

**Champaign County Mental Health Board  
 April 18, 2018 Board Packet Addendum A  
 Behavioral Health Supports for People with Justice System Involvement Priority**

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2019 Summary Analysis of Applicant's Cultural and linguistic Competence Activities  
 CCMHB/DDB  
 Champaign County Regional Planning Commission/ Champaign County Head Start

**CCMHB/DDB reviews all CLC plans submitted with FY2019 applications for funding, with particular attention to action steps associated to benchmarks for each of the following action areas:**

<b>Required Benchmark by CCMHB</b>	<b>Summary of Actions outlined CLC Plan</b>
<i>Annual Cultural Competence Training</i>	<b>Yes-</b> All staff will receive CLC Training during the orientation and during FY19
<i>Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:</i>	<b>Yes-</b> Materials are provided to clients and on public pages about board involvement.
<i>Cultural Competence Organizational or Individual Assessment/Evaluation:</i>	<b>Yes-</b> Update questions regarding CLC to client satisfaction survey and utilized in needs assessment
<i>Implementation of Cultural Competence Values in Policy and Procedure:</i>	<b>Yes -</b> Provide funds for culturally sensitive items requested within reason and affordability.
<i>Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria</i>	<b>Yes-</b> Monthly All Social Service MH and Trauma information is engagement and/or outreach activities to staff shared at 80% of the CCHS address mental health issues and facilitate Monthly Family Meetings and as services within the community. needed with other programs.
<i>Inter-Agency Collaboration</i>	<b>Yes-</b> There information is outlined in the program <b>application.</b>
<i>Language and Communication Assistance</i>	<b>Yes –</b> CCRPC has a list of interpreters and translators that all staff are aware of, has access to and understands their

2019 Summary Analysis of Applicant's Cultural and linguistic Competence Activities  
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	responsibility for utilizing when needed.
<i>Matched Actions with National Culturally and Linguistic Appropriate Services (CLAS) Standards in Health and Health Care.</i>	<b>No-</b> Format was not utilized that matched with the CLAS Standards.

**Overall CLC Plan Comments**

*CCRPC Community Services and Head start have combined their efforts to submit one CLC Plan to ensure shared CLC Values across different departments that are serving people in Champaign County. The Plan was updated in July of 2018 there did not include the updated information about the CLAS Standards. All of the required benchmarks were present in the CLC Plan.*

## Draft PY19 CCMHB Program Summary

Agency: CCRPC - Community Services

Program: Justice Diversion Program

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### **PY19 CCMHB Funding Request \$65,074**

**PY19 Total Program Budget \$87,229**

**Current Year Funding (PY18) \$62,755**

**Proposed Change in Funding - PY18 to PY19 = 3.7 percent**

### **Services/People Served**

#### Service Description/Type

The Justice Diversion Program is the primary connection point for case management and services for persons who have RPD CIT and/ or domestic contacts, providing case management with a goal to reduce criminal recidivism and to help clients develop and implement plans to become successful and productive members of the community and offer law enforcement an alternative to formal processing.

Services include:

- Needs assessment
- Linkage to community resources
- Case-management services
- Short term care coordination and monitoring
- Community outreach
- Facilitation of meetings of Rantoul service providers
- Development of services within Rantoul
- Research of funding opportunities through grants, contributions, and other funding sources, governmental and otherwise to support additional Rantoul based resources
- Referral to other service providers for services such as:
  - o Housing
  - o Mental health
  - o Substance abuse
  - o Family and parenting counseling and support
  - o Education and vocational training
  - o Employment
  - o Peer support/mentoring

The program will continue to work to collaborate on service delivery through linkages and referrals to established services in Rantoul and neighboring cities, and increase the service options available within Rantoul. Ongoing program improvements will incorporate information gathered from participating clients in the program through such formats as routine satisfaction surveys, and input from service providers and law enforcement during Rantoul service providers' facilitation meetings.

Program services are provided by a Justice Diversion Program Coordinator with a Masters in a human services field and one or more interns study in human service fields such as social work, psychology, and/or community health, who will be trained in cultural competency, motivational interviewing, and trauma informed service delivery. Program staff receive weekly supervision and are also encouraged to participate in professional development trainings as available. Staff are primarily located in Rantoul with office hours at the local police department and the Community Service Center of Northern Champaign County. Outreach services will also be provided in clients' home and community environments, allowing for sensitivity to the specific needs and concerns of the clients' unique cultural backgrounds. Additionally, appointments will be available outside of traditional business hours in order to accommodate clients' schedules.

#### *Comments*

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*Program aligns with Behavioral Health Supports for Adults with Justice System Involvement. FY18 was the first year for the program that was an outgrowth of work undertaken by the University of Illinois School of Social Work interns with the Rantoul Police Department in 2015 and 2016.*

*Proposal for FY19 is essentially unchanged from FY18. Program targets residents of Rantoul who have had a crisis intervention team contact or domestic offense contact. Such contacts may be a result of police response or initiated by the family. Program staff will have a presence at the Rantoul Police Department and the Community Service Center of Northern Champaign County (CSCNCC). Staff will meet with residents in the community or homes. Wide range of services and supports would be provided to the individual/family with an emphasis on case management, linkage, and referral. Program also commits to facilitating meetings of local services providers, the development of services in Rantoul, and research funding opportunities to aid Rantoul in developing additional services/community resources.*

*More details on unmet needs coming to light through engagement with families, efforts to develop additional resources, and identification of funding opportunities is of interest.*

**Access to Services for Rural Residents** *For description see submitted Program Plan Part I form.*

**Target Population**

The Justice Diversion Program serves individuals and families in Rantoul, Illinois who have had Crisis Intervention Team (CIT) or domestic offense police contact, whether initiated by the family or due to a police response. JDP fulfills an identified need for behavioral health support that goes beyond the scope and expertise of patrol officers. The majority of persons involved are hard-to-reach individuals from underserved populations including lower income and ethnic minority households. However, no parameters are placed on the target population regarding gender, age, income, or race/ethnicity by the program, beyond the individual/family having had a CIT or domestic disturbance contact with the Rantoul Police Department (RPD). Officers responding to requests for police assistance that are presented with situations that meet the ARMS project criteria for a CIT call categorization have agreed to complete CIT forms; RPD is willing to fully participate in the ARMS project.

