not have the capacity to answer these questions. For most services, the survey is administered at or near the end of the service. For more ongoing services, such as Counseling, the survey is administered at least yearly.

We expect 90% of survey responses to be positive, reflecting an improved understanding of safety planning, community resources, legal rights, and the effects of abuse, as well as an improved sense of safety and knowledge that abuse is not their fault. As any particular service drops below 90%, we will review service provision accordingly to explore potential improvements or to identify reasonable explanations for the lower score.

The following yes/no questions were asked to clients receiving services in FY17 (percentages are for Champaign County residents):

- **I know more ways to plan for my safety – 90% of clients surveyed reported "Yes"**
- **I know more about community resources – 83%**
- **I feel safer from abuse by getting out of the abusive environment while in shelter – 96%**
- **I feel more hopeful about my future – 94%**
- **I have a better understanding of the effects of abuse on my life – 100%**
- **I have a better understanding of the effects of abuse on my children's lives – 100%**
- **I have an increased understanding of my legal rights as a domestic violence victim – 94%**

- **I know I can report violations of my order of protection – 98%**
- **[children only] The abuse in my family is not my fault – 100%**
- **[children only] I know two things to do when I don't feel safe – 100%**
- **OVERALL – 92% "Yes" responses**

All the survey categories, save for one, met the 90% target. The one that did not ("I know more about community resources.") is likely a representation of the large, complex, and challenging to access panoply of services, made more intimidating by the myriad of needs any one client often has. This target, however, is monitored monthly by staff, and has already been targeted as an area requiring improvement.

UTILIZATION
Performance Outcome Measures:

Continuing Treatment Plan Client (CTPC): A residential client who was in shelter for at least the past 3 days, or a non-residential client who received at least 3 services in the preceding quarter, on the last day of the FY.

Target: 20
FY17 actual: 61
Analysis: This category can vary significantly, depending on shelter use.

Treatment Plan Client (TPC): A residential client who has opened a new case in the quarter and has been in shelter for at least 3 days, or a non-residential client who has opened a new case in the quarter and has received at least 3 services in the quarter. "New" means the client has not been previously engaged as a client in the operating FY.

Target: 320
FY17 actual: 351
Analysis: Target matched actual.

Continuing Non Treatment Plan Client (CNTPC): A residential client who was in shelter for less than 3 days on the first day of the operating FY *and* had less than 3 non-residential services on the first day of the operating year, or a non-residential client who has received less than 3 services on the first day of the operating year.

Target: 5
FY17 actual: 1
Analysis: This category can vary significantly, depending on shelter use.

Non-Treatment Plan Client (NTPC): A residential client who has opened a new case in the operating quarter and has been in shelter for less than 3 days in the operating quarter *and* had less than 3 non-residential services during the operating quarter, or a non-residential client who has opened a new case in the operating quarter and has received less than 3 services in the quarter. "New" means the client has not been previously engaged as a client in the operating FY.

Target: 45
FY17 Actual: 120
Analysis: The doubling of our Court Advocate staff in FY17 (from 2 to 4) functionally resulted in a doubling of clients able to be served. The nature of Court Advocacy – which is very often a one-time service – no doubt contributed to the larger number here, as NTPC are, as a rule, clients of Court Advocacy.

Service Contacts (SC): The number of phone contacts received via our 24/7 domestic violence hotline, or calls initiated/returned in response to a referral, that do NOT involve a current or former client. [NOTE: This would be all InfoNet categories under "Hotline Information" except "Hotline - has client ID" and "Hotline - Information & Referral (not a DV victim)".

Target: 600
FY17 actual: 619 / 590*
Analysis: Target matched actual. *While completing the annual report, it was noticed that in Quarter 1, the two categories listed above that should not be counted were not removed from the hotline total for that quarter. Q1 listed 140 contacts, but should have been 111. All other quarters were reported correctly.

Community Service Events (CSE): The number of contacts that promote the program and serve to inform the public about domestic violence, including public presentations, consultations with community groups and/or caregivers, and school class presentations, as well as any media in which our staff engage for the same purpose.

Target: 150
FY17 actual: 201
Analysis: Actual exceeded target. Additional staff members in FY17, plus renewed focus on CSEs as a mission of the agency, plus increased documentation of CSEs from Executive Director, all contributed to exceeding target.

CCMHB PERFORMANCE OUTCOME REPORT 7/1/16 to 6/30/17

Crisis Nursery – Beyond Blue - A Perinatal Depression Program for Champaign County

PERFORMANCE OUTCOME MEASURES

Consumer Access

Crisis Nursery Family Specialists, working in the Beyond Blue program, have made numerous connections with agencies and service providers in the rural and Champaign/Urbana communities during fiscal year 2017. Staff members spoke at several community and agency events about the Beyond Blue program and distributed brochures and program materials at social service agencies throughout the community. Presentations about the program were also made at WIC offices and to Carle and PCMC's social workers and nurses. Community members and agencies were also invited for tours of Crisis Nursery, where information about Beyond Blue was shared. These activities supported the robust partnerships we have with many community agencies, enabling us to better serve our clients.

From the above community connections, the Beyond Blue program received 123 referrals from:

- Carle Social Work – 10
- Crisis Nursery Safe Children program – 58
- DCFS - 1
- Parent Wonders – 1
- Private Practice Counselors (LCPCs, LCSWs, LMFTs) – 1
- Regional Planning Commission - 2
- Self or Friend Referrals – 15
- WIC (Champaign and Rantoul offices) – 35

Of these above referrals, we were able to successfully and fully engage 33 clients from the following referral sources:

- Parent Wonders - 1
- Private Practice Counselors (LCPCs, LCSWs, LMFTs) – 1
- Carle Social Work - 4
- Safe Children program at Crisis Nursery – 8
- Self-referral or referral from former client – 9
- WIC (Champaign and Rantoul Offices) – 10

If families could not be accommodated into the Beyond Blue program, referrals were made to Crisis Nursery's Strong Families program, as well as to other local community agencies and programs including: counseling offered by Presence Covenant Medical Center's Community Resource Center, Family Service, Promise Healthcare, Rosecrance, the GOALS Project, CU Early, and Developmental Services Center. Referrals may also fail to engage, for reasons such as: the client deciding they do not want to participate, client becomes unreachable, client moves out of county, or the client finds the programming does not fit into their schedule. Even if clients choose not to engage with Crisis Nursery, staff members always provide information on other resources.

Within the Beyond Blue program, families were referred to many resources in the community depending on need. The 75 referrals made for clients this fiscal year included:

Community Agency	Number of Referrals Made
Carle Breastfeeding Clinic	1
Care for You	1
CARS Clinic	1
CCRS	2
Courage Connection	3
CU Cares	1

Champaign Urbana Tenant Union	2
Child and Family Connections	4
Crisis Line	2
Crisis Nursery	7
Crosspoint Human Services	2
DCFS	1
DHS	1
Early Intervention	1
Emergency Family Shelter	2
Empty Tomb	3
Family Advocacy Center	1
Family Service	2
First Baptist Church Cleaning Mission	1
Fraternal Order of Police (Car Seat Referral)	2
GOALS	1
Head Start	1
Hope Center Food Pantry	1
Illinois Worknet	3
Illini Christian Ministries	1
Land of Lincoln	2
PCMC Community Resource Center	3
Public Library	2
Promise Healthcare	3
Private Practice Counselors (LCPCs, LCSWs, LMFTs)	7
Regional Planning Commission	2
Refugee Center	1
Rosecrance	2
Salt and Light	4
SOFFT	1
Urbana Adult Education ESL	1

Beyond Blue Family Specialists provided 382 home visits to families in Fiscal Year 2017. Of these visits, 176 were in rural areas and 206 were in Champaign-Urbana. This service is vital in helping to decrease isolation for the mothers. By seeing clients in their daily living environment, home visits also help the Family Specialists identify additional strengths and family needs. This enables them to tailor their services and provide individualized support to the families. In addition, we also provide developmental screenings (43 in FY17) and connections to community resources (75 in FY17) in the comfort of the family's home.

The Family Specialists began monthly consultation with Lisa Haake, PhD, LCPC in FY17. These supervision meetings are reflective in nature and allow the Family Specialists to gain new perspectives and therapeutic approaches in order to best support Beyond Blue clients.

Groups continue to be one of the most impactful ways we work with clients in the Beyond Blue program. Based on the evidenced-based intervention *Parents Interacting With Infants*, our Infant Parent-Child Interaction groups provide Family Specialists with the opportunity to model and support positive parenting interactions Throughout FY17, we held 33 successful Infant Parent-Child Interaction Groups. In an effort to make the group more accessible for our rural

clients, we attempted multiple groups at Cornerstone Baptist Church in Savoy. However, these groups failed repeatedly to attract clients. In response, we scheduled additional Infant Parent-Child Interaction Groups to be held at Crisis Nursery, which were well attended by both rural and CU-based clients. While marketed to our Beyond Blue clients, our Infant Parent-Child Interaction Groups are open to any community member with a child under the age of 1. We believe this strategy benefits Beyond Blue mothers, as they can witness non-depressive mothers model positive interactions with their infant.

We also offer a Beyond Blue Support Group, which provides the space for our Beyond Blue clients to connect with their peers, share their experiences, and expand their support network. In FY17, we offered 33 Beyond Blue support groups. Again, efforts were taken to offer some of these groups in rural areas to improve access for rural clients. However, only 5 of these groups were successful in attracting attendees (all in Savoy). In response, we scheduled additional Beyond Blue Support Groups to be held at Crisis Nursery, which were well attended by both rural and CU-based clients. In addition, we invited Beyond Blue clients to attend our general Parenting Support Group, which is open to all Crisis Nursery clients (and funded through other means). Our General Parenting Support Group held sessions throughout the year at Crisis Nursery, and we had Beyond Blue clients attend 31 of those sessions.

For both our Infant Parent-Child Interaction Groups and Support Groups, we spoke with clients throughout the year to see how we can improve client access, particularly for rural clients. Overwhelming, client feedback echoed that they preferred groups based at Crisis Nursery. With the Nursery's recent expansion, we theorize that our updated playrooms are more of a draw for clients with older children than the remote locations we used for our external groups (typically churches). These groups also have higher attendance, so clients may prefer them so they can interact with more of their peers.

Since Crisis Nursery is open 24/7, critical telephone referrals are received and responded to immediately by a Crisis Advocate. Crisis Advocates screen for risk and make appropriate emergency referrals as needed. Typically, Family Specialists are able to follow up with families wishing to engage in Beyond Blue services within 1 business day.

A Cultural and Linguistic Competence Plan has been submitted. Crisis Nursery has positively demonstrated diversity and cultural competence by ensuring that all staff receive a copy of the plan and explanation of how it is implemented. Our agency has continued to develop collaborations with diverse organizations to assist us in building culturally sensitive services. In April 2017, all staff participated in a Cultural and Linguistic Competency in-service.

PERFORMANCE OUTCOME MEASURES

Consumer Outcomes

Crisis Nursery and the other five Illinois crisis nurseries use a program outcome survey developed by ARCH, a national resource center for crisis and respite care. This survey is used to measure the impact our programming has on the stress levels of our clients, how our services have impacted their parenting skills, and to what degree they feel our services reduce the risk of harm to children. Of our Beyond Blue clients who completed the survey in FY17:

- 95% showed a decrease in their level of stress after using services,
- 95% felt there was an improvement in their parenting skills, and
- 90% believed that our services reduced the risk of harm to children.

Family Specialists routinely make post-discharge contacts with clients six months after discharge to determine if services were effective or if follow-up services are needed. Some clients report a continuation of symptoms, which prompts additional services through Crisis Nursery's Strong Families program and other referrals. More positively, others report they are doing well and that they feel more supported in their everyday lives. Below are a couple of their individual reports:

- The Nursery hears regularly from Lindsay, a mother of two who went through the Beyond Blue program with both births. Lindsay found great comfort and many helpful tips by engaging in our support group. She engaged

fully in home visiting and enjoyed the developmental screenings we did for her children. Last summer she moved out of state. She has stayed in touch, sending a card to the Nursery at Christmas and regular emails updating us on her family's new life. She even sought out the Crisis Nursery in her new city, knowing it to be a worthy service. This spring she traveled back to CU to visit several moms she grew close to during support group. It was wonderful to be able to give her a tour of Crisis Nursery's expansion during her visit. We really were part of her family while she lived in the area, but she has also learned how to reach out and create new relationships in her new home.

- Melanie is a Beyond Blue mom whose child turned one early in the year. During her time in the program, she struggled with dual diagnoses of post-partum depression and borderline personality disorder, in addition to other health concerns. She reported that she found the program helpful. She enjoyed attending the Beyond Blue Support Groups and receiving home visits, and she found that a regular respite scheduled at Crisis Nursery was beneficial as she managed her various therapy and doctor appointments. Since her youngest aged out of the program, she received a diagnosis of a chronic, progressive illness. While heartbroken about the diagnosis, she was simultaneously relieved to learn the cause of some of her health concerns. Melanie continues to utilize Crisis Nursery's Safe Children program as she manages her conditions, and she keeps in touch with her Family Specialist when she needs advice about other resources.

The following objectives were met during support groups, home visits, Parent-Child Interactions groups and admissions into Safe Children program:

a. Mothers gained information about the effects of perinatal depression on the baby.

b. Mothers had a decrease in depressive symptoms.

c. Mothers developed a greater understanding of their child's developmental needs and an ability to meet those in positive and growth-producing interactions.

d. Mothers learned to reduce their stress and seek resources which would prevent them from becoming overwhelmed.

e. Mothers improved their capacity to engage fully in a reciprocal relationship with their babies resulting in optimal development of the baby, more successful and satisfying parenting, and a greater security for both.

One of the assessments used to screen mothers into the Beyond Blue program is the Edinburgh Postnatal Depression Scale (EPDS), which is a ten question survey that screens for recent symptoms of depression. This is also used quarterly with clients to monitor the progress of their symptoms. Although a useful tool, it's important to note that the EPDS does have limitations in terms of gauging overall client success. The survey assesses clients' feelings, but these feelings can be impacted by external factors. For example, one client we worked with had scores that were steadily decreasing (signifying an improvement in symptoms) until her family suffered a loss of income. As a result, her scores increased as she worried about how her family would make ends meet that month. Since EPDS is a self-report tool, we have also seen scores increase as the client develops rapport with her Family Specialist. This could result in the client answering the questions more honestly because she is more comfortable, leading to a higher, but more honest, score than what was collected at her initial intake. In FY17, of mothers who were screened multiple times, 54% saw an improvement in symptoms throughout the course of their service engagement. Another 29% saw that their symptoms stayed stable and did not worsen.

One of the best ways we gauge success in the Beyond Blue program is through the testimonies of our clients. Here is one account provided by a Family Specialist:

Amelia came into the Beyond Blue program with what she described as "nonexistent confidence." She moved to Urbana with her husband, who was pursuing an advanced degree at the University, but Amelia missed her family, friends, and job back home. She and her partner argued frequently, and with limited support in the community, she felt isolated and small. After the birth of her daughter, her WIC caseworker referred her to

Crisis Nursery's Beyond Blue program. Amelia engaged fully – and blossomed. She attended regular Infant Parent-Child Interaction Groups, made friends at our Beyond Blue Support Group, and with the support of her Family Specialist, sought additional counseling and medication. Today, she attends weekly community events, from story-time to volunteering activities. She has friends in the community, and she knows she is worthy of respect. She supports her child's emotional and developmental growth, and she's taking steps for her own as well, moving towards a more independent and empowered life. – Jessica McCann, Family Specialist.

Other signs of success may be more individual to each participant. In addition to the bigger changes we see, such as increased participation in home visits and groups or making and reaching personal goals, we also look for some of the more subtle indicators of decreased depression. We see shifts in overall energy levels and motivation. We see mothers have more patience with their babies and older children. We also see moms smile more and have more positive interactions with their children. As the fathers become more educated about perinatal depression and as they begin to learn new skills, we also see improved interactions with them and their families. All of these wonderful, difficult to quantify factors result in stronger family bonds and healthier relationships within the family.

The Ages and Stages Questionnaire (ASQ) is utilized in Beyond Blue programming for multiple reasons. First and foremost, it is important to monitor the developmental and social/emotional progress of the infant due to the fact that the development of infants whose mothers are suffering from perinatal depression has been shown to be affected negatively in some cases. The ASQ is also used as a tool to promote interactions between the parent/child dyads and for educating parents on the development of their infant. 42 ASQs were completed on infants in the Beyond Blue program this fiscal year, and four prompted referrals to Child and Family Connections for further assessment.

PERFORMANCE OUTCOME MEASURES

Utilization

Utilization in the Beyond Blue program during fiscal year 2017 was as follows:

- 33 Clients total were served, comprised of 28 New Treatment Clients and 5 continuing. Of these, 17 were rural-based and 16 Champaign-Urbana-based. Treatment Plan Clients were the mothers determined to be eligible for the program.

- 83 new and 17 continuing Non-Treatment Clients were served. Non-Treatment Plan clients include the following: 35 babies of the mothers participating in the program; other family members.

- 1,275 service contacts were completed. Service contacts include screenings, home visits and telephone contacts with Treatment Plan Clients; screenings, home visits and telephone contacts with Non Treatment Plan mothers; contacts with other family members of Treatment Plan clients; referral contacts for both Treatment Plan Clients and Non Treatment Plan Clients.

- 317 community service events included 33 Beyond Blue support groups, 33 Infant Parent-Child Interaction groups, media events, newsletters, plus numerous speaking engagements and brochure drops at agencies and events including WIC, DSC, LAN, Human Services Council, Parent Wonders, Presence Covenant Medical Center, Rosecrance, Carle Foundation Hospital, Disability Resource Fair, Autism Walk, Buddy Walk, Growing Families Expo, Young Lives, Latino Partnership, La Linea, Parkland Social Work class, University of Illinois School of Social Work, Playing it Safe Fair, Jettie Rhodes Day, Urbana School District, Rantoul High School, Disability Resource Expo, Sistering CU, and community churches, among others.
- 4,268.75 hours combined crisis care and respite care hours were utilized by clients.

Developmental Services Center
CCMHB Performance Measurement Outcomes FY 17:

Individual and Family Support:

1. Measure: Within 30 days of receipt of requisite eligibility documentation, an individual's request for Individual and Family Support services will be presented to the Admissions Committee for consideration.
   FY 17 Target: 90%
   FY 17 Outcome: 100%
2. Measure: All individuals who request community activities will participate in one a minimum of two times per month.
   FY17 Target: 90%
   FY17 Outcome: 100%
3. Measure: Individuals/guardians will participate in the choice of their IFS Service Provider.
   FY 17 Target: 100%
   FY 17 Outcome: 100%
4. Measure: Individuals receiving support will be satisfied with services received.
   FY 17 Target: 90%
   FY 17 Outcome: 100%
5. Target to conduct five service/screening contacts was met with nine service contacts being completed.
6. Target to attend two Community Service Events was met with attendance at four events during the fiscal year.

Don Moyer Boys & Girls Club – CU Change Program
Performance Outcome Report
July 1, 2016 – June 30, 2017

Don Moyer Boys & Girls Club's CU Change Program served a total of 56 youth during FY17.
To assure consumer access to CU Change, the organization has developed partnership with and received referrals from local school districts, Police Departments, the Youth Assessment Center, Human Service, Juvenile Probation as well as community organizations to build awareness of the program and its services.

For the FY17 year, of the 56 received referrals:

- 6 of 56 were received from RPC READY School
- 4 of 56 were received from the Youth Assessment Center
- 1 of 56 were received from the Champaign Police Department
- 1 of 56 were received from the Urbana Police Department
- 5 of 56 were received from CrossPoint Human Services
- 37 of 56 were received from Parent Referrals

Although access to CU Change is on a first come, first serve basis, priority is given to youth who are referred and have had involvement with the Juvenile Justice System, behavioral or emotional issues impacting school placement, truancy, and family or community related issues. If program capacity has been reached, priority youth will be placed at the top of the waiting list in the order in which their referrals were received. Of the youth served with the aforementioned issues:

- 5 of 56 had documented juvenile justice system involvement (i.e. Probation, Juvenile Station Adjustments)
- 22 of 56 had documented behavioral issues (i.e. Perpetrator of bullying, gang involved)
- 16 of 56 had documented emotional issues (i.e. Victim of trauma/family violence)
- 5 of 56 had documented truancy issues- (i.e. Youth not involved in positive activities, homeless)
- 23 of the 56 had documented family/community related issues (i.e. No or low income)
- 13 of the 56 had documented social services issues.

A total of 13 youth enrolled had alternative placements. **8 of those 13 (61%)** youth transited back into their home school during their time in the C-U Change program.

- **(53%)** of youth enrolled with alternative placement were enrolled at the READY School Program,
- **(15%)** of youth enrolled with alternative placement were enrolled at the Novak Academy,
- **(15%)** of those youth enrolled with alternative placement were enrolled at the Circle Academy in Urbana, IL,
- **(8%)** of those youth enrolled with alternative placement were enrolled at the Pavilion foundation School,
- **(8%)** of those youth enrolled with alternative placement was not currently enrolled in school because of expulsion.

Community Service Contacts and Events:
There were a total of **144 Community Service Contacts** which included presenting the CU Change program to public agencies, school presentations and/or school staff meetings, and community events.

- **52 of these contacts included meetings between agencies – 36%**
  Agencies met with included Youth Assessment Center, Champaign County Probation, Champaign and Urbana Police, The Center for Family Solutions, University of Illinois, Urbana Champaign (UIUC) Local community and organizations to discuss partnerships, referral opportunities, and progress meetings.
- **50 of these contacts included public presentations 35%**
  Presentations were presented at Career Fairs, Community events and Family Informational Fairs throughout Champaign County.
- **9 of these contacts included high school administration presentations 6%**
  Presentations included counseling and school resource department presentations, open houses, etc.
- **33 of these contacts included school staff meetings 23%**
  Meetings included disciplinary hearings, progress reviews.

Service Contacts:
There was a total of **1411 Service Contacts**. Service contacts represent the following: school staff meetings, case management, counseling and progress reporting. Off-Site contacts represent quarterly progress meetings, counseling sessions, and program action planning.

- 364 represent programming (26%)
- 960 represent case management/progress reporting/mentorship (68%)
- 86 represent counseling sessions (i.e., UIUC Counseling Department, Human Services organizations, etc.) (6%)

Non Treatment Plan Clients:
There was a total of **54** NTPC this year. Parent/guardians involvement is integral to the success of CU Change participants. Parent/Guardians were engaged in a variety of specialized programs, activities as well as, youth progress meetings.

- 30 of these represent quarterly and end of the year progress reviews
- 24 of these represent family engagement activities

Treatment Plan Clients:
The C-U Change served a total of 56 youth for year FY17. C-U Change staff, school staff and referral sources worked to encourage program participation and engagement of all youth.

Program Outcomes

A. Expose youth enrolled in the program to positive youth development programs and activities.
    Outcome: 100% of all youth enrolled in the program will participate in Project Learn, Positive Action, and Smart Leaders during their time in the program.
    - 56 youth participated in Project Learn, Positive Action and Smart Leaders during their time in the program.

    Outcome: 100% of all youth will be matched with a mentor
    - 56 of 56 youth were matched with a mentor and caring adult.

    Outcome: 80% of all youth will meet with their mentor at least once per week
    - 45 of 56 youth met with their mentor at least once per week

    Outcome: 50% of all youth who successfully complete the program will serve as mentors to new participants in the program
    - 2 youth completed the program. Both graduates are currently employed and residing in the local Champaign area with plans of college in the near future. The graduates, will serve as mentors to the returning new C-U Change youth.

    Outcome: 70% of all youth will participate in an average of one (1) service to community activity per month.
    - 56 youth participated in an average of one service to community activity per month.

B. Provide Case management that will assist youth to successfully address behavior issues
    Outcome: 70% of all participants will show a decrease in School suspension
    - 11 of 17 have shown a decrease in school suspension. The remaining 39 youth have no records of suspensions.

    Outcome: 60% of all youth will show satisfactory classroom behavior
    - 12 of the 56 youth had documented discipline reports for the year. 8 of 12 youth have a decreased amount of discipline reports for the year since enrollment in the C-U Change program. The remaining 48 of youth served for the year have no records of discipline reports while enrolled in the program.

    Outcome: 60% of all participants will show improved compliance with probation and Court Services.
    - 3 of 56 youth served were on probation. 1 of the 3 youth did not violate their probation while enrolled in the C-U Change program. The remaining enrolled youth have no records of involvement with probation and Court Services.

Outcome: 60% of all participants will show decreased interaction with the Juvenile Justice System.

- 9 youth enrolled in the program this year on a Juvenile Station Adjustment. 8 of those 9 youth have completed their station adjustment or are on track to complete station adjustment.

C. Create opportunities for positive interaction, feedback and involvement for parent/guardian of youth enrolled in the C-U Change program

Outcome: 100% of all youth and families will participate in the intake and orientation process.

- 56 of 56 youth and families participated in the intake and orientation process.

Outcome: 70% of all parent/guardians will participate in at least one school progress meeting during each school year

- 39 of 56 parent/guardians have participated in at least one school progress meeting during each school year. Meetings included a review of change member's grades, attendance and behavior reports and actions plans.

Outcome: 70% of all parent/guardians will participate in quarterly progress reviews, planning sessions, and family engagement activities.

- 39 of 56 parent/guardians participated in quarterly progress reviews, planning sessions, and family engagement activities.

Outcome: 60% of all parent/guardians will participate in the annual C-U Change Achievement Ceremony

- 24 parent/guardians participated in the annual C-U Change Achievement Ceremony. 24 of the 40 active C-U Change youth enrolled at the time of the ceremony were present along with other club members, staff, and community supporters.

D. Improve educational achievement and progress of youth enrolled in the program.

Outcome: 100% of all participants will participate in Educational Assistance Programming including (Tutoring/Homework help, Career Launch, Money Matters and Goals for Graduation.)

- 56 of 56 enrolled youth participated in Educational Assistance Programming including (Tutoring/Homework help, Career Launch, Money Matters and Goals for Graduation.)

Outcome: 75% of all participants will demonstrate improvement in school attendance

- 26 of the 56 youth had documented absences. Of that 26,
  21 of those youth improved school attendance.

Outcome: 70% of all participants will demonstrate improvement in Grade Point Average

- 30 of the 56 youth served show improvement in overall GPA.

Outcome: 75% of all participants will show annual progress towards high school graduation.

- Of the 56 youth served for the year 55 have grade promoted and or graduated since enrollment in the program.

Outcome: 100% of all participants who complete the program will develop a documented plan for the future.

- There were 2 graduating seniors. Both youth graduated high school at Centennial High in Champaign, IL and are currently employed with plans of college in the near future.

Don Moyer Boys & Girls Club – Youth & Family Services
<u>Performance Outcome Report</u>
July 1, 2016 – June 30, 2017

Don Moyer Boys & Girls Club's Youth & Family Services were available to youth, families and child serving organizations in Champaign County. Specifically, DMBGC provided direct services to the following groups:

1. Youth between the ages of 10 and 18 who have or are: experiencing social, emotional and behavioral challenges; have a history of trauma; involved with the juvenile justice, mental health or child welfare system

2. Parents and caregivers of youth who are: experiencing social, emotional, and behavioral challenges; have a history of trauma; involved with the juvenile justice, mental health or child welfare system
3. Child-serving systems, social service agencies, family support organizations, faith-based organizations, civic/social groups and other community-based entities interested in improving outcomes for youth with emotional and behavioral challenges.

Youth and caregivers/parents in our target population are often triggered because they feel isolated, hopeless and stigmatized by the systems that serve them. They find it difficult to navigate these systems due to their lack of knowledge and understanding of how the system works. These services are designed to be responsive to youth and parents/caregivers with significant trauma history due to the disproportionate rate of poverty, use of special education services, involvement in child welfare or juvenile justice systems, and mental and physical health difficulties found in Champaign County.

An important component to assisting are target population on their journey to wellness and recovery is access to peer-to-peer support and culturally responsive services. Our goal this fiscal year was to help them become more resilient, responsible, resourceful, and restored.

We accomplished this goal by providing the following services:

1. Youth Advocacy Services: Individual coaching/mentoring to youth to assist with goal setting and problem-solving of specific and immediate challenges at home, school or community environments. This support is necessary to help manage, reduce stress associated with balancing adolescence, social/emotional challenges and system involvement. Example Activities include helping youth plan out activities to be involved at school, home and in the community; providing support to youth around managing friendships; educating youth about high-risk behaviors; support with addressing peer pressure. These services were provided both face to face (in the consumer's home or in a community setting) and via phone.

2. Parent Peer Support Partner: Direct supports provided to a parent/caregiver to link with community resources; support navigating the multiple systems in which the family is involved. This support is necessary to ensure that parent/ caregiver relates to another peer with lived experience. A Parent Peer Support Partner supports the parent/caregiver in decision making in a safe and non-judgmental and unbiased relationship. The Peer Supporter links the parent/caregiver to community services and works collaboratively with all the systems the caregiver/parent is involved in. Example activities include meeting with parent/caregiver to provide system-specific information regarding valuable community resources; reviewing common documentation, language, policies and procedures with a youth/caregiver entering a new system such as juvenile justice; teaching youth and caregiver, tips/tools for self-advocacy in the school system.

3. Consultation/Engagement Training: Consultation, training and collaboration with community partners to support them in developing and sustaining family and youth-guided policies and practices within their organization activities and goals. Community partners include all child serving systems, social service agencies, family support organizations, faith-based

organizations, civic/social groups, and other community-based entities that have a vested interest in improving outcomes for youth and families.

4. Public Education Open workshops/ groups for parents/caregivers to provide support and education on social and emotional challenges that impact youth and families involved in multiple systems. The workshops/groups are preventative in nature and designed to offer families with needed information, support, and resources.

5. Assessments: DMBGC offers several free, innovative programs to youth and families in the community to raise awareness, reduce stigma and promote overall health and wellness. Assessments for youth and caregivers/parents to identify areas where they are excelling and areas in which increased support is needed.

Outcomes:

All DMBGC Youth & Family Services accomplished the following shared goals and intended outcomes for youth/families and community organizations in Champaign County and surrounding rural areas:

1. Provide positive peer to peer support
   - 71 consumers received positive peer to peer support through direct youth & family services

2. Promote self-care and health seeking behaviors
   - 100% of P3 and Youth Kickback group topics promoted self-care and heath seeking behavior. Topics included: recognizing mental illness, family goal setting, family boding, cultivating relationships with healthy boundaries, coping technique, and understanding the 5 love languages.

3. Improve access to community resources
   - All consumers who received Linkage and Engagement services were connected to community resources based on the families' individual needs.
   - Various community resources were shared with attendees at all Community Service Events held this year

4. Reduce stigma associated with mental health treatment and multiple system involvement
   - All Youth & Family services are designed to reduce the stigma

5. Educate families about consumer rights and feedback process
   - 100% of youth and caregivers receiving Youth & Family services were educated about consumer rights and feedback processes as it relates to their specific system involvement

6. Reduce disparities in services and outcomes for youth/families involved in mental health care
   - All Youth & Family services are designed to reduce disparities in services and outcomes for youth/families enrolled.

7. Support community partners in developing and promoting family-driven and youth-guided practices
   - We partnered with various schools (Champaign, Rantoul, Mahomet, Urbana, and Circle Academy), Illinois Choices, LAN, and Champaign Community Coalition during this program year.

Utilization:

1. Community Service Events (Workshops/Open Groups)

Anticipated: 60

Actual: 34

Throughout the program year we hosted 11 P3 groups which are designed for caregivers, 9 Youth Kickback groups with a variety of topics and 1 youth leadership camp. In addition to this we hosted 12 community wide events during Children's Mental Health Awareness week. We also hosted 1 Family Fall Festival where youth and their parents learned about Seasonal Affective Disorder and learned how to identify symptoms of healthy options to cope.

2. Service Contacts (Youth Advocacy, Peer Support, Consultation/Engagement Training, Public Education, Assessments)

Anticipated: 100

Actual: 71

As the program year got underway, we found it more beneficial to solely focus on tracking the number of assessments provided to the individuals who received direct services through our Youth Advocacy and Parent Peer Support. Therefore, service contacts reported in the actual number represent our initial point of contact with youth and caregivers where assessments were given. Continuing consumers were given new assessments at the start of the program year. They are reflected in the 1st quarter continuing numbers. We implemented a new peer support model during the program year which required unanticipated training and implementation time. This lead to limited enrollment of new individuals to serve. Consultations/trainings were not conducted this year due to the need to the prioritization of revamping our direct services to youth and families.

3. NTPC (Linkage and Engagement)

Anticipated: 20

Actual: 12

There was a slow start to the number of individuals who requested linkage and engagement services the first two quarters of the program year. During the third quarter, the YFPSA website was relaunched and numbers increased. During the 4th quarter we had an increase of 16 consumers for linkage and engagement services after the May 5, 2017 relaunch of the website. Unfortunately, we were not able to collect demographic information from these consumers and could not report them in our actual numbers. Next program year we will have mechanisms in place to collect the necessary information needed to accurately report this information.

East Central Illinois Refugee Mutual Assistance Center - Year End Recap FY17

In our proposal for FY17, the Refugee Center proposed for our grant 75 "Community Service Events" and 28 hours of workshops. For FY17 there were 97 events occurred. These ranged from citizenship classes, discussion groups, festivals, other cultural events, to community education. We provided 8 hours of Health and Nutrition workshops for children. We also provided workshops on immigration and citizenship, Self-protection, Family workshops on WIC and Public Benefits, Employment, Rules of the Road, Cultural Harmony, and even Mental Health issues like Stress.

Support activities were well attended. The newsletter published four articles on Mental Health issues Feeling Stressed, Understanding American Politics, Know your Community, and Medicare Alert.

Linkage with Child Advocacy Center, Crisis Nursery, Courage Connection, DCFS, Family Service, Heartland Alliance (Anti-Trafficking Consortium), local hospitals, police, and the courts continue. Home visits were made to Vietnamese, Spanish, Iraqi, Russian, Chinese, Afghan, and African homes. Case notes, encounter forms, newsletters, attendance lists, and mailing list provide documentation of services.

CCMHB FY 2017 PERFORMANCE OUTCOME REPORT
Family Service of Champaign County

Family Counseling

Overview
The Counseling program provides services to any individual in Champaign County. We have a subcontract for service provision with Choices Inc. We also have memorandums of understanding with Champaign County Drug Court and the Youth Assessment Center, ensuring that children and adolescents with mental illness, substance abuse and developmental disabilities issues, and eligible adults as defined by DHS/DMH are given priority service. Over 90% of the program's clients requesting services are low-income and/or do not have insurance.