**Residency**

<b>Total Served</b>	83 in first and second quarters of PY18, not funded in PY17
<b>Champaign Set</b>	0 (.0%) for PY18, not funded in PY17
<b>Urbana Set</b>	1 (1.2%) for PY18, not funded in PY17
<b>Rantoul</b>	79 (95.2%) for PY18, not funded in PY17
<b>Mahomet</b>	0 (.0%) for PY18, not funded in PY17
<b>Other Champaign County</b>	3 (3.6%) for PY18, not funded in PY17

**Demographics**

<b>Total Served</b>	83 in first and second quarters of PY18
<b>Age</b>	
Ages 7-12 -----	4 (4.8%)
Ages 13-18 -----	13 (15.7%)
Ages 19-59 -----	49 (59.0%)
Ages 60-75+ -----	8 (9.6%)
Not Available Qty -----	9 (10.8%)
<b>Race</b>	
White -----	57 (68.7%)
Black / AA -----	26 (31.3%)
<b>Gender</b>	
Male -----	39 (47.0%)
Female -----	44 (53.0%)
<b>Ethnicity</b>	

Of Hispanic / Latino origin -----	4 (4.8%)
Not of Hispanic/Latino Origin -----	79 (95.2%)

## Program Performance Measures

### ACCESS

1. Individuals and families in Rantoul, Illinois who have had Crisis Intervention Team (CIT) or domestic offense police contact are eligible for Justice Diversion Program services.
2. Eligible participants will be identified through review of the police contact reports. Persons who have had police contact denoted as a domestic call and persons for whom Rantoul Police have completed CIT forms will meet the criteria for JDP services.
3. The target population will be contacted directly by phone call or home visit following an eligible police contact, to be informed of the Justice Diversion Program.
4. The JDP coordinator will attempt to contact 100% eligible persons either same day or within 48 business hours. If two-way contact is not made, staff continue diligent efforts at engagement by phone, letters, and home visits. These efforts will continue for up to 2 weeks. RPD officers provide support and assistance in engagement. We anticipate that 60% of persons will be engaged.
5. Clients are screened for need of treatment plan within two weeks of referral.
6. We anticipate that 60% of referrals will be screened to determine need for treatment within two weeks.
7. Clients deemed eligible for and interested in obtaining services will be enrolled into services immediately. If clients are responsive to staff services, it is estimated that that TPC clients will be fully engaged in services within 2-3 weeks.
8. We anticipate that 30% of eligible clients will engage in treatment plans within 3 weeks of police contact.
9. The average length of participant engagement in services is 3 months.

Justice Diversion staff have varying schedules, providing service coverage between the hours of 8am-7pm, Monday-Friday. Saturday hours arranged as necessary. Staff hours vary to reach individuals and service providers for scheduling, assessing, connecting to services, and follow-up. Meetings with program recipients are generally scheduled in late afternoon and early evening to accommodate family schedules. Staff may make immediate contact with program recipients when they are present at the time RPD receives or responds to a call. All CIT and domestic cases will be followed up with either the same day of the incident or by the end of the next business day. If two-way contact is not made, staff continue diligent efforts at engagement by phone, letters, and home visits. RPD officers provide support and assistance in engagement. These efforts will continue for up to 2 weeks. RPD's crisis intervention tracking forms and police contact lists are used to document program referrals. Staff efforts of engagement are documented through a call log.

Individuals / families willing to work with staff are provided an opportunity to meet with program staff to complete a needs assessment within one week; ongoing services will be scheduled based on individualized needs. Based on the first 6 months of FY 2018, 30% of referrals will be engaged in services and the average length services was 1 month. Electronic client records are maintained for all individuals completing a needs assessment and engaging in ongoing services. We will continue tracking of services to which individuals are referred and also services identified that were not available or not accessible to allow for analysis of potential service gaps. This data will be documented in the each individual's program discharge summary and aggregated for reporting purposes an online system.

Demographic data for the first 6 months of the Justice Diversion program included 56% males, 44% females, and racial and ethnic representation as follows: 57% White, 42% Black

### **Comments**

*In response to updated instructions, program responds to the series of questions posed to provide details on the how one accesses and engages in services. Process for engaging clients and associated timeframes with targets/measures are clearly stated as is eligibility for services.*

*Preliminary data from first six months informs target for clients engaging in services. Program also said to track referrals to services and unmet needs.*

*Is the program tracking whether the person followed through on the referral and if the person was able to access the service(s)?*

## **CONSUMER OUTCOMES**

Measures of impact of the program services include one or more of the following:

Preventing formal justice system involvement and diverting domestic disturbances and behavioral health issues away from law enforcement are primary goals of the program activities. Providing follow up services and linkage to resources should decrease the number of repetitive CIT calls, allowing law enforcement to focus resources in other areas such as preventing and addressing criminal behavior. Services employing strategies that are both developmentally appropriate and trauma-informed into law related interventions will lead to increased cooperation and decrease the probability of victimization, arrest, incarceration, while ensuring public safety. Rates of engagement in services will be tracked as well as the number of CIT calls. The goal will be to see at least a 20% decrease in the percentage of households with repeat CIT/ domestic contacts in the first quarter compared to the last quarter of the program year.

Service connection based on needs assessment will support individualized, meaningful services. Individuals/ families will be better informed of the services and resources available to assist them leading to increased utilization of services. Through this service, all individuals/ families, regardless of socioeconomic status or other potential barriers, will have the opportunity to have support. The demographics of families served will be diverse. 75% of persons completing a survey after using services, will endorse having had the opportunity to be active participants in service planning and being informed of resources/ services to address their needs.

Regular service facilitation meetings will support increased collaboration amongst providers, decrease duplicative effort, and maximize resources. Rantoul based service providers will endorse regular facilitation and increased referrals from the Justice Diversion Program staff. The Justice Diversion Coordinator will be sought as a primary point of contact for assistance in the community.

Services that are not available or where barriers exist to accessibility will be identified and tracked. The information will be provided to community stakeholders for strategic planning and will guide work in resource/ service development. JDP will strive to bring at least one new resource to the community during FY19.

### ***Comment***

*Each activity described in the service section has at least one outcome measure associated with it. Focus of the program is to reduce calls requiring a CIT or domestic disturbance response from Rantoul police. Program will track rates of engagement and number of CIT calls. Outcome measure is 20% reduction in repeat calls from households with 4 or more contacts. For those engaging in services, 75% of those completing a survey on services provided will have a positive response. Program will track barriers to services and lack of services available and sets a goal of adding at least one new resource accessible in the community.*

*Because program is in its first year, no outcome data is available to compare the identified measures.*

## **UTILIZATION**

**Treatment Plan Clients (TPCs)** 90, defined as following along a continuum of services with NTPCs being single contact cases, TPCs represent those requiring a higher level of engagement, having a needs assessment completed and service recommendations, including individuals / families engaging in individualized ongoing Justice Diversion program services. Target has been adjusted based on initial six month of program service data.

**Non-Treatment Plan Clients (NTPCs)** 90 defined as individuals and families who have had Crisis Intervention Team (CIT) or domestic offense police contact, whether initiated by the family or due to a police response, and crisis is resolved during initial contact.

*Comment: This is interpreted as meaning an NTPC represents a case that only involves one contact with program staff and no further intervention or support is necessary.*

**Service Contacts (SCs)** 120, defined as individuals or families who have had Crisis Intervention Team (CIT) or domestic offense police contact, whether initiated by the family or due to a police response, who the Justice Diversion Program Coordinator has been unable to contact or engage in services.

**Community Service Events (CSEs)** 12 defined as staff presentations; service provider facilitation meetings; meetings with providers, schools, community members, public officials to provide information and education about the Justice Diversion program; and community meetings/events

**Narrative** Section has been edited. For complete description, see submitted Program Plan Part I form.

We have adjusted our service category definitions from last year based on services provided PY 2018.

Previous Year Performance Summary (FY17): Program funded and began in FY18.

Current Year Performance Summary (FY18): The Justice Diversion Program started FY18 with service delivery beginning the third week of September. Referrals YTD have primarily been related to suicide threats/attempts, domestic violence incidents, behavior/mental health issues and substance abuse. FY18 the JDP estimated 500 referrals (NTPC) and received 127 to date. Estimated TPC for FY18 was 150 and twenty seven individuals have engaged in treatment plans so far this year (TPC). Estimates for 2018 were based on data provided by Rantoul police Department (RPD) reflecting 2015 and 2016 CIT and domestic related calls received. An adjustment in RPD procedures in FY18 limited the number of calls being identified by patrol officers as CIT and being referred to the JDP. At the same time procedures for receiving referrals were in development. The intensity of work with TPC has proved to be higher than expected. Finally only one intern was available to assist during FY18. These issues combined resulted in outputs below target in the first 2 quarters. The target for community service events has been exceeded due to start up of a new program and the outreach involved in start up.

Next Year Performance Targets (FY19): In FY19, target have been lowered, reflective of only being able to have commitment for one intern instead of two interns as had been anticipated in FY18. Additionally, the definition of JDP service contacts has been changed for FY19. Tracking newly defined data in service contacts will better enable analysis of engagement rate as well as participants' need for a treatment plan versus issues resolved with only one contact. This will be valuable information in further refinement of the program.

**Comments**

*Definitions essentially unchanged from FY18 with exception of Service Contacts. The FY18 Service Contact definition also counted attempts to engage person and contacts occurring throughout engagement in services.*

*Some adjustment to FY19 targets have been made based on first six months of FY18 service data or change in service definition for FY19.*

**PY19 Annual target (per Utilization Form)**

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	90	90	120	12	0

**PY18 First two quarters (per submitted Service Activity Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY18	11	27	35	5	0
Second Quarter FY18	6	56	110	24	0
Annual Target	150	500	1300	12	0

**Financial Analysis** For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

**PY19 CCMHB Funding Request** \$65,074

**PY19 Total Program Budget** \$87,229

**Current Year Funding (PY18)** \$62,755

**Proposed Change in Funding - PY18 to PY19** = 3.7 percent



PY18 Request was for \$62,755

**Program Staff - CCMHB Funds:**

Indirect = 0 FTEs, Direct = 0.91 FTEs, Total CCMHB = 0.91 FTEs

**Total Program Staff:**

Indirect = 0 FTEs, Direct = 0.91 FTEs, Total Program = 0.91 FTEs

***Budget Analysis: (staff comments)** Staffing pattern includes 85% of the Justice Diversion Program Coordinator's time and 6% of a Program Manager's time. The Coordinator has a Master's level human services related degree and experience in the field. Personnel related expenses are primary expense charged to the CCMHB.*

**Funding from the CCMHB represents 74.6% of the total program budget.** \$65,074 / \$87,229 = 74.6 percent

Contributions - various = 14.0 percent

***Budget Analysis: (staff comments)** Besides CCMHB funding and contributions, the only other source is federal Community Service Block Grant (CSBG) funds that account for the remaining 11% of revenue. (See contract note on spend down of CSBG funds at end of Program Summary) The amount of CSBG funds allocated to the program is about half that committed in FY18. In-kind contributions are increased for FY19 and are provided by the Village of Rantoul Police Department, CCRPC, and use of interns. Program requests an increase of 3.7%*

**Personnel related costs are the primary expense charged to CCMHB,** at \$54,535 / \$65,074 = 83.8 percent.

*Indirect cost rate applied to the program is 20% of 100% of salaries. CCRPC has a state approved rate of 45%. This indirect cost rate charge is the amount allocated to the occupancy line of the expense form.*

**Audit Findings:** Not Applicable

*Comment* This program is included in the Champaign County Audit.

## **CCMHB FY19 Decision Priorities and Decision Support Criteria**

**Priority: Behavioral Health Supports for People with Justice System Involvement** Yes. Program targets Rantoul residents having police contacts related to domestic offenses or requiring a response from CIT trained officer. Services include quick response to engage the individual/family and provide case management, care coordination and linkage and referral. Also includes effort to bring additional services to Rantoul.

**Priority: Innovative Practices and Access to Community Based Behavioral Health Services** No

**Priority: System of Care for Children, Youth, Families** No

**Priority: Collaboration with the Champaign County Developmental Disabilities Board** No

### **Overarching Decision Support Criteria**

**Underserved Populations and Countywide Access** Yes and No. Yes to Underserved Populations. No to Countywide Access. Program serves residents in Rantoul having CIT or domestic offense related contacts with police. Access to social services is limited and many times residents must travel to Champaign or Urbana.

**Inclusion and Anti-Stigma** No. Not a focus of the program.

**Outcomes** No. Being the first year program has operated, outcome data is not available although program has adjusted some utilization targets and service definitions. Program addresses requested information related to access and consumer outcomes.

**Coordinated System** Yes. Service section of application includes reference to the JDP Coordinator facilitating meetings of Rantoul service providers. Also development of services within Rantoul.

**Budget and Program Connectedness** Yes. Proposed services align with the budget. CCMHB is the primary funder but not the sole funder. Rantoul Police Department and CCRPC will provide in-kind support with CCRPC also allocating CSBG funds to the program.