Family Service continues to be one of the few agencies in Champaign County without a religious orientation offering both short-term and long-term services on a sliding fee scale. In general, there are no limits to the number of sessions available to a client. The program adheres to the mental health guidelines for standard practices and promotes client driven therapy.

Services usually begin with either a referral from an outside source or direct request from a client. After an intake interview has been conducted, the case is assigned to a therapist. The therapist makes every effort to schedule an initial session with a client within 1-2 days following the intake interview. In the initial therapy sessions, depending on the client's needs and situation, an assessment is completed and client and therapist begin to develop a treatment plan. Once goals are established, they are reviewed every three months (more often, if necessary) to determine progress and/or need for continuing therapy. Client and therapist together decide what the treatment goals will be and how progress is being made.

Therapy sessions are conducted primarily at the Family Service office. Family Service offers individual, couple, and family therapy. The program addresses issues such as anger management, abuse (which may include adult and/or child abuse), child behavioral issues, family discord, co-dependent behavior, grief, and substance abuse. Therapists are ever aware and sensitive to the client's needs and issues and in order to address those needs they use creative techniques and approaches. In issues such as substance abuse and parenting there is a strong educational component. Clients may be given homework assignments; children and adults may be asked to complete projects together or express feelings through artwork or written documents.

This fiscal year the counselors and program director completed training provided from the Illinois Department of Children and Family Services (DCFS) regarding Trauma-Informed Evidence Based Practices. These trainings began in July 2016, are internet based and are at no cost to Family Service. All counseling staff will be credentialed providers of Trauma-Informed Evidenced Based Practices after their documents are reviewed and approved by DCFS.

Performance Outcome Measures

Rural Residents
This program tries to ensure that rural residents and the various professionals who work with rural residents are aware of the Counseling program at Family Service. While the program's limited staff and funding do not allow us to extend service to locations outside of our Champaign facility, we offer evening hours on Mondays and Thursdays so that the service is more accessible to those who may have further to travel. Personal visits were made to area libraries and community centers to post flyers that described our counseling services to increase awareness and usage of our services by the rural Champaign County population. Communities visited included: Mahomet, Foosland, Fisher, Dewey, Ludlow, Rantoul, Thomasboro, Seymour, Ivesdale, Sadorous, Pesotum, Tolono, Homer, Philo, Ogden, Champaign and Urbana. In communities that did not have a library or community center a flyer was placed at the Post Office.

Consumer Access

The Counseling program provides access for consumers in an expedient manner and operates on a child and family centered strength based model. Although therapists do not currently provide therapy off site (other than occasional exceptions for Drug Court clients), therapists do coordinate services with other community service providers in an effort to ensure a "single integrated treatment plan across systems". Family Service provides access for children of low-income families by offering a sliding fee scale and works with at-risk children to improve behaviors and assist children and families in improving the quality of family interactions. These interventions are part of a larger community system designed to strengthen families.

Family Service is located at a major intersection on a bus route, making it accessible for those individuals using public transportation. It is also within walking distance of downtown Champaign and other community resources that are often used by our clients.

The fee for Drug Court clients is reduced or waived if requested by a representative of the assessment team or Judge Ford. This allows access to service for this population who may have no insurance or income to pay for counseling. In FY 17, Family Service counselors served seven Drug Court clients and fees were waived for all seven of these individuals.

The Counseling program continues to experience very slow growth in client and service numbers. No staffing changes occurred during FY17. There was no waiting list to receive counseling services. At this time we are not a Medicaid approved provider and receive an average of three requests per week for counseling services that we refer to Medicaid approved providers.

In FY17 we had a DCFS fee for service contract as well as a contract with Choices (a DCFS managed care provider) and received a total of two referrals in FY 17 related to both of these contracts. We did provide services to one youth as a result of referrals from the Youth Assessment Center. The Program Director regularly attends the Drug Court Assessment team meetings and courtroom proceedings. The program director's attendance at community meetings with the Human Services Council and Choices Provider Council are helpful with networking and marketing of the program. The counseling program is also promoted at Health and Wellness Fairs such as the Disability Expo, the Parkland Wellness Fair and the National Depression Screening Day at Parkland.

Consumer Outcomes

The goal is to improve the client's level of functioning. Depending on the client and the presenting problem, this may include reducing stress, depression or anxiety; reducing relationship conflicts; improving parenting or communication skills, or ending an abusive relationship.

Success in achieving service outcome goals is determined in several ways: 1) by analyzing treatment goal completion after a client has terminated services; 2) by comparing the standardized Global Assessment of Functioning (GAF) scores to assess clients' progress; 3) by gathering information from the clients prior to the beginning of each session on their current functioning through the Outcome Rating Scale (ORS) (Note: clients retain the right to refuse to complete the ORS form and we do not ask clients under 18 to complete this form); and 4) by client's self-report to the therapist.

When clients complete therapy, goals are rated on a scale of 1 to 10. One equals no progress and ten is successful completion. Thirty-eight (38) counseling cases were closed during FY17. Five of the cases were closed before a treatment plan could be developed. Of the clients with developed treatment plan and goals, seventy-two percent (72%) had substantially completed 80% or more of their treatment plan goals at the time their case was closed.

The GAF scores at the beginning of therapy averaged 63. The definition of this score is some mild symptoms (e.g. depressed mood and mild insomnia) or some difficulty in social, occupational, or school functioning but generally functioning pretty well, and has some meaningful interpersonal relationships. At

the close of therapy, the GAF scores averaged 70. The same definition applies but the GAF range under this definition is 61-70. This improvement in GAF scores still indicates an improvement in overall functioning for these clients.

The ORS is a brief, four-item, self-report instrument designed to assess change in three areas of client functioning widely considered valid indicators of progress in treatment: individual (or symptomatic) functioning, interpersonal relationships and social role performance (work adjustment, quality of life). Overall well-being is also rated by the client with a scoring range of 0 – 10 for each of the four items and a total potential value of 40. Counseling staff reported that many of the adult clients refuse to participate in the completion of the ORS form as they feel it takes up therapy time or they just don't see the purpose of it during session. This is not disputed with the client. Clients under age 18 are not asked to complete this form. Six of the thirty-eight closed cases were minors. The ORS score at the beginning of therapy for those who completed the ORS averaged 12.83/40. However, these clients chose not to complete any subsequent ORS so it was not possible to measure progress with this tool. Three cases closed were couples for whom the ORS is difficult to apply. Three cases were one time mental health assessments for probation.

Client's verbal input is solicited throughout the counseling process to ensure that their needs are being met. This is accomplished during the sessions with the therapists who discuss the needs of the client during the psychosocial evaluation and the treatment planning process. This is our most valuable therapeutic evaluation of client progress. Clients discuss with the therapist the results of their efforts between sessions towards achieving their goals. Furthermore, the counseling policy is to review and update the treatment plan every three months, thus allowing for periodic opportunities to further discuss clients' needs. Every client whose case is closed receives a client satisfaction survey to complete. Of the 38 cases closed, 35 satisfaction surveys were sent out. The three individuals who obtained mental health assessments were not sent satisfaction surveys since they did not receive therapy. Six surveys were returned. Five of the six surveys strongly agreed that their therapist was skilled, professional and ethical. Only one of the six surveys indicated dissatisfaction primarily due to the fact that a female counselor would have been preferred. This individual had wanted afternoon appointments and only a male therapist was available to meet with her. Some of the comments included "Therapist had a low affect which was very positive since I and my grandchild are both verbal. I appreciate how he helped."; "Therapist is very easy to communicate with. My trust is with him to do what is needed."; "Enjoyed meeting with the therapist – soft voice, caring – recommend her very highly."

Utilization/Production Data Narrative

In FY17 the program served 49 unduplicated clients who were residents of Champaign County. This was 82% of the FY17 target of 60 clients to be served. We saw substantial increase in billable hours in FY 17 because of an increase in ongoing weekly appointments and an increase in the number of Champaign County Drug Court clients (7 Drug Court clients for FY17). The no show rate for the counseling program is quite low (8.2%). We believe there continues to be a number of reasons that the program has challenges in increasing the number of clients served. One challenge is very limited resources to advertise the program. We try to take advantage of every no-cost or low-cost opportunity to promote the service and to do outreach to potential clients and referral sources, but still find that many in the community are not aware of our program or that we do not have a waiting list for services. Please refer to earlier discussion under the headings Rural Residents and Consumer Access with regards to our intensive outreach efforts in FY17. Another reason is that our program primarily serves individuals who do not have Medicaid or other insurance and are therefore self-pay. Even with our sliding fee scale, we see that some individuals still find it difficult to pay for services. In response, we have increased the number of fee reductions and fee waivers that we grant in order to assure greater access to and utilization of our services. Program staff continues to make a concentrated effort to increase program utilization.

SELF-HELP CENTER

The Mission and purpose of the Family Service Self-Help Center

The Self-Help Center (SHC) provides information on and services to self-help and support groups. The program is a resource for self-help groups and professionals who provide support to individuals and families facing problems of isolation or circumstances of critical proportions. These groups are able to help people develop coping skills, acquire a network of supportive persons with a shared life experience or condition, reduce isolation and help enhance a sense of well-being. The groups thus enable individuals and families to function with a greater degree of self-determination and independence.

The Self-Help Center enriches the lives of the individuals who reside in Champaign County, Illinois through the education, promotion, and establishment of support groups and by fostering relationships between community organizations, support groups and individuals. A self-help group is a voluntary gathering of people who share a common problem, condition or history. By coming together, members share support and ideas on how to cope and live more productive and fulfilling lives. Groups are usually free of charge, on-going, and open to new members.

Self-help or mutual assistance groups are playing an increasingly important role in the health care system. They complement traditional services by effectively helping people deal with problems, stress, hardship, pain, and personal development. In self-help groups, people take responsibility for each other and themselves. They find that participating with others dealing with similar issues is non-stigmatizing and effective. Today, millions of Americans are turning to support groups to help them cope with some of life's most difficult problems. Ranging from tiny gatherings to national networks, often operating on shoestring budgets, meeting in rooms donated by churches or community centers, support groups have managed to survive and flourish. They are proving to be extremely effective in helping people cope with their problems. Proving themselves to be "an idea whose time has come," support groups are now burgeoning around the country at a fast-increasing rate. People seeking the help they offer want answers to some important questions: "What Makes A Good Group?", "How can a group help me?", "How Do I Find the Right Group?" and "How do I locate a group for my particular condition?". The SHC assists individuals with answering those important questions.

Consumer Access

Those seeking the services of the SHC are not required to meet any eligibility requirements. Because all information provided is confidential and anonymous the demographics for persons served are not available. However, we did collect and report below some demographic information on those who attended our biennial conference in April 2017. Consumers are able to access services via the internet through the Family Service webpage and the SHC Facebook page. The speed of consumer access is generally within 24 hours if a call or email is received during business hours. Internet access is immediate. A log is kept to record the date of all phone calls and responses given.

The information on support groups is accessible to rural residents via the Internet and by phone or email. The phone number for the Self-Help Center is published in the Sunday News-Gazette Community calendar. During FY17 personal visits were made to area libraries and community centers in the following communities to distribute support group information: Mahomet, Foosland, Fisher, Dewey, Ludlow, Rantoul, Thomasboro, Seymour, Ivesdale, Sadorous, Pesotum, Tolono, Homer, Philo, Ogden, Champaign and Urbana. In the smaller rural communities where no library or community center exists, flyers were posted in their post offices with information about the Self-Help Center. A needs assessment conducted a number of years ago indicated 36% of participants in area self-help groups resided in a rural area of Champaign County (including Rantoul). Rural libraries and churches are also on the Self-Help Center mailing list for directory and other SHC meeting notices. Six hundred newsletters were distributed each quarter in FY17. The area hospitals and medical clinic social services departments also received SHC information on a regular basis. The Center also distributes information at community fairs such as at Parkland College, City of Champaign Employee Fair, Jettie Rhodes Neighborhood Day, Garden Hills Spring Fling and the Disability Expo where residents from across the county are in attendance.

We maintain and distribute eleven Specialized Lists with current information on the self-help and support groups related to the following topical categories:

Addictions
Bereavement
Caregivers
Disabilities
Health
Mental Health
Other (Crime Victims, Employment, Neighborhood Associations, Public Speaking, Veterans, Women's Issues)
Parenting (including Separation/Divorce)
Physical and Emotional Abuse
Sexual Orientation
Youth/Students

We are always soliciting community members' input as to any new groups that may be forming in our area so that these can be added to our database and the SHC website. We do not endorse any specific groups. Rather, it is up to the individual seeking information to determine if a group is the right match for his or her needs.

A hard copy Support Group Directory, containing an exhaustive list of all known support groups in our area, is printed every other year. The 16th edition was updated and published in the spring of FY17. The on-line version of the directory is updated on an on-going basis. The eleven hard-copy Specialized Lists are also updated on a regular basis. These lists are available in hospitals, agency lobbies, public libraries throughout Champaign County, counseling offices, health and wellness fairs and in some churches. A lending library of training materials for group leaders is located at Family Service for individuals to borrow.

The SHC provides consultation services and educational packets for individuals wanting to start a group or improve existing group functioning on an ongoing basis. Consultation is by phone or in face-to-face meetings at a location convenient to the individual. We provide 1-3 workshops per year for self-help group skill development at Family Service or another community location. To enhance public awareness about self-help groups we participate in approximately 5-7 community fairs/forums for the public or professionals. The Self-Helper newsletter for group leaders, members and other community professionals is published quarterly. Every other year the Self-Help Center holds a biennial conference. The day-long conference was held this past spring on April 7, 2017 at the Hawthorne Suites in Champaign.

<u>*Outcome Goals: (responses to goal achievement are in italics)*</u>
Due to confidentiality and anonymity issues, limited information is collected on the information and referral calls except for the subject or nature of the call. Information is not available for pre and post service outcomes for persons who access information from our publications and on the internet. Post service measures are in effect for the workshops, classes and conferences which measure acquisition of skills, knowledge, satisfaction, networking opportunities and implementation. The benchmark figure established since 2005 was a good or excellent rating by the participants on the post event evaluations. This goal has been met 98% for the biennial conference measurements. *A copy of the evaluation summary from the Self-Help Center Biennial Conference is attached with this report for review. The conference was held in April at the Hawthorne Suites in Champaign. Seventy individuals attended the conference. Attendees also had the opportunity to earn 6 CEU's from attending the conference.*

The following demographic information was collected from individuals who registered for the conference:

Gender:
Female – 62 Male – 8

Ethnicity:
Caucasian – 59
African American – 6

Hispanic – 1
Other (Indian) – 1
No Answer - 3

Residence:
Champaign County – 53 Other Counties – 15 No Answer - 2

Not everyone who registered completed the information that was requested since it was voluntary. Addresses were required only for those who were receiving CEU's.

Through the Self-Help Center, individuals and families will be made aware of the existence of self-help groups and will be provided information and/or referral to a group(s) appropriate to address their needs (when one is available).

The Self-Help Center completed 331 weighted community service events (CSEs) this year, which was 51 units more than the goal of 280 weighted events. These "events" include updating and maintaining the website; community events/presentations; consultations for groups in formation and existing groups; updating the Support Group Directory; publication and distribution of the quarterly Self-Helper Newsletter; updating and distribution of 11 Specialized Lists; planning meetings for the Center's Biennial Conference (conference held in April 2017) and attending planning meetings with various community organizations.

The Center responded to 271 information and referral calls and 1295 emails relating to self-help. There were 12,469 visits to the Self-Help Center website.

Through the Self-Help Center, individuals wanting to start a group and group leaders experiencing difficulties will be able to effectively start and lead groups and group visibility will increase.

A total of 45 group consultations were provided during FY17. One facilitator workshop was held during FY17. Fifteen of the consultations were with existing groups. Twelve of the consultations were with groups in formation (post-election anxiety group, Victims/relatives of gun/crime violence, Ehlers Danlos Syndrome patients, teens who have lost parents, men as caregivers). Organizations including United Way, Children's Home & Aid, Champaign County Regional Planning Commission, the Epilepsy Foundation, Harbor Lights Hospice, the Rosecrance Crisis team, the University of Illinois Social Work program and PACE, Inc .consulted with the Self-Help Center.

Through the Self-Help Center, professionals will be able to locate Self-Help groups to which they can refer their clients and will know how to work effectively with groups.

Web Counts = 12,469(Note: We cannot distinguish lay vs. professional counts)
I&R calls and emails= 1566
11 Specialized Lists = Distribution to professionals and lay persons
Support Group Directories = all hardcopies of the 15th edition have been distributed – 16th edition printed in spring 2017. On-line version was maintained and available throughout FY17.

Continue to develop collaborative training approaches for self-help group leaders and professionals working with support groups.

Attended planning meetings with the following: Disability Resource Expo; Self-Help Advisory Council; Birth to Six Council; Human Services Council; Alliance for the Promotion of Acceptance, Inclusion and Respect; Champaign/Urbana Mental Health Public Education Committee; Senior Task Force; Self-Help Biennial Conference Planning Committee and Caregiver Support Team. Attended 10 community events that provided the opportunity to inform others about the SHC. Five public presentations were given in addition to the Biennial Conference: United Garden Hills Neighborhood Association; Family Service Board of Directors; Depression Screening Event at Parkland College; Ann Casey's University of Illinois Social Work 501 class; and the Anxiety Screening Event at Parkland College.

The Self-Help Center Biennial conference was titled "Meaningful Communication for Meaningful Connection". Dr. Elaine Shpungin, director of the UIUC Psychological Services Center, was the keynote speaker. Six break-out sessions were also conducted: Verbal Judo – presenter Dr. Michael

Schlosser; Communicating and connecting for Mental Health – presenters Nancy Carter & Debra Medlyn; Communicating and Connecting for Restorative Justice – presenter Joseph Omo-Osagie; Communicating and connecting for Spiritual Growth – panel discussion led by Vera Duncanson; Communicating and connecting with Technology and the Internet – presenter Avigail Laird and Christopher Smith; and Communication and connecting in Intimate Relationships – presenter Dr. Mikhail Lyubansky.

Six CEU's were available for attendees to receive. Seventy people attended the event. Fifty-three individuals identified themselves as Champaign County residents. Twelve additional Illinois counties (including Cook) were identified.

To implement culturally sensitive practices and outreach approaches as possible.

All of the topics presented at the conference incorporated some discussion that included cultural competency/sensitivity topics.

Utilization/Production Data Narrative

In FY 17 the program exceeded the expected level of service in the contract program plan. The Self-Help Center completed 331 weighted community service events this year (118% of target). The goal was 280 weighted events. See page 4 above for additional detail on FY17 community service events.

Measurement of outcome goals is tracked by the following: volume statistics from the Self-Help Center website; counts on the number of Support Group Directories distributed; counts of the number of community fairs and events for the public that the Center participates in; and counts of phone calls/emails made to the Self-Help Center. Status of groups in formation is tracked in terms of number of groups in formation and groups that actually formed with the assistance of the Self-Help Center. Number of consultations to existing groups and newly forming groups are recorded and distribution of informational packets sent to group leaders is recorded. Follow-up on the consultations and feedback on the information packets is also conducted. Attendance records are kept for workshops, classes and public presentations as well as the biennial conference. Follow-up evaluations are conducted to monitor the benefits of the training opportunities. Distribution of support group information to professionals is tracked by: volume statistics from the Self-Help Center website; counts of Support Group Directories distributed; counts of community events; and counts of phone calls/emails to the Self-Help Center. Measurement of Consumer Satisfaction is measured from the participant evaluations of each workshop and class provided.

Self-Help Center Conference Evaluation Summary, Friday, April 7, 2017

At the Self-Help Center we are always trying to improve our programs and services. Please help us evaluate this conference and provide suggestions for future conferences by filling out this form. You can drop it in the evaluation box at the registration table, fax to 352-9512 or mail it to the Self-Help Center of Family Service, 405 S. State St., Champaign, IL 61820. Thank you!

There were 57 completed evaluations turned in.

1. How did you hear about the conference?
   - 8 Conference Brochure
   - 8 Newsletter
   - 10 Continuing Education Institute of Illinois e-blast
   - ___ Radio (Which station?)
   - ___ TV
   - 18 Friend/Professional
   - 5 Self Help Center or Family Service Website
   - 2 Other (specify) __Kim Simpson's nursing class____

2. I am (check all that apply)
   - 4 a self-help group member

8 a self-help group facilitator/leader
42 a professional
1 a minister or pastoral staff
8 an interested lay person
8 a family member or caregiver
6 an undergraduate or graduate student
__other (please indicate) ______________________________

3. Please evaluate the following, using the scale across each item. Additional comment space is included below.

	Excellent	Good	Fair	Poor
Conference Facility/Location Hawthorne Suites	40	14	___	___
Parking	42	8	6	1
Registration	44	13	___	___
Exhibits	36	18	3	___
Refreshments/Lunch	37	19	_	___
Resource packets /Program Info	38	18	___	___
Volunteer Assistance	39	15	___	___

Comments:
Rooms were a bit hard to get around in- tight fit!
Lunch was delicious but the line was so long and I was at the end, so barely got time to eat before 1:00.
Nice, easy location! Much appreciated- no stairs!
Difficult to find where to park.
Larger soup bowls- really good soup!
Gluten-free options for lunch.

4. Please evaluate the speakers/sessions you attended.
a. MORNING KEYNOTE – Dr. Elaine Shpungin –
"Listening Underneath: Three Keys for Tuning Conflict into Connection"

Subject Level: _Too Elementary 54 Just Right _0 Too Advanced
Presentation: _50 Effective 0 Somewhat Effective _0 Not Effective

Comments:
A lot of good information was given.
Excellent practical strategies for life.
Very interesting. Good Job!
Fantastic! I will begin today to change by relationships by listening and valuing the other person's feelings.
Loved it!
Excellent! Well organized with memorable personal examples that illustrated her points well.
Very useful
Dr. Elaine was informative and engaging! Good information and reminders.
This was fantastic!
Elaine was an excellent speaker- fresh and useful information.
Best presentation!
Loved it!

*Loved her! Totally enjoyed her ability to connect! She was able to make information relevant in all walks of life.
*Loved it. Information was very useful. I was able to connect as I am currently experiencing similar situation with my son. Information presented was wonderful as you can use it in all aspects of your life.
*Great information!

b. AFTERNOON WRAP-UP/CLOSING
Presentation:
37 Effective 15 Somewhat Effective 0 Not Effective

Comments:
*Interactive- Great!
*Thanks for having people share.
*Nice to share back
*I couldn't hear what a lot of people at my table were saying. (too loud)
*We needed a little more time at the end to discuss within our groups (tables).
*Great review. Sounds like some great information in the other sessions. Wish I could have heard them all.
*I enjoyed this session and it was well worth attending.
*Could have been shorter.

5. My overall reaction to the conference:
36 Excellent 18 Good 1 Fair 0 Poor
Comments:
*Well organized.
*Great topics for connection.
*Dr. Elaine Shpungin was excellent and I learned a lot from her.
*Dr. Elaine and her husband Mikhail were really fun! Wonderful presenters
*Mowrer Award winners/stories were very interesting.
*Well organized and executed.
*Lots of food for thought.
*Thank you!
*Loved the restorative conversations!
*Well organized, great topics strong presentations, and wonderful turn out!
*Thank you for organization of this educational event that supports the professional development and networking across services agencies and community providers.
*Excellent! The sessions meshed really well. I enjoyed getting a husband and wife perspective!
*This was my first time attending the conference and I enjoyed each break-out session.
*Very constructive and encouraging.
*Well done!
*Verbal Judo was very good!
*Repeat some concurrent sessions.
*Good job putting everything together!
*Very professional
*Information was great!
*I truly enjoyed the conference!

6. Is there anything you didn't like or would have liked to see done differently? If so, what?

Comments
*More lines for lunch.
*Some sessions did not seem to have an agenda.
*Name tags should have agency/title or degree.
*No- it was very well planned. I know it is a lot of work- thank you!
*Maybe some way for us all to network- ice-breakers, group work, etc.?

*I don't think the Mowrer Awards were appropriate.
*It was a tad cold in the White Oaks II room.
*The descriptions on the break-out sessions didn't seem to accurately describe the workshops. While both presentations were ok neither was what I expected.
*Too much noise overflow from adjoining rooms-during the break-out sessions.
*It would be nice to have write-ups stating what the break-out sessions are based on or about. (Loralea's note- this information was available on the website.)
*I would like smaller work groups to learn and practice techniques.
*More organized- At times I felt like people did not know what they were supposed to do.
*Smaller groups and more time with presenters to practice some of the skills that were presented.
*It was a little cold.
*I think it would have been more effective for people to get lunch first and then we could have eaten while watching the Mowrer Awards presentation.
*Too little time to eat! I had to eat in 15 minutes! I never got to see the exhibits.

7. Please indicate topics you would be interested in for future workshops/conferences:
*Please bring Elaine back!
*More conferences with Dr. Mikhail and Dr. Elaine!
*Recovery
*Mindfulness
*Self-Care
*Spiritual health
*DBT
*LGBTQ
*Health
*SBIRT (?)
*Challenge conversation on reasons of race issues that divides God's people. All created equal to enjoy life and earth that is so beautiful.
*Trauma-informed practice
*Grassroots movements
*Identity politics
*Role Play
*What's up and coming in connection in technology? How is HRE helping/hindering communication? How could we incorporate technology into our groups?
*Technology- practical applications for 12-step groups.
*CONCRETE ideas for social media outreach.
*Examples of social media and tech would have been helpful.
*A whole workshop on restorative justice/changes in the court system and safe policing.
*More in-depth communication styles for the mental health population.
*Marketing for non-profits
*Survival techniques for non-profits
*Autism
*General health improvement
*Networking
*More information on NVC (nonviolent communication)
*Conflict in the workplace
*Non-Violent Communication
*Spiritual topics-helps me cope with life's challenges

8. Is it ok to use what you wrote down in our marketing materials (like our website and brochures?) No responses received

- ❑ Yes
- ❑ No, thank you

Senior Resource Center—Senior Counseling and Advocacy

CONSUMER ACCESS

The Counseling and Advocacy program serves Champaign County seniors 60 years of age and older, those caring for seniors, seniors caring for adult children with disabilities, grandparents and others raising related children, and adults with disabilities ages 18-59. The program specifically targets seniors age 75 and older, living in poverty, living in rural areas, living alone, and/or those who are minorities. The following demographics show that, in most cases, the Senior Resource Center at Family Service served this population in numbers that are higher than the Champaign County average.

Fiscal Year 2017		
Targeted Consumer Population	**Percent of County Population (2010 Census)**	**Percent of Counseling and Advocacy Clients**
75 years of age or older	33%	40%
Low Income	5%	72%
Rural*	29%	16%
Living Alone	22%	57%
Minority	20%	34%

*(those who live outside of Champaign, Urbana, Rantoul and Savoy)

The following outcomes, targets and progress address Treatment Plan clients during FY2017:

FY2017 Outcomes		
Intended Outcomes	Target	Progress
PEARLS clients will improve their PHQ9 scores by 40% or more.	70%	see below
Brief Solution Focused Therapy clients will show improvement on their anxiety/depression or social isolation assessment after 6 months of intervention.	70%	73%
Other clients assessed as experiencing depression or anxiety will have improved assessment scores after six months of intervention	60%	70%
Clients with social isolation indicated on their assessment will decrease their level of social isolation after 6 months of intervention.	70%	71%
Clients will report increased feelings of empowerment and satisfaction with their personal life situation.	85%	88%
Clients will report increased access to resources to address the needs and problems associated with aging.	80%	85%
Clients will have unmet needs identified at opening met at closing.	80%	87%

Results exceeded targets for most outcomes.

During FY2017, 32 clients were referred to the PEARLS program and 22 accepted screening. The Senior Resource Center continues to sustain the number of clients referred to the program, screened for the program and implementing the program. Of the clients implementing the PEARLS program this year, 20% discontinued the program during implementation, 40% are still in the program and 40% have completed the program but did not improve their PHQ 9 scores by 40% or more. All of the clients completing the program were suffering from illness or injury. The categories most affecting their PHQ9 (depression assessment) scores were those reporting physical difficulties (interrupted sleep, changes in appetite, loss of energy, etc.). In many cases, items reporting emotional well-being remained the same or improved. Implementation of the program and continued supportive counseling can help the senior cope with his/her changing health.

A Client Satisfaction Feedback Form is distributed annually to all clients receiving service during the year. On the 2017 Client Satisfaction Feedback Form, of those responding to the item, "The caseworker who

helped me made me feel less alone," 85% responded positively. On the same feedback form, of those responding to the item, "The caseworker who helped me made my situation feel safer," 87% responded positively.

During FY2017, Treatment Plan Clients in Senior Counseling received more than 195 hours of supportive counseling on issues related to aging.

Part II: Utilization/Production Data 2017					
Service Category	***Community Service Events (CSE)***	***Service/ Screening Contacts***	***Non-Treatment Plan Clients (NTPC)***	***Treatment Plan Clients (TPC)***	***Other (Caregiver)***
Annual Target	N/A	9,200	1,275	320	200
End of Year Data	N/A	12,908	1,287	389	194

During the third quarter, the Caregiver Advisor broke her leg and was out of work or working partial days for most of the quarter. She was unable to travel/drive for most of that time. Time sensitive issues and emergencies were covered by the Counseling and Advocacy manager or assigned staff members.

Counseling and Advocacy caseworkers continue to receive in-service training and clinical supervision on therapeutic techniques and community resources. These trainings increase the caseworkers' knowledge base and intervention tools. It also helps expand the inventory of resources available to them when assisting seniors.

In addition to our stated deliverables, we were privileged this year to work with the Building Evaluation Capacity project. We learned new ways to look at our data and to measure outcomes and program success. In the FY 18 fiscal year, we will be collecting data on several new outcomes as a result of this project. This will give us time to refine our outcomes and data collection procedures prior to the FY 19 grant application process at which point goals and measurements will be updated to reflect the new outcomes. Among those may be:

- Increase number of clients in rural areas using Counseling and Advocacy services through a written rural outreach plan
- Clients have access to knowledgeable experts in information and referral.
- Clients have decreased rates in subclinical anxiety or depression over time.
- Clients with perceived clinical anxiety or depression receive appropriate referral to mental health services.
- Clients are better able to verbalize service choices after options counseling.
- County age, gender, race, and ethnicity groups are served in numbers proportional to county demographics.

Performance Outcome Report
FirstFollowers-Peer Mentoring Program-FY 2017

Consumer Access

Performance Outcome Measures

1. Drop-In Center Operations-We have run our drop-in center two days a week throughout the year, apart from eight days when we had to close due to construction at our facility. We have served a total of 65 new clients in our drop-in center during the year. This is less than our target of 100. Our numbers were negatively impacted by the construction at our site which forced us to relocate to Urbana for eight weeks. Also, we need to market our services more effectively particularly through networks of other agencies such as the Reentry Council and the Champaign Coalition.
2. Promotion of our services- We promoted our services at public events which included Reentry Fairs, five public forums organized by FirstFollowers, Juneteenth celebration, Back to School Explosion, the Expungement and Sealing Summit and Champaign-Urbana Days. We also made public presentations at the Urbana City Council and the Champaign Human Relations Commission. In social media we upgraded our Facebook page and now have more than 100 followers. We sent two dozen promotional letters to individuals currently incarcerated inside IDOC facilities. We received referrals from Rep. Carol Ammons' office, Champaign County Reentry Program, Ann's House, IDOC, Champaign County Drug Court and Probation Services. We also held informational meetings with Courage Connection, C-U At Home, U of I Human Resources Department, Express Temporary Services, Restoration Urban Ministries, Dream House, Education Justice Project, Muslim American Society, Central Illinois Mosque, and Stone Creek Church.

Consumer Outcomes

Narratives

1. Anti-Stigma- We trained three peer mentors in outreach to employers. These individuals then implemented an outreach program which combined personal visits to employers with telephone and email contacts. We contacted 79 employers in all, including fifteen with whom we had personal meetings. Through this work and our drop-in center contacts we also compiled a list of twenty- six employers who have employed individuals with felony convictions. Our employer network has led to full-time employment for eight individuals with felony convictions.
2. Outreach-We implemented part-time contracts for eight peer mentors. We enhanced their capacity for outreach work through a series of capacity building workshops on conducting needs assessments. These mentors reached out to more than 300 people in the community, conducting a needs assessment for people returning home from incarceration and soliciting recommendations for measures authorities could take to improve outcomes for those living in the community with felony convictions. After completing the needs assessment, peer mentors presented the results of their study to audiences in the community, including church congregations, law students, U of I classes as well as at a conference at Northeastern Illinois University. We have added more than 50 new people with felony convictions to our FirstFollowers database. No candidates surfaced with an interest and the requisite qualifications to complete a certificate of rehabilitation. We did, however, provide support for five individuals going through the expungement and sealing process as well as assistance for three people entering university programs of study.
3. Support Groups-The anticipated demand for support groups for substance abuse did not materialize. However, our needs assessment revealed a demand for a support group around developing transitional housing opportunities for people returning to the community. We conducted three support group sessions and developed guidelines and a plan of action for implementing a transitional house.

Summary of measured outcomes:

Quantitative Assessments:
Number of part-time jobs created: 8
Number of employer interviews conducted: 15 in person, 64 by phone or email
Number of individuals with felony convictions interviewed: 108
Number of people with felony convictions added to data base: 52
Number of support groups and average attendance: 3 with average attendance of 6
Number of certificates of rehabilitation granted: 0
Number of Participants with behavioral health histories participating in support groups: 6

Qualitative Assessments
We did not use evaluation forms for qualitative assessment but rather conducted facilitated evaluation sessions which were summarized in written reports. These sessions evaluated the outreach work as overwhelmingly positive for the individuals and the agency. Every participant had suggestions for improving our outreach and anti-stigma work.

Data collection systems:
1. We keep a daily log of visitors and prepare intake forms and case notes for all those who come to the drop-in center seeking direct assistance. We also log telephone calls requesting service which we receive after hours.
2. We circulate sign-up sheets at all events. We evaluate these events through small group discussions rather than written forms.
3. We keep a record of community events attended via our reports to our board.
4. We have a database of all employer contacts as well as a database of employers with a history of hiring individuals with felony convictions.
5. We have developed a list of landlords willing to provide accommodation to individuals with felony convictions.
6. We follow up with our NTPCs via email, phone calls and text messages.