**Realignment of PY18 Contracts to Address Priorities (incumbent programs only)** Slight increase of \$2,300 is requested.

### **Technical Criteria**

**Approach/Methods/Innovation** Yes. Program involves coordinated approach between Rantoul Police and the case manager to identify and engage families involved in CIT police calls or domestic offense calls.

**Staff Credentials** Yes. Clearly stated for the Justice Diversion Coordinator in services section of Program Plan Part I form and again in personnel section of budget narrative.

**Resource Leveraging** Yes. As part of the scope of services, proposal includes research of other funding opportunities to broaden base of support and services available in Rantoul and development of services in Rantoul. Budget includes in-kind contribution from the provider and Rantoul Police Department.

#### **Process Considerations & Caveats**

##### **Staff Questions/Additional Information Requested (Due by May 4, 2018):**

- From the Part I Services section: More details on unmet needs coming to light through engagement with families, efforts to develop additional resources, and identification of funding opportunities is of interest.
- From the Part I Access Outcomes section: Is the program tracking whether the person followed through on the referral and whether the person was able to access the service(s)?

**Contracting Considerations** If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY19 contract:

- If awarded funding, retain contract special provision related to spend down of CSBG funds. Past contracts have included CSBG in the budget but expense reports have not included drawdown of CSBG funds to support the program.

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

**Recommendation** Pending

## Draft PY19 CCMHB Program Summary

Agency: CCRPC - Community Services

Program: YAC (Companion Proposal)

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### PY19 CCMHB Funding Request \$79,000

PY19 Total Program Budget \$362,307

Current Year Funding (PY18) \$76,350

Proposed Change in Funding - PY18 to PY19 = 3.5 percent

### Services/People Served

#### Service Description/Type

The Youth Assessment Center (YAC) serves as the primary point of entry into a coordinated system of care for youth at risk of involvement in the juvenile justice system. Bachelor level case managers trained in Balanced and Restorative Justice, and Motivational Interviewing complete assessments and recommend treatment/services that will support youth to be resilient, resourceful, responsible, and restored to positive community involvement. Services are offered countywide in a culturally competent manner, using youth and family input for program design and trauma-informed practices for service provision.

CCRPC seeks continued funding to provide trauma screening and more intensive support services to youth repeatedly referred to YAC provided by experienced and knowledgeable staff with increased experience in the social service field, particularly in areas of behavioral health and trauma. Staff with increased experience allows for improved screening and matching of service needs and individualization of interventions, with anticipated better outcomes for youth and families. Increased outreach and collaboration with schools supports efforts are intervening with youth prior to police contact and also allows for increased youth monitoring and engagement.

Youth served under this grant continue to receive trauma specific screening, recommendations for evidence based, trauma focused, cognitive behavioral therapy, and assistance with service fees (when funding allows). Youth lacking protective factors and natural supports will continue to be offered regular face to face meetings with a case manager until they are accepted into referred services.

In addition to assessments and/or groups offered regularly on site by partners including; Prairie Center, Women for Outreach, and Community Plus Federal Credit Union of Rantoul, staff will facilitate periodic groups on site and in the community, focused on prevention and balanced and restorative justice and may also include regular supervised community based volunteering and community service groups.

*Comments Proposal submitted under and aligns with Behavioral Health Supports for People with Justice System Involvement priority. While referral to the Youth Assessment Center (YAC) and engagement under this proposal is driven by multiple contacts with law enforcement, services are focused on connecting youth and family to social services. To that end, aspects of the program could also be considered to align with the System of Care for Children, Youth, and Families priority.*

*Scope of services is essentially unchanged from the prior year. The population served under the YAC Companion Proposal are youth with multiple station adjustments/referrals to the YAC and who score moderate to high risk on the Youth Assessment and Screening Instrument (YASI). Case managers may travel throughout the county to complete intakes and engage youth and families.*

*One new aspect is effort to increase collaboration with schools to engage youth prior to having contact with law enforcement. Presumably, in order to receive the intensive support services funded by the Board, youth referred by schools would still have to score moderate to high risk on the YASI. A lower score indicates no services are needed (See NTPC definition).*

**Access to Services for Rural Residents** *For description see submitted Program Plan Part I form.*

**Target Population**

The Youth Assessment Center (YAC) Companion funds will be used to continue to target youth ages 10-17 who are assessed as moderate to high risk on the Youth Assessment and Screening Instrument (YASI), and referred two or more times to the YAC, by police departments, school districts, community agencies and families in Champaign County. YAC data collection PY 2018 for the first half of the program year to date shows that 69 youth brought/ referred to the YAC are re-referrals (i.e. previously referred to YAC due to police contact). Seventy-five percent of these youth are African American, 73% are male, 42% have female head of household and 35% have an income below 30% of median family income. Forty percent of the youth have engaged in screening with 66% identified as moderate-high risk.

**Residency**

<b>Total Served</b>	101 in PY17 (last full year)	58 in first and second quarters of PY18
<b>Champaign Set</b>	54 (53.5%) for PY17	34 (58.6%) for PY18
<b>Urbana Set</b>	28 (27.7%) for PY17	13 (22.4%) for PY18
<b>Rantoul -single</b>	11 (10.9%) for PY17	1 (1.7%) for PY18
<b>Mahomet - single</b>	5 (5.0%) for PY17	5 (8.6%) for PY18
<b>Other Champaign County</b>	3 (3.0%) for PY17	5 (8.6%) for PY18

**Demographics**

<b>Total Served</b>	101 in PY17, last full year
<b>Age</b>	
Ages 7-12 -----	15 (14.9%)
Ages 13-18 -----	86 (85.1%)
<b>Race</b>	
White -----	27 (26.7%)
Black / AA -----	73 (72.3%)
Other (incl. Native American and Bi-racial) -	1 (1.0%)
<b>Gender</b>	
Male -----	65 (64.4%)
Female -----	36 (35.6%)
<b>Ethnicity</b>	
Of Hispanic / Latino origin -----	4 (4.0%)
Not of Hispanic/Latino Origin -----	97 (96.0%)

**Program Performance Measures**

**ACCESS**

- 1.Youth ages 10-17 who are exhibiting behavioral issues, including having had police contact are eligible for YAC services. CCMHB funding will specifically target youth assessed as moderate to high risk on the Youth Assessment and Screening Instrument (YASI), and referred two or more times to the YAC, by police departments, school districts, community agencies and families in Champaign County.
- 2.Youth referred to the YAC are assessed using the YASI, those scoring moderate-high risk will be provided the services described in the "Service to be provided" section above.
- 3.The YAC has operations agreements with juvenile justice stakeholders and local schools to support program referrals. Additionally, YAC staff provide community presentations to inform the public about the services. Outreach includes social service agencies, public forums and meetings, schools, local police departments, etc. The YAC program is also listed on the CCRPC website.
- 4.100% of youth from Champaign County who seek assistance through the YAC will be provided assistance.

5. The YAC is open day and evening hours Monday-Saturday. Case managers travel to rural jurisdictions and/or for those whom the office locations may not be convenient. Staff hours vary to reach youth, families and service providers for scheduling, screening, connecting to services and follow-up. Meetings are generally scheduled in late afternoon and evening to accommodate school attendance and parent work schedules. When youth are referred rather than brought directly into the YAC, staff attempt contact by next business day and continue diligent efforts at engagement by phone, letters, school visits, and home visits. These efforts occur for up to 3 weeks.

6. It is estimated that 75% of clients referred who are engaged within the three week time frame will be assessed for eligibility.

7. Station adjustments last for up to four months. Referrals to services, based on the results of the full YASI and trauma screening will be completed within one week of the completed assessments. Follow-up and monitoring of engagement in these service connections will continue throughout YAC enrollment. When youth/families aren't able to immediately enroll in recommended treatment, case managers continue to provide support, meeting face to face with youth until enrollment in treatment/services takes place. Ongoing YAC case management support/ monitoring occurs for an average of 3 months beyond the completion of a station adjustment.

8. It is anticipated that 60% of youth eligible for the services will be able to be engaged in services.

9. The estimated average length of service engagement is 3-6 months.

Demographic statistics are maintained for program participants, including age, race, gender, ethnicity, geographic distribution and household income. Additionally, the following will be tracked: number of times a youth is brought/referred to the YAC, YASI score category at entry and exit, and the services to which a youth was referred. Satisfaction surveys include questions regarding timeliness of staff response and ease of program access, which to date have indicated satisfaction with program access and services. Monthly analysis of client and referring agency feedback and utilization of a YAC Advisory Committee guide our efforts for program improvement.

Two YAC case managers are fluent in Spanish and other language interpreters also are available as needed. CCRPC strives to provide services in a culturally competent manner and has established a Cultural Competence Plan (CCP) to guide these efforts. In January 2017, an agency wide Cultural Competence Committee

**Comments**

*In response to updated instructions, program responds to the series of questions posed to provide details on the how one accesses and engages in services. Process for engaging clients and associated timeframes with targets/measures are clearly stated as is eligibility for services.*

*Collaboration with juvenile justice and schools on referrals as well as community outreach is referenced. Screening instrument is the YASI. Case managers include staff fluent in Spanish.*

**CONSUMER OUTCOMES**

Intended outcomes of services include:

- The YAC aims to divert youth from the justice system, for both youth who have had police contact and been referred for station adjustment services and youth exhibiting behavioral issues. Recidivism (juvenile court adjudication within one year) rate is tracked through court services and those youth engaging in services at the YAC. The YAC strives to divert at least 90% of youth from a juvenile court adjudication within one year of their YAC services.
- Decrease in the level of risk score. The Youth Assessment Screening Inventory (YASI) tool is used to measure difference in level of risk at intake and exit. On average, a decrease from High Risk/Moderate Risk to Moderate Risk/Low Risk, respectively, is expected within 3-6 months for clients who have presumably engaged in linkage/referral services. The YASI system's reporting tool provides aggregate data for youth risk levels at entry and at exit. An annual comparison of risk at intake compared to risk at discharge will be used to evaluate program impact. The goal is at least a 10% decrease in the percentage of youth assessed at moderate-high risk at intake as compared to the percentage of youth assessed at moderate-high risk at exit.
- Increase of resiliency within the youth referred. Service connection based on needs assessment will support

individualized, meaningful services. Individuals/ families will be better informed of the services and resources available to assist them leading to increased utilization of services. The YASI will be used to identify individualized needs and guide the recommended service referrals. A pre and post service survey will be used to evaluate participants' increased knowledge of services available to address their needs. At least 90% of participants will endorse having been informed of resource options and 50% will report successful linkage and utilization of recommended services.

Collateral measures of success occur when 1) youth and their family members make suggestions for program improvement or become program volunteers, and 2) youth behavior and performance at school improves. These measures are collected anecdotally, but generally indicate positive reengagement in the community whether or not the youth engaged in delinquent activity resulting in arrest.

Program outputs include policies and procedures, cultural competent service provision with an active plan that is updated regularly; staff attend workshops, conferences and on-line training opportunities to maintain competencies in current issues affecting youth, best practices regarding program design and participation in professional development in program administration, mental health, cultural competence, restorative justice, and juvenile justice areas to support positive program design and outcome measurement.

**Comments**

*Recidivism is tracked and target identified for reduced court adjudication of youth one year after receiving YAC services. Other measures are tied to social services including reduction of YASI score in 10% of youth, increased knowledge of community resources (90%), and successful linkage of youth/family to referred services (50%). Anecdotal evidence of change in youth attitude/behavior are listed as collateral measures.*

*For current year, FY18, measures were described but targets not referenced. Inclusion of targets in FY19 proposal is a positive development.*

*Program outputs contributing to anticipated outcomes, (reduced recidivism, improved YASI scores) are referenced at the end of the section.*

**UTILIZATION**

**Treatment Plan Clients (TPCs)** 75 defined as youth re-referred to the Youth Assessment Center who are assessed to be moderate to high risk using the Youth Assessment and Screening Instrument (YASI), and provided service referral and linkage.

**Non-Treatment Plan Clients (NTPCs)** 30 defined as re-referred youth who are assessed to be no to low risk using the YASI, indicating structured treatment services are not necessary.

**Service Contacts (SCs)** 50 defined as repeat referrals that the YAC team is unable to contact and/or engage in services.

**Community Service Events (CSEs)** 50 defined as activities related to program outreach, networking, staff development and program management.

*Comment: This category could probably be narrowed, focusing on outreach, networking, coordination with partnering agencies and exclude the internal activities on staff development, training, and management.*

**Other** 0

**Narrative** Section has been edited. For complete description, see submitted Program Plan Part I form.

**Past Year Performance Summary:** In FY17, the number of community service events was slightly below target (50) with 46 actual events. This is reflective of staff turnover in the program. The target for service contacts was 30; year-end total of service contacts was 42. It was anticipated that non-treatment plan clients would be 29, however actual NTPC for 2017 was 7. The treatment plan client (TPC) target was 67, however actual TPC was much higher with a year end total of 124. Targets for 2018 were adjusted to reflect these outcomes.