Unexpected or Unintended Results
In our outreach to employers we found few parties that responded positively to our efforts. Only a handful agreed to in-person meetings and those were often perfunctory. We have thus concentrated on a few employers where we have had some success. We have also re-doubled our efforts at assisting our clients to gain access to employment at the University of Illinois and/or continue with their studies at Parkland or the U of I. In addition, we have formed a steering committee to explore the possibility of running a workforce development course which would link participants to job opportunities in the building trades. Our steering committee includes representatives from the City of Champaign, the University of Illinois Human Resources Department, College of Education at U of I, and the Village of Rantoul.

Individual Advocacy Group

FY17 Champaign County CILA Updates

IAG supports seven adults living in two homes sponsored by the Champaign County Board. Three men live in the Royal Oak home. There is currently one opening in that home. Four ladies live in the Englewood home.
The staffing ratio is 2:3 at the men's home during prime time and 1:3 all other times. The women's home has a 1:4 staffing ratio. On many occasions there is a 2:4 staff ratio to accompany the ladies on community integration experiences.
Our individuals are offered other community Day Programs or a Flexible Day Experience at IAG. This Flexible Day Experience includes customized programming based on individual's interests and goals. This Program can be expanded with Community referrals.
This past year has been challenging to recruit local professional support for this Program due to restrictions in funding.

Mahomet Area Youth Club - B.L.A.S.T. Program

Consumer Access

MAYC's B.L.A.S.T. Programming for students K-12 includes enrichment activities, academic help, and cultural and community-based programming. MAYC partnered with Mahomet Seymour Schools District in this endeavor for several reasons: it allows the use of district facilities, providing a safe and structured environment, children participate in activities in their own school community limiting the need for transportation, additional contact with teachers, school staff, social workers, and guidance counselors, specialized learning spaces (including computer labs, gyms, music and art rooms), access to a variety of caring community volunteers, and most importantly, an inclusive environment that brings students from all economic backgrounds together.

Bulldogs Learning and Succeeding Together (B.L.A.S.T.) makes consumer access a priority. Outreach to eligible participants (all MS students in first grade - senior year) is accomplished through several avenues. The MAYC/B.L.A.S.T. program is discussed at Back-to-school nights at the various schools. Also, all students receive the sign-up form via the district Skyward communication tool. The program is also promoted on the school website, the MAYC/B.L.A.S.T website, and the MAYC Facebook page.

B.L.A.S.T. is promoted at the clubhouse, and all MAYC parents are contacted to encourage participation. Teachers and staff also encourage participation from the target population. The B.L.A.S.T. registration information is sent out via email and paper registrations as well for the families that do not have internet access. The majority of the families sign up online, but families can call-in to gain access to the program. To register, families must remit payment and request a class. MAYC members and students who qualify for free and reduced lunch are giving priority with 25% of the class held open for socio-economic disadvantaged students. Those students that qualify for free and reduced lunch are given priority and a scholarship in order for them to participate in the program.

In terms of actual participation, we have been able to meet and/or exceed the poverty rate in Mahomet when registrations are finalized. 21% of the students in the program qualified for free and reduced lunch last year, and those youth received scholarships to participate in the program. We have not yet had to turn away a student from participating in the B.L.A.S.T. program, and enrichment programming is always found for students wanting to participate. Once enrolled, the trend is for students to continue attendance at upcoming sessions of B.L.A.S.T., allowing participation to be ongoing. All B.L.A.S.T. information is tracked with B.L.A.S.T. registration packets, attendance by class, and target population in spreadsheet documents.

Consumer Outcomes(s)

The B.L.A.S.T. enrichment classes offer students a chance to experience new activities in arts, culture, life skills, and recreation. B.L.A.S.T. Enrichment Classes are offered in 6 week sessions, 60 – 90 minutes after school Monday – Thursday and are offered four (4) times throughout the school year (2 per semester). Classes cost ~$50 each per student. During non-session times, students have the opportunity to participate in the schools after school program. Enrichment classes are age-appropriate and from multiple disciplines. Programs thus far have included cooking classes, Code studio, Zumba, Crafty Kids, Being Creative with Literacy, History's Mysteries, Music, Wacky Science, Glass Art, Veterinary Medicine, Club MATH-tastic, Tae Kwan Do, and many others.

The B.L.A.S.T. program completes a parent survey at the end of each set of enrichment classes to make sure the classes are meeting the needs of the youth. In addition, the survey tracks attendance, engagement, and social interactions. Results are as follows:

- 62% of children were more interested in attending school on B.L.A.S.T. days.
- 68% of youth were more engaged in learning because of B.L.A.S.T.
- 82% of children made new friends at B.L.A.S.T.
- 76% responded that there was enough variety in enrichment opportunities
- 92% stated that the B.L.A.S.T. instructor was respectful, fun, and knowledgeable.

Youth that are more engaged at school, attend classes more often, and have friends are more than likely to perform better across the board. The attendance, engagement, and socialization keys that are noted above demonstrate that this program that just completed its 4th year is making an impact with students and their overall trajectory.

MAYC also tracks enrollment closely to ensure that we are impacting a significant number of students. In 2017, we reached 865 students across multiple semesters, and provided scholarships to 21% of the students who enrolled in

the classes. The scholarship rate exceeds the poverty rate in Mahomet, and the scholarship students are the core of who we want to reach at the club.
Although every student in the district is eligible to participate in the B.L.A.S.T. afterschool and enrichment programming for a fee, our target population includes students from disadvantaged backgrounds, families with financial hardship, and those who are eligible for free and reduced price lunches. We provided $30,000 dollars in scholarships and fee waivers for low income families in the district to insure that the target population has an opportunity to participate in an inclusive quality after school enrichment program and related activities. Students from diverse backgrounds and depressed economic conditions are provided the same opportunities as all other youth in the district.

Utilization Outcomes
MAYC continues to track demographic information including age, race, gender, income, family size, residency, and zip code information through the collection of membership applications. Decisions regarding reduced fees or scholarship eligibility are aided by this information
The majority of MAYC members are primarily categorized as non-treatment plan clients. In working more closely with mental health providers, social workers, school administrators and in attempting to refer individuals to service providers, MAYC anticipates that the number of treatment plan clients may increase.
The 2017 targets and results are as follows

	2017 Target	2017 Actual
Continuing TPC	1	0
New TPC	2	2
Total TPC	3	2
Continuing NTPC	200	451
New NTPC	97	414
Total NTPC	297	865
Service Contacts	150	2595
Community Service Events	110	600

We experienced another great turnout in 2017 for our B.L.A.S.T. programming. Since each course is a distinct offering on different topic, we show a significant increase in Total NTPC. Service contacts are also now based on the total number of NTPC that are contacted three times for each B.L.A.S.T course. It includes the enrollment review, an in-progress update, and the survey when the course is completed.
Community service events are based on the total number of courses that are offered. We offer 50 different courses for 6 weeks each, and there are two courses per week. As a result, we offer 600 events per year. Each course day is now an event based on how we are tracking student contacts.

Mahomet Area Youth Club - Members Matter

Consumer Access
MAYC tracks demographics for members and that information includes age, gender, race, school, city of residence and zip codes. Parents and or guardians are asked to provide information about household size, head of household, and annual household income. Financial reporting is mandatory only when a family requests a reduction in fees or when applying for the MAYC Scholarship Program.

Membership in MAYC is based on recruitment efforts by staff attending school functions, talking with teachers/school social workers, word of mouth, referrals from social workers or other agencies, past members, and information posted on the MAYC website and social media sites. In some instances, referrals from station adjusted youth and or juveniles required to complete community service work has resulted in MAYC membership and younger family members joining the club.

MAYC membership is from September 1 to August 31 of every year and all members/families are required to complete a membership application. Membership is $20 per year per child. Daily rates are based on a sliding scale

that is the same as what is used for the free and reduced lunch program. Daily rates range from $10 per day to free based on the sliding scale mentioned above. Teens must pay the yearly membership fee, but they are not assessed any daily registration fee. 57 of the 100 youth in our summer programs are on scholarship, have fees fully paid by another organization, or not charged a daily fee due to age. At the Jr. High, our after-school program is a drop-in program that is free to all students.

All families interested in enrolling their child at MAYC are encouraged to come and view the club and facilities – unannounced – whenever the club is open. A MAYC staff member provides a tour of the facility and is available to answer any questions about the organization or services available. Parents are asked if they would like to be added to email list which provides periodic updates on MAYC activities and requests additional input from parents/guardians about MAYC policies and procedures. We also survey parents after each school's out session and additionally in the middle of the summer session to collect feedback and further conversations with parents about the club and what is needed.

MAYC's program activities are planned on a monthly basis, and activities integrate members, family, and staff requests and feedback. All members are commended for good behavior and outstanding conduct and members may be recognized by an award of a "special privilege", which was a Bears Training Camp visit this year for our top youth.

MAYC continues to partner with other agencies to provide a selection of activities for the members and collaborations include working with local area churches, Champaign County Forest Preserve, 4H of Champaign County, University Of Illinois, Parkland College, Don Moyer Boys and Girls Club, Champaign County United Way along with other organizations.

Consumer Outcomes
The Members Matter program does track outcomes, and we have a 94% passing grade rate within the Jr. High after school program, and 75% of the students in the program have held their math or reading graded steady or improved their grades during their time in the program.

The MAYC Members Matter! Program provides activities in five value areas. Membership at MAYC, participation at the club, and interaction with staff is designed to:
1. Teach members to be self-sufficient in school and in age-appropriate life skills
2. Discuss and seek out educational or vocational opportunities
3. Develop skills to make appropriate behavioral decisions
4. Learn and share information about the importance of community service
5. Expand parental involvement through the MAYC Parents' Club

MAYC members are introduced to conversations about homework assignments, behavioral expectations, and involvement with community service projects. When a referral to MAYC is made by a social service agency, mental health agency, school, law enforcement or court related agency, the orientation process and initial family/member interview is appropriately modified to assist families with additional information regarding additional resources and referrals.
Educational and/or vocational information is presented to members via programming activities, MAYC community service projects, and participation in some grant application and presentations. MAYC parents may also seek additional assistance and services from MAYC staff in developing resumes, seeking job placement with local businesses and employment services to develop positive work force skills. MAYC also shares information received about job fairs, parenting techniques, special community meetings additional resources, and will request feedback on MAYC issues via an email contact list aptly entitled "MAYC Parents' Club".

MAYC provides information to and reminders for all members, families and volunteers about the "rules" and behavioral expectations when at the club. MAYC continues to utilize and promote a standard discipline structure at the club and school. Each location has posted expectations and outcomes with core issues. MAYC members are held accountable for negative behavior against themselves, other members, staff, volunteers, and or the general public. If a MAYC member is found to be in violation of a club rule, staff and other members will speak to the individual to determine the cause and depth of the problem, and MAYC administrative staff will speak with members to

emphasize better decision making skills, consider the "consequence of choice", and to make any apologies. For older members, they are provided with an opportunity to discuss the disciplinary action that will be taken and the level of discipline equates to the infraction. Discipline can range from a time-out to being sent home from the club.

Utilization

MAYC continues to track demographic information including age, race, gender, income, family size, residency, and zip code information through the collection of membership applications. Decisions regarding reduced fees or scholarship eligibility are informed by this information

The majority of MAYC members are primarily categorized as non-treatment plan clients. In working more closely with mental health providers, social workers, school administrators and in attempting to refer individuals to service providers, MAYC anticipates that the number of treatment plan clients may increase.

The 2017 targets and results are as follows:

	2017 Target	2017 Actual
Continuing TPC	2	0
New TPC	2	3
Total TPC	4	3
Continuing NTPC	90	78
New NTPC	20	79
Total NTPC	110	160
Service Contacts	175	2463
Community Service Events	75	206

We experienced a record number of youth at the club this summer. Many of them were first time attendees of the club. Those helped boost our summer numbers and the total NTPC numbers above. We did not have as many returning Jr. High program participants as expected. Some students age out and move on to high school and others find new activities after 6th or 7th grade. Also, we did have some students in our program move out of district this year, and that number appeared higher than usual.

We began tracking service contacts differently counting each homework contact during the week and each program day participated in by youth during the summer as a contact. This quickly accelerated the service contact numbers beyond the target. Our community service events are now based on the number of days where we service youth. Each day that we service youth has become an event. That was calculated differently in previous submissions.

Performance Outcome Report

Prairie Center Health Systems, Inc.
Criminal Justice Substance Use Treatment
FY17

PROGRAM PERFORMANCE MEASURES

Consumer Access

Access Outcome Measures:

1) Inmates who are offered brief intervention services while incarcerated.
2) Inmates who engage in brief intervention, case management, or counseling services while incarcerated.

Access Outcomes Results for FY17:

1) There were 175 Inmates who were offered brief intervention services while incarcerated.
2) There were 120 Inmates who engaged in brief intervention, case management, or counseling services while incarcerated.

Consumer Outcomes

Consumer Outcome Measures:

1. % of inmates who engage with case manager following their release.

Consumer Outcome Results:

1. 11%- Twelve out of 111 inmates who were identified as being screened while incarcerated in Champaign County Correctional Center engaged with case manager while in jail or immediately following release from jail. Some inmates received assessments while in jail and were recommended for residential or drug court. The case manager continued to provide them with case management services while their status for residential and drug court were pending. 9 out of 12 were admitted to treatment and engaged in services.

Based on Client Survey (Mental Health Statistics Improvement Program—MHSIP):

1) 98% of consumers with positive general satisfaction with PCHS services;
2) 98% of clients satisfied with their treatment outcomes;
3) 96% of clients with positive feelings about the quality and appropriateness of treatment.
4) 97% of clients satisfied with access to services

Results in all categories remain well above national averages in each area. It is noted that these results are for all substance abuse treatment programs at Prairie Center Health Systems, as clients move between various levels of care and facilities while receiving treatment.

Comments: During this fiscal year there was no staff turnover compared to FY 16 when there were three changes (Clinical Director, Clinical Coordinator, Jail Services Case Manager). Jail Services Case Manager Kathy Mayberry who was hired February 11, 2016 has done an excellent job of improving the results of the program with her outreach efforts both in the jail and after an inmate has been released. The case manager collects demographic data from inmates who agree to complete a GAIN Short Screen so that she can contact them via telephone or by mail to follow up with them once they are released. Compared to FY16 when there was only one inmate who followed up with treatment upon release in FY17 9 inmates completed an assessment and was admitted to treatment. Those 9 inmates were accepted in to Prairie Center's residential program, Drug Court Program (Specialty Courts Program), or outpatient treatment services.

As was stated in the previous performance outcome report without any incentives or sanctions, it is extremely difficult to engage inmates in services both while incarcerated and post-release. Kathy has continued efforts to create a better continuum of care between the agencies involved in providing substance abuse and mental health services for the Champaign County Correctional Center by staffing inmates with Rosecrance and other agencies that send staff to the jail to offer services. She documents referrals to Rosecrance, Cognition Works, and other local

agencies on the back of the GAIN Short Screen. Each agency has a representative at the jail where they consult and make referrals to collateral agencies. There is not enough space at the jail to offer treatment services currently. Prairie Center continues to work with the Reentry Council to find ways to better engage persons who are screened while in the jail. CEO Gail Raney and one other staff attend Reentry Council meetings periodically. This clinical director feels that the decision to add an additional component involving case management outreach via phone call and letter to attempt to engage clients post release is starting to pay off. The case manager also continues to engage current active Prairie Center clients while they are incarcerated for continuity of their treatment services and to increase the likelihood that they will continue treatment services upon release from jail.

UTILIZATION OUTCOME MEASURES

CCMHB GRANT PROGRAM	FY17 Actual	FY17 Target
1. Community Service Events	0	0
2. Screening Contacts	9	3
3. Non-Treatment Plan Clients	111	150
4. Total Treatment Plan Clients	9	2
5. Other	266.25	150

Performance Outcome Report

Prairie Center Health Systems, Inc.
C-U Fresh Start
FY17

PROGRAM PERFORMANCE MEASURES

<u>**Consumer Access**</u>
Access Outcome Measures:

3) 85% of eligible, interested offenders will be contacted within 2 working days of the call-in by the case manager.
4) 50% of the identified offenders will develop a strengths-based individualized service plan with the case manager and engage in case management services.

Access Outcomes Results for FY17:

3) 90% of eligible, interested offenders were contacted within 2 working days of the call-in.
4) 71% of the identified offenders developed a strengths-based individualized service plan with the case manager and engage in case management services.

<u>**Consumer Outcomes**</u>
Consumer Outcome Measures:

2. % of those who participate that will be connected to at least one identified community service resource

Consumer Outcome Results:

2. 100%- All 12 of the participants who developed an individualized service plan and engaged in case management services was successfully linked to at least one identified community resource. Examples of resources that participants were connected to include, but are not limited to employment, housing, education, mental health, transportation, and legal services. More details in comments section below.

Based on Client Survey (Mental Health Statistics Improvement Program—MHSIP):

5) 98% of consumers with positive general satisfaction with PCHS services;
6) 98% of clients satisfied with their treatment outcomes;
7) 96% of clients with positive feelings about the quality and appropriateness of treatment.
8) 97% of clients satisfied with access to services.

Results in all categories remain well above national averages in each area. It is noted that these results are for all substance abuse treatment programs at Prairie Center Health Systems, as clients move between various levels of care and facilities while receiving treatment.

Comments:
During FY17 which was the pilot year of the C-U Fresh Start Initiative there were several internal meetings to ensure proper program development and coordination with the Champaign Community Coalition and the Steering Committee (now known as the MDT Committee). Recruitment and interviewing for the case manager position also took place during the 1st quarter. Donte Lotts was hired as the case manager (Community Liaison).

Throughout the fiscal year the CEO, Clinical Director, and Case Manager have all attended a variety of meetings to facilitate communication and coordination between Prairie Center and the community including, the Champaign Police Department, Urbana Police Department, The Reentry Council, First Followers, Peoria's version of the "Don't Shoot" model, City of Champaign Community Relations Department and Deputy City Manager, the faith community, neighborhood associations, and others providing "natural supports" within the local community.

Donte Lotts worked with the other members of the Fresh Start Steering Team to learn more about Fresh Start, spending time with local law enforcement in "ride-alongs" and at their internal meetings to discuss ways to work together to help those who will participate in the Fresh Start Initiative. Ongoing-training for the case manager included familiarizing himself with community and other resources specifically targeted to individuals with criminal records who may have difficulty finding employment, housing, and education as a result of their involvement with the criminal justice system. Donte has also visited the Peoria team to learn more about their program and its implementation. Along with Carol Bradford, Clinical Director, and Gail Raney, CEO, he has created strong collaborations with others involved in the Fresh Start Initiative, has helped to get the word out about the Fresh Start Initiative, and has been integral in the planning of both "Call-ins."

The case manager continued to work on building relationships with the young men in the program and establishing rapport with their natural support systems such as friends and family members to help externally motivate the young men to participate in the program. The case manager has engaged in advocacy and support by attending court hearings, probation/parole meetings, and appointments with the participants. He has helped them navigate the legal system, complete job applications, secure clothing for job interviews (in-kind donation), prepped them for interviews, and enrolled in college courses and/or GED programs.

Two call-ins were held during FY 17. The first call-in was held on October 6, 2016 and the second call-in was held on March 9, 2017. Since the call-ins some valuable lessons have been learned resulting in subcommittees being formed to address some gaps in the program as it relates to needs of the participants. The MDT committed is still working on these issues which include securing more employment resources, obtaining proper clothing for work, discrimination in housing due to felony records, and addressing mental health and trauma issues. There are some barriers to completing the needs assessment (ANSA) in a timely manner due to work schedules, lack of properly working telephone/no telephone, and appointments rescheduled due to participant conflicting commitments. The case manager developed and keeps a weekly tracking sheet to record his attempts to engage individuals. He makes calls to the numbers provided including those of family members/friends of participants, sends letters, makes visits to the address provided by the individual at the time of the call-in and contacts probation and parole officers to let them know he is having difficulty connecting. Oftentimes the probation officer will invite the case manager to the individual's next appointment so that they can connect. With this population the intensive case management outreach is so important because these are people who have in many cases been living chaotic transient lifestyles so their contact information changes constantly. The case manager has put in a lot of time and effort to engage the 2nd cohort and to keep the 1st cohort engaged. All of this is documented in case notes and on tracking sheets.

The case manager continues to establish rapport and build relationships with all participants. The case manager has also worked hard to connect with the participants families to establish rapport and gain trust so that these support systems can provide encouragement and support to the young men as they pursue education and employment. Some family members and friends have taken advantage of the information shared regarding resources in the community. The case manager continues to support some participants by attending probation meetings and court hearings with

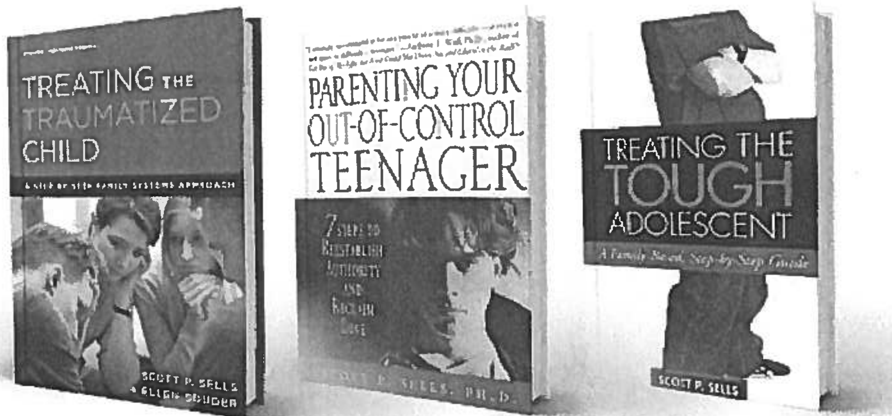
them. He provides transportation for two participants to attend substance abuse treatment and purchased bus passes or tokens for other participants to use for work and school. The case manager has also helped individuals with securing clothing needed for interviews.

Not all of the participants in the program have fared well, especially in the 2nd cohort. There were 3 participants who signed up at the call in but never engaged due to being arrested for parole violations (none of them complete the ANSA or a service plan due to their arrests) and 1 voluntarily left the program once he completed parole. One participant was arrested but later released due to mistaken identity. He re-engaged in the program upon his release. As a result of the hard work of the case manager one participant successfully completed parole, several participants are furthering their education, and some have jobs, several have proper identification and/or birth certificates/social security cards. Some participants attended the re-entry job fair enrolling in a job training program that resulted in him being hired. Participants submitted applications to over 18 different employers. Consistency in attending court and keeping probation and parole appointments have improved for most of the participants. This is a key factor in reducing recidivism rates for jail and prison. One family has benefited as well by receiving help from the case manager in securing stable housing. This family is currently on the wait list for Section 8 housing as well.

Overall it has been a very busy year with the ups and downs expected in a pilot year. The great teamwork, communication, and commitment to making this program a success has helped both invested community members and participants stay invested in the program. Prairie Center looks forward working the Champaign Community Coalition and the rest of the community to address the gun violence in our communities.

UTILIZATION OUTCOME MEASURES

CCMHB GRANT PROGRAM	FY17 Actual	FY17 Target
1. Community Service Events	175	50
2. Screening Contacts	11	12
3. Non-Treatment Plan Clients	6	13
4. Total Treatment Plan Clients	13	12
5. Other	59	50



ANNUAL REPORT

Outcomes for PLL Services in Champaign County, IL through the Prairie Center

Prepared by Ellen Souder, Vice President PLL Clinical Services

September 7, 2017

A FAMILY SYSTEMS STABILIZATION AND TRAUMA MODEL

CUMULATIVE OUTCOMES

Utilization – Engagement - Completion

UTILIZATION

Number of Families Served

535 IN EIGHT YEARS		
Completers	Non-Completers	Administrative Closures
376	111	54*

*Some families were administratively discharged and not counted as a new family due to only attending one session

FAMILY ENGAGEMENT

Parent Engagement Rates

DOES PLL HAVE A HIGH LEVEL OF FAMILY ENGAGEMENT AS EVIDENCED BY AN ENGAGEMENT RATE OF AT LEAST 70%?

In order to successfully engage in the PLL program, the family must:

- Participate in the PLL Motivational Face-to-Face Interview
- Attend the first PLL Session, typically the first PLL Group Session

ENGAGEMENT RATE OVER 8 YEARS		
	Number	Percentage
Successful Engagement	547	87%
Did Not Engage	82	13%

FAMILY COMPLETION

Parent Participation and Completion Rates

DOES PLL HAVE A HIGH LEVEL OF PARENT PARTICIPATION AS EVIDENCED BY A COMPLETION RATE OF AT LEAST 70%?

In order to complete the PLL program, the family must:

- Attend & participate in at least 5 group therapy session
- Attend & participate in the required family therapy coaching sessions
- Receive the full dosage of the model (Group and Core Coaching Phases)

COMPLETION RATE OVER 8 YEARS

	Number	Percentage
Successful Completers	376	**77%**
Non-Completers	111	23%

SEVEN YEARS OF PLL IMPLEMENTATION

License Period: July 1 – June 30

Outcomes	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Total
	09-10*	10-11	11-12	12-13	13-14	14-15	15-16	16-17	10-17
Total # of New Families served during License Period (Clinical Minimum 24)	89	76	73	75	69	46	55	52	535
Number of familes that Completed PLL during License Period	57	42	39	53	64	36	47	38	376
Number of familes that Dropped out during License period (non-completers)	12	18	24	11	12	13	13	8	111
Completion Rate	83%	70%	62%	83%	84%	73%	78%	83%	77%
Number of families Administratively Discharged during License Period	9	13	7	13	4	3	4	1	54
Referral Engagement of Families during License Period	92%	91%	94%	87%	77%	80%	86%	87%	87%

2017 OUTCOMES

THERAPIST OUTCOMES

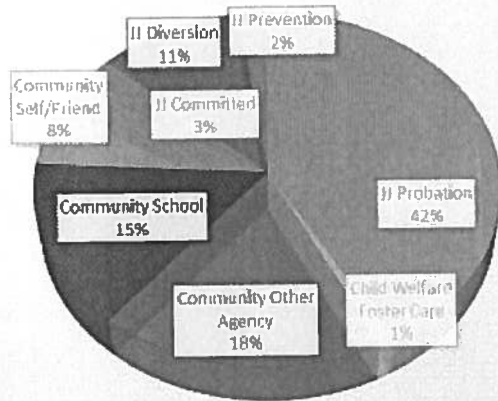
July 1, 2016 – June 30, 2017

Therapist	New Families	Graduates	Drop Outs	AD	Graduate Rate	Referral Engagement
Leon Bryson *Clinical Min. 18*	19	16	2	1	89%	91%
Brittney Gunn	17*	10	3	0	77%	85%
Brittney McVey	16*	12	3	0	80%	84%
TOTAL	52	38	8	1	83%	87%

*Clinical Minimum is 24 but it should be noted that both Brittney M. and Brittney G. were not hired until the end of October, 2016

REFERRALS

Referral Engagement Rate = 87%



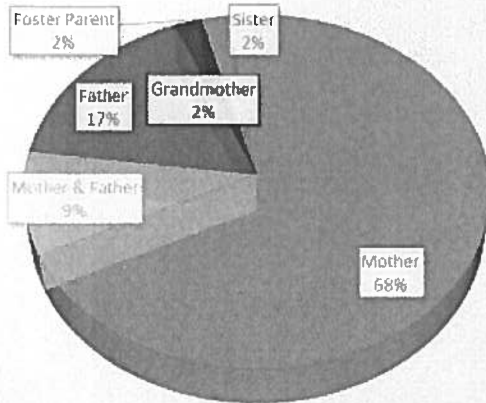
Received a total of 139 Referrals

- 10 Ineligible
- 0 Not Contacted
- 55 Unable to Contact

YOUTH DEMOGRAPHICS

2017 YOUTH DEMOGRAPHICS

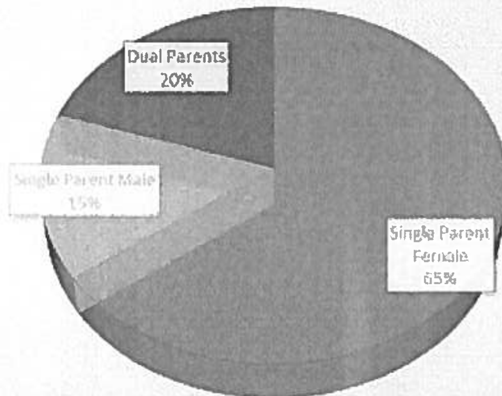
Primary Caregiver (n=46)



A LOOK BACK: FIRST 7 YEARS (N=441)	
Mother	60%
Mother & Father	16%
Father	6%
Grandfather	<1%
Grandmother	4%
Aunt	<1%
Sister	<1%
Foster Parent	1%
Other	10%

2017 YOUTH DEMOGRAPHICS

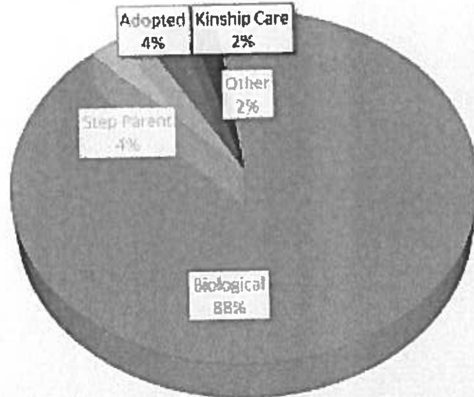
Number of Parents (n=46)



A LOOK BACK: FIRST 7 YEARS (N=441)	
Single Parent Female	61%
Dual Parents	22%
Single Parent Male	6%
Other	12%

2017 YOUTH DEMOGRAPHICS

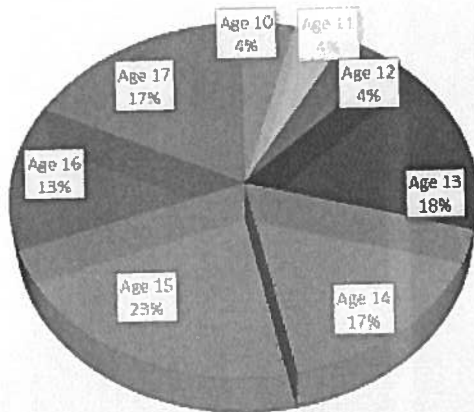
Kind of Parents (n=46)



A LOOK BACK: FIRST 7 YEARS (N=441)	
Biological Parent	79%
Adopted	5%
Step Parent	3%
Foster Care	1%
Kinship Care	11%
Other	1%

2017 YOUTH DEMOGRAPHICS

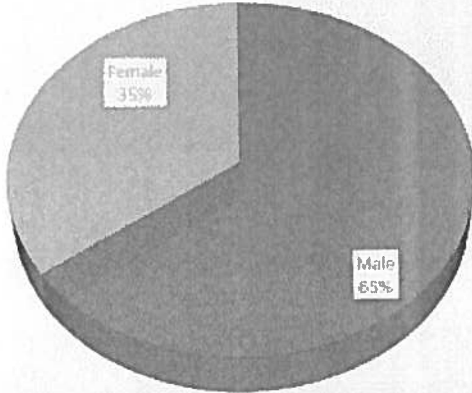
Age at Admission (n=46)



A LOOK BACK: FIRST 7 YEARS (N=441)	
Age <11	2%
Age 11	2%
Age 12	6%
Age 13	10%
Age 14	24%
Age 16	20%
Age 16	22%
Age 17	13%
Age 18	1%
Age >18	<1%

2017 YOUTH DEMOGRAPHICS

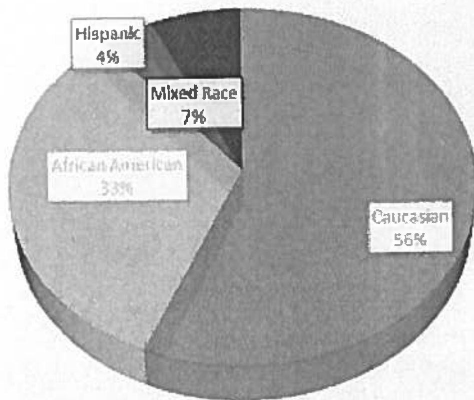
Gender (n=46)



A LOOK BACK: FIRST 7 YEARS (N=441)	
Male	64%
Female	36%

2017 YOUTH DEMOGRAPHICS

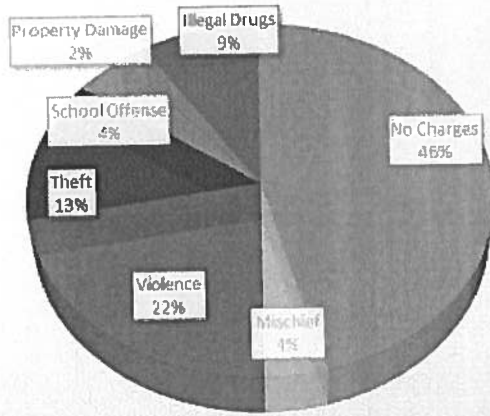
Race (n=46)



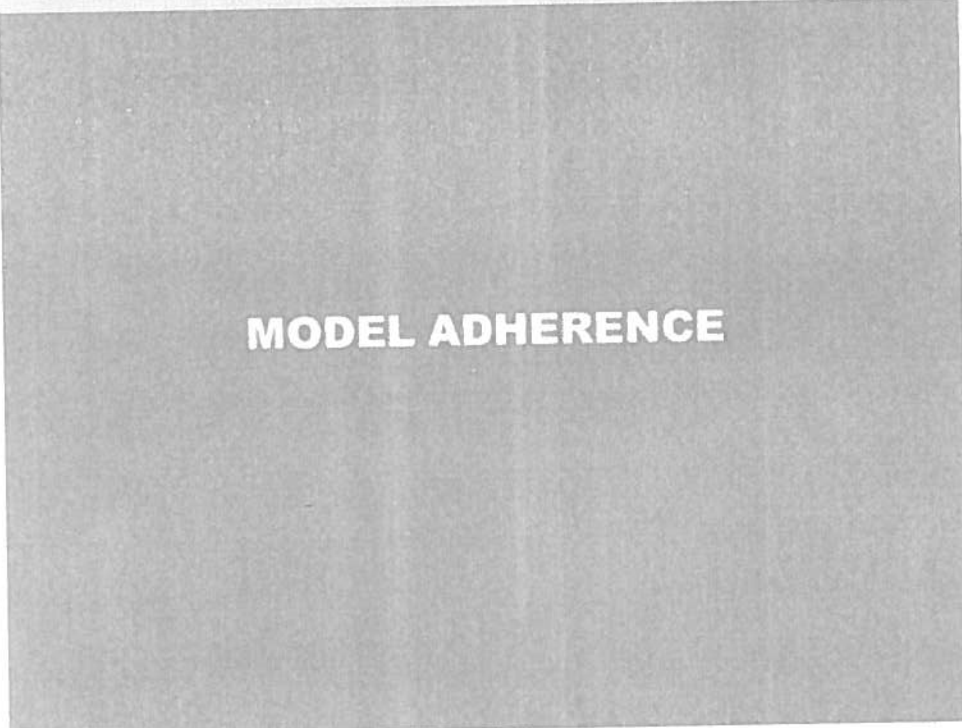
A LOOK BACK: FIRST 7 YEARS (N=441)	
African American	54%
Caucasian	31%
Hispanic	4%
Mixed Race	3%
Native American	<1%
Other	8%

2017 YOUTH DEMOGRAPHICS

Type of Offense (n=46)



A LOOK BACK: FIRST 7 YEARS (N=441)	
Violence	34%
Theft	18%
Sex Offense	<1%
School Offense	6%
Illegal Drugs	5%
Other	<1%
No Charges	25%
Mischief	6%
Legal Violation	2%
Property Damage	5%



CLINICIAN MODEL ADHERENCE

Leon Bryson – Intermediate Level Sept. 2015 (80% toward Advanced)										
MI	G1	G2	G3	G4	G5	G6	C1	C2	C3	C4

Brittney Gunn – Beginner Level (60% of Baseline)										
MI	G1	G2	G3	G4	G5	G6	C1	C2	C3	C4

Brittney McVey – Beginner Level (40% of Baseline)										
MI	G1	G2	G3	G4	G5	G6	C1	C2	C3	C4

Teen Group Facilitator Video Supervision

Garren Holt Through Advanced Level Nov. 2016			
G1	G2	G3	G4

When all sessions are green the clinician moves into the next level	
Green = Model Adherence	Yellow = Need Another Review
White = No Video Reviewed Yet	Brown = Video in Queue

RESEARCH OUTCOMES

Completers between 1 July 2016 and 30 June 2017

ADMINISTRATION OF RESEARCH ASSESSMENTS

Child Behavior Checklist & FACES IV

Leon Bryson (n = 16 Graduates)		
Internal Measure	Pre- and Post-test Sets	Overall Percentage
CBCL	16 of 16	47 of 47 = 100%
Youth FACES	15 of 15* 1 override	
Parent FACES	16 of 16	

Brittney Gunn (n = 10 Graduates)		
Internal Measure	Pre- and Post-test Sets	Overall Percentage
CBCL	10 of 10	29 of 29 = 100%
Youth FACES	10 of 10	
Parent FACES	9 of 9* 1 override	

Brittney McVoy (n = 12 Graduates)		
Internal Measure	Pre- and Post-test Sets	Overall Percentage
CBCL	10 of 12	25 of 33 = 76%
Youth FACES	9 of 12	
Parent FACES	6 of 9* 3 overrides	

Total: 101 of 109 = 93%

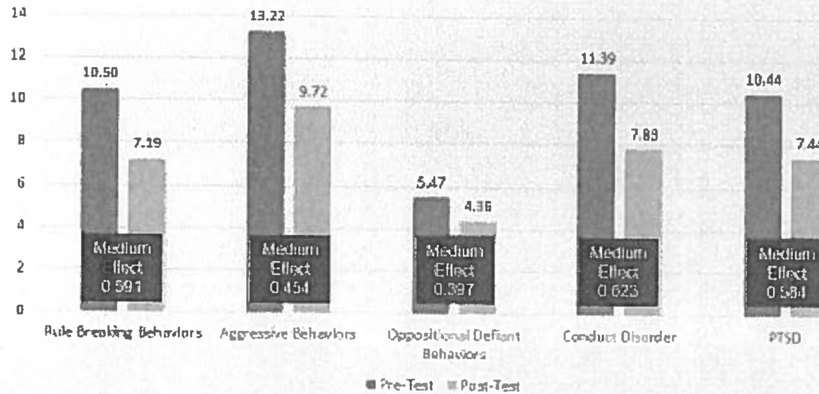
CHILD BEHAVIOR CHECKLIST (CBCL)

Does PLL Reduce Problem Behaviors?