**Current Year Performance Summary:** At the end of the second quarter of this year, YAC is at or above all targets except TPC. The YAC team has participated in 26 Community Service Events and is on target to finish the year with the projected 50. Service contacts are at 36 service contacts and estimated to end year at 55. During this year, an increased number of youth have had risk assessments indicating no-low risk, resulting in a higher than anticipated number of NTPC.

Estimated NTPC's for current year total is 25. In relation, the number of TPC is lower than the estimate. The annual estimate for TPC was 144; in the first half of the program year, 23 youth have scored moderate-high and been enrolled. It is anticipated that at the end of FY18, the targeted number of TPC will be lower than target.

Next Year Summary: FY19 targets include participation in 50 community service events. Based on the current year trends, the targets for the upcoming year have been adjusted accordingly to a total of 50 service contacts, 30 NTPC and 75 TPC.

**PY19 Annual target (per Utilization Form)**

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	75	30	50	50	0

**PY18 First two quarters (per submitted Service Activity Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY18	28	14	17	15	0
Second Quarter FY18	14	2	19	11	0
Annual Target	144	10	40	50	0

**PY17 all four quarters (per submitted Service Activity Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY17	55	3	10	13	4
Second Quarter FY17	26	1	16	12	2
Third Quarter FY17	28	3	11	12	6
Fourth Quarter FY17	15	0	5	9	0
Annual Target	67	29	24	50	0

**Comments**

*Annual targets are adjusted based on utilization trends. In that FY18 projections for TPCs appears to have been overstated, hopefully the increased investment by the Board has resulted in staff's ability to spend more time on efforts to engage youth/families and connect to them to services.*

*Service contacts exceeding the FY17 target and on track to do so again for FY18 is disappointing as it represents a failure of the youth/family to respond to contacts or to engage in services.*

**Financial Analysis** For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

**PY19 CCMHB Funding Request \$79,000**

**PY19 Total Program Budget \$362,307**

**Current Year Funding (PY18) \$76,350**

**Proposed Change in Funding - PY18 to PY19 = 3.5 percent**

**PY18 request was for \$76,350**

**PY17 request was for \$26,000, and PY17 award was for \$26,000**

**PY16 request was for \$26,000, and PY16 award was for \$26,000**

**Program Staff - CCMHB Funds:**

Indirect 0 FTEs Direct 1.26 FTEs Total CCMHB 1.26 FTEs

**Total Program Staff:**

Indirect 0 FTEs Direct 4.11 FTEs Total Program 4.11 FTEs

*Budget Analysis: (staff comments) CCMHB supports a percentage of six staff positions, (five case managers and one coordinator), at YAC. Case managers are Bachelor's level, BARJ trained plus additional training in areas of cultural competence, motivational interviewing, and trauma informed services.*

*None of the staff positions for the program or the agency listed on the personnel form are fulltime. Why are all*

*staff positions on the personnel form for the agency listed as .85 FTE and not fulltime employees? Is this an error in completing the form or all staff not fulltime?*

**Funding from the CCMHB represents 21.8% of the total program budget.**  $\$79,000 / \$362,307 = 21.8$  percent  
**Budget Analysis: (staff comments)** *With the exception of a small amount of federal Community Service Block Grant (CSBG) funds, 6% of program revenue, all funding supporting the program comes from local sources. The single largest source of revenue, 65%, is the Quarter Cent for Public Safety Tax Fund proceeds allocated to the YAC by the County Board. Followed by the CCMHB request at 22%. Other funding come from Champaign, Rantoul and Urbana. (See contract note on spend down of CSBG funds at end of Program Summary)*

**Personnel related costs are the primary expense charged to CCMHB,** at  $\$58,110 / \$79,000 = 73.6$  percent  
*Other expenses charged to the Board are limited to five expense lines. The amount charged for occupancy is said to be based on an indirect cost rate for CCMHB applications of 20% of direct salaries.*

*Program is requesting an increase of 3.5% over the FY18 contract award.*

**Audit Findings: Audit in Compliance**

*Comment Audit is completed as part of the county wide audit.*

## **CCMHB FY19 Decision Priorities and Decision Support Criteria**

**Priority: Behavioral Health Supports for People with Justice System Involvement** Yes. *Youth Assessment Center is part of the juvenile justice element associated with this priority. Serves as intake and coordination point for various programs linked to youth and family system of care. Primary access point is through contact with law enforcement although program plans increase efforts to work with schools for referrals.*

**Priority: Innovative Practices and Access to Community Based Behavioral Health Services** No

**Priority: System of Care for Children, Youth, Families** No

**Priority: Collaboration with the Champaign County Developmental Disabilities Board** No

### **Overarching Decision Support Criteria**

**Underserved Populations and Countywide Access** Yes. *Services supported with CCMHB funds target youth with multiple law enforcement contacts and score moderate to high risk on the YASI. Case managers will travel to rural areas of the county to meet and complete intakes on youth and to engage family in services based on assessment. However, in FY17 only about 8% of youth were not from Champaign, Urbana, or Rantoul.*

**Inclusion and Anti-Stigma** No. *Addressing stigma is not a focus of the application.*

**Outcomes** Yes. *Program identifies outcome measures with targets. Utilization targets are adjusted based on past trends resulting in some fluctuation in number projected to be served year to year. This program is one of four receiving targeted support in FY19 from the UIUC Building Program Evaluation Capacity initiative funded by the Board.*

**Coordinated System** Yes. *Provider has "operations agreements" with juvenile justice stakeholders and other partners. Provides linkage and referral to qualifying youth/families to address identified needs.*

**Budget and Program Connectedness** Yes. *Personnel expense is spread across all listed positions at the Youth Assessment Center. Indirect cost rate is set at 20% for CCMHB funding. Allocation of staff aligns with program. One oddity of the application is that all staff positions are not fulltime but .85 FTE.*

**Realignment of PY18 Contracts to Address Priorities (incumbent programs only)** *Program requests an increase of 3.5% for FY19. In FY18 program sought and received an increase of about 200%.*

### **Technical Criteria**

**Approach/Methods/Innovation** Yes. *Youth Assessment Center is an access point for youth having contact with law enforcement resulting in a station adjustment. YAC also conducts screening and assessment using the YASI that in part identifies other social service needs and refers youth and families to the most appropriate resource.*

**Staff Credentials** Yes. *Clearly described in service section (Part I form) and budget narrative.*

**Resource Leveraging** Yes. *Budget is based almost entirely on funding from local sources. Besides the CCMHB, funding is provided by Champaign County, the City of Champaign, City of Urbana, and Village of Rantoul.*



**Process Considerations & Caveats**

**Staff Questions/Additional Information Requested (Due by May 4, 2018):**

- *Will CCMHB funds support efforts to engage youth at school, prior to police contact? Will YASI score determine level of engagement with such youth?*
- *Why are all staff positions for the agency listed as .85 FTE and not fulltime employees on the personnel form? Is this an error in completing the form or all staff not fulltime?*

**Contracting Considerations**

If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY19 contract:

- *If awarded funding, include contract special provision related to spend down of CSBG funds. In the past some contracts have included CSBG in the budget but expense reports have not included drawdown of CSBG funds to support the program.*

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

**Recommendation** Pending

2019 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities  
 CCMHB/DDB  
 Family Services Center of Champaign County

**CCMHB/DDB reviews all CLC plans submitted with FY2019 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:**

<b>Required Benchmark by CCMHB</b>	<b>Summary of Actions outlined CLC Plan</b>
<i>Annual Cultural Competence Training</i>	<b>Yes-</b> Board, Staff, and Volunteers will receive annual cultural competence training.
<i>Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:</i>	<p><b>Yes-</b> development plan that reflects the agency's commitment to having a board of directors and that is diverse and representative of our community and those whom we serve and that includes specific procedures for recruiting diverse board members.</p> <p>Affirmative Action Policy and assure it is followed when recruiting and hiring new employees; policy includes procedure to send information on position openings to a list of community agencies and locations to ensure outreach to a diverse applicant pool.</p>
<i>Cultural Competence Organizational or Individual Assessment/Evaluation:</i>	<b>Yes-</b>
<i>Implementation of Cultural Competence Values in Policy and Procedure:</i>	<b>Yes-</b> Develop and implement an orientation program for new board members and employees that includes education regarding cultural and linguistic competency and a review of the agency CLCP
<i>Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria</i>	<b>Yes-</b>

2019 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities  
 CCMHB/DDB  
 Family Services Center of Champaign County

<i>Inter-Agency Collaboration</i>	<b>Yes-</b>
<i>Language and Communication Assistance</i>	Yes- Utilize appropriately trained and/or experienced interpreters, translators and cultural consultants as needed and provide this assistance at no cost to clients to the extent feasible within agency resources.
<i>Matched Actions with National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care.</i>	<b>Yes</b>

**Overall CLC Plan Comments**

*The CLC Plan followed the updated format and was a comprehensive CLC Plan that outlined all the required benchmarks. The benchmarks were also present within the application program plan part one.*

# Draft PY19 CCMHB Program Summary

Agency: Family Service of Champaign County

Program: Counseling

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## PY19 CCMHB Funding Request \$25,000

PY19 Total Program Budget \$67,486

Current Year Funding (PY18) \$25,000

Proposed Change in Funding - PY18 to PY19 = 0.0 percent

## Services/People Served

### Service Description/Type

Services offered by our Counseling program include mental health assessment, treatment plan development, and counseling to individuals, couples and families. Sessions occur primarily at the Family Service office but Drug Court clients will occasionally be seen off-site. Clients can be as young as 5 years old. Issues addressed can include anger management, abuse (which may include adult and/or child abuse), child behavioral issues, family discord, trauma, grief and substance abuse. A strong educational component is included when addressing issues such as substance abuse and parenting challenges. Clients may be given homework assignments; children and adults may be asked to complete projects together or express feelings through artwork or written documents.

Appointments are available Monday through Thursday with evening appointments available two evenings a week. There is no waiting list at this time.

The Counseling program operates on a philosophy of self-determination and respect for the client. Therapists work with clients to create a therapeutic environment that is respectful, mindful and sensitive to the client's culture, values, beliefs, traditions, customs, family values, trust and personal preferences. The client's right to make personal choices is respected, as long as no harm to self or others would result.

Services are initiated by a referral from an outside source or contact from a prospective client. Once an intake interview has occurred and a therapist assigned to a case, the assigned therapist makes every effort to schedule an initial session with a client within 1-2 days following the intake interview. A mental health assessment and social history are completed within the first three sessions. The therapist determines an initial DSM-5 diagnosis and assigns a Global Assessment of Functioning (GAF) score. The therapist and client then work together to develop an individual treatment plan with goals, objectives and outcomes. The treatment plan is reviewed every three months (more often, if necessary) to determine progress made by the client.

The program director is a qualified mental health practitioner (QMHP). The two therapists are licensed clinicians (LCSW/LCPC). All have many years of experience in the mental health field. The clinical supervisor/clinical therapist is .5 FTE. The other clinical therapist is .53 FTE. Both therapists and the program director have completed the IDCFS Trauma-Informed Credentialing for Treatment Providers. Group clinical supervision is held weekly and includes client case reviews. The clinical supervisor is able to provide weekly and as needed individual supervision as well.

### **Comments**

*With adults referred from the Champaign County Drug Court given priority for service, program has applied under the Behavioral Health Supports for People with Justice System Involvement priority.*

*Program has entered into memorandum of understanding with the Champaign County Drug Court and Youth Assessment Center. Program places an emphasis on serving low-income non-Medicaid eligible individuals using a sliding fee scale. Those served may include children, youth, and adults. Majority of those served are from Champaign and Urbana. Program conducts outreach to rural areas. Following an assessment, a treatment plan is completed and reviewed quarterly. Sessions may address a range of mental health issues. Services are primarily office based with some evening appointment times available and provided by two licensed clinicians. Staff qualifications are referenced.*

**Access to Services for Rural Residents** *For description see submitted Program Plan Part I form.*

**Target Population**

The Counseling program offers affordable, accessible counseling services to families, couples and individuals residing in Champaign County. The majority of clients referred to Family Service are non-Medicaid clients due to eligibility guidelines with other mental health providers. Over 90% of the Counseling program's clients are low-income and/or do not have insurance that covers mental health services. The Counseling program is not a Medicaid approved service provider. Family Service continues to be one of the few agencies in Champaign County without a religious orientation offering both short-term and long-term behavioral health services on a sliding fee scale. In general, there are no limits to the number of sessions available to a client. Family Service has a memorandum of understanding with the Youth Assessment Center and the Champaign County Drug Court, ensuring that children, adolescents and adults with post-traumatic stress disorder, mental illness, substance abuse, and developmental disabilities issues and eligible adults as defined by DHS/DMH are given priority service.