Child Behavior Checklist (CBCL) Analysis (n = 36)								
CBCL Scales	Pre-Test Mean	Pre-Test Std Dev	Post-Test Mean	Post-Test Std Dev	Change	t-Score	Significance or p-Value	Effect Size
Anxious	7.00	6.00	5.33	5.23	1.67	2.066	0.023	0.296
Withdrawn	5.53	3.40	3.36	2.46	2.17	3.679	<0.001	0.730
Somatic Complaints	3.19	4.11	2.25	2.56	0.94	1.613	0.058	0.276
Total Internalizing Behaviors	15.72	10.97	10.94	8.30	4.78	3.122	0.002	0.491
Rule Breaking	10.50	5.46	7.19	5.72	3.31	3.148	0.002	0.591
Aggressive Behaviors	13.22	7.42	9.72	7.97	3.50	2.984	0.003	0.454
Total Externalizing Behaviors	23.72	11.17	16.92	12.53	6.81	3.162	0.002	0.573
Social Problems	4.72	4.14	4.08	4.05	0.64	1.069	0.146	0.156
Thought Problems	4.89	3.69	3.33	4.16	1.56	2.198	0.017	0.395
Attention Problems	9.11	4.20	6.97	4.54	2.14	2.601	0.007	0.489
Other Problems	5.25	3.24	3.56	3.26	1.69	2.979	0.003	0.522
Oppositional Defiant Behavior	5.47	2.77	4.36	2.83	1.11	2.439	0.010	0.397
Conduct Disorder	11.39	5.06	7.83	6.29	3.56	3.154	0.002	0.623
Post-Traumatic Stress Disorder	10.44	5.27	7.44	5.00	3.00	3.484	<0.001	0.584
Total Problems*	63.42	29.86	45.81	32.51	17.61	3.320	0.001	0.564

CBCL SCALE

Are the Improvements in Problem Behaviors & Trauma-related Symptoms noticeable??



FACES IV SCALE

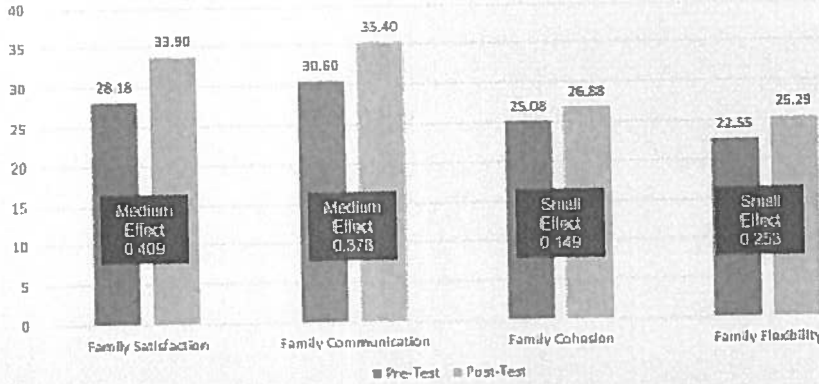
Does PLL Improve Family Functioning?

Family Adaptability and Cohesion Effectiveness Scale IV (FACES) Analysis (n = 70)								
FACES Scales	Pre-Test Mean	Pre-Test Std Dev	Post-Test Mean	Post-Test Std Dev	Change	t-Score	Significance or p-Value	Effect Size*
Balanced Cohesion	26.64	4.89	27.37	4.86	0.73	-1.368	0.088	0.149
Balanced Flexibility	23.84	5.01	25.07	4.71	1.23	-2.444	0.009	0.253
Disengaged Scale	17.33	4.53	17.37	4.77	0.04	-0.080	0.532	-0.009
Enmeshed Scale	15.90	3.68	15.39	3.73	-0.51	1.150	0.127	0.139
Rigid Scale	22.71	4.41	23.19	3.98	0.47	-0.922	0.820	-0.112
Chaotic Scale	15.63	4.54	14.97	4.75	-0.66	1.133	0.131	0.141
Family Communication	33.19	8.21	35.99	6.53	2.80	-2.861	0.003	0.378
Family Satisfaction	30.81	8.39	34.01	7.23	3.20	-3.781	<0.001	0.409

Improvement in the Disengaged, Enmeshed, Rigid and Chaotic scales is evidenced by a decrease between the pre- and post-tests (white cells). High scores on these scales indicate high levels of undesirable extreme behaviors in the areas of Cohesion (Disengaged and Enmeshed scales) and Flexibility (Rigid and Chaotic scales). In contrast, on the Balanced Cohesion, Balanced Flexibility, Family Communication and Family Satisfaction scales (grey cells), improvement is represented by an increase from pre-test to post-test.

FACES IV SCALE

Are the Improvements in Family Adaptability, Cohesion, Communication and Overall Satisfaction noticeable?



COMPARISON OF YOUTH AND ADULT PERCEPTIONS

Table 1: Family Adaptability and Cohesion Effectiveness Scale IV (FACES) Analysis (n = 36 Adults)

FACES Scales	Pre-Test Mean	Pre-Test Std Dev	Post-Test Mean	Post-Test Std Dev	Change	t-Score	Significance or p-Value	Effect Size*
Balanced Cohesion	26.86	5.04	28.53	3.84	1.67	-2.214	0.017	0.872
Balanced Flexibility	24.22	5.21	26.19	3.94	1.97	-2.551	0.008	0.427
Disengaged Scale	16.75	4.32	15.75	4.00	-1.00	1.257	0.109	0.240
Enmeshed Scale	15.06	3.21	14.47	2.84	-0.58	0.916	0.183	0.192
Rigid Scale	22.28	4.18	22.86	3.89	0.58	-0.809	0.788	-0.144
Chaotic Scale	15.92	4.90	14.56	4.88	-1.36	1.562	0.064	0.279
Family Communication	33.42	7.74	36.53	5.69	3.11	-2.148	0.019	0.458
Family Satisfaction	29.19	8.66	34.31	6.14	5.11	-4.443	<0.001	0.681

Table 2: Family Adaptability and Cohesion Effectiveness Scale IV (FACES) Analysis (n = 34 Youth)

FACES Scales	Pre-Test Mean	Pre-Test Std Dev	Post-Test Mean	Post-Test Std Dev	Change	t-Score	Significance or p-Value	Effect Size*
Balanced Cohesion	26.41	4.79	26.15	5.55	-0.26	0.365	0.641	-0.051
Balanced Flexibility	23.44	4.83	23.88	5.20	0.44	-0.716	0.240	0.088
Disengaged Scale	17.94	4.72	19.09	4.97	1.15	-1.694	0.950	-0.236
Enmeshed Scale	16.79	3.98	16.35	4.31	-0.44	0.693	0.246	0.106
Rigid Scale	23.18	4.67	23.53	4.09	0.35	-0.480	0.683	0.080
Chaotic Scale	15.32	4.18	15.41	4.64	0.09	-0.117	0.546	-0.020
Family Communication	32.94	8.79	35.41	7.35	2.47	-1.862	0.036	0.305
Family Satisfaction	32.53	7.85	33.71	8.31	1.18	-1.010	0.160	0.146

TEAM STAGE OF DEVELOPMENT

2017

TEAM – Leon with Garren & Marla

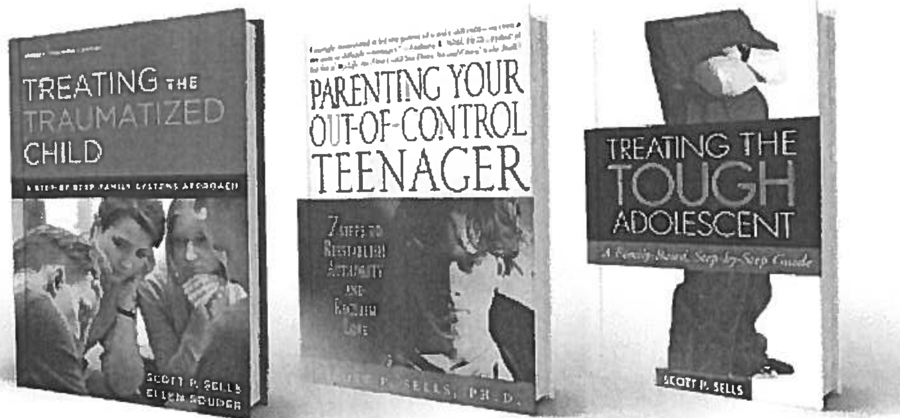
Benchmarks	Survival	Stable *Must meet 5 of 7 Benchmarks*	Success *Must meet 6 of 7 Benchmarks*	Significance *Must meet 7 of 7 Benchmarks*
Tenure	Therapist has not yet implemented the PLL Model for 12 months	Therapist has implemented the PLL Model for 12 months	Therapist has implemented the PLL Model for 24 months	Therapist has implemented the PLL Model for 36 months
Utilization Standard	Clinical Minimum not met during License Period	Clinical Minimum Met during License Period	Clinical Minimum Met during License Period Team met Standard [illegible]	Full License Utilization Met during License Period
Referral Engagement Standard	Referral Engagement Rates Below 70%	Referral Engagement Rates 70% or Higher	Referral Engagement Rates 75% or Higher	Referral Engagement Rates 80% or Higher
Completion Rate Standard	Completion Rates below 70%	Completion Rates 70% or Higher	Completion Rates 75% or Higher	Completion Rates 80% or Higher
Research Measures Standard	Administration of Research measures below 70%	Administration of Research Measures 70% or Higher	Administration of Research Measures 80% or Higher	Administration of Research Measures 90% or Higher
Supervision Performance Standard	Not yet meeting all three performance standards	Meeting two of three performance standards	Meeting all three performance standards	Meeting all three performance standards
Model Adherence Level	Model Adherence Level Baseline Not Yet Achieved	Model Adherence Baseline Achieved	Intermediate Model Adherence Level Achieved Leon Met Standard [illegible]	Advanced Model Adherence Level Achieved

TEAM – Brittney Gunn with Garren & Marla

Benchmarks	Survival	Stable *Must meet 5 of 7 Benchmarks*	Success *Must meet 6 of 7 Benchmarks*	Significance *Must meet 7 of 7 Benchmarks*
Tenure	Therapist has not yet implemented the PLL Model for 12 months *Brittney G trained Oct. 2016*	Therapist has implemented the PLL Model for 12 months	Therapist has implemented the PLL Model for 24 months	Therapist has implemented the PLL Model for 36 months
Utilization Standard	Clinical Minimum not met during License Period *Team did not meet Standard (12)*	Clinical Minimum Met during License Period	Clinical Minimum Met during License Period	Full License Utilization Met during License Period
Referral Engagement Standard	Referral Engagement Rates Below 70%	Referral Engagement Rates 70% or Higher	Referral Engagement Rates 75% or Higher	Referral Engagement Rates 80% or Higher *Team met Standard (85%)*
Completion Rate Standard	Completion Rates below 70%	Completion Rates 70% or Higher	Completion Rates 75% or Higher *Team met Standard (77%)*	Completion Rates 80% or Higher
Research Measures Standard	Administration of Research measures below 70%	Administration of Research Measures 70% or Higher	Administration of Research Measures 80% or Higher	Administration of Research Measures 90% or Higher *Team met Standard (100%)*
Supervision Performance Standard	Not yet meeting all three performance standards	Meeting two of three performance standards	Meeting all three performance standards	Meeting all three performance standards *Team met Standard*
Model Adherence Level	Model Adherence Level Baseline Not Yet Achieved *Brittney G. 80% Baseline*	Model Adherence Baseline Achieved	Intermediate Model Adherence Level Achieved	Advanced Model Adherence Level Achieved *Comm Nov. 2016*

TEAM – Brittney McVey with Garren & Marla

Benchmarks	Survival	Stable *Must meet 5 of 7 Benchmarks*	Success *Must meet 6 of 7 Benchmarks*	Significance *Must meet 7 of 7 Benchmarks*
Tenure	Therapist has not yet implemented the PLL Model for 12 months *Brittney M trained Oct. 2016*	Therapist has implemented the PLL Model for 12 months	Therapist has implemented the PLL Model for 24 months	Therapist has implemented the PLL Model for 36 months
Utilization Standard	Clinical Minimum not met during License Period *Team did not meet Standard (18)*	Clinical Minimum Met during License Period	Clinical Minimum Met during License Period	Full License Utilization Met during License Period
Referral Engagement Standard	Referral Engagement Rates Below 70%	Referral Engagement Rates 70% or Higher	Referral Engagement Rates 75% or Higher	Referral Engagement Rates 80% or Higher *Team met Standard (94%)*
Completion Rate Standard	Completion Rates below 70%	Completion Rates 70% or Higher	Completion Rates 75% or Higher	Completion Rates 80% or Higher *Team met Standard (90%)*
Research Measures Standard	Administration of Research measures below 70%	Administration of Research Measures 70% or Higher *Team met Standard (74%)*	Administration of Research Measures 80% or Higher	Administration of Research Measures 90% or Higher
Supervision Performance Standard	Not yet meeting all three performance standards	Meeting two of three performance standards	Meeting all three performance standards	Meeting all three performance standards *Team met Standard*
Model Adherence Level	Model Adherence Level Baseline Not Yet Achieved *Brittney M. 40% Baseline*	Model Adherence Baseline Achieved	Intermediate Model Adherence Level Achieved	Advanced Model Adherence Level Achieved *Comm Nov. 2016*



THANK YOU

A FAMILY SYSTEMS STABILIZATION AND TRAUMA MODEL

Prairie Center Health Systems - PREVENTION DEPARTMENT
FY17 Consumer Outcome Report

The following is a consumer summary for the Prevention Department of Prairie Center, which includes consumer outcome measurement and consumer satisfaction/feedback.

Consumer Outcome

The Prevention Department utilizes the Mendez Foundation's "Too Good" programs, which has been supported as an evidence-based curriculum by the Substance Abuse and Mental Health Services Administration, the US Department of Human Services and meets Illinois School State Standards in the areas of health and science. Too Good for Drugs and Too Good for Violence are evidence-based, skill building programs designed to mitigate risk factors and build the basis for a safe, supportive, and respectful learning environment. The Too Good for Drugs curriculum features 10 sessions per grade and focuses on life skills and alcohol, tobacco and other drug education. The Too Good for Violence curriculum features 9 sessions per grade and focuses on conflict resolution, anger management, respect for self and others, and effective communication skills. Pre/Post Tests are utilized as a knowledge-based outcome measurement tool for students participating in the Too Good curriculums. Results for the 2016-2017 school year include:

- Franklin Middle School (6th, 7th, 8th grades): The average Too Good for Drugs Pre-Test score was 72% and the average Post-Test score was 84%, for an increase of 12%. A 10% increase has been noted for students' Pre-Test scores from in 6th grade to students' Pre-Test scores in 8th grade, which documents retention in knowledge as the curriculum is presented each year.
- Urbana Middle School (6th, 7th, 8th grades): The average Too Good for Drugs Pre-Test score was 76% and the average Post-Test score was 89%, for an increase of 13%. A 16% increase has been noted for students' Pre-Test scores in 6th grade to students' scores in 8th grade, which documents retention in knowledge as the curriculum is presented each year.
- Edison Middle School (6th,7th, 8th grades): The average Too Good for Drugs Pre-Test score was 85% and the average Post-Test score was 93%, for an increase of 8%. A 5% increase has been noted for students' Pre-Test scores in 6th grade to students' Pre-Test scores in 8th grade, which documents retention in knowledge as the curriculum is presented each year. FY 17 was the second year for implementation for services at this site.
- Jefferson Middle School (6th, 7th, 8th grades): The average Too Good for Drugs Pre-Test score was 74% and the average Post-Test score was 86%, for an increase of 14%. A 15% increase has been noted for students' Pre-Test scores in 6th grade to students' scores in 8th grade, which documents retention in knowledge as the curriculum is presented each year.
- Ludlow Elementary School (5th,6th, 7th, and 8th): Both Too Good for Drugs and Too Good for Violence curriculums were presented at this site in FY 17. The average Pre-Test score for Too Good for Drugs was 64% and the average Post-Test scores was 80%, for an increase of 16%. The average Pre-Test score for Too Good for Violence was 45% and the average Post-Test score was 63%.

Consumer Satisfaction

Teacher evaluations are distributed to all school personnel Prairie Center staff is involved with, through classroom/afterschool presentations. Overall teacher feedback indicated "curriculums are age appropriate, interactive and effective with knowledge increase of students" and "Prairie Center staff being knowledgeable, dependable and presenting the material with an effective style". Evaluations also reflect "students implementing the skills learned through the programs and a change of behavior in the school setting". Teachers have also provided feedback regarding the student-parent homework and activities available through the Too Good curriculum's as a reinforcement tool for parents to continue to have discussions relating to drugs and violence.

Performance Outcome Report (Specialty Courts)

Prairie Center Health Systems, Inc.
Drug Court
FY17

PROGRAM PERFORMANCE MEASURES

Consumer Access

Access Outcome Measures:

5) Consumers who received assessment within three business days of sentencing to Drug Court.
6) Clients who began treatment within three business days of assessment (excluding clients court-ordered to remain incarcerated).
7) Individuals with potential barriers who received Case Management services.
8) Number of Drug Court graduates.

Access Outcomes Results for FY17:

5) 42% (19/45) of consumers who were sentenced to Drug Court received an assessment within three business days of sentencing or were already open clients. 73% (21/29) of the consumers who were not assessed within three business days were in jail and were assessed on the day of their release. 28% (8/29) of the consumers who were not assessed within three business days were not assessed due to staff shortage (case manager on medical leave/vacant cm position), awaiting start of medication assisted treatment (MAT), holiday (agency closed), or client no showed/cancelled 1st scheduled appointment (individual or group treatment). If consumers who were court ordered to stay in jail are included with those completed within three business days or already open, then 89% (40/45) of consumers were assessed within three business days and only 11% (5/45) did not meet that outcome measure.
6) 53% (24/45) of new Drug Court clients began treatment within three business days of assessment or were already open clients. 73% (21/29) of the consumers who did not begin treatment within three business days were in jail and began treatment on the day of their release. 10% (3/29) of the consumers was a no call/no show. If those consumers who began treatment on the day of their release are included, then 85% (38/45) of consumers began treatment within three business days and only 16% (7/45) did not meet that outcome measure.
7) 100% of individuals with identified potential barriers to treatment received Case Management services.
8) There were 14 Drug Court graduates in FY17.

Comments: In addition to consumers' court ordered to remain incarcerated there were consumers who were on a residential waitlist and were court ordered to remain in jail until a residential bed opened up. There was one consumer who was pregnant and awaiting residential placement in a special residential facility out of county. There was one incarcerated consumer who started treatment 2 months after the initial assessment while awaiting a new trial. That consumer was eventually given time served and released for treatment to Prairie Center's residential facility. Assessment completion dates were impacted by numerous factors including but not limited to staff turnover at Prairie Center (detailed in comments section below), Prairie Center Case Manager Alexis Armbruster start date August 1, 2017 (no case manager during the month of July 2016), changes in Champaign County Drug Court sentencing criteria (resulting in an increased volume of consumers to assess), and continued loss of the assessment services provided by the TASC Program due to state budget impasse and cuts. As of June 30, 2017 TASC has not been restored by the state.

Consumer Outcomes

Consumer Outcome Measures Part I:

1) Number of Drug Court Graduates

Consumer Outcome Results for FY17:

1) Number of Drug Court Graduates: 14 total graduates in FY17

Consumer Outcome Measures Part II: based on Survey (Mental Health Statistics Improvement Program—MHSIP):

1) % of consumers with positive general satisfaction with PCHS services;
2) % of clients satisfied with their treatment outcomes;
3) % of clients with positive feelings about the quality and appropriateness of treatment.
4) % of clients satisfied with access to services.

Consumer Outcome Results for FY17: based on Survey (Mental Health Statistics Improvement Program—MHSIP):

9) 98% of consumers with positive general satisfaction with PCHS services;
10) 98% of clients satisfied with their treatment outcomes;
11) 96% of clients with positive feelings about the quality and appropriateness of treatment.
12) 97% of clients reports positive perceptions about access to services.

The results in FY16 remain well above national averages in each area.

Results in all categories remain well above national averages in each area. It is noted that these results are for all substance abuse treatment programs at Prairie Center Health Systems, as clients may move between various programs, levels of care, and facilities while receiving treatment.

Percent of graduates who do not experience recidivism:

1) 63.91% of clients who graduated did not experience recidivism

Drug Court Recidivism Rate:
Since March of 1999, 751 offenders were sentenced to Drug Court (March 1999 through June 30, 2017). From 6/5/2000 through May 27, 2017, a total of 266 offenders graduated from the Champaign County Drug Court program. These figures (266/751) represent a 31.42% graduation rate. Of the 266 graduates, the gender breakdown is 106 females and 160 males. The race breakdown of the 266 graduates notes 134 African-Americans (50.38%), 127 Caucasians (47.72%), 2 Hispanics (1.20%), one Hispanic/AA (.38%) and one Asian (.38%). As for the age range of those sentenced to Drug Court, two were 18 at the time of sentencing and one individual was 60. The median age is 34 and the average age at the time of sentencing is 35.39. As for the education background of those in Drug Court, 114 earned a high school education and 25 earned a GED. Accordingly, 139 of 266 graduates earned a high school education or equivalent (139/266, or 52.26%). Most offenders received Drug Court following a class 4 conviction (139/266 or 52.26%) and the majority received a probation sentence of 30 months (189/266 or 71.05%).

Information provided by Drug Court Coordinator Amber Edmonds from June 30, 2017 data analysis by Champaign County Drug Court. Since 1999, the probation department has tracked Drug Court participants for 5 years post-graduation. The review of the data for recidivism notes that 96 graduates either committed an additional offense (misdemeanor or felony), or had their probation revoked. The rate of recidivism amounts to 36.09% (96/266), or 63.91% success rate (170/266). The largest rate of recidivism occurs prior to the end of the first year following graduation. The data indicates that in the first year, the recidivism rate is very high with 34 of the 96 individuals recidivating. These figures (34/96) represent over 1/3 of the total recidivism rate (35.42%); including the next category of those recidivating with the 1-2 year span in the equation, 58 (34 +24) participants recidivated. This figure (58/96) representing 60.42% of all cases that recidivated within the second year following graduation. In the 2-3 year span following graduation, 14 individuals recidivated, representing 14.58% of total cases. In year 3-4, 11 individuals recidivated (11.46%) and in the 4-5 year span (13.54%).

Of the 96 graduates who recidivated within the 5-year review period, 38 of the 96 individuals were sentenced to the Illinois Department of Corrections (39.58%). Of the 38 individuals committed to IDOC, 26 (68.42%) were male and 12 (31.58%) were female.

Comments: Specialty Courts (Drug Court) experienced staff turnover-Assessment Clinician Don McCall resigned effective October 21, 2016. Addictions Counselor Dan Giers was trained to complete assessments and given clearance by the jail to access to inmates to complete assessments on site. Clinical Coordinator Brandon Underwood resigned effective June 16, 2017. Drug Court staff are currently reporting directly to the Clinical Director, Carol Bradford. Alexis Armbruster started her employment as Drug Court Case Manager on August 1, 2016. In addition to staff turnover at Prairie Center, the Champaign County Drug Court Team also experienced turnover at collateral

agencies and probation. The Drug Court program continued to be impacted on ability to get clients assessed and in treatment within 3 business days due to the continued loss of the TASC Program to complete court ordered initial assessments with clients. The Champaign County Drug Court also changed its criteria determining eligibility of participants which initially led to an increase in the number of participants referred to Prairie Center needing assessments at the jail. Prior to the change the number of assessments needing to be completed was 1-2 a week, after the change there were as many as 5 to 6 requests per week. Due to the high volume of people sentenced to drug court with severe opioid addictions some were referred to residential treatment in Springfield and Rockford Illinois respectively who didn't return to Prairie Center for aftercare. The Judge entered a Petition to Revoke for some clients who were unable to complete residential treatment due to sexually acting out, disobeying the rules, or failing drug tests. This also reduced the graduation numbers for Champaign County drug court participants.

UTILIZATION OUTCOME MEASURES

CCMHB GRANT PROGRAM	FY17 Actual	FY16 Target
1. Community Service Events	6	6
2. Screening Contacts	6495	4500
3. Non-Treatment Plan Clients	0	0
4. Total Treatment Plan Clients	96	95
5. Other	16751	25094

Performance Outcome Report

Prairie Center Health Systems, Inc.
Youth Services
FY17

PROGRAM PERFORMANCE MEASURES

Consumer Access

Access Outcome Measures:

9) Clients who received screening within five school days of referral.
10) Clients who began treatment within five school days of assessment.
11) Clients with potential barriers to treatment who receive case management services.

Access Outcomes Results for FY16:

9) 48% of consumers who were referred to Youth Services received screening within five school days of referral.
10) 77% of Youth Services clients began services within five school days of assessed need. 19% did not engage in recommended treatment.
11) 100% of Youth Services clients received case management services.

It is noted that youth clients were offered immediate services, but that individual situations kept youth from participating in services immediately. Some of these include the following scenarios:

- Youth detained at Juvenile Detention Center following referral
- Youth expelled/suspended from school and unable to locate
- Youth who moved out of area during time following referral
- Youth sentenced to Illinois Department of Corrections following referral
- Youth rescheduling or failing to attend scheduled appointments for screenings, assessments, and individual or group counseling sessions.

Consumer Outcomes

Consumer Outcome Measures:
I) Mental Health Statistics Improvement Program (I) client surveys
II) DSM-5 Level 1 Cross-Cutting Symptom Measure

Consumer Outcome Measures Part I: based on Survey (Mental Health Statistics Improvement Program—MHSIP):

5) % of consumers with positive general satisfaction with PCHS services;
6) % of clients satisfied with their treatment outcomes;
7) % of clients with positive feelings about the quality and appropriateness of treatment.
8) % of clients satisfied with access to services.

Consumer Outcome Results for FY17: based on Survey (Mental Health Statistics Improvement Program—MHSIP):

13) 98% of consumers with positive general satisfaction with PCHS services;
14) 98% of clients satisfied with their treatment outcomes;
15) 96% of clients with positive feelings about the quality and appropriateness of treatment.
16) 97% of clients reports positive perceptions about access to services.

The results in FY16 remain well above national averages in each area.

Results in all categories remain well above national averages in each area. It is noted that these results are for all substance abuse treatment programs at Prairie Center Health Systems, as clients may move between various programs, levels of care, and facilities while receiving treatment.

Consumer Outcome Measures Part II: based on the DSM-5 Level 1 Cross-Cutting Symptom Measure (Approved by World Health Organization and SAMHSA)
For FY17 client outcomes will be collected at intake (baseline) and at time of planned discharge using the DSM-5 Level 1 Cross-Cutting Symptom Measure, which is a self-rated measure that assesses domains that are important across psychiatric diagnoses. It is intended to help clinicians identify additional areas of inquiry that may have significant impact on the child's treatment and prognosis. These patient assessment measures were developed to be administered at the initial patient interview and to monitor treatment progress. This child-rated version of the measure consists of 25 questions that assess 12 psychiatric domains, including depression, anger, irritability, mania, anxiety, somatic symptoms, inattention, suicidal ideation/attempt, psychosis, sleep disturbance, repetitive thoughts and behaviors, and substance use. Each item asks the child, age 11–17, to rate how much (or how often) he or she has been bothered by the specific symptom during the past 2 weeks. The measure was found to be clinically useful and had good test-retest reliability in the DSM-5 Field Trials conducted in pediatric clinical samples across the United States.

The FY17 consumer outcome data results will be based on improvement in symptom presentation with data being collected at intake and at time of planned discharge using the DSM-5 Level 1 Cross-Cutting Symptom Measure. There is no existing trend data for percentages. Due to a history of complex trauma and multiple other barriers including stigma, lack of transportation, lack of positive social connections, exposure to family and/or community violence, risk-taking behaviors, mental health issues, and physical health concerns this is a difficult population to engage and keep in treatment. Therefore, the initial target for FY17 will be set at a conservative number.

1) 50% of treatment plan clients will show symptom improvement in 60% of the 12 domains.

*Note: After utilizing the measure with the first few clients it was determined that scoring only the overall improvement in symptomology would reduce the error rate and that scoring for each of the 12 domains yielded no significant information that would change the course of treatment. Therefore the measure scores were not broken down by the 12 domains.

Consumer Outcomes Results:

1) 59% of treatment plan clients showed symptom improvement overall. 22% remained the same, 14% declined, and approximately 5% didn't complete the series of due to unplanned discharges and not being available at the time of discharge to complete the measure. A copy of the completed measure is kept in the client's hard copy treatment file. The youth counselor also keeps an outlook spreadsheet to track scores.

Comments:

The Youth Program was impacted by staff turnover for FY17. Leslie Salmon, Clinical Coordinator took over the day to day management of the youth team on July 1, 2016. Jillian Mershon resigned July 29, 2016 to relocate with her fiancé to Chicago. Dan Giers and Natalie Hall helped manage the youth caseload until the vacancies could be filled. Parisha Carter was hired as Case Manager on August 1, 2016. Kanitra Keaton was hired as a Clinical Counselor on August 2, 2016. Parisha Carter resigned July 21, 2017. As expected all of these transitions along with the usual barriers to engaging youth in services greatly impacted the youth program caseload numbers as well as the ability to complete screenings within 5 school days of referral and to start treatment services within 5 school days of assessment.

Since the return of the Clinical Director from medical leave, meetings have been held during the quarter with the youth team to provide more information, training, and support on providing substance abuse services to teens, understanding how to code billing, and clarification on what can and can't be billed, and clarification on what data needs to be tracked for the funding source. In addition, the youth team received training on the ANASAZI database utilized by Prairie Center staff to bill and document treatment services. The youth team started entering progress notes into the system in March. This will also aid in the tracking data being more accurate as well as billing services. The youth team is working hard to increase billable hours by doing more outreach to engage the youth clients in treatment services, transporting clients to and from services, making home visits (when appropriate), and providing incentives (pizza parties, gift cards, and journals). The case manager also consults with the probation officers to keep them informed on clients' participation and progress as well as to elicit their help in getting clients to follow through on attending individual and group therapy.

While the entire FY17 has been a struggle for the youth program, 4th quarter has been even more difficult. The MSW intern Claire Luce's internship ended in May. She had been helping to complete screenings, assessments and carried a small caseload. In addition, due to performance issues the youth case manager resigned leaving a staff vacancy. Also as the school year came to a close there was a decrease in referrals from the public schools. It is also difficult to get clients to treatment once the weather warms up. A new case manager, Alysia Fenton will start on September 5, 2017. Prior to submitting an application for FY19 a determination will be made as to whether or not to continue the current staffing patter of one case manager and one counselor or to go back to having two counselors.

Both the Clinical Director and the Clinical Coordinator have reached out to collaterals in the community in an attempt to expand the youth program. These include the Urbana Neighborhood Connections, the Don Moyer Boys and Girls Club, Mahomet School District, Rantoul School District, Gerber School, Cunningham Children's Home (various programs), and Youth Assessment Center (to the new coordinator). The youth staff also started a youth group at the probation office on June 06, 2017 so that youth that would normally be seen at school would be seen at the probation office over the summer. Historically, during the summer some youth don't come to individual or group appointments as scheduled. So the probation group was an effort to at least continue services with some of the youth over the summer break.

The decision was made to also expand the program by offering early intervention services for those youth who do not meet the criteria for a substance abuse diagnosis but still may be at high risk of substance use and abuse due to trauma, school problems, family problems, and being related to and/or living in the home with someone abusing drugs and/or alcohol. Schools will be back in session in late August and early September so the hope is that these services can begin to be implemented within a 2-3 weeks after classes begin.

The youth program continues to deal with the same barriers encountered in working with this adolescent population include the following:

- Lack of consequences for youth suspended by schools who were required to only complete an assessment, then were allowed to return to school, but not required to continue with treatment/follow treatment recommendations.
- High percentage of youth referred who have trauma-related issues.
- High percentage of youth referred who have mental health disorders, learning disabilities, and/or emotional disabilities.
- High percentage of youth referred who are involved in the Juvenile Justice system.
- Lack of family involvement in/support of treatment.

Efforts will continue to expand and build on the program by offering both early intervention services and continuing individual and group treatment services. The plan is to run multiple groups under both types of services, as well as continue to offer outreach to youth with an increased effort to provide psycho-educational services to the family members of youth involved in services.

UTILIZATION OUTCOME MEASURES

CCMHB GRANT PROGRAM	FY17 Actual	FY17 Target
2. Community Service Events	35.25	30
2. Screening Contacts	97	100
3. Non-Treatment Plan Clients	55	50
3. Total Treatment Plan Clients	79	90
4. Other	855	1100

Promise Healthcare Mental Health Services FY17

Performance Goals and Measures

Consumer access is measured in time it takes for patient to establish care.

Goal #1: 90% of patients internally referred for counseling will complete a Mental Health Assessment within three weeks of referral. In FY17 80% of the patients referred to counseling received a Mental Health Assessment with 3 weeks of referral. 393 of the 492 individual referred to counseling received an assessment within the 3 week period while 99 received an assessment from 4-8 weeks after referral. The Counseling team has seen a significant increase in the amount of referrals both internally and externally. This has increased the wait time to see a counselor.

Goal #2: 90% of patients internally referred to a psychiatrist will be scheduled within 30 days of referral. All patients internally referred to psychiatry were scheduled within 30 days of referral. Having three psychiatrists supports strong access to care for our patients.

Consumer outcomes are measured for adults and children through the Global Assessment of Functioning (GAF) scale or the Children's Global Assessment of Functioning (C-GAF) at the start and cessation of treatment. Based on the CBT approach, intermittent evaluation of progress i.e. Depression Scale, Anxiety Scale, GAF, and goal achievement will be assess at regular intervals.

Goal #1: 95% of clients enrolled in counseling will have a GAF scale completed at the start of treatment.

100% of all counseling clients received a GAF scores at the start of treatment.

Goal #2: 90% of ongoing counseling clients will have a repeat GAF scale completed every 6 months or at case closure.

90% of ongoing counseling client received GAF scores every 6 months.

Increase GAF = 43

Decrease GAF = 3

Same GAF = 43

Counseling Services for Adult & Children					
	CSE	SC	NTPC	TPC	Other
Q1	0	557	10	192	19
Q2	0	553	20	86	15
Q3	0	575	16	97	6
Q4	0	560	0	115	0
Total	0	2245	46	390	40
Annual Target	2	1900	0	385	100

Mental Health - Pyschiatrist at FN					
	CSE	SC	NTPC	TPC	Other
Q1	2	134	489	70	3
Q2	3	186	391	0	0
Q3	1	225	146	0	0
Q4	3	238	389	102	0
Total	13	783	1415	132	3
Annual Target	10	1150	800	100	120

Mental Health - Pyschiatrist at Promise on Walnut					
	CSE	SC	NTPC	TPC	Other
Q1	0	1635	0	1011	0
Q2	0	1614	0	196	0
Q3	0	2246	0	208	0
Q4	0	1994	0	174	0
Total	0	7489	0	1589	0
Annual Target	0	6000	0	1200	0

Promise Healthcare Wellness and Justice FY17
Performance Goals and Measures

Wellness and Justice targeted outcomes proposed included
- Help patients resolve over 600 issues (assists). This will be a count of the issues a patient needs support and assistance addressing to move towards wellness. Simple cases may need help with just one or two issues while more complicated patients will have a much higher score.
- Reduce the percentage of mental health visits where patients do not have coverage to under 15% through outreach and enrollment efforts and help 2000 people enroll in coverage (all programs, includes non-Promise patients as well). Fewer than 8% of
Promise Healthcare psychiatrist and counselor patient visits did not include health care coverage.

W&J 2017						
	CSE	SC	NTPC	TPC	Other	
Q1	27	170	161	4	400	
Q2	6	113	100	17	490	
Q3	5	196	164	22	500	
Q4	14	118	70	13	600	
Total	52	597	495	56	1990	
Annual Target	27	600	300	100	1200	

CSE is community service events and unique collaborators.
SC is screening contacts.
NTPC are total unique patients assisted.
TPC are patients that receive multiple assists, case management and a subset of NTPC.
Other is estimate of 600 new people enrolled in Medicaid or marketplace insurance coverage this quarter.

Building Evaluation Capacity for Wellness and Justice
Promise Healthcare greatly benefited from our Wellness and Justice program being one of the four programs selected to work on building evaluation capacity with the
University of Illinois consultants.

From October 2016 to June 2017 they assisted us with the program in several ways.

1. Promise worked with consultant to streamline CCMHB reporting and to begin to collect data that could shape and improve programing.
2. Wellness and Justice patient resources were digitized to stay up to date, for accessibility for more staff, and efficient access from any exam room.
3. Promise began to look at value of services provided by collecting information on patient experience and execution.

Improving Evaluation Capacity Required Changes to Electronic Medical Record System
• Some were ones that Promise could make for just our health center (below)--which we will begin using in CCMHB FY18.
• Others required EMR upgrades from software company like allowing to pull data from both the health record and practice management

Description	Procedure
Transportation	CM001
Food	CM002
Housing/Utilities	CM003
Occupational (Job resources)	CM004
Medication/Medical Need	CM005
Internal Assistance, Forms	CM006
Coverage/Health Insurance	CM007
Other	CM008
Justice Involved	CM009
In Person Assist (in exam room)	CM010
Remote Assist (via phone, email, mail)	CM011

Charge Posting

Patient: Zzz, Amanda

Encounter: 1202718 08/11/2017 Unbilled

Process Dt: _/_/___ Diagnos

Svc Dates: 08/11/2017 08/11/2017

Diag: 1 2 3 4

Svc Item: CM010 In Person Assist (in Exam Roo

CPT4: CM010

Quantity: 1

Unit/Override: 0.00 0.00

Rendering: Logan, Samuel T

Extended: 0.00

Tooth/surface:

Quadrant:

Next Open Save Next

Date	Svc Item	S	Charge	Payment	Adjustment
08/11/2017	CM001 Transportation	U	0.00		
08/11/2017	CM010 In Person Assist (in exam room)	U	0.00		

U of I Consultants asked important questions

- What will the reporting output look like? Looked at excel columns and rows with eye to potential data analysis
- How many assists are in person versus over the phone and why?
- Have you asked patients if they used the resources provided? If not why not? If they have what did they think?

Below is performance evaluation information from the University of Illinois consultant report on evaluation work for the Wellness and Justice Program.

Gather information on patient experiences with using the resources provided. Most commonly, the need(s) of the patient are not actually met during the meeting with the coordinator; instead, they are provided with information, a referral, paperwork, or other instructions on how to address their concern. Therefore, even if patients are very pleased (or displeased) with the service right afterwards, the question remains of whether they use the resource

and whether it fully addresses the initial concern. In order to investigate this question, we conducted a call-back study over the course of a month and a half. Patients were called back within 2 weeks of their appointment and asked a series of questions. These questions included whether they had followed-up on the resources and information provided, why they hadn't if not, and how well they addressed the need if they did follow up. Results from this study are presented below.

Study Results

A. *Types of Assists.* From 3/21/17 to 5/9/17, 39 encounters specific to the Wellness and Justice program were recorded. These included 41 assists, as one encounter involved more than one client concern. This data was collected during a time of staff turnover at the Wellness and Justice program, so this number should not be treated as an assessment of typical patient flow. Due to this small sample size, all findings should be viewed as preliminary and exploratory. The most common assist category was housing/utilities. This included help with power bills, help with reprieve from eviction, and assistance with mold removal. Eight assists dealt with transportation, such as getting a handicap parking placard, referral to medical transportation charities, and assistance with getting a bus pass. In another eight assists, the coordinators provided a referral to an agency for a medical need (e.g., Rosecrance for counseling, Family Services, smoking quit line, Empty Tomb for medication assistance). Three assists were related to food availability, and were primarily referrals to Empty Tomb or provision of food baskets available at the health center. Only one assist related to job resources (workers comp billing). Six assists were categorized as "other", which included a patient who needed a phone and was referred to Safelink, instructions for how to use the Vial of Life (a medication storage system so first responders can find necessary medication in the case of an emergency), a referral to Courage Connection for domestic violence concerns, and a referral to Empty Tomb for clothing. The most common agencies that coordinators connected patients with were Ameren (to file a hardship with to keep utilities on), Empty Tomb, and Land of Lincoln.

Table 1. Types of assists

Assist Category	Count	Percent
Total	*41*	
Housing/Utilitie	15	36.6
Transportation	8	19.5
Referral for medical need	8	19.5
Food	3	7.3
Job resources	1	2.4
Other	6	14.6

B. *Patient follow-up.* Twenty-four patients were reached for follow-up conversation. Out of these, 15 had followed up with the resources or referral they were given; 3 did not need to follow up, and 6 had not followed up yet. For those who had not followed up with the resources or referral, two indicated that the issue resolved itself, one was very upset about a different life issue so had not followed up, one forgot and planned to call in the future, and one hadn't felt like going but still planned to go.

Table 2. Have you followed up with the resources or referral provided?

Answer	Count	Percent
Yes	15	62.5
No	6	25

N/A because follow-up Not needed	3	12.5

Of those who did follow up or did not need to, half indicated that the resources provided had resolved the issue completely or mostly. Five people reported that it resolved the issue somewhat; four indicated that it did not resolve the issue at all. Reasons for dissatisfaction included being unhappy with the types/quantity of food they received from Empty Tomb, being unable to request transportation services without already having an appointment, and still waiting for an appointment with an agency. In one case, the service they were referred to was no longer available.

Table 3. How well did the resources or referral resolve the issue?

Answer	Count	Percent
Completely	7	38.9
Mostly	2	11.1
Somewhat	5	27.8
Not at all	4	22.2

Conclusions

Overall, the majority of patients used the resources or referral provided, and found that they resolved the issue completely, mostly, or somewhat. When this did not occur, the data indicates opportunities for the Wellness and Justice services to be strengthened.

A quarter of patients had not followed up with the resources or referral they were given. While this is not a surprising given the complexity of patient's lives, there is room for improvement in terms of connecting patients with resources. To the extent possible, coordinators should aim to connect patients with referral agencies while they are still in the room with them. This may entail completing paperwork with patients or making a phone call while they are in the room. While no patients indicated that transportation or access to a phone was a barrier to accessing a resource, these and other possible barriers should still be discussed with patients while the coordinator is meeting with them.

Job resources were rarely discussed with patients. While this may reflect a lack of need in this area, it is also possible that patients are not being referred to coordinators for this issue because the doctors do not know that the coordinators can help with this issue or because patients are not aware of the coordinator's services. If providing resources on finding and keeping employment is a goal of the Wellness and Justice program, they should strengthen their resources in this area and make sure that the doctors and nurses are aware of this aspect of their services so they can communicate this to patients.

The majority of encounters focused on only one problem. It is possible that these patients had other needs that could have been explored if they were aware of the other resources available. Wellness and Justice coordinators should be encouraged to ask patients about any other areas of their life where they may have concerns, and may want to run through each category (housing/utilities, transportation, medical needs, food, job resources) with patients.

In a few cases, a patient reached out to an agency and found that it did not meet their needs. Patients should be encouraged to reach back out to the Wellness and Justice coordinators when this happens, so that they can provide alternative options or help a patient navigate the system.

Rape Advocacy, Counseling & Education Services (RACES)

FY 17 Performance Outcome Measures-Counseling

FY17 was a year of re-building for RACES. The agency all but suspended operations at the end of FY16; only the Hotline and Medical Advocacy continued during a period of stabilization over the second half of calendar year 2016. Beginning in January 2017, the agency brought on a new Executive Director, stabilized operations, resumed suspended grant funding, and began the search for two additional staff members. Once fully staffed, the agency returned to offering a full array of services for survivors of sexual violence ages three and above, and their significant others.

RACES provides services in three major program areas: prevention education, counseling, and advocacy. Advocacy includes crisis intervention, both on the hotline and in-person, medical advocacy with survivors at the emergency room, court/legal advocacy with the criminal justice system, and what one of our funders calls "other advocacy". Other Advocacy includes helping the victim and significant others with any difficulties associated with their victimization. Some examples include filing for Crime Victim's Compensation, exercising rights under VESA (Victim Economic Security Act), getting locks changed, interfacing with university and colleges regarding Title IX rights and processes, and helping victims access follow-up medical care.

The CCMHB-funded Counselor—Cynthia Degnan—started work on May 8, and spent her first week with the agency at the 40-Hour Training in Crisis Intervention required of all staff and volunteers statewide who work with survivors of sexual assault. She began taking appointments beginning Monday, May 15, and has been building a solid caseload since then.

Consumer Access to Counseling:
During Program Year 2017, RACES continued to provide immediate, round-the-clock access to trained advocates, ensuring a timely response the needs of those affected by sexual violence. Many of our counseling clients first interact with the agency via the 24-hour Hotline. The Hotline has a toll-free number to insure access for those outside of the area.

In order to serve clients for whom English is not the preferred language, we subscribe to the Language Line which offers remote language interpretation services in 240 languages; we also partner when appropriate with local language interpreters accessed through the East Central Illinois Refugee Mutual Assistance Center and several University of Illinois resources.

In addition, many of our counseling clients are referred by other Champaign County entities. Over the last six weeks of FY17, clients were referred to us for counseling by the following agencies or entities:

University of Illinois Counseling Center
Parkland College Advising Office
Rosecrance
Courage Connection
Carle Foundation Hospital
Community Service Center of Champaign County

Access for Rural Residents

To insure that rural residents can access needed counseling services, we can help pay for transportation to and from the RACES office. Also, we are exploring options for offering counseling in Rantoul for Northern Champaign County individuals or families who find it easier to seek counseling closer to home.

Services: Individual Counseling

During the period May 15-June 30, 2017, our counselor saw eleven (11) unduplicated Champaign County residents for counseling services. Some had just one session, while others had multiple sessions. Our counselor uses an evidence-based, trauma-informed approach insuring that the service will be appropriate for the needs of our survivors.

We contract with an experienced, licensed counselor for clinical supervision of the counseling program.

Services: Group Counseling

In the past, RACES has offered group counseling for female high school students and adult women, often organized around an art therapeutic approach. Because of the reduction in services, the agency did not offer any group services during FY17.

We do anticipate offering group therapeutic services during the upcoming plan year, including some specialty groups for adult sexual assault survivors such as *yoga* for survivors, *art group* for survivors, *writing group* for survivors, and hopefully *equine-assisted therapy* for survivors. All groups will be co-led by a RACES counselor and the subject matter teacher/coach. If there is interest, we may offer some of these groups to young people as well, perhaps in association with the Children's Advocacy Center. All of these group services will be funded by VOCA.

Cultural Competence

It is clear that due to the agency's FY16 crisis and reduction in staff and services there has been a great loss in institutional memory. For instance, none of the current board members are familiar with the agency's Cultural and Linguistic Competence (CLC) Plan or even knew of its existence; a board-level understanding is crucial to assuring that cultural competence undergirds and suffuses throughout all agency activities and communications.

Immediate changes were instituted: Board members have all received a copy of the current plan, and will receive a CLC training at the October Board meeting after new board members are seated. All staff (both current and new) receive a copy of the plan during the first week of orientation, and all participate in regular ongoing CLC trainings or workshops.

A training on "Working with People on the Autism Spectrum" was held a RACES on June 2, 2017; staff from RACES, CAC, CCMHB, and victim advocates from Champaign County State's Attorney's Office attended. Presenters were from *The Autism Project* at UIUC.

All staff and volunteers must complete the required 40-Hour Crisis Intervention Training which includes 4 hours on privilege and oppression. Volunteers also receive quarterly supervision and trainings on a variety of subjects, including cultural and linguistic competency. A recent offering was about transgendered individuals and sexual violence.

In addition to the above, the Executive Director has made an appointment with CCMHB's Cultural Competence Specialist for a top-to-bottom individualized assessment of our CLC plan and approaches.

Anti-Stigma Efforts
Victims of sexual violence face huge obstacles stemming from the stigma society holds against them. Victim-blaming by others, and self-blame by survivors both contribute to shame and ongoing pain.

In order to help combat this serious problem, we use a multi-faceted approach. For self-blame, all of our advocates, counselors and other staff reinforce that only the perpetrator is to blame for the attack. Other messaging includes "we believe you", "you are not alone", "it was not your fault". We try to reinforce these concepts in both community settings such as recruiting fairs and in television and other media interviews.

Policies and Protocols
The agency—especially the Executive Director—has spent considerable time this spring creating or revising agency policies, procedures, rules and protocols for in order to provide a safer and more responsive environment. Examples include: Unusual Incident Policy, Protocol for Dealing with Clients Threatening Suicide, Homicide or Self-Harm; Policy on Clients Bringing Pets into the Office; and Client/Program Records Retention.

The agency is also about to institute a new, expanded and updated Employee Handbook.

Looking Ahead
For the upcoming FY18 Plan Year, RACES has requested that CCMHB dollars be redirected towards our Sexual Violence Prevention Education programming.

Our Associate Director, Jaya Kolisetty, heads up that program area and has been reaching out to schools in order to schedule presentations in the classroom again this fall. Although the agency has always endeavored to present the most up-to-date programs, through our state-wide coalition we will be participating in a CDC-sponsored national initiative to provide evidence-informed curricula and to evaluate programmatic impact from a public health perspective.

This approach will dovetail nicely with our work with the CCMHB Evaluation Project. This past spring we worked with the consultants on describing and measuring outcomes for our Advocacy services; this plan year we intend to explore with the consultants how to evaluate our Prevention Education.

We also plan to partner fall semester with UI students taking a class called "Trauma, Diversity, and Resilience". They will create content for printed materials and may design and present a workshop on a topic related to the class subject material. If they do create such a workshop, we will be sure to invite our colleagues from other social services agencies, as we learn better when staff working with other populations are in attendance and contributing to the discussions.

Respectfully Submitted,

Adelaide Aimé, MSW, LCSW
Executive Director
Rape Advocacy, Counseling & Education Services

Rosecrance C-U
CCMHB FY 17
Criminal Justice Year-End Summary

Consumer Access

Participants in Drug Court have no delay in accessing services. The assigned staff is experienced in working with the court systems and the populations served through the Problem Solving Courts. They are able to engage clients in a prompt and efficient manner and are experienced in managing resistance and barriers that may be present.

For those not in the Problem Solving Courts, every effort is made to engage them within five working days. Screenings and mental health assessments are completed at the jail if indicated. Often our services include providing assistance with transportation to ensure that the consumer is able to attend appointments with doctors and court services personnel. In order to improve access and deliver services where the consumer is, case management services may occur in the participant's home or other community settings.

Walk-in screenings and/or assessments are available five days a week to improve access to services. Assessments are either completed that day or the individual is referred to the appropriate program within the agency to complete the assessment process.

FY 17 Outcomes: Referrals in the jail continued to be seen promptly as staff are on-site daily. Referrals to substance abuse services were often able to be scheduled within the days of receipt of the referral.

Consumer Outcomes

FY 17 Outcomes: To calculate recidivism again this year we took all clients admitted into the three programs (Community, Jail and Problem Solving Courts) and researched their offense data from the date of their admission. Celeste Blodgett was able to pull the following data:

- 93% did not recidivate
- 12 cases were still pending
- 5 cases found NGRI/Unfit
- Of the 23 that did recidivate, 9 were criminal misdemeanor and 14 were criminal felony

Utilization/Production Data Narrative: Reference Data contained in Part II

In FY 17 TPC's will continue to represent the community based clients engaged in services, the clients receiving substance use services and those in drug court. Projected Continuing TPCs is 50 and New TPCs is 150 for a total of 200 TPCs.
FY 17 Outcomes: 60 Continuing TPCs and 287 New for a total of 347.

In FY 17 NTPCs will represent the individuals in the jail served by the case manager. Projected Continuing NTPCs is 80; New NTPCs is 390 for a total of 470 NTPCs

FY 17 Outcomes: Continuing NTPCs was 45, well below the projected number and New NTPCs was 189. Less than ½ of the original projected number. This decrease was due to

The ability to meet the projected NTPCs was impacted by two factors:
1. The case manager in the jail has had to focus more of her time with consultations on cases that don't necessarily end up being a new screening. Part of this consultative role requires that the case manager spend a significant amount of time researching information on referrals in two electronic health record systems within Rosecrance, the jail's data system and the circuit clerk. Many people receive informational fliers but it has been very difficult

to actually screen high numbers of individuals with just one case manager. With a second case manager approved for the FY 18 funding cycle, we expect these numbers to go back up again.

2. There was a significant increase in new trainings required of staff due to the merger with Rosecrance over the past year. Staff had to learn a completely new electronic health record system; had to re-do paperwork so that records were in compliance with Rosecrance protocols and we had to restructure our intake and screening process along with tracking our identified needs. Staff is fully trained now on all of the new systems.

FY 17 Crisis/Access/Benefits
Year End Summary

Consumer Access:

Rosecrance C/U strives to promptly respond to consumers in need of services.

- The Access Department seeks to answer at least 95% of incoming calls live. In FY 17 93% of the incoming calls were answered live.
- The Crisis Team goal for face to face assessments is to respond within 30 minutes or less at least 90% of the time. In FY 17 74% crisis face to face assessments were responded to within 30 minutes and 100 % of Crisis Line calls were responded to in 15 minutes or less.
- We continue to offer walk-in times 5 days a week allowing consumers the opportunity for "same day" screenings and/or mental health assessment rather than waiting for a specific appointment that could be scheduled weeks out. The goal is to complete 95% of screening and/or assessments on the same day people walk in assuming the person is eligible and chooses to complete them. In FY 17 100% of walk-ins were screened on the same day.
- There are many factors outside of the Benefits Case Managers' control that could affect the success of someone obtaining entitlements. In FY 17 183 people received assistance from the Access and CCHC Benefits Case Manager of which 79 were initiated at the county jail.

Consumer Outcomes

Utilization/Production Data Narrative:

- In FY 17 **Non-TPC's (NTPC's)** will continue to represent the number of mental health assessments and screenings completed by Access Clinicians for those who are Champaign Co. residents. Due to the downward trends of this number our target will be 350. The total NTPCs for FY 17 was 749.
- In FY 17 **Service Contacts** will continue to represent the number of crisis line calls and we project this number to be 4,400. The actual number of Crisis Line Calls was 3,977. In FY 17 **Community Service Events** will continue to reflect the number of educational presentations, community events or requests for consultations attended by the Crisis Line Coordinator. Additional staff may join the Coordinator to assist with meeting specific requests. The target for FY 17 is 30. The actual number achieved in FY 17 was 36; 22 by the Crisis Line Coordinator and 14 by the Crisis Team Leader and Supervisor.

Final Report: Outcomes for PLL Front End Services in Champaign County, IL through Rosecrance

8 Year Report
August 2, 2017

Prepared by Ellen Souder
Vice President, PLL Clinical Services

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Utilization – Number of Families Served

Utilization

Served **663** New Families in Eight Years

Completers	Non-Completers	Administrative Discharge
570	90	20*

* Some families administratively discharged are not included in the number of new families served due to only attending one session.

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Family Engagement

Does PLL engage families at a rate of 70% or higher

Cumulative RESULTS – Eight Years

Successful Engagement:

Engagement Rate	Number	Percentage
Successfully Engaged	470	78%
Did not Engage	132	22%

✓Family participates in the PLL Motivational Face to Face Interview

✓Family shows up to the first PLL Group

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Family Completion

Does PLL achieve a high level of parent participation as evidenced by a completion rate of at least 70%?

Cumulative RESULTS – Eight Years

In order to complete the PLL program, the youth/family must:

Completion Rate	Number	Percentage
Successful Completers	570	86%
Non-Completers	90	14%

✓Attend & participate in at least 5 group therapy sessions

✓Attend & participate in the required family coaching sessions

✓Receive the full dosage of the model (Group and Core Coaching Phases)

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Eight Years of PLL Implementation

The PLL Program began July 29, 2009

Utilization/Completion Rate	Year 1 09-10*	Year 2 10-11	Year 3 11-12	Year 4 12-13	Year 5 13-14	Year 6 14-15	Year 7 15-16	Year 8 16-17	Total 09-17
Total # of New Families served during License Period (Clinical Minimum 24)	98	112	128	98	76	68	45	38	663
Number of families that Completed PLL during License Period	66	104	103	80	67	69	44	37	570
Number of families that Dropped out during License period (non-completers)	20	16	13	11	8	10	7	5	90
Completion Rate	77%	87%	89%	88%	89%	87%	86%	88%	86%
Number of families Administratively Discharged during License Period	1	5	5	3	2	2	2	0	20
Referral Engagement of Families during License Period	100%	78%	80%	74%	71%	83%	81%	76%	78%

*Year 1 was 11 months in duration

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Families Coached by Therapist in Year Seven

License Period: July 1, 2016 to June 30, 2017

Therapist	New Families	Graduates	Drop Outs	AD	Graduate Rate	Referral Engagement
James Warren	19	17	2	0	89%	73%
Misty Bell	14	13	1	0	93%	82%
Mechelle Moore	*5*	*4*	*1*	*0*	*80%*	*71%*
Jaclyn Maracci	*0*	*3*	*1*	*0*	*75%*	*n/a*
TOTAL	38	37	5	0	88%	76%

Clinical Minimum for each therapist is 24
(James has a Clinical Minimum of 18)

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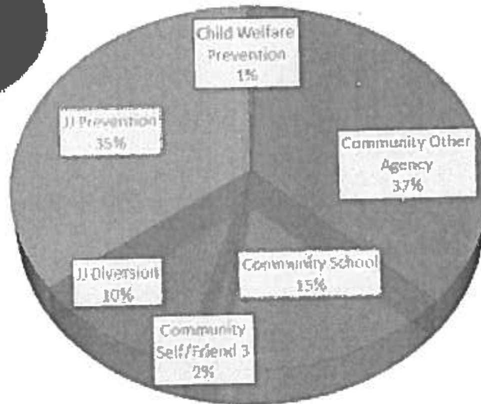
Referral Sources – Year Eight

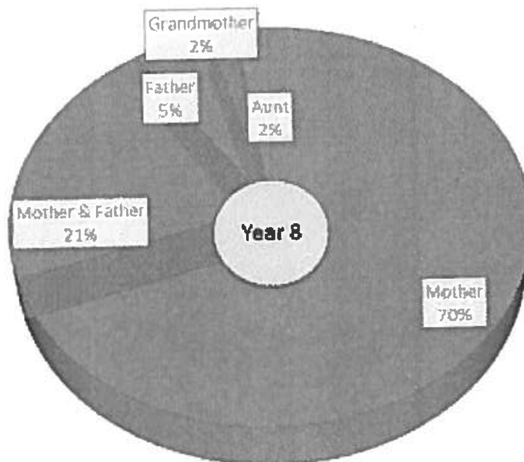
Referral Engagement Rate: 76%



Received a total of 145 referrals.

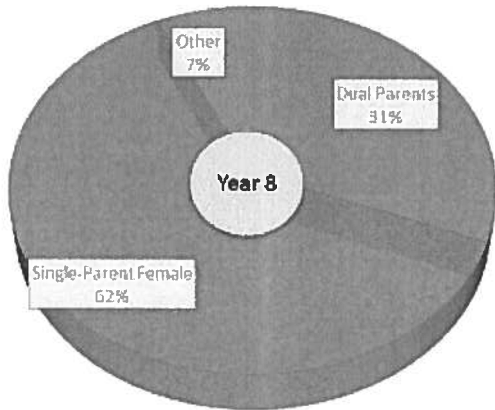
(7 ineligible, 11 not attempted to contact, 48 unable to contact)

Family Demographics – Primary Caregiver (n=42)



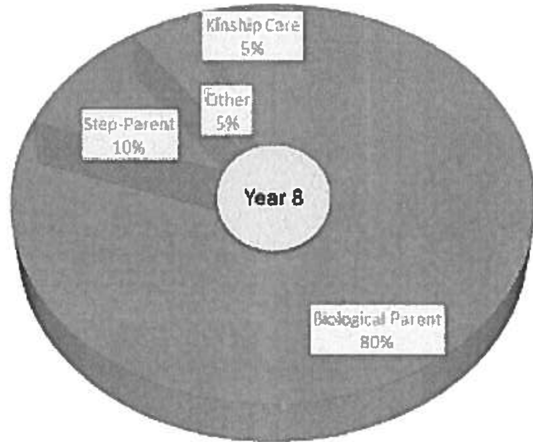
A Look Back: First 7 Years (n=618)	
Mother	55%
Mother & Father	33%
Father	4%
Grandfather	<1%
Grandmother	1%
Aunt	<1%
Sister	<1%
Other	6%

Family Demographics – Number of Parents (n=42)



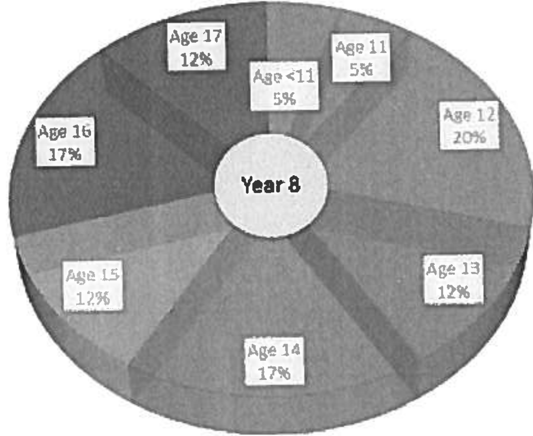
A Look Back: First 7 Years (n=618)	
Single Parent Female	52%
Dual-Parents	38%
Single Parent Male	4%
Other	7%

Family Demographics – Kind of Parents (n=42)



A Look Back: First 7 Years (n=618)	
Biological Parent	80%
Adopted	4%
Step-Parent Family	11%
Foster Care	1%
Kinship Care	4%

Youth Demographics – Age at Admission (n=42)



A Look Back: First 7 Years (n=618)	
Age <11	5%
Age 11	6%
Age 12	8%
Age 13	18%
Age 14	17%
Age 15	19%
Age 16	16%
Age 17	11%
Age 18	<1%

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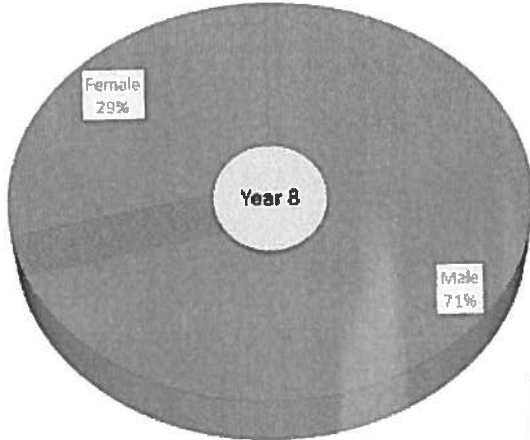
Youth Demographics – Gender (n=42)



A Look Back: First 7 Years (n=618)	
Male	57%
Female	43%

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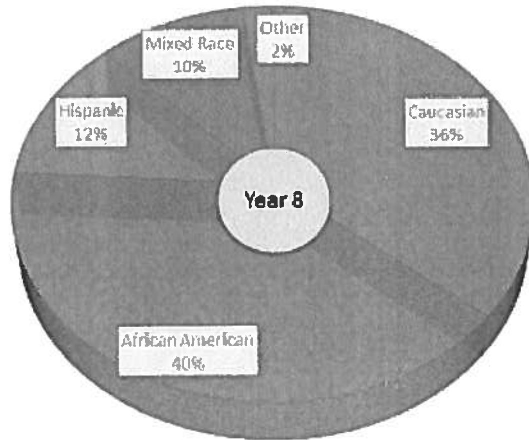
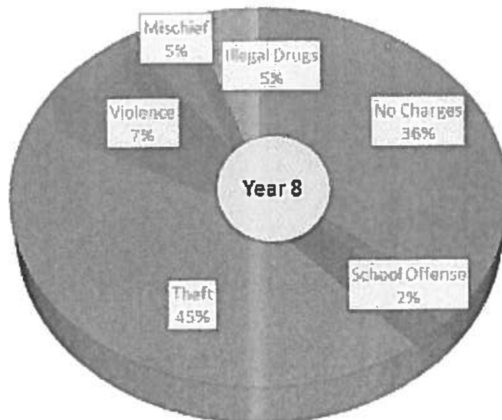
Youth Demographics – Race (n=42)



A Look Back: First 7 Years (n=618)	
Caucasian	43%
African American	40%
Native American	3%
Mixed Race	2%
Hispanic	5%
Other	9%

Youth Demographics – Type of Offense (n=42)



A Look Back: First 7 Years (n=618)	
No Charges	39%
Mischief	4%
Legal Violation	1%
Property Damage	1%
Violence	22%
Theft	19%
School Offense	2%
Illegal Drugs	9%
Sex Offense	<1%
Other	2%

PLL Clinician Model Adherence

Clinician	Model Adherence Level
James Warren	Advanced
Misty Bell	Advanced
Mechelle Moore	*Beginner* *Baseline not yet attained*
Anitra Nance	*Beginner* *Baseline not yet attained*

Administration of Internal Measures

James (n = 17 Graduates)		
Internal Measure	**Pre- and Post-test Sets**	**Overall Percentage**
CBCL	15 of 17	45 of 51 = 88%
Youth FACES	15 of 17	
Parent FACES	15 of 17	

Misty (n = 13 Graduates)		
Internal Measure	**Pre- and Post-test Sets**	**Overall Percentage**
CBCL	12 of 13	36 of 39 = 92%
Youth FACES	12 of 13	
Parent FACES	12 of 13	

Mechelle & Jaclyn (n = 7 Graduates)		
Internal Measure	**Pre- and Post-test Sets**	**Overall Percentage**
CBCL	3 of 7	8 of 21 = 38%
Youth FACES	2 of 7	
Parent FACES	3 of 7	

Total: 89 of 111 = 80%

Previous Administration:
Year 1: 63% Year 2: 94% Year 3: 98%
Year 4: 90% Year 5: 81% Year 6: 72%
Year 7: 91%

Child Behavior Checklist Outcomes

Child Behavior Checklist (CBCL) Analysis (n = 31)								
CBCL Scales	Pre-Test Mean	Pre-Test Std Dev	Post-Test Mean	Post-Test Std Dev	Change	t-Score	Significance or p-Value	Effect Size
Anxious	4.23	3.95	2.32	2.98	1.90	4.342	<0.001	0.544
Withdrawn	4.16	3.34	2.61	2.73	1.55	3.583	<0.001	0.508
Somatic Complaints	3.16	2.76	1.19	1.72	1.97	4.055	<0.001	0.856
Total Internalizing Behaviors	11.55	8.76	6.13	5.37	5.42	5.427	<0.001	0.746
Rule Breaking	10.03	5.83	6.03	5.22	4.00	5.938	<0.001	0.723
Aggressive Behaviors	14.19	8.79	7.68	5.93	6.52	6.388	<0.001	0.869
Total Externalizing Behaviors	24.23	13.60	13.71	10.72	10.52	6.798	<0.001	0.859
Social Problems	3.90	3.90	2.32	2.77	1.58	3.539	<0.001	0.467
Thought Problems	3.52	3.77	2.26	2.35	1.26	3.113	0.002	0.401
Attention Problems	8.19	4.95	5.39	4.33	2.81	4.763	<0.001	0.603
Other Problems	6.10	3.58	3.39	2.16	2.71	5.286	<0.001	0.917
Oppositional Defiant Behavior	6.00	2.79	3.55	2.03	2.45	7.139	<0.001	1.004
Conduct Disorder	11.42	6.72	6.23	5.23	5.19	6.848	<0.001	0.862
Post-Traumatic Stress Disorder	8.06	5.42	5.42	4.09	2.65	4.293	<0.001	0.551
Total Problems*	57.48	32.95	33.19	24.39	24.29	7.491	<0.001	0.838

All of the scales show improvement, and all show improvement that is highly statistically significant ($p < 0.001$) with the exception of Thought Problems ($p = 0.002$)). This is clearly a strong result, particularly given the modest sample size.

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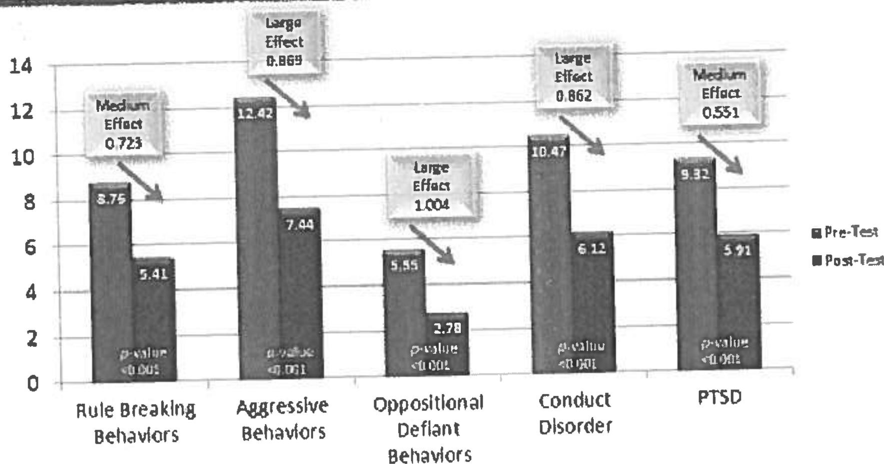
Does PLL reduce problem behaviors as measured by the Child Behavior Checklist (CBCL)?



The goal for PLL is to have a ***decrease*** *in problem behaviors that is* ***statistically significant*** *and with a* ***noticeable difference (effect size)*** *at the conclusion of PLL treatment.* This chart shows that this goal was met and indicates very strong evidence for the effectiveness of PLL treatment.

Small Effect size (between 0.1 and 0.3)=noticeable difference; Medium Effect Size (under 0.8) = very noticeable difference; Large Effect Size (0.8 and over) = "Wow" noticeable difference.

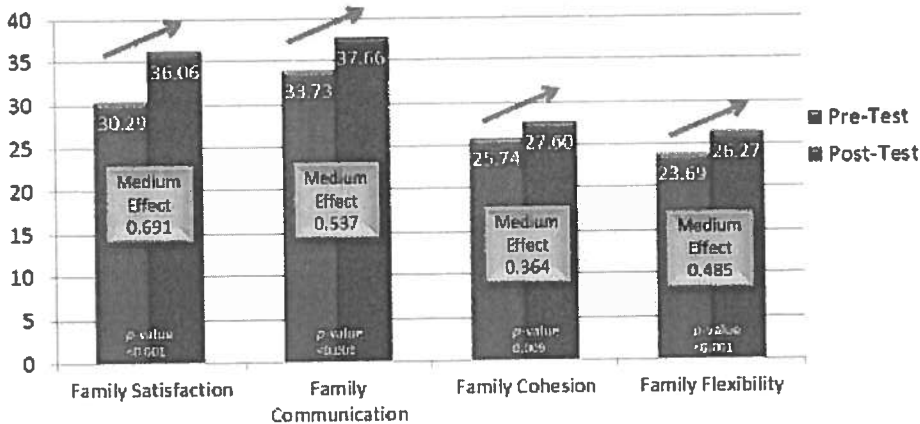
FACES IV Scale

Family Adaptability and Cohesion Effectiveness Scale IV (FACES) Analysis (n = 62)								
FACES Scales	Pre-Test Mean	Pre-Test Std Dev	Post-Test Mean	Post-Test Std Dev	Change	t-Score	Significance or p-Value	Effect Size*
Balanced Cohesion	25.74	5.43	27.60	4.74	1.85	-2.441	0.009	0.364
Balanced Flexibility	23.69	5.81	26.27	4.77	2.58	-3.327	<0.001	0.485
Disengaged Scale	17.76	4.92	17.27	5.87	-0.48	0.781	0.219	0.089
Enmeshed Scale	16.32	5.05	16.40	6.16	0.08	-0.115	0.546	-0.014
Rigid Scale	22.55	5.96	24.47	4.39	1.92	-2.622	0.994	-0.367
Chaotic Scale	16.39	6.41	15.40	6.52	-0.98	1.188	0.120	0.152
Family Communication	33.73	7.74	37.66	6.90	3.94	-3.365	<0.001	0.537
Family Satisfaction	30.29	9.52	36.06	7.01	5.77	-4.499	<0.001	0.691

Improvement in the Disengaged, Enmeshed, Rigid and Chaotic scales is evidenced by a decrease between the pre- and post tests, indicated by a negative value in the Change column. High scores on these scales indicate undesirable extreme behaviors in the areas of Cohesion (Disengaged and Enmeshed scales) and Flexibility (Rigid and Chaotic scales). In contrast, for the Balanced Cohesion, Balanced Flexibility, Family Communication and Family Satisfaction scales improvement is represented by an increase.

Statistically significant improvements are seen on four of the eight scales: Balanced Cohesion, Balanced Flexibility, Family Communication and Family Satisfaction, with all but Balanced Cohesion meeting the threshold for high statistical significance ($p < 0.001$). The Disengaged and Chaotic Scales show improvement that is not statistically significant, while the Enmeshed Scale is essentially unchanged.

Does PLL improve family adaptability and cohesion as measured by the FACES IV Scale?



*The goal for PLL is to have a decrease in problem behaviors that is **statistically significant** and with a **noticeable difference (effect size)** at the conclusion of PLL treatment.* This chart shows that this goal was met and indicates very strong evidence for the effectiveness of PLL treatment.

Small Effect size (between 0.1 and 0.3)=noticeable difference; Medium Effect Size (under 0.8) = very noticeable difference; Large Effect Size (0.8 and over) = "Wow" noticeable difference.

FACES IV Outcomes (Comparison)

Family Adaptability and Cohesion Effectiveness Scale IV (FACES) Analysis (n = 32 Adults) — Table 1

FACES Scales	Pre-Test Mean	Pre-Test Std Dev	Post-Test Mean	Post-Test Std Dev	Change	t-Score	Significance or p-Value	Effect Size*
Balanced Cohesion	26.38	6.02	27.97	4.88	1.59	-1.405	0.085	0.291
Balanced Flexibility	23.88	6.63	26.81	4.82	2.94	-2.395	0.011	0.507
Disengaged Scale	15.97	4.82	14.66	4.51	-1.31	1.695	0.050	0.281
Enmeshed Scale	15.22	4.49	14.25	4.93	-0.97	1.164	0.127	0.206
Rigid Scale	22.13	6.18	23.75	4.24	1.63	-1.808	0.960	-0.307
Chaotic Scale	16.44	7.26	13.81	6.08	-2.63	2.594	0.007	0.392
Family Communication	34.25	7.40	39.00	5.04	4.75	-3.460	<0.001	0.7 0
Family Satisfaction	28.84	9.69	36.88	6.44	8.03	-5.768	<0.001	0.978

Family Adaptability and Cohesion Effectiveness Scale IV (FACES) Analysis (n = 30 Youth) — Table 2

FACES Scales	Pre-Test Mean	Pre-Test Std Dev	Post-Test Mean	Post-Test Std Dev	Change	t-Score	Significance or p-Value	Effect Size*
Balanced Cohesion	25.07	4.74	27.20	4.65	2.13	-2.093	0.023	0.454
Balanced Flexibility	23.50	4.89	25.70	4.74	2.20	-2.331	0.013	0.4 7
Disengaged Scale	19.67	4.34	20.07	5.91	0.40	-0.414	0.659	-0.077
Enmeshed Scale	17.50	5.42	18.70	6.58	1.20	-1.075	0.854	-0.199
Rigid Scale	23.00	5.78	25.23	4.49	2.23	-1.886	0.965	-0.432
Chaotic Scale	16.33	5.49	17.10	6.65	0.77	-0.604	0.725	-0.126
Family Communication	33.17	8.18	36.23	8.31	3.07	-1.585	0.062	0.372
Family Satisfaction	31.83	9.26	35.20	7.57	3.37	-1.576	0.063	0.398

Benchmarks	Survival	Stable *Must meet 5 of 7 Benchmarks*	Success *Must meet 6 of 7 Benchmarks*	Significance *Must meet 7 of 7 Benchmarks*
Tenure	Therapist has not yet implemented the PLL Model for 12 months *Meckele trained Feb 2017*	Therapist has implemented the PLL Model for 12 months	Therapist has implemented the PLL Model for 24 months	Therapist has implemented the PLL Model for 36 months *James trained July 2009* *Misty trained April 2011*
Utilization Standard	Clinical Minimum not met during License Period *Misty 14, Meckele 5*	Clinical Minimum Met during License Period	Clinical Minimum Met during License Period *James met Standard 19*	Full License Utilization Met during License Period
Referral Engagement Standard	Referral Engagement Rates Below 70%	Referral Engagement Rates 70% or Higher *James met Standard 73%* *Meckele met Standard 71%*	Referral Engagement Rates 75% or Higher	Referral Engagement Rates 80% or Higher *Misty met Standard [illegible]%*
Completion Rate Standard	Completion Rates below 70%	Completion Rates 70% or Higher	Completion Rates 75% or Higher	Completion Rates 80% or Higher *James met Standard 82%* *Misty met Standard 81%* *Meckele met Standard 80%*
Research Measures Standard	Administration of Research measures below 70% *Meckele*	Administration of Research Measures 70% or Higher	Administration of Research Measures 80% or Higher *James met Standard 88%*	Administration of Research Measures 90% or Higher *Misty met Standard 91%*
Supervision Performance Standard	Not yet meeting performance standards	Meeting one of two performance standards	Meeting all performance standards	Meeting all performance standards *All met Standard*
Model Adherence Level	Model Adherence Level Baseline Not Yet Achieved *Meckele, [illegible]*	Model Adherence Baseline Achieved	Intermediate Model Adherence Level Achieved	Advanced Model Adherence Level Achieved *James met Standard 2014* *Misty met Standard 2014*

Rosecrance Champaign Urbana
TIMES Center
FY17 Year-End Report

Consumer Access:

The TIMES Center operates 7 days a week, but is closed from 9 – 5 on the weekdays. IOP groups could be offered during the time the building is closed. Groups in the early evening could also be an option. This change in operation was a result of funding cuts from the State of Illinois and a recognized need that more residential treatment supports need to be available on site. Calls and referrals for open beds can be made to TIMES between 8:00 a.m. and midnight. In accordance with local and state requirements, a verification of identification and legal status is completed before admission to the TIMES Center.

Rosecrance C/U participates in the Council of Service Providers to the Homeless as well as the Urbana Champaign Continuum of Care. We coordinate and promote our services through these networks, as well as through a positive relationship with other social service agencies, churches and the media. Local churches and community providers often make referrals to TIMES Center. We continue to work with law enforcement and other community partners to meet the needs of homeless individuals engaged in the criminal justice system. In FY17, we are proposing to address this with offering IOP services on site.

FY17 Outcomes:

TIMES Center, which is now called the Men's Transitional Housing Program (MTHP), operates 7 days a week, with staff presence from 8:00 a.m. to 11:00 p.m. Sunday through Thursday and 8:00 a.m. to midnight on Friday and Saturday. We serve up to 20 men at a time, with referrals and inquiries coming in regularly. Referrals come to us through the Centralized Intake For Homeless system, which serves Champaign County.

At intake, every participant is administered screenings for mental health and substance abuse issues, as well as a criminogenic screening. Results from these screening tools are used to help determine appropriate services for assisting the men in moving toward a greater level of self-sufficiency. Each man is assigned to a case manager or recovery specialist who works with them on addressing barriers to self-sufficiency.

We did not hold formal treatment groups during FY17, but we met with the residents as a group at least quarterly in order to discuss issues. Additionally, informal

counseling is provided at least weekly on-site by case managers and recovery specialists. While we had considered offering Intensive Outpatient Program (IOP) services on-site at the MTHP, these services are offered through Rosecrance so there is not the need to offer them on-site. When a resident is identified as having substance use and dual diagnosis issues, staff make referrals to those and other treatment services through Rosecrance, as well as through other local providers.

The MTHP is represented regularly at the Council of Service Providers to the Homeless and the Urbana Champaign Continuum of Care meetings.

Consumer Outcomes

The Case Manager or Recovery Specialist complete mental health, substance abuse, and criminogenic screenings on all new admissions. The goal is to conduct screenings on 90% of admissions. The screenings identify further recommendations for services and resources to meet the client's needs and to develop a treatment plan. The goal is for 100% of residents who are identified as needing treatment will be referred to the appropriate services provided by Rosecrance C/U or another community provider.

TIMES Center will continue to share data, as appropriate, with the Criminal Justice Data Project in an effort to measure recidivism across all criminal justice related programs.

FY17 Outcomes:

- 100% of admissions received mental health, substance abuse, and criminogenic screenings in FY17.
- 100% of admissions had an individualized service plan completed.
- 100% of admissions identified as needing treatment were offered assistance in accessing these services.
- While no data was shared with the Criminal Justice Project, of the 60 men served during FY17, 41 (68%) have had some form of criminal involvement in their history, and 12 (20%) had legal involvement at the time of their admission to the MTHP.

Utilization/Production Data Narrative

TPC's will represent the number of unduplicated residents being served. Since there is a 20 bed capacity and openings for new residents can occur infrequently, we are projecting to serve 50 TPC's in one year.

NTPC's will reflect the number of unduplicated individuals from the waitlist that we attempted to bring into the program but were unsuccessful in doing so. The target number is 50.

Service Contacts will represent the same data we are required to report to DHS on a quarterly basis called Supportive Services. Staff track the number of interactions they have with the residents based on a list of 20+ supportive services categories as defined by DHS. The list of services tracked and their definition is available for review. Based on FY 17 first quarter data, we project a total of 6,000 service contacts in the year.

Each resident will complete an initial Self-sufficiency assessment in collaboration with his case manager/recovery specialist. Every six months and at discharge, another assessment will be completed to track progress toward goals. Sixty percent (60%) of the residents discharged from the program after at least one year of services will demonstrate improved scores on at least three of the five outcome scales.

Further evidence of positive outcomes is noted by a dramatic increase in our measure of success rates. Success rates are calculated by noting those who leave TIMES voluntarily and/or with identified permanent housing.

FY17 Outcomes

- During FY17, the number of unduplicated clients (TPCs) served was 60.
- Of the 42 men who discharged during the year, 34 (81%) were positive discharges.
- The number of NTPCs served was 72
- The number or Service Contacts provided was 6282.
- A Self-Sufficiency Matrix was completed on 100% of the men beginning in November, 2016. Of the residents discharged from the program during FY17 after at least one year of services, 50% demonstrated improved scores on at least three of the outcome scales, while 67% demonstrated improved scores on at least two of the outcome scales.

UP Center of Champaign County
Children, Youth, and Families End of the Year Report 2016-2017
Performance Measure Outcomes

This brief report provides an overview of the 2016-2017 evaluation procedures, results, and future directions for the Uniting Pride (UP) Center's Children, Youth, and Families programming.

Evaluation Procedure: 2016-2017

In the grant application for the fiscal year of 2016-2017, it was stated the UP Center would have youth participating in support groups complete a pre/post-test measure of their psychological distress, sense of belonging, perceptions of support, and demographics. However, none of this information was tracked (see '**Limitations**' section below for more information). The only information that was tracked over the course of the year was demographics for the youth attending the support group.

Evaluation Findings: 2016-2017

During the fiscal year 2016-2017, demographic information was collected for 11 youth that are covered under the CCMHB grant. See Table One.

TABLE ONE	
Gender Identity	
Male	5
Female	3
Trans	5
Non-binary	3
Sexual Orientation	
Pansexual	1
Bisexual	2
Polysexual	1
Asexual	3
Gay	2
Lesbian	1
Queer	1
Questioning	1
Straight	

Prefer not to say	
Race/Ethnicity	
Hispanic/Latino	
White	10
Black/African-American	
Asian	
2 or more Races	1
Geographic region	
Champaign (61820)	1
Champaign (61821)	3
Champaign (61822)	1
Urbana (61801)	1
Philo (61864)	
Mansfield (61854)	
Olney (62839)	
Danville (61832)	
Mahomet (61953)	2
Fisher (61843)	
Farmer City (61842)	
Rantoul (61866)	
Homer (61849)	1
Pesotum (61863)	1
Sidney (61877)	1

** Note: client are allowed to choose more than one demographic, hence the disparity between the actual number of youth and the demographics reported.*

Limitations to 2015-2016 Evaluation

There has been a large turnover in staff during the 2016-2017 fiscal year, including four different Youth Coordinators. As a result, some agreements made under the FY17 contract, such as tracking performance measures, have not been fulfilled. While the current Board and Youth Coordinator profusely apologize, we understand that it does not make up for the breach of obligations. Here forward, we will meet to the agreed upon activities for FY18 (see '**Ongoing Changes'** section for more information).

Ongoing Changes

Under new supervision, the Children, Youth, and Families programming has already started tracking psychological distress and demographic information for youth attending the youth group for FY18. New or reoccurring youth attending group within the first three weeks of Quarter 1 were asked to complete the Depression, Anxiety, Suicide, and Stress Scale (DASS-21). New youth attending after the first three weeks of Quarter 1 will take the DASS-21 during the Quarter 2 follow up. This policy was put in place to keep time between follow-ups approximately the same for all youth. Youth will complete the DASS-21 quarterly. At subsequent quarters for FY18, youth attending group will also complete additional surveys and questions help us understand the effectiveness of and to make improvements to our Children, Youth, and Families programming.

Conclusion

The UP Center provides a unique and necessary service to Champaign County. In the past years, there have been improvements in well-being to youth who attended our Children, Youth, and Families programming. While we do not have the data to support this pattering for FY17, we will for FY18. The demographic form for 2016-2017 is attached.

UP Center Youth Mental Health Inventory — Cover Sheet — Demographic Information

For each category below, check all that apply.

Gender					Sexual Orientation								
Male	Female	Trans	Other	Prefer Not Say	Bisexual	Gay	Lesbian	Pansexual	Queer	Questioning	Straight Ally	Other	Prefer Not Say

Race / Ethnicity				
Hispanic or Latino	White	Black or African American	Native Hawaiian or Other Pacific Islander	
Asian	American Indian or Alaska Native	Two or More Races	Other	Prefer Not Say

City								
Champaign 61820 61821 61822	**Fisher** 61843	**Homer** 61849	**Mahomet** 61853	**Ogden** 61859	**Pesotum** 61863	**Philo** 61864	**Rantoul** 61866	**Saint Joseph** 61873
Savoy 61874	**Sidney** 61877	**Thomasboro** 61878	**Tolono** 61880	**Urbana** 61801 61802	**Danville** 61832 61834	**Decatur** 62521 62522 62523	**Other**	**Prefer Not Say**

						62526		

Guarantee of Confidentiality Statement

The information you choose to provide will not be shared with anyone

Staff Use Only

Date:__________________ Intake/Follow-up (include quarter #):__________________________

ID #:__________________ Group Name:___________________________

Agency: Urbana Neighborhood Connections Center
Program: Community Study Center
Date: 2017 - 4th Quarter Performance Outcome Report

Consumer Access: Performance Outcome Measures

UNCC makes an effort to identify all demographic of Non Treatment Plan Clients. The following information accounts for estimated numbers of clients to be served along with actual number served during this grant year

Estimated:	**Actual # Served**
Unduplicated Clients Served 100	131
AREA OF RESIDENCE	
City of Champaign	32
City of Urbana	193
Village of Mahomet	2
RACE/ETHNICITY	
Black/African American	197
White (Non-Hispanic)	12
Multi-Racial	13
Asian /Pacific Islander	5
CLIENT INCOME LEVELS	
Less than 50% Median Family Income	156
51-79% of Median Family Income	45
At or above 80% Median Fam Income	26
Not Known	0
SEX	
Male	110
Female	117
AGE	
0-6	53
7-12	137
13-18	37

Consumer Outcomes: Performance Outcome Measures

Urbana Neighborhood Connections Center's 2017 desired program measurement outcomes for the Community Study Center Program were:

1. Engage targeted youth in structured out of school time educational, social development and recreational activities.
2. Reduced and/or minimal criminal activities by youth in targeted neighborhoods.
3. Expose targeted high school students to various college and career related activities
4. Implementation and accomplishment of 2 of the Cultural Competency Plan goals and objectives.

Results

1. Maintained and/or increased the number of hours spent investing in academic, recreational, and social-emotional skill development for 150 unduplicated youth during afterschool, school out days, weekends and summer activities.
2. Introduced and/or re-engaged program participants to new and/or familiar physical fitness and cultural arts activities (daily walks, team building activities, group dancing, etc.) designed to promote acceptable behaviors, attitudes and confidence needed to maintain positive and healthy lifestyles at home, school and on community.
3. Introduced or re-engaged program youth to juvenile delinquent indicators and prevention approaches and other awareness resources used to reduce and/or minimal criminal activities while participating in family, school and or community activities.
4. Engaged staff in activities such as staff meetings, movies/videos and other media types whereby their knowledge, awareness and skill performance were enhanced as related to Cultural Competency planning and implementation of activities and supports while engaging the youth and families who participate in UNCC's program.

Collection Methods used to record the above results included:

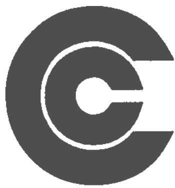
1. Individual Registration Forms
2. Daily Attendance Records
3. Consultation with parents and school personnel.
4. Self-reports from program youth re: juvenile delinquent behaviors and/or a lack of involvement in the juvenile legal system.
5. Participation & Satisfaction Surveys for select program participants
5. Graduation diploma, verification of employment and/or college admission letter.

<u>Utilization/Production Data Narrative:</u> Performance Outcome Measures

UNCC Community Study Center program offered community based academic support, tutoring, Reading/literacy/Math instruction, social/emotional development, prevention, intervention, and career opportunities for Non Treatment Plan Clients (NTPC).

UNCC counted multiple programs (afterschool activities, school out days, college and career readiness/twice-monthly weekends and summer) and/or activities within one category called the Community Study Center (CSC).

UNCC only reported the number of Unduplicated NTPC's receiving multiple programs within the Community Study Center that were represented in the Utilization/Production.



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

DECISION MEMORANDUM

DATE: October 18, 2017
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Anti-Stigma Film – Roger Ebert's Film Festival 2018

Recommended Action: The purpose of this memorandum is to seek approval for the Executive Director to commit to working with the Alliance for Inclusion and Respect to sponsor an anti-stigma film at the 2018 Roger Ebert's Film Festival and related concurrent anti-stigma activities. Allocation of $15,000 to sponsor a film and support and amplify concurrent activities is requested.

Issue: The Roger Ebert's Film Festival has been central to our anti-stigma efforts, with a sponsored film and the festival's support for related community activities. Our anti-stigma messaging has become a festival theme and received increased exposure, media coverage, and special attention from festival leadership and staff, especially for panel discussions and concurrent art exhibits. The Alliance itself has expanded over the years to include large and small provider organizations, support groups, UIUC School of Social Work, Parkland, and the Champaign Community Coalition. The anti-stigma/pro-inclusion effort supports Mental Health, Developmental Disabilities, and Substance Use Disorder community awareness and education.

During and following the 2017 festival, we held youth screenings/discussions of the sponsored film, staged and promoted an art show, and launched a website to promote the artists and the Alliance's mission. Activities are ongoing in response to opportunities, including beyond the festival.

Fiscal/Budget Impact: The total cost for the film sponsorship is anticipated to be $15,000. In 2017, the cost of sponsorship was offset by $4,185 from contributions by Alliance members ($3,675) and ticket sales ($510).

Decision Section:

Motion to approve up to $15,000 for sponsorship of an anti-stigma film at the 2018 Roger Ebert's Film Festival.

______ Approved
______ Denied
______ Modified
______ Additional Information Needed

BROKENS ADMINISTRATIVE CENTER • 1776 E. WASHINGTON STREET • URBANA, ILLINOIS 61802
PHONE (217) 367-5703 • FAX (217) 367-5741

CCMHB 2017-2018 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)

September 20, 2017

September 27, 2017 – study session

October 18, 2017

October 25, 2017 – study session

November 15, 2017

November 29, 2017 – study session

December 13, 2017 - tentative

January 17, 2018

January 24, 2018 – study session

February 21, 2018

February 28, 2018 – study session

March 21, 2018

March 28, 2018 – study session

April 18, 2018 – in John Dimit Conference Room

April 25, 2018 – study session

May 16, 2018 – study session

May 23, 2018

June 27, 2018

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

CCDDB 2017-2018 Meeting Schedule

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

September 20, 2017

October 25, 2017

November 15, 2017

December 13, 2017

January 24, 2018

February 21, 2018

March 21, 2018

April 25, 2018

May 23, 2018

June 27, 2018

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

DRAFT

July 2017 to June 2018 Meeting Schedule with Subject and Allocation Timeline*

The schedule provides the upcoming dates and subject matter of board meetings through June 2018 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 2019 (July 1, 2018 – June 30, 2019).

Timeline	Tasks
7/19/17	Regular Board Meeting Approve Draft Budget Approve 2016 Annual Report
9/20/17	Regular Board Meeting Release Draft Three Year Plan 2016-2018 with FY18 Objectives U of I Program Evaluation Presentation
9/27/17	Study Session
10/18/17	Regular Board Meeting Release Draft Contract Year 2019 (CY19) Allocation Criteria Community Coalition Summer Initiatives Report
10/25/17	Study Session
11/15/17	Regular Board Meeting Approve Three Year Plan with One Year Objectives Allocation Decision Support – CY19 Allocation Criteria
11/29/17	Study Session
12/13/17	*Public Notice to be published on or before this date, giving at least 21-day notice of application period.*
12/13/17	Regular Board Meeting (tentative)

01/05/18	*Open CCMHB/CCDDB Online System access to CCMHB CY19 Agency Program and Financial Plan Application forms.*
1/17/18	Regular Board Meeting Election of Officers
1/24/18	Study Session
2/2/18	*Online System Application deadline – System suspends applications at 4:30PM (CCMHB close of business).*
2/9/18	*List of Requests for CY19 Funding*
2/21/18	Regular Board Meeting List of Requests for CY19 Funding
2/28/18	Study Session
3/21/18	Regular Board Meeting 2017 Annual Report
3/28/18	Study Session
4/11/18	*Program summaries released to Board, copies posted online with CCMHB April 18, 2018 meeting agenda*
4/18/18	Regular Board Meeting Program Summaries Review and Discussion
4/25/18	Study Session Program Summaries Review and Discussion
5/9/18	*Allocation recommendations released to Board, copies posted online with CCMHB May 16, 2018 meeting agenda*
5/16/18	Study Session Allocation Decisions
5/23/18	Regular Board Meeting Allocation Decisions Authorize Contracts for CY19
6/27/18	Regular Board Meeting Approve FY19 Draft Budget
6/28/18	*CY19 Contracts completed/First Payment Authorized*

CHAMPAIGN COUNTY MENTAL HEALTH BOARD BOARD MEETING

Minutes—September 20, 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, Anne Robin, Margaret White

STAFF PRESENT: Lynn Canfield, Mark Driscoll, Stephanie Howard-Gallo

OTHERS PRESENT: Juli Kartel, Rosecrance; Becca Obuchowski, Community Choices (CC); Gail Raney, Prairie Center Health Systems (PCHS); Tracy Parsons, City of Champaign; Mark Aber, University of Illinois, Ron Bribriesco, Developmental Services Center (DSC); Jim McGuire, Pattsi Petrie, Champaign County Board; Bruce Barnard, Claudia Lenhoff, Celeste Blodgett, Crisis Response Planning Committee

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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:

Tracy Parsons from the City of Champaign And the Community Coalition provided a brief update on the Fresh Start program and stated new data will be presented to the Board in October or November of this year.

APPROVAL OF AGENDA:

The agenda was approved.

PRESIDENT'S COMMENTS:

Dr. Fowler made some brief comments and explained the handouts which were: the CCMHB Annual Report; a Guide to Robert's Rules of Order; and, a copy of the Powerpoint from the UIUC Evaluation Capacity Project presentation.

NEW BUSINESS:

UIUC Evaluation Capacity Project Presentation:
A copy of the Year 2 Report on Building Evaluation Capacity for Programs Funded by the CCMHB was included in the Board packet. A copy of the Powerpoint presentation was distributed. Dr. Mark Aber from the UIUC Psychology Department presented on the two-year project to support development and evaluation of funded agency program performance outcomes. Board members were given an opportunity to ask questions.

Crisis Response Planning Committee (CRPC) Report:
Claudia Lenhoff, Bruce Barnard, and Celeste Blodgett represented the CRPC. The Justice and Mental Health Collaboration Program—Planning Grant Final Report was included in the Board packet. The representative provided Board members with a brief review of the report. Board members were given the opportunity to ask questions.

CILA and CCMHB FY2018 Budgets:
A Decision Memorandum on the CILA and CCMHB Fiscal Year 2018 Budgets were included in the Board packet.

MOTION: Dr. Moore moved to approve the revised CCMHB Budget with anticipated revenues and expenditures increased to $5,020,240. Ms. White seconded. A roll call vote was taken and all members voted aye. The motion passed.

MOTION: Dr. Robin moved to approve the draft 2018 CILA Fund Budget, with anticipated revenue of $118,100 and expenditures of $94,194. Payment to this fund was approved with July 19, 2017 budget and is consistent with the terms of the Intergovernmental Agreement Between the CCDDB and the CCMHB. Mr. Omo-Osagie seconded the motion. A roll call vote was taken and all members voted aye. The motion passed.

CCMHB Three Year Plan with DRAFT FY18 Objectives:
The Three-Year Plan for FY16-18 with draft Objectives for FY2018 was included in the packet for review. The document will be disseminated to key stakeholders for review and comment. The Plan will be presented for final approval at the November meeting.

OLD BUSINESS:

Rosecrance JMHCP Match Amendment:
A Decision Memorandum on an amendment request from Rosecrance concerning local matching funds for Department of Justice "Justice and Mental Health Collaboration Program (JMHCP)" planning grant was included in the Board packet.

> **MOTION: Ms. Palencia moved to approve the request from Rosecrance to use unexpended JMHCP local matching funds in the amount of $11,894 for previously incurred expenses associated with writing two federal grant applications and other program costs related to the JMHCP planning grant so long as the balance of unexpended funds of $5,838 is sufficient to meet remaining matching obligations. A roll call vote was taken and the motion passed unanimously.**

> **MOTION: Dr. Robin moved to approve extending the term of the FY17 Criminal Justice contract term to November 30, 2017 contingent on the Department of Justice extension of the federal award. Ms. White seconded the motion. A voice vote was taken and the motion passed unanimously.**

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 INFORMATION:

Gail Raney from Prairie Center Health Systems announced the merger between Prairie Center and Rosecrance. More information concerning the merger will be available in the near future.

APPROVAL OF MINUTES:

Minutes from the July 19, 2017 meeting were included in the Board packet for approval.

> **MOTION: Dr. Moore made a motion to approve the minutes from the July 19, 2017 meeting. Ms. O'Connor seconded the motion. A voice vote was taken and the motion passed.**

EXECUTIVE DIRECTOR'S COMMENTS:

Ms. Canfield provided Board members a brief recap of staff activities during the past month.

STAFF REPORTS:

Reports from Mr. Mark Driscoll, Ms. Kim Bowdry, Mr. Chris Wilson, Ms. Shandra Summerville, and Ms. Stephanie Howard-Gallo were included in the Board packet for review.

CONSULTANT'S REPORT:

A report from Ms. Barb Bressner was included in the Board packet for review.

BOARD TO BOARD:

There were no reports.

FINANCIAL INFORMATION:

A list of financial claims was included in the packet.

> **MOTION: Ms. Palencia moved to accept the claims report as presented. Ms. O'Connor seconded the motion. A voice vote was taken and the motion unanimously passed.**

BOARD ANNOUNCEMENTS:

The Board will meet for a study session on September 27, 2017. The next regular Board meeting will be on October 18, 2017.

ADJOURNMENT:

The meeting adjourned at 7:25 p.m.

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

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

CHAMPAIGN COUNTY MENTAL HEALTH BOARD
STUDY SESSION

Minutes—September 27, 2017

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

5:30 p.m.

MEMBERS PRESENT:	Susan Fowler, Joe Omo-Osagie, Judi O'Connor, Elaine Palencia, Anne Robin, Julian Rappaport
MEMBERS EXCUSED:	Thom Moore, Kyle Patterson, Margaret White
STAFF PRESENT:	Lynn Canfield, Mark Driscoll
OTHERS PRESENT:	Juli Kartel, Rosecrance; Gail Raney, Prairie Center Health Systems (PCHS); Elizabeth Anderson, Courage Connection; Ron Bribrisco, Developmental Services Center (DSC); Pattsi Petrie, Champaign County Board

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CALL TO ORDER:

Dr. Fowler called the meeting to order at 5:30 p.m.

ROLL CALL:

Roll call was taken.

CITIZEN INPUT / PUBLIC PARTICIPATION:

Pattsi Petrie from the Champaign County Board reviewed the mental health statute with the CCMHB. She stated the community has a need for a community behavioral health center,

APPROVAL OF AGENDA:

The agenda was approved.

PRESIDENT'S COMMENTS:
Dr. Fowler reviewed the items contained in the Board packet.

FUNDING PRIORITIES:

A number of documents were included in the Board packet relating to funding priorities and program awards, past and present. Mr. Driscoll provided additional information and a detailed review of the documents and data. Board members discussed current priorities and potential priorities for the future.

STRATEGIC PLANNING:

The Board packet included a Briefing Memorandum and a draft Three-Year Plan for 2016-2018 with Objectives for 2018.

AGENCY ACRONYMS AND GLOSSARY:

A glossary was included in the Board packet for information only.

ADJOURNMENT:

The meeting adjourned at 7:15 p.m.

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

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

Kim Bowdry, Associate Director for Intellectual & Developmental Disabilities
Staff Report – October 18, 2017

CCDDB Reporting: On-going training and support for the CCDDB funded agencies. I have assisted agencies in coordinating support time with the consultant for the online system. I have heard some positive feedback from some of the agencies, that their staff feel that now they will really be able to showcase all of their work with clients.

At this time, DSC will not be reporting claims into the reporting system for two of the CCDDB funded programs. DSC staff shared the following as the rationale for the exclusion of these programs:

> "Our rationale for not including Employment First in this new reporting system is that the program does not support specific people but is a part of a system change. There are not people 'enrolled' in the program, therefore, no service hours for specific people. I feel the current quarterly report system continues to provide the program activities such as informational meetings held, number of people in attendance, and number of businesses becoming LEAP certified. We can include the zip codes of those businesses under the comments as requested.
>
> The Connections grant is related to the University Street site. At this time, we agree with Kim Bowdry's decision to classify this as a service option for other programs at this time and not a program in and of itself. People from other programs will be utilizing this space in different capacities and this information can/will be recorded on the quarterly reports. You will be able to pull out who used the site through the new system."

Community Needs Survey: CCMHB and CCDDB staff have been preparing for a community needs survey. The survey is available in paper form and online beginning October 21, 2017. There will be separate surveys for ID/DD and MI/SUD. Please go to www.champaigncountysurvey.com to access the surveys.

Alliance for Inclusion & Respect Website: I continue to work with a few of the artists and hope to get more artists added to the website soon. Many of the artists will participate in the disABILITY Resource Expo Music & Art Festival held at Lincoln Square Mall on October 21, 2017.

LEAP Businesses: Community Choices and Developmental Services Center (DSC) continue to collaborate through the LEAP (Leaders in Employing All People) program to advance the Employment First initiative. LEAP is a 1 -Hour individual or group training and education resource for Champaign County employers that is presented by DSC and Community Choices.

The following businesses in Champaign County have been certified by DSC or Community Choices:

CMI
Planet Fitness – Champaign
Big Grove Tavern
Walgreens – Green Street
For the Love of Hair
Ten Thousand Villages
Jupiter's
Farm Credit Illinois
Strawberry Fields
Todd Jacobs, State Farm Agent
Rockwell Automation
Schnuck's – Savoy
County Market on Kirby
Walgreens in Mahomet
Loving Paws Veterinary Clinic
Home Depot
Pepsi Bottling Co.
Planet Fitness – Urbana
See You CD and Vinyl
Best Buy
Urbana Park District
The Vineyard Church
Dishmac/McDonald's
Mahomet Chamber of Commerce
Mahomet Schools
JPE, Inc.
First Federal
Peter Pan Too
Volition
Clark Lindsey Village
Complete Electrical Systems
Miga Restaurant
Stephen's Family YMCA

Association Activities: I participated in an Association of Community Mental Health Authorities of Illinois (ACMHAI) Medicaid-MCO conference call.

IAG Update: IAG staff shared with CCDDB staff that they have one available opening in their Royal Oak home and the female home, Englewood, is currently full with four residents. These individuals are offered other community Day Programs or a Flexible Day Experience through IAG. This Flexible Day Experience includes customized programming based on individual's interests and goals.

Community Learning Lab School of Social Work Students: The School of Social Work students continue to work on their project on Community Employment/paid internships for individuals with ID/DD. They are reaching out to local service providers to gain a better knowledge of existing services and any gaps in services.

NACBHDD: I have included an Under the Microscope article titled, "An Invisible Population *Individuals with Intellectual and Developmental Disabilities in the Criminal Justice System*." According to ARC somewhere between 1% and 3% of Americans have ID/DD. However, ARC estimates that people with ID/DD represent 9% to 10% of the prison population, with an even greater number in jails or juvenile facilities. Please read the article, which details a new pilot program, "Pathways to Justice," which helps communities address key barriers to justice for people with ID/DD.

PUNS Selection & Reports: Locally, sixteen individuals were selected from the PUNS database in April. Those individuals and their families are working with CCRPC ISC to

complete the PAS process. Three individuals are currently receiving services. The others continue to work through the PAS process.

PUNS data pulled from the DHS-DDD website for Champaign County can be found below. I have also included a breakdown of active and total PUNS clients for Champaign County and some information from the DHS Ligas Data Report.

NACBHDD National Association of County Behavioral Health & Developmental Disability Directors
The voice of local authorities in the nation's capital

UNDER THE MICROSCOPE

September 1, 2017

AN INVISIBLE POPULATION

Individuals with Intellectual and Developmental Disabilities in the Criminal Justice System

ISSUE

Through the dedicated efforts of many individuals and organizations, including the members of NACBHDD, significant progress has been made in developing community-based approaches that are successfully reducing the unnecessary incarceration of people with mental health and substance-use disorders.

NACBHDD members face another, similar challenge with regard to people who have Intellectual and Developmental Disabilities. Like those who suffer from mental health and SUDs, people with IDDs are several times more likely than other Americans to come into contact with law enforcement officials, to be arrested and charged, and to be harshly or unjustly treated or incarcerated.

The systemic problems facing justice-involved people with IDDs are in many ways similar to those of people with behavioral health problems: a lack of awareness and training, an inability to recognize symptoms, and a tendency to react with fear and stigma. So too are solutions, some of which parallel or build upon the kind of community-based approaches that characterize NACBHDD's Decarceration Initiative and the NACo Stepping Up Initiative.

But there are important differences too, starting with the fact that people with IDDs generally face lifelong challenges, with limited hopes for significant improvement or recovery. Many depend heavily on the support of family, neighbors and a small circle of acquaintances for help and protection. Limits on the intellectual, moral, and social development of people with IDDs begin early and continue, making uniquely vulnerable both as crime victims and offenders, especially when separated from family and friends. Worse, in the brief, sometimes heated encounters through which people with IDDs often come into contact with law enforcement officers, the symptoms of IDD can be very difficult to spot or even deliberately concealed. The results can be tragic.

So the question for NACBHDD members: What are we doing to understand and assist in meeting the needs of people in our care – people with IDDs – who are involved in the criminal justice system? What are we doing to make them a visible, rather than invisible, population in our counties and communities?

ANALYSIS

Background. There are an estimated 4.7 million Americans who have Intellectual/Development Disabilities (IDD). ARC, a national advocacy organization for those with IDDs, defines them as significant limitations in both intellectual functioning (IQ of 70-75 or below) and adaptive behavior, which covers conceptual, social, and practical skills. This disability must originate before the age of 18. The most

common disabilities associated with IDD are Autism Spectrum Disorder (ASD), Down syndrome, Fragile X syndrome and Fetal Alcohol Spectrum Disorder (FASD).

According to ARC somewhere between 1% and 3% of Americans have intellectual/developmental disabilities. However, ARC estimates that people with IDDs represent 9% to 10% of the prison population, with an even greater number in jails or juvenile facilities. One of the great challenges in talking about people with IDDs is that few organizations and people take care to define and distinguish among various disabilities. Thus, data regarding specific disabilities, like IDDs, are very difficult to obtain and equally difficult to compare given the variability in what's being measured.

For example, a 2015 study of disabilities among jail and prison populations by Bureau of Justice Statistics (BJS) stated that about 20% of state prisoners and 31% of jail inmates reported having a "cognitive disability." According to the BJS study, "a cognitive disability is a broad term used to describe a variety of medical conditions affecting different types of mental tasks, such as problem solving, reading comprehension, attention, and remembering. A cognitive disability is not the same as a mental disorder, although they often co-occur and a mental disorder can be considered a disability as well."

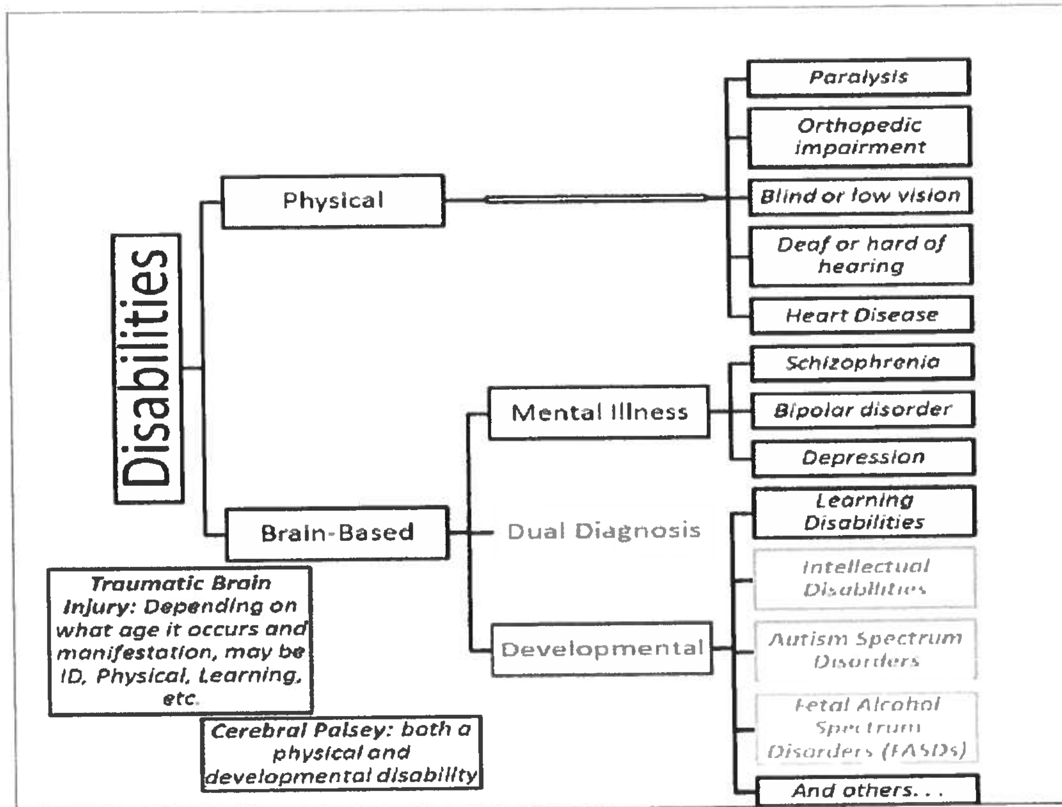
The BJS study goes on to note that the main differences between mental health disorders and cognitive disabilities: The symptoms of cognitive disabilities are constant and permanent, not cyclical or episodic. They cannot be controlled or alleviated by medication. They are not characterized by disturbances in perceptions, or thoughts. In addition to the early-onset developmental disabilities listed above, the cognitive disabilities covered in the BJS report also include a mix of milder conditions—ADHD and learning disorders—plus later-life phenomena like traumatic brain injury and brain diseases like dementia.

Challenges for the justice system. Thanks to the work of a number of national organizations and research universities, a considerable body of knowledge is being developed about the special challenges of people with IDDs, including the difficulties that make them more likely come into contact with the justice system. According to ARC, people with IDDs are about four times more likely to be victims of crime or exploitation and, as the above numbers suggest, about three or four times more likely than other Americans to be caught up as a suspect in the justice system.

David Whalen, a disability awareness training expert from Niagara University, stated in an ARC-sponsored webinar that the high involvement of disabled people in the justice system shouldn't be a surprise. "About 50 to 80 percent of a law enforcement officer's time is spent responding to people with disabilities," he said, noting that police calls may refer to disabled people in many different ways:

- Crime victim needs assistance
- Possible sex offender
- Runaway
- "Confused" or lost citizen
- Violent spouse
- Caregiver needs help
- Individual needs transport

Whalen said that the range of "disabled" people that a law officer might meet is extremely broad, with problems ranging from definable physical or intellectual disabilities to chronic disease, or acute mental health or behavioral disorders. The scope of the challenge may be seen in the following chart, compiled by ARC:



To resolve the call, the officer must not only address the immediate concern or complaint, but do so while correctly identifying the physical or mental issue of the person involved and then responding appropriately and effectively in that context. Should an officer miss a key signal, an ill or disabled person could be unnecessarily hurt or killed. Yet, the success of CIT training for first responders, plus system-wide initiatives like Stepping Up and NACBHDD's Decarceration Initiative show that specialized training and approaches can make a huge difference in the ways that law enforcement officers respond. These responses are critical to enabling people with mental health and substance-use disorders to avoid the justice system altogether in favor of community-based services, or to receive a blend of treatment and justice that acknowledges their disabilities and needs.

Similar approaches are needed for people with IDDs, say advocates, who argue that compared to people with many physical and mental health disorders, people with IDDs can be particularly difficult to identify. And, the limitations imposed by their intellectual disabilities make them more likely to fall into the justice system, then to suffer severe consequences every step of the way.

- People with IDDs often suffer from listening and speaking problems, and are therefore often unable to communicate smoothly with others. Often such behavior can lead to misunderstanding or even confrontations. Individuals are frequently reported to police for behavior that others perceive as aloof, strange or threatening.
- At first contact with police, they may fail to recognize police, acknowledge instructions, or worse, run away. If their disabilities are not known, situations can escalate rapidly to violence, injury, or even death.
- Often, they do not fully understand their Miranda rights, or their rights to legal counsel.

- They may be eager to please authority, tending to self-incriminate by saying what authorities want to hear without understanding the legal or personal implications.
- Some, aware of or embarrassed by their disabilities, may act "bad" in order to hide them.

People who have IDDs are statistically more likely to plead guilty, or to plead to original charges than people without these disabilities, said Jessica Oppenheim, an attorney with ARC of New Jersey. They are also far less likely to appeal convictions or seek post-conviction relief. Because their disabilities often make it more difficult to follow rules or control impulses, inmates with IDDs tend to receive more punishment for infractions and fewer chances for parole. The result is that they serve longer overall sentences than other prisoners.

Profile of IDD offender. Oppenheim, who advocates for alternatives to incarceration for IDD offenders, offered this "profile" of an IDD offender:

- Male, age 20-40, with a mild intellectual disability (Low IQ: 55-69)
- Currently unemployed and from an economically disadvantaged background
- Aware of disability; actively tries to conceal it
- Usually commits crimes in concert with others; is often the last to leave the scene of the crime and first to be caught
- Typical charges include:
  - Drug-related crimes
  - Sex-related crimes (rarely involving force);
  - Crimes against people (Robbery/Assault);
  - Crimes against property (Burglary/Vandalism/Arson)

She added that personal characteristics of a typical IDD offender include:

- Impaired language and communication skills
- Memory problems
- Short attention span
- Poor impulse control
- Distorted self-concept (denies disability)
- Gullibility/suggestibility
- Lack of social skills; difficulty adapting to changing social situations
- Limited ability to reason, think ahead, plan, predict, or see causality
- Limited moral development due to disability

According to Oppenheim, "Probation and diversion options are often not considered for IDD clients because the justice system doesn't view them as good risks for these programs. They are seen as having trouble following directions, being likely to miss treatment or counseling appointments, and failing to report to probation officers on time."

To give IDD offenders a better shot at success, Oppenheim, ARC, and other advocates sought and won approval for a New Jersey state program that enables IDD offenders to be diverted to community-based treatment or to conditional probation, based on client acceptance of a "personalized justice plan" and regular interaction with an attorney/caseworker team tasked with helping IDD offenders. Other alternatives include civil commitment to a treatment facility, with follow-up at the time of discharge, or – when prison is required – a placement outside the normal prison population.

People with IDDs who are caught up in the justice system, including inmates, often get little help from the system. "The system was never shaped or structured to work with criminal offenders," Oppenheim added, noting that service providers struggle with how to address service needs of inmates. She noted that these problems continue after the inmate's release: "There are no incentives in the system to provide housing or services, since these individuals are considered a high risk to fail. These people get very little specialized attention. They struggle to find work. They're very likely to recidivate."

ARC's "Pathways to Justice" Program. Recognizing the plight of people with IDDs in the criminal justice system, ARC sought and received a grant from the Bureau of Justice Assistance and used it to establish a National Center on Criminal Justice and Disability, which opened in 2013. The Center's mission is twofold: 1) To advocate at the intersection of criminal justice reform and disability rights, and, 2) to work on the issues of people with IDDs who are victims/witnesses of crime and on issues facing those charged with crimes or dealing with incarceration.

Ongoing work by the Center gave birth to a new pilot program, "Pathways to Justice," which helps communities address key barriers to justice for people with intellectual or developmental disabilities (I/DD) and discuss practical solutions that work best for them. Pathways focuses on three primary audiences: law enforcement, legal professionals, and victim service professionals. Communities are encouraged to form Disability Response Teams (DRTs), which bring disability and criminal justice professionals together to provide a "go-to" resource for help in meeting the needs of disabled victims or suspects involved in criminal justice.

NACBHDD members involved with the Stepping Up initiative will notice many similarities in the overall approach used in the Pathways to Justice program to assist people with IDDs. The program uses the Sequential Intercept Model, placing emphasis on the special needs of disabled people at each Intercept in the model.

- Intercept 0, Community. The program emphasizes crisis prevention, including the earliest possible identification of people with IDDs and engagement with community resources. With knowledge of an individual's needs, first responders can immediately de-escalate and avoid crisis situations or arrests altogether.
- Intercept 1, First Contact. Here, the program emphasizes the need for first responders to properly identify IDD individuals, then adopt appropriate communication and detention techniques. Studies cited by ARC indicate that only 30% of responders could do this accurately, opening the door to dangerous escalations and violent confrontation.
- Intercept 2, Investigation, indicates the need for screening/identification of IDD individuals, then assistance from trained legal professionals. Many people with IDDs give false confessions and do not fully understand their Miranda and other legal rights.
- Intercept 3, Jail, emphasizes the need for screening/identification and segregation, where possible, from the general population. People with IDDs are likely to be victimized and, without support, tend to commit rule infractions that result in additional punishment or solitary confinement.
- Intercept 4, Trial/Plea Arrangement, emphasizes the need for disability-trained attorneys who can identify and understand the limitations of suspects with IDDs. Ideally, attorneys should be able to use utilize knowledge of IDD-related problems to explain the individual's conduct as part of a tailored defense strategy
- Intercept 5, Transition/Reentry, indicates the importance of additional assistance for people with IDDs who are reentering the community. For them, every challenge of successful re-entry –

obtaining health care, finding housing, seeking employment – can be far more difficult unless they have help from knowledgeable IDD professionals.

The Institute for Community Integration. To advance the study of IDDs, the federal government designated University Centers for Excellence in Developmental Disabilities (UCEDDs) in most states. Among these is the University of Minnesota, whose Institute for Community Integration has emerged as a nationally-recognized leader. In Spring 2017, the Institute's online quarterly magazine, *Impact*, dedicated an entire issue to the issue of equal justice for people with Intellectual and Developmental Disabilities. It's an excellent resource for additional reading, found at https://ici.umn.edu/products/impact/301/ .

ACTION

1) Speak with IDD providers and organizations in your county about the unique problems that citizens with IDDs and their families face.
2) Evaluate the level of understanding and awareness that law enforcement people have about the vulnerabilities of people with IDDs that makes them more likely to be crime victims or offenders.
3) Take a census of the number of people with IDDs in your county, in your service system, and in your jail. Make the problem visible!
4) Work with your sheriff or police to ensure that screening for IDDs is included for all detainees and suspects, in addition to needed screening for mental health and substance-use disorders.
5) Identify circumstances, based on current or past experiences or cases, in which better awareness, training, or resources would have resulted in more equal justice for those with IDD and their families. (If you don't have local examples, consult TheArc.org.) Then consider, what resources or assistance could have made a difference? What could have been, or now can be, done differently?
6) Get more information about the Pathways to Justice program. Consider how this type of approach could be merged into framework of current crisis prevention, crisis response, decarceration, diversion, or jail-based treatment programs in your county.

Researched and Written by Dennis Grantham

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

September 13, 2017

County: Champaign

Reason for PUNS or PUNS Update

New	113
Annual Update	202
Change of category (Emergency, Planning, or Critical)	27
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	20
Person is fully served or is not requesting any supports within the next five (5) years	185
Moved to another state, close PUNS	14
Person withdraws, close PUNS	20
Deceased	15
Individual Moved to ICF/DD	1
Individual Determined Clinically Ineligible	2
Unable to locate	30
Other, close PUNS	161

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

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	7
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	13
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	2
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	7

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

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	20
2. Death of the care giver with no other supports available.	3
3. Person has been commited by the court or is at risk of incarceration.	2
4. Person is living in a setting where there is suspicion of abuse or neglect.	14
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new plaec to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	7
6. Other crisis, Specify:	94

CRITICAL NEED(Person needs supports within one year)

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	110
2. Person has a care giver (age 60+) and will need supports within the next year.	60
3. Person has an ill care giver who will be unable to continue providing care within the next year.	21
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	71
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	18
6. There has been a death or other family crisis, requiring additional supports.	2
7. Person has a care giver who would be unable to work if services are not provided.	49
8. Person or care giver needs an alternative living arrangement.	13
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	181
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	5
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	6
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilites, nursing home or state hospital).	1
13. Person is losing eligibilty for Department of Children and Family Services supports in the next year.	6
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	3
20. Person wants to leave current setting within the next year.	8
21. Person needs services within the next year for some other reason, specify:	21

Division of Developmental Disabilities

Prioritization of Urgency of Needs for Services (PUNS)

Summary By County and Selection Detail

September 13, 2017

PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)	
1. Person is not currently in need of services, but will need service if something happens to the care giver.	137
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
3. Person is disatisfied with current residential services and wishes to move to a different residential setting.	1
4. Person wishes to move to a different geographic location in Illinois.	4
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	1
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	1
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	1
8. Person or care giver needs increased supports.	52
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	3
13. Person is residing in an out-of-home residential setting and is losing funding from the public school system within 1-5 years.	1
14. Other, Explain:	7

EXISTING SUPPORTS AND SERVICES	
Respite Supports (24 Hour)	11
Respite Supports (<24 hour)	13
Behavioral Supports (includes behavioral intervention, therapy and counseling)	123
Physical Therapy	46
Occupational Therapy	108
Speech Therapy	127
Education	176
Assistive Technology	47
Homemaker/Chore Services	2
Adaptions to Home or Vehicle	10
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilites, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	50
Medical Equipment/Supplies	32
Nursing Services in the Home, Provided Intermittently	5
Other Individual Supports	101

TRANPORTATION	
Transportation (include trip/mileage reimbursement)	107
Other Transportation Service	260
Senior Adult Day Services	1
Developmental Training	90
"Regular Work"/Sheltered Employment	85
Supported Employment	64
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	71
Other Day Supports (e.g. volunteering, community experience)	26

RESIDENTIAL SUPPORTS	
Community Integrated Living Arrangement (CILA)/Family	3
Community Integrated Living Arrangement (CILA)/Intermittent	4
Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	31
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	1
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
Skilled Nursing Facility/Pediatrics (SNF/PED)	4
Supported Living Arrangement	4
Shelter Care/Board Home	1

Division of Developmental Disabilities

Prioritization of Urgency of Needs for Services (PUNS)

Summary By County and Selection Detail

September 13, 2017

Nusing Home	2
Children's Residential Services	9
Child Care Institutions (Including Residential Schools)	5
Children's Foster Care	1
Other Residential Support (including homeless shelters)	15
SUPPORTS NEEDED	
Personal Support (includes habilitation, personal care and intermittent respite services)	307
Respite Supports (24 hours or greater)	19
Behavioral Supports (includes behavioral intervention, therapy and counseling)	121
Physical Therapy	54
Occupational Therapy	93
Speech Therapy	107
Assistive Technology	66
Adaptations to Home or Vehicle	20
Nursing Services in the Home, Provided Intermittently	7
Other Individual Supports	64
TRANSPORTATION NEEDED	
Transportation (include trip/mileage reimbursement)	292
Other Transportation Service	307
VOCATIONAL OR OTHER STRUCTURED ACTIVITIES	
Support to work at home (e.g., self employment or earning at home)	14
Support to work in the community	244
Support to engage in work/activities in a disability setting	155
RESIDENTIAL SUPPORTS NEEDED	
Out-of-home residential services with less than 24-hour supports	129
Out-of-home residential services with 24-hour supports	75

http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNS_by_county_and_selection_detail110916.pdf

Division of Developmental Disabilities Prioritization of Urgency of Needs for Services (PUNS)
Summary of Total and Active PUNS By Zip Code

http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNSbyZipallandactivects05102016.pdf

Zip Code		Active	Total PUNS	
60949	Ludlow	2	4	
61801	Urbana	43	80	
61802	Urbana	45	89	
61815	Bondville (PO Box)	1	1	
61816	Broadlands	3	3	
61820	Champaign	32	67	
61821	Champaign	76	163	
61822	Champaign	41	84	
61840	Dewey	0	2	
61843	Fisher	9	11	
61845	Foosland	1	1	
61847	Gifford	2	3	
61849	Homer	1	6	
61851	Ivesdale	0	1	
61852	Longview	1	1	
61853	Mahomet	28	56	
61859	Ogden	3	10	
61862	Penfield	1	2	
61863	Pesotum	2	3	
61864	Philo	5	10	
61866	Rantoul	23	70	
61871	Royal (PO Box)	--	--	no data on website
61872	Sadorus	1	1	
61873	St. Joseph	14	24	

61874	Savoy	4	9
61875	Seymour	1	2
61877	Sidney	4	7
61878	Thomasboro	1	3
61880	Tolono	7	27
Total		351	740

http://www.dhs.state.il.us/page.aspx?item=56039

Summary of PUNS by ISC Agency **Updated 08/08/17**

ISC Agency	Individual Count	% of Total PUNS	Estimated Total Census for Agency	Estimated % of IL Census
*CCRPC Total	896	1.74%	244,880	1.90%
ISC Agency	**Individual Count**	**% of Total PUNS**	**Estimated Total Census for Agency**	**Estimated % of IL Census**
*CCRPC Active	371	1.95%	244,880	1.90%

***Totals include Ford & Iroquois Counties**

DHS Definition of Closed PUNS Records

Death

Fully Served

Moved out of state

Withdrawn

Other Closed

Mark Driscoll
Associate Director for Mental Health & Substance Abuse Services

Staff Report – October 18, 2017 Board Meeting

Summary of Activity

CCMHB Needs Assessment Online Survey: Over the last several weeks much time and effort has been dedicated to the development of the online needs assessment survey. Working with Alex Campbell, Lynn, Kim, and I have taken the lead on the survey with additional support from the rest of the staff. The survey will have several distinct components. The online survey will solicit input from persons with mental health conditions, substance use disorders, or intellectual or developmental disabilities, and their families or guardians, on the need for services and their experience seeking and accessing services. Separate surveys will solicit input from service providers and from stakeholders and other interested parties. Paper copies of all the surveys will also be available. Target date for release of the survey is October 21, 2018. This date coincides with the Celebrate disAbility! Music and Art Festival at Lincoln Square. The survey will be accessible for an extended period of time.

Marketing of the survey is already underway. A notice about the survey will be included in the Family Service Self-Help Center's fall newsletter. The newsletter is widely distributed throughout the county. The intent to conduct the survey has also been announced at various meetings including the Mental Health and Developmental Disabilities Agency Council, Local Funders Group, Reentry Council, Crisis Response Planning Committee, Child and Adolescent Local Area Network, Continuum of Care and Council of Service Providers to the Homeless. Once the survey goes live, all of these groups and others that CCMHB-DDB staff attend will be provided information on how to access the survey and encouraged to pass it along to those they serve as well as other interested parties.

CCMHB Contracts: The Rosecrance FY17 Criminal Justice contract has been amended to extend the term through November 30, 2017 and revises scope of work and budget. The amendment to the First Followers contract has been issued. The amount of the contract is being increased to $59,432.

Staff has also been meeting with Choices Coordinated Care Solutions about potential collaboration and purchase of service of Parenting with Love and Limits services. Savannah Family Institute has been involved in the meetings and providers are now being brought into the discussion. Choices works with youth involved with the child welfare system and the healthcare system (Medicaid eligible population) in Champaign and surrounding counties. For more information on Choices go to http://www.choicesteam.org/index.php/our-partners/illinois.

Criminal Justice - Mental Health: At the Crisis Response Planning Committee (CRPC) meeting, the group was informed it is unlikely that the Champaign County application to the Department of Justice "Justice and Mental Health Collaboration Program (JMHCP)"

implementation grant will be funded. While Champaign County has not been formally notified that it did not receive an award, a large number of awards have been posted and Champaign County is not on the list. The term of the current JMHCP planning grant ends November 30, 2017. The discussion that followed the announcement focused on how to continue moving forward, particularly with the establishment of a Behavioral Health and Justice Coordinating Council that was part of the implementation grant proposal. Related to the formation of the council is the question of ongoing staff support. As part of the process of closing out the planning grant, more public presentations of the JMHCP planning grant final report will be made including to the County Board and at least one public session. The presentation to the CCMHB last month was the first of these events.

As happened at the CRPC meeting, the Reentry Council was informed the Second Chance Act application is unlikely to receive a federal award. While Rosecrance has not received formal notice, awards that have been posted exceed the number anticipated and does not include the agency's application. The Council was also informed that due to budget constraints, Champaign County has not included continuation of the Reentry Council contract in the 2018 budget. The Reentry Council was established several years ago with county funding. The body will continue to meet through February 2018. A discussion of housing resources available in the community was the primary focus of the meeting. Representatives of the Council plan to meet with the interim director of the Housing Authority of Champaign County as a continuation of prior efforts to engage the HACC in meeting the needs of adults reentering the community from prison or jail.

C-U PHD IPLAN Work Group: The Champaign-Urbana Public Health District (C-U PHD) IPLAN Behavioral Health Work Group met recently to develop goals for the new IPLAN. In September, C-U PHD held a community health plan meeting at which three priorities were selected as the primary focus for the next three years. Those three priorities are Behavioral Health, Violence, and Obesity/Healthy Lifestyle. Behavioral Health is a priority under the current IPLAN (Illinois Project for Local Assessment of Needs). The purpose of the behavioral health work group meeting was to identify goals for the behavioral health priority. Goals proposed were Prevention, Access to Behavioral Health Interventions, and Creation of a Behavioral Health Triage Center.

The previous work group was chaired by Sheila Ferguson but is unable to continue in that capacity. I have volunteered to chair the group. A co-chair may also be named. Staff support is provided by the public health district. Meetings are held four times a year.

University of Illinois Program Evaluation: Lynn and I met with the evaluation team in September. Development of a uniform performance outcome measurement format, plans for the logic model trainings, and solicitation to be one of four programs for targeted evaluation support were all addressed at the meeting. The uniform performance outcome measurement format is likely to include some revisions to application instructions as well as to the year-end report requirements. Up to five logic model trainings are scheduled over the next few weeks although some have been cancelled for lack of agency participation. A number of agencies have expressed interest in being a targeted program for evaluation support. And we are in the process of selecting the targeted programs from this group.

Other Activity: Attended meeting of the Local Funders Group. In addition to CCMHB-DDB staff, also represented at the meeting were United Way, Community Foundation of East Central Illinois, the Cities of Urbana and Champaign, and Cunningham and Champaign Townships. All provided updates on funding and other activities of the local funding bodies. At the Child and Adolescent Local Area Network meeting two presentations on local services were made to the group. A volunteer at Champaign County Christian Health Center shared information on services available through the four free healthcare clinics operating in Champaign and Urbana. Followed by Salt and Light Ministries speaking about the new facility opening up in Urbana and Salt and Light Ministries approach to serving people in need. The Continuum of Care and Council of Service Providers to the Homeless meetings included information on a technical assistance session by HUD on six system wide outcome measures continuums are to use to evaluate performance and an update on the Men's Shelter that will operate this winter.

Stephanie Howard-Gallo

Operations and Compliance Specialist Staff Report –

October 2017 Board Meetings

SUMMARY OF ACTIVITY:

Agency Audits:

Our funded agencies receiving over $20,000 are required to provide an audit to us by October 31. A few audits have been received. Rosecrance and IAMC have formally requested an extension until December 31, which we have approved. We expect that more of the agencies will ask for an extension through the end of the year.

Needs Assessment:

I and the rest of the staff have participated in a number of planning meetings for the Needs Assessment Survey. The survey will be offered in paper form and can be found online beginning October 21, 2017 at www.champaigncountysurvey.com

Fall Music and Art Festival:

I attended several planning meetings on for the Fall Music and Art Festival. "Celebrate disABILITY! A Music and Art Festival" sponsored by the disABILITY Resource Expo will be held on Saturday, October 21st from noon until 3 p.m. I am co-chairing the art festival portion, along with Sally Mustered and Vicki Tolf. To date, we have about 22 artists that are interested in participating. The artists will be located in the east hallway selling jewelry, original works of art, greeting cards, photography, and much more.

Other:

Preparing for CCMHB/CCDDB regular meetings and study sessions.

Composing minutes for the meetings.

October 2017- Monthly Staff Report- Shandra Summerville

Cultural and Linguistic Competence Coordinator

Illinois Public Health Association Meeting: September 19-21, 2017 Springfield, IL

I attended the IPHA Association Meeting in Springfield. I attended several workshops that dealt with the following topics

- Understanding Immigrants and Refugees Debate Statewide and Nationally.
- How Racism and Health are Competing Issues
- The Role of Public Health in Creating Healthy Work Opportunities for Our Communities.
- Behavioral Health and Population Health Management
- Partnerships in Action: Innovation to Promote Health
  There were presentations provided about the partnerships within the confines of the Cook County Jail and in Southern Illinois.

I have included the following presentations as part of my report: Behavioral ***Health Population Health Management and How Racism and Health are Competing Issues. If you would like the presentations from other workshops please let me know and I will forward the information to you.***

Human Services Council of Champaign County: October 5, 2017-

There was an agency presentation about homeless services and transitional housing in Champaign County. The following individuals participated in the presentation

- *Rob Dalhaus III, Executive Director of CU at Home – Overview of services at CU at Home*
- *Sheryl Palmer, Pastor Faith United Methodist Church & Administrative Oversight of the Men's Emergency Winter Shelter – Overview of last year's operation and what to expect this coming winter.*
- *Rebecca Woodward, Community Services Program Manager at RPC & Britani Fryer, RPC Case Manager – Overview of Emergency Shelter for Families including services, and eligibility*

CLC Training and Technical Assistance:

I met with the following organizations to provide technical assistance and CLC Support to promote the value of CLC

- Don Moyer's Boys and Girls Club- Board of Directors Cultural Competence Training
- CU Able
- CU-Welcome Center- YWCA Collaboration

FY 2017- CLC Plans:

I am still reviewing 4th Quarter CLC Reports for organizations desk reviews and site visits will be conducted October -December 2017

Training and Webinars Attended:

I attended the following trainings in person and on-line

- *ACHMAI Meeting September 21 &22*
- *Live2Lead Leadership Institute*
- *Understanding Guardianship- CTF*
- *Inaugural Meeting of the U.S. Department of Health and Human Services Interdepartmental Serious Mental Illness Coordinating Committee*
- *Improving Behavioral Health Integration through Culturally Appropriate Service Delivery*
- *Search Institute- 6 Ways to Engage Families as Partners (See Infographic)*

Champaign County Need Assessment Survey -

I have been working with the staff to review the Needs Assessment Survey to ensure that we are able to broaden our response rate through a culturally responsive approach.

Anti-Stigma Activites/Community Outreach-

NAACP Champaign County Branch-

I attended the NAACP Meeting on October 5, 2017. The Annual Freedom Fund Celebration will be held on October 20, 2017. CCMHB/DDB is providing support through the CLC Community Outreach.

University of Illinois African-American Community Healing Storytelling Project-

I attended a planning meeting with Sharde' Smith about the timeline of the project and to begin identiying cultural resources to start the digital story telling project

YWCA/Welcome Center

I provided a CLC Training Outline for volunteers that will be working at the welcome center. I met with Christopher De Franco about next steps to get volunteers trained learn about the local social services in Champaign County that are available to immigrants.

Music and Art Festival (Disability Resource Expo Committee)

I have been coordinating the volunteers for the Music and Art Festival that will be held on October 21, 2017 12:00-3:00pm. If you are interested in serving as a volunteer please email shandra@ccmhb.org to fill out a volunteer form.

Lead2017- Windsor Road Church held their leadership conference that focused on how to lead with influence and changing culture. The conference was held on September 23, 2017. I was part of the planning committee however, I was unable to attend the event.

AIR- Alliance for Inclusion and Respect- Please continue to support the Artists and notice new artwork that has been submitted on the website www.champaigncountyair.com

Rotary Club of Champaign

I attend weekly meetings for the Rotary and serve on communications, music and membership committees.

Austin's Place was open a total of 91 nights this past winter.
During that time, we provided 301 safe and warm sleeping beds to 21 different women in our community.

All women who are in need of shelter are invited to shelter with Austin's Place. We are open during the coldest months and we welcome women who need a safe and warm sleeping space. This will be our eleventh season of serving women in our community. Here are the details:

- We plan to be open from December 15th, 2017 – March 15, 2017.
- Each night, women go to Courage Connection any time between 6:00 – 7:30 to check in for Austin's Place. There is a screening process they go through at Courage Connection for the safety of each other and our volunteers.
- Courage Connection is on the bus line. The address is: 508 E. Church Street, Champaign.
- Light snacks are provide for our women guests as they rest at Courage Connection.
- At 8:00, an Austin's Place driver arrives at Courage Connection to transport our guests to the shelter space, which is housed within First United Methodist Church in downtown Champaign.
- Upon arrival at Austin's Place, women are greeted by their overnight volunteers, who help them to get settled, set up their sleeping spaces, provide snacks and conversation, then provide safety and warmth as our hosts stay awake through the night to ensure the women can sleep peacefully.
- In the morning, our women are woken with enough time to freshen themselves, put away their sleeping spaces, and have a light breakfast before our driver once again arrives to transport them to the Transportation Center in downtown Champaign.
- Before they depart, each woman is provided 2 bus tokens so we can ensure that they can get back to us that following evening.

All of the above has been successfully implemented for the past ten years. Safety is of utmost concern. When we screen our women, we are doing so for their safety along with the safety of our volunteers. The screening is respectful, and any weapons the women may possess to protect themselves during the day are bagged up and returned to them in the morning. We also screen for intoxication, which we are not able to handle at our shelter. We will always welcome women with mental health issues at Austin's Place, and our volunteers are trained to be gracious and accepting.

We are volunteer run and are funded through donations. If you would like more information about the work we do at Austin's Place or would like to volunteer with us, please contact:

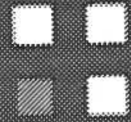
Kim Stanhope
kastanhope@sbcglobal.net
217-840-6966

Kelli Kemper
kelkem@aol.com
217-202-3430

Ruth Moore
rmoore317@hotmail.com
217-621-8648

Find us at our website:
http://shelter-austinsplace.weebly.com/

Keep up to date with us on Facebook:
https://www.facebook.com/austinsplaceshelter/



GREENSFELDER
ATTORNEYS AT LAW

Illinois Public Health Association

Behavioral Health and Population Health Management – Opportunities in Public Health

Sara M. Howe
Gerald (Jud) E. DeLoss
September 20, 2017

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This presentation and outline are limited to a discussion of general principles and should not be interpreted to express legal advice applicable in specific circumstances.

Unique Nuances of Behavioral Health

- History and structure of behavioral health system
  - Grew from public institutions and charities
  - Largely "warehousing" of individuals with mental health and substance use disorders ("SUD")
  - Gradual transition to community-based providers
  - Least restrictive settings
  - Retained public financing as primary means of supporting the system: Medicaid

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Intersection of Behavioral Health and Public Health

- In addition to public support of the system, behavioral health and public health have more recently been identified as symbiotic
- Need to treat the "whole person"
- Opioid epidemic
- Heightened awareness of mental health SUD issues
- Direct and indirect costs to society have been estimated at $257 billion for SUD
- $148 billion for mental illness

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Special Areas of Concentration

- Wellness and Disease Prevention
- Prevention always a key aspect of addiction approach
- Mental heath awareness – mental health first aid
- Studies indicate that individuals with serious mental illness died an average of 25 years younger than the rest of the population
- Individuals with SUDs at higher risk for HIV, AIDS, and hepatitis C -- due to intravenous drug use

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Special Areas of Concentration

- Opioid Epidemic
- Overdoses are the leading cause of accidental deaths in the US
- 91 Americans die every day from opioid overdose
  - Deaths have quadrupled since 1999

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Opioid Epidemic

- Public health approaches to opioid epidemic
- Prevention
  - Education
  - Improved prescribing practices
  - Prescription drug monitoring programs
  - Safe storage and disposal of opioids
- Treatment
  - Outpatient
  - Inpatient/residential
  - MAT
  - Reversing overdose -- Naloxone

Special Areas of Concentration

- Prevention and Key Players
  - Operation Snowball
  - Cebrin Goodman Teen Institute
  - Illinois Association for Behavioral Health

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Implications of Behavioral Health and Public Health on Population Health Management

- Primary Prevention
  - Community-based prevention
  - Wellness Activities
- Secondary Prevention
  - SBIRT
  - Mental health screenings
  - Essential health benefits under ACA

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Implications of Behavioral Health and Public Health on Population Health Management

- Tertiary Prevention
  - Recovery Homes
  - Relapse Prevention
  - Support Groups

Implications of Behavioral Health and Public Health on Population Health Management

- Medicaid and Alternate Reimbursement
  - Managed care
  - State grants
  - Fee-for-service

Effective Exchange of Health Information

- Legal limitations
  - HIPAA
  - IMHDDCA
  - 42 CFR Part 2

Effective Exchange of Health Information

- Public Health Reporting
- HIPAA allows for disclosures as required for public health reporting obligations
- IMHDDCA allows for interagency disclosures to Illinois Department of Public Health for public health purposes
- IMHDDCA allows for disclosures for public health reporting via an HIE
- 42 CFR Part 2 has no public health reporting exception

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Effective Exchange of Health Information

- Data Exchange Opportunities and Models
- Limitations under 42 CFR Part 2 pose greatest barrier
- Final Part 2 Rule now allows for sharing of data for purposes of population health management
- Must utilize a Qualified Service Organization Agreement
- Limited to only those with need to know and must be returned or destroyed

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Partnering with Behavioral Health Care Providers

- Benefits of Partnering
- As noted at outset, heightened awareness of impact of mental health and SUD upon population health
- Increased morbidity among those with mental health and SUDs
- Costs of opioid epidemic and impact upon human life

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Partnering with Behavioral Health Care Providers

- Opportunities for Partnership
- Data sharing, as allowed under applicable laws
- Reduction in substance abuse and impact on population health
- Reduction in recidivism among incarcerated

Question & Answer

- Questions?
- Jud DeLoss
  - gdeloss@greensfelder.com
  - 312.345.5012
- Sara M. Howe
  - sara@ilabh.org
  - 217.528.7335

Champaign County Mental Health Board
Revenues and Expenditures as of 9/30/17

Revenue	Q3	YTD	Budget	% of Budget
Property Tax Distributions	$ 1,899,763.55	$ 4,298,352.61	$ 4,449,552.00	96.60%
From Developmental Disabilities Board	$ 88,503.00	$ 265,509.00	$ 350,653.00	75.72%
Gifts & Donations	$ 5.73	$ 4,733.25	$ 25,000.00	18.93%
Other Misc Revenue	$ 4,849.35	$ 83,937.25	$ 500.00	>100%
TOTAL	**$ 1,993,121.63**	**$ 4,652,532.11**	**$ 4,825,705.00**	**96.41%**

Expenditure	Q3	YTD	Budget	% of Budget
Personnel	$ 132,376.88	$ 308,223.25	$ 559,225.00	55.12%
Commodities	$ 1,822.55	$ 3,552.10	$ 17,922.00	19.82%
Contributions & Grants	$ 973,247.00	$ 2,706,836.00	$ 3,722,373.00	72.72%
Professional Fees	$ 73,980.49	$ 257,929.40	$ 300,000.00	85.98%
Transfer to CILA Fund	$ -	$ 50,000.00	$ 50,000.00	100.00%
Other Services	$ 9,458.07	$ 74,742.20	$ 214,764.00	34.80%
TOTAL	**$ 1,190,884.99**	**$ 3,401,282.95**	**$ 4,864,284.00**	**69.92%**

Champaign County Developmental Disability Board
Revenues and Expenditures as of 9/30/17

Revenue	Q3	YTD	Budget	% of Budget
Property Tax Distributions	$ 1,584,986.37	$ 3,586,146.36	$ 3,712,310.00	96.60%
From Mental Health Board	$ -	$ 7,065.41	$ -	-
Other Misc Revenue	$ 2,783.28	$ 19,048.54	$ 300.00	>100%
TOTAL	**$ 1,587,769.65**	**$ 3,612,260.31**	**$ 3,712,610.00**	**97.30%**

Expenditure	Q3	YTD	Budget	% of Budget
Contributions & Grants	$ 826,827.00	$ 2,479,087.00	$ 3,311,957.00	74.85%
Professional Fees	$ 88,503.00	$ 265,509.00	$ 350,653.00	75.72%
Transfer to CILA Fund	$ 50,000.00	$ 50,000.00	$ 50,000.00	100.00%
TOTAL	**$ 965,330.00**	**$ 2,794,596.00**	**$ 3,712,610.00**	**75.27%**

disABILITY Resource Expo: Reaching Out For Answers
Board Report
October, 2017

11th disABILITY Resource Expo - Saturday, April 7, 2018.

Plans are coming along nicely for our fall event, "Celebrate disABILITY! Music & Art Festival. This event will be held on Saturday, October 21 from Noon-3:00 p.m. at Lincoln Square in Urbana. The schedule for Celebrate disABILITY is as follows:

Noon	First Gig Rock & Roll Camp for Kids
12:40 pm	Penguin Project (performing songs from Disney's Mulan)
1:00 pm	90's Daughter
2:00 pm	Special Awards
2:20 pm	Candy Foster & Shades of Blue

Our wonderfully talented Artistic Expressions artists will also be displaying and selling their various works of art during the event. At last count, we had 20 artists registered to have a booth!

Young children attending this event will have the opportunity to enjoy some playtime at Sparks Children's Play Café, which is located at Lincoln Square.

We will be distributing our new Save-The-Date magnets to folks at the Festival. These magnets are a way to promote the 11th annual Expo, as well as our newly expanded Expo website. We, also, plan to hold a 50/50 drawing during the event.

Our wonderful friends at Piato's will be offering several tasty $5 meal selections that day for our attendees. Artists and volunteers will receive a meal ticket to cover their lunches.

Advertising for Celebrate disABILITY is well underway by way of MTD buses, posters, psa's and radio ads and interviews. Jim Mayer and Barb Bressner will, also, be guests on CI Living on Oct. 20th.

Posters to promote Celebrate disABILITY were posted at the AMBUCS Scarecrow Festival on Sept. 23 and the Down Syndrome Buddy Walk on Oct. 7. On October 11, we will have an Expo booth at the News-Gazette sponsored Women's Health Expo. On Oct. 13 and 14, we will have a booth at Personal Mobility's Customer Appreciation Days. All of the above events will help to promote Celebrate disABILITY, our April 7 Expo, and the website.

Respectfully submitted
Barb Bressner & Jim Mayer
Consultants

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

10/06/17

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												
25	CHAMPAIGN COUNTY TREASURER								RENT-GENERAL CORP			
		10/02/17	06	VR	53- 349		566221	10/06/17	090-053-533.50-00	FACILITY/OFFICE RENTALS	OCT OFFICE RENT	1,739.64
											VENDOR TOTAL	1,739.64 *
41	CHAMPAIGN COUNTY TREASURER								HEALTH INSUR FND 620			
		9/25/17	03	VR	620- 135		565888	9/29/17	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	SEP HI & LI	3,747.10
											VENDOR TOTAL	3,747.10 *
88	CHAMPAIGN COUNTY TREASURER								I.M.R.F. FUND 088			
		9/11/17	06	VR	88- 53		565292	9/15/17	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 9/1 P/R	1,228.36
		10/02/17	01	VR	88- 55		566224	10/06/17	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 9/15 P/R	1,232.26
											VENDOR TOTAL	2,460.62 *
104	CHAMPAIGN COUNTY TREASURER								HEAD START FUND 104			
		10/02/17	07	VR	53- 320		566226	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT SOC/EMOT SVCS	4,637.00
											VENDOR TOTAL	4,637.00 *
161	CHAMPAIGN COUNTY TREASURER								REG PLAN COMM FND075			
		10/02/17	07	VR	53- 321		566227	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT JUSTICE DIVERSN	5,229.00
		10/02/17	07	VR	53- 321		566227	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT YOUTH ASSMNT CT	6,362.00
											VENDOR TOTAL	11,591.00 *
179	CHAMPAIGN COUNTY TREASURER								CHLD ADVC CTR FND679			
		10/02/17	07	VR	53- 319		566228	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT CAC	3,090.00
											VENDOR TOTAL	3,090.00 *
188	CHAMPAIGN COUNTY TREASURER								SOCIAL SECUR FUND188			
		9/11/17	06	VR	188- 78		565296	9/15/17	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 9/1 P/R	1,112.06
		10/02/17	01	VR	188- 83		566229	10/06/17	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 9/15 P/R	1,115.59
											VENDOR TOTAL	2,227.65 *

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

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VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
5780	BP COMPUTER SERVICES											
		10/02/17	07	VR	53- 342		566243	10/06/17	090-053-533.07-00	PROFESSIONAL SERVICES	4TH QTR COMPUTER SV	750.00
											VENDOR TOTAL	750.00 *
15495	CHAMPAIGN URBANA AREA PROJECT						SUITE #702					
		10/02/17	07	VR	53- 322		566250	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT NGHBRHD CHAMPIO	1,667.00
		10/02/17	07	VR	53- 322		566250	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT TRUCE	6,250.00
											VENDOR TOTAL	7,917.00 *
15531	CHAMPAIGN-URBANA MASS TRANSIT DISTRICT											
		9/22/17	03	VR	53- 382		565920	9/29/17	090-053-533.89-00	PUBLIC RELATIONS	INV 21300 9/14	1,250.00
											VENDOR TOTAL	1,250.00 *
16930	CHRISP MEDIA, LLC											
		9/22/17	03	VR	53- 387		565923	9/29/17	090-053-533.07-00	PROFESSIONAL SERVICES	4TH QTR PROF FEE	117.00
		9/22/17	03	VR	53- 387		565923	9/29/17	090-053-533.07-00	PROFESSIONAL SERVICES	1ST PYMNT WBSTE RBL	975.00
		10/02/17	06	VR	53- 344		566254	10/06/17	090-053-533.07-00	PROFESSIONAL SERVICES	4TH QTR PROF FEE	117.00
		10/02/17	06	VR	53- 393		566254	10/06/17	090-053-533.07-00	PROFESSIONAL SERVICES	INV 1031 9/21	390.00
											VENDOR TOTAL	1,599.00 *
18052	COMCAST CABLE - MENTAL HEALTH ACCT						AC# 8771403010773527					
		9/22/17	03	VR	53- 391		565927	9/29/17	090-053-533.29-00	COMPUTER/INF TCH SERVICES	8771403010773527 91	110.97
											VENDOR TOTAL	110.97 *
18203	COMMUNITY CHOICE, INC						SUITE 419					
		10/02/17	07	VR	53- 323		566260	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT COMMUNITY LIVIN	5,250.00
		10/02/17	07	VR	53- 323		566260	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT SELF DETERMINAT	8,000.00
											VENDOR TOTAL	13,250.00 *
18210	COMMUNITY FOUNDATION - DREAAM HOUSE						FIRST PRESBYTERIAN					
		10/02/17	07	VR	53- 324		566262	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT DREAAM HOUSE	4,833.00
											VENDOR TOTAL	4,833.00 *

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

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*** FUND NO. 090 MENTAL HEALTH

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
18230	COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY											
		10/02/17	07	VR	53- 325		566263	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT RESOURCE CONNEC	5,550.00
											VENDOR TOTAL	5,550.00 *
18430	CONSOLIDATED COMMUNICATIONS											
		9/18/17	01	VR	28- 106		565652	9/22/17	090-053-533.33-00	TELEPHONE SERVICE	AC 99790003460 9/1	31.41
											VENDOR TOTAL	31.41 *
19260	COURAGE CONNECTION											
		10/02/17	07	VR	53- 326		566266	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT COURAGE CONNECT	5,579.00
											VENDOR TOTAL	5,579.00 *
19346	CRISIS NURSERY											
		10/02/17	07	VR	53- 327		566267	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT BEYOND BLUE	5,833.00
											VENDOR TOTAL	5,833.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC											
		10/02/17	07	VR	53- 328		566270	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT INDIV/FAMILY SU	32,721.00
											VENDOR TOTAL	32,721.00 *
22730	DON MOYER BOYS & GIRLS CLUB											
		10/02/17	07	VR	53- 329		566271	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT CU CHANGE	8,333.00
		10/02/17	07	VR	53- 329		566271	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	ACT YOUTH/FAMILY OR	13,333.00
											VENDOR TOTAL	21,666.00 *
24095	EMK CONSULTING LLC											
		9/22/17	03	VR	53- 390		565938	9/29/17	090-053-533.07-00	PROFESSIONAL SERVICES	INV 191 9/19	1,487.50
		9/22/17	03	VR	53- 390		565938	9/29/17	090-053-533.07-00	PROFESSIONAL SERVICES	INV 192 9/19	250.00
		9/22/17	03	VR	53- 390		565938	9/29/17	090-053-533.07-00	PROFESSIONAL SERVICES	INV 193 9/19	406.25
		9/22/17	03	VR	53- 390		565938	9/29/17	090-053-533.07-00	PROFESSIONAL SERVICES	INV 194 9/19	750.00
		9/22/17	03	VR	53- 390		565938	9/29/17	090-053-533.07-00	PROFESSIONAL SERVICES	INV 195 9/19	1,437.50
		9/22/17	03	VR	53- 390		565938	9/29/17	090-053-533.07-00	PROFESSIONAL SERVICES	INV 197 9/21	3,375.00
		10/02/17	06	VR	53- 394		566273	10/06/17	090-053-533.07-00	PROFESSIONAL SERVICES		
											VENDOR TOTAL	7,706.25 *

CHAMPAIGN COUNTY

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VENDOR NO	VENDOR NAME / TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH											
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR										
	10/02/17	07	VR	53- 330		566274	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT FAM SUPPORT	2,083.00
										VENDOR TOTAL	2,083.00 *
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY GRANTS										
	10/02/17	07	VR	53- 331		566283	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT SELF HELP	2,369.00
	10/02/17	07	VR	53- 331		566283	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT SENIOR COUNSEL	11,861.00
	10/02/17	07	VR	53- 331		566283	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT COUNSELING	2,083.00
										VENDOR TOTAL	16,313.00 *
26760	FIRST FOLLOWERS										
	10/02/17	07	VR	53- 332		566286	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT PEER MENTORING	2,500.00
										VENDOR TOTAL	2,500.00 *
30550	GROW IN ILLINOIS										
	10/02/17	07	VR	53- 333		566291	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT PEER SUPPORT	1,667.00
										VENDOR TOTAL	1,667.00 *
34819	HUMAN SERVICES COUNCIL OF CHAMPAIGN CO										
	9/22/17	03	VR	53- 389		565960	9/29/17	090-053-533.93-00	DUES AND LICENSES	FY17 MEMBERSHIP DUE	25.00
	9/22/17	03	VR	53- 389		565960	9/29/17	090-053-533.93-00	DUES AND LICENSES	FY17 MEMBERSHIP DUE	25.00
										VENDOR TOTAL	50.00 *
44045	LUMEN EVENTS										
	10/02/17	06	VR	53- 395		566315	10/06/17	090-053-533.89-00	PUBLIC RELATIONS	INV LELSO2 9/15	1,100.75
										VENDOR TOTAL	1,100.75 *
44570	MAHOMET AREA YOUTH CLUB 601 EAST FRANKLIN										
	10/02/17	07	VR	53- 334		566317	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT BLAST	1,250.00
	10/02/17	07	VR	53- 334		566317	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT MEMBERS MATTER	1,000.00
										VENDOR TOTAL	2,250.00 *

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

10/06/17

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												
45436	MARTIN GRAPHICS & PRINTING SERVICES INC											
		9/22/17	03	VR	53- 384		2029	9/29/17	090-053-533.89-00	PUBLIC RELATIONS	INV Q20172857 9/13	127.40
											VENDOR TOTAL	127.40 *
47690	MINUTEMAN PRESS						SUITE B					
		9/22/17	03	VR	53- 383		565983	9/29/17	090-053-533.89-00	PUBLIC RELATIONS	INV 46648 9/20	83.81
		9/22/17	03	VR	53- 383		565983	9/29/17	090-053-533.89-00	PUBLIC RELATIONS	INV 46626 9/19	58.00
											VENDOR TOTAL	141.81 *
51600	NEWS GAZETTE											
		10/02/17	06	VR	53- 397		2046	10/06/17	090-053-533.89-00	PUBLIC RELATIONS	WMNS HLTH EXPO KIOS	250.00
											VENDOR TOTAL	250.00 *
54650	PEPSI COLA CHAMPAIGN-URBANA BOTTLING											
		9/22/17	03	VR	53- 386		565992	9/29/17	090-053-522.02-00	OFFICE SUPPLIES	INV 81102700 8/11	6.20
		9/22/17	03	VR	53- 386		565992	9/29/17	090-053-522.02-00	OFFICE SUPPLIES	INV 81102711 8/14	24.60
		9/22/17	03	VR	53- 386		565992	9/29/17	090-053-533.51-00	EQUIPMENT RENTALS	INV 10014243 8/17	6.95
		9/22/17	03	VR	53- 386		565992	9/29/17	090-053-522.02-00	OFFICE SUPPLIES	INV 81102891 8/28	18.60
											VENDOR TOTAL	56.35 *
56750	PRAIRIE CENTER HEALTH SYSTEMS						GRANTS					
		10/02/17	07	VR	53- 335		566334	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT CJ SUB TREAT	883.00
		10/02/17	07	VR	53- 335		566334	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT FRESH START	6,417.00
		10/02/17	07	VR	53- 335		566334	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT PLL EXTENDED	25,055.00
		10/02/17	07	VR	53- 335		566334	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT PREVENTION	4,854.00
		10/02/17	07	VR	53- 335		566334	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT SPECIALTY COURT	16,917.00
		10/02/17	07	VR	53- 335		566334	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT YOUTH SERVICES	6,250.00
											VENDOR TOTAL	60,376.00 *
57196	PROMISE HEALTHCARE											
		10/02/17	07	VR	53- 336		566335	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT WELLNESS/JUSTIC	4,833.00
		10/02/17	07	VR	53- 336		566335	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT MH SERVICES	18,500.00
											VENDOR TOTAL	23,333.00 *

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

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VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
58118	QUILL CORPORATION										INV 9333294 8/24	149.99
		9/11/17	03	VR	53- 380		565387	9/15/17	090-053-522.44-00	EQUIPMENT LESS THAN $5000	INV 9630247 9/6	99.99
		9/22/17	03	VR	53- 385		565997	9/29/17	090-053-522.44-00	EQUIPMENT LESS THAN $5000	INV 9630247 9/6	492.95
		9/22/17	03	VR	53- 385		565997	9/29/17	090-053-522.02-00	OFFICE SUPPLIES	INV 9987133 9/15	25.99
		10/02/17	06	VR	53- 392		566337	10/06/17	090-053-522.02-00	OFFICE SUPPLIES	INV 9909866 9/15	35.99
		10/02/17	06	VR	53- 392		566337	10/06/17	090-053-522.02-00	OFFICE SUPPLIES	INV 9892053 9/15	297.39
		10/02/17	06	VR	53- 392		566337	10/06/17	090-053-522.02-00	OFFICE SUPPLIES	VENDOR TOTAL	1,102.30 *
59434	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS										OCT COUNSEL/CRISIS	1,550.00
		10/02/17	07	VR	53- 337		566339	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	VENDOR TOTAL	1,550.00 *
61780	ROSECRANCE, INC.										OCT CRIMINAL JUSTIC	25,022.00
		10/02/17	07	VR	53- 338		566347	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT CRISIS/ACCESS	19,000.00
		10/02/17	07	VR	53- 338		566347	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT PLL FRONT END	23,555.00
		10/02/17	07	VR	53- 338		566347	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT TRANS HOUSING	1,167.00
		10/02/17	07	VR	53- 338		566347	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	VENDOR TOTAL	68,744.00 *
62674	SAVANNAH FAMILY INSTITUTE, INC.										2ND QTR CONSULT FEE	35,975.00
		10/02/17	06	VR	53- 346		566350	10/06/17	090-053-533.07-00	PROFESSIONAL SERVICES	VENDOR TOTAL	35,975.00 *
76107	UNITED CEREBRAL PALSY LAND OF LINCOLN										OCT VOCATIONAL TRAI	4,324.00
		10/02/17	07	VR	53- 339		566363	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	VENDOR TOTAL	4,324.00 *
76609	UNITED WAY OF CHAMPAIGN COUNTY										2ND QTR 211 PATH SV	4,516.00
		10/02/17	06	VR	53- 348		566367	10/06/17	090-053-533.07-00	PROFESSIONAL SERVICES	VENDOR TOTAL	4,516.00 *

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

10/06/17

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											
76867	UNIV OF IL SPONSORED PROG & RESEARCH ADM										
	10/02/17	06	VR	53- 347		566368	10/06/17	090-053-533.07-00	PROFESSIONAL SERVICES	OCT MHB18-039 CONSL	4,414.00
										VENDOR TOTAL	4,414.00 *
77280	UP CENTER OF CHAMPAIGN COUNTY										
	10/02/17	07	VR	53- 341		566372	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT CHILD/FAM/YOUTH	1,583.00
										VENDOR TOTAL	1,583.00 *
78120	URBANA NEIGHBORHOOD CONNECTION CENTER										
	10/02/17	07	VR	53- 340		566374	10/06/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT COM STUDY CENTE	1,625.00
										VENDOR TOTAL	1,625.00 *
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH AC#4798510049573930										
	9/19/17	03	VR	53- 381		565737	9/22/17	090-053-522.03-00	BOOKS,PERIODICALS & MAN.	3930 BARNS/NBLE 8/1	237.10
	9/19/17	03	VR	53- 381		565737	9/22/17	090-053-522.03-00	BOOKS,PERIODICALS & MAN.	3930 BARNS/NBLE 8/1	15.75
	9/19/17	03	VR	53- 381		565737	9/22/17	090-053-522.03-00	BOOKS,PERIODICALS & MAN.	3930 BARNS/NBLE 8/1	2.62
	9/19/17	03	VR	53- 381		565737	9/22/17	090-053-522.03-00	BOOKS,PERIODICALS & MAN.	3930 BARNS/NBLE 8/1	2.62-
	9/19/17	03	VR	53- 381		565737	9/22/17	090-053-522.03-00	BOOKS,PERIODICALS & MAN.	3930 BARNS/NBLE 8/1	12.41-
	9/19/17	03	VR	53- 381		565737	9/22/17	090-053-522.03-00	BOOKS,PERIODICALS & MAN.	3930 MD N AMRCA 8/2	20.00
	9/19/17	03	VR	53- 381		565737	9/22/17	090-053-533.95-00	CONFERENCES & TRAINING	3930 IL P H A 8/29	75.00
	9/19/17	03	VR	53- 381		565737	9/22/17	090-053-533.93-00	DUES AND LICENSES	3930 GODADDY 8/29	209.97
	9/19/17	03	VR	53- 381		565737	9/22/17	090-053-533.29-00	COMPUTER/INF TCH SERVICES	VENDOR TOTAL	545.41 *
602880	BRESSNER, BARBARA J.										
	10/02/17	06	VR	53- 343		566401	10/06/17	090-053-533.07-00	PROFESSIONAL SERVICES	OCT PROFESSIONAL FE	2,260.00
										VENDOR TOTAL	2,260.00 *
604568	CANFIELD, LYNN								MENTAL HEALTH BOARD		
	9/11/17	03	VR	53- 379		565443	9/15/17	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	63 MILE 7/5-8/17	33.71
	9/11/17	03	VR	53- 379		565443	9/15/17	090-053-533.95-00	CONFERENCES & TRAINING	PARKING 7/20-24	25.00
	9/11/17	03	VR	53- 379		565443	9/15/17	090-053-533.95-00	CONFERENCES & TRAINING	LODGING 7/20-24	198.58
	9/11/17	03	VR	53- 379		565443	9/15/17	090-053-533.95-00	CONFERENCES & TRAINING	MEAL 7/20-24 COLUMB	120.00
										VENDOR TOTAL	377.29 *

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

10/06/17

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												
611802	DRISCOLL, MARK								MENTAL HEALTH			
		9/11/17	03	VR	53- 378		565454	9/15/17	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	42 MILE 8/2-29	22.47
		9/11/17	03	VR	53- 378		565454	9/15/17	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARKING 8/29	.75
											VENDOR TOTAL	23.22 *
619548	HOWARD-GALLO, STEPHANIE								MENTAL HEALTH BD			
		9/22/17	03	VR	53- 388		566082	9/29/17	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	65 MILE 7/10-9/19	34.78
											VENDOR TOTAL	34.78 *
630360	MAYER, JAMES											
		10/02/17	06	VR	53- 345		566424	10/06/17	090-053-533.07-00	PROFESSIONAL SERVICES	OCT PROFESSIONAL FE	906.00
											VENDOR TOTAL	906.00 *
635110	PANEPINTO, ROSE											
		10/02/17	06	VR	53- 396		566430	10/06/17	090-053-533.89-00	PUBLIC RELATIONS	2 HR INTERP 5/4	100.00
											VENDOR TOTAL	100.00 *
										MENTAL HEALTH BOARD	DEPARTMENT TOTAL	376,617.95 *
										MENTAL HEALTH	FUND TOTAL	376,617.95 *

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