The Counseling program addresses the CCMHB priority area of Behavioral Health Supports for Adults with Justice System Involvement. We give priority to the greatest extent possible to clients referred for outpatient therapy from the Champaign County Drug Court. Clients referred from Drug Court may pay a fee assessed on our sliding fee scale; however, that fee will be reduced or waived on a case-by-case basis if requested by Judge Ford or the Drug Court case manager. In FY17, 100% of Drug Court clients received a fee waiver. When providing services to Drug Court clients, our therapists prepare weekly progress reports for designated clients that are submitted to the Judge and the primary Drug Court Rosecrance counselor. Our Counseling program director is a member of the Drug Court Problem-Solving Team and attends weekly team meetings, providing input, discussing client(s) progress and weighing in on recommendations for Family Service clients as well as other clients of the Drug Court.

**Residency**

<b>Total Served</b>	49 in last full year, PY17	26 in first and second quarters, PY18
<b>Champaign Set</b>	22 (44.9%) for PY17	10 (38.5%) for PY18
<b>Urbana Set</b>	15 (30.6%) for PY17	10 (38.5%) for PY18
<b>Rantoul -single</b>	3 (6.1%) for PY17	2 (7.7%) for PY18
<b>Mahomet - single</b>	3 (6.1%) for PY17	3 (11.5%) for PY18
<b>Other Champaign County</b>	6 (12.2%) for PY17	1 (3.8%) for PY18

**Demographics**

**Total Served = 49 in last full year, PY17**

**Age**

Ages 7-12 -----	5 (10.2%)
Ages 13-18 -----	4 (8.2%)
Ages 19-59 -----	37 (75.5%)
Ages 60-75+ -----	3 (6.1%)

**Race**

White -----	40 (81.6%)
Black / AA -----	9 (18.4%)

**Gender**

Male -----	28 (57.1%)
Female -----	21 (42.9%)

**Ethnicity**

Of Hispanic / Latino origin -----	5 (10.2%)
Not of Hispanic/Latino Origin -----	44 (89.8%)

**Program Performance Measures**

**ACCESS**

1. People over the age of 5 who live in Champaign County and who have a need for our services are eligible. A sliding fee scale provides low income and/or uninsured clients access to affordable mental health services. In general, there are no limits to the number of sessions available to a client. The fee is reduced or waived for Drug Court clients if requested by a representative of the assessment team or Judge Ford. This allows access to service for a group of individuals who may not have insurance or income to pay for counseling. We are unable to accept clients who receive Medicaid benefits.
2. Eligibility is determined during the intake interview. Information is requested at that time regarding county of residence and other eligibility factors. A potential client is asked if they receive Medicaid. If the individual is a Medicaid recipient, a referral is made to other mental health providers who accept Medicaid. The potential client is also asked several questions about their presenting issue and mental health needs. The answers provided by the client will determine if our counselors are able to appropriately address the potential client's needs. If their needs are beyond our scope of services, we refer to other professionals. There is no waiting list at this time.
3. Many individuals who seek our services are referred from outside sources, such as Drug Court. Information about our Counseling program has been distributed to school social workers and guidance counselors and church pastors. An informational flyer is posted on the bulletin boards of community libraries and community centers in the rural Champaign County communities. The program director represents the Counseling program as a member of the Human Services Council that meets monthly. The Counseling program is also promoted on the Family Service website and Face Book page. Any outreach event that Family Service participates in also promotes the Counseling program.
4. 5. 6. 7. 8. All individuals who meet our eligibility criteria and are willing to pay the assessed sliding scale fee (if applicable) are able to receive services. The individual may have an appointment scheduled as quickly as during the initial intake interview, depending on when the individual contacted Family Service and if the person conducting the intake will be the assigned therapist. Once a therapist is assigned to a potential client, the therapist makes diligent efforts to contact the potential client and schedule an appointment. This usually takes 1-2 business days. Approximately 85% of eligible clients will have an appointment within the 1-2 business days time frame. The remaining 15% of eligible clients are those individuals who are difficult to reach after the initial intake. The therapists document each contact attempt made with potential clients.
9. The average length of participant engagement in counseling services is difficult to quantify as length of engagement can vary greatly from client to client. The purpose of our Counseling program is to improve or maintain an individual's ability to function. Some individuals feel better after a few sessions and discontinue service at that time. Some clients engage in service for several months to address all their treatment goals. And some clients, after initial improvement and stabilization, need the ongoing support of periodic contact with their therapist to maintain their level of functioning and may receive service for a year or longer.

We collect demographic data regarding race, ethnicity, age, gender and zip code.

***Comments***

*Process for determining eligibility, assessment, and engagement in services is described in detail. Outreach and referral process occurs throughout Champaign County. Collaborative relationship with Champaign County Drug Court is highlighted.*

*Timeframes are provided for referral, intake/screening, and, although less specific, length of engagement.*

**CONSUMER OUTCOMES**

For FY19

The goal of counseling 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.

Outcome 1: Individuals receiving our services will report improvement in four areas of functioning (individual, relational, social and overall) as measured using the Outcome Rating Scale (ORS) developed by Miller & Duncan (2000a). This tool will be given to clients quarterly when the individual treatment plan is reviewed and revised. The ORS uses a gradient scale rating range of 0 (doing poorly) to 10 (doing very well).

Outcome 2: Individuals receiving our services will meet the treatment goals that they established with their therapist. Individual treatment plans are reviewed at least quarterly with the client. Clients determine with the therapist success in

meeting treatment objectives, outcomes and goals. When a client terminates services, the therapist uses the most recent treatment plan to determine the client's success with goal completion.

Outcome 3: Individuals receiving our services will have an improvement in their functioning over the course of treatment as measured using the Global Assessment of Functioning (GAF).

A GAF score is determined by the therapist during the mental health assessment. A new GAF score is determined whenever a plan is reviewed or the case is closed. A comparison will note changes in a client's functioning. The scale ranges from 0 (inadequate information) to 100 (superior functioning). Our target goal is that 80% of clients who engage in service long enough to develop a treatment plan will improve their GAF score by at least 10 points from the time of initial assessment to the time of case closure.

FY17

The ORS is an optional tool for clients to complete. In FY17 very few clients chose to complete the tool. In our current fiscal year the therapists have begun presenting the ORS to clients quarterly as a part of the treatment plan review. More clients are completing the ORS now and we will have data to report for FY18.

Of those clients with developed treatment plans whose cases were closed during FY17, 72% had substantially completed 80% or more of their treatment plan goals at the time their case was closed.

Eighty-three percent (83%) of the clients whose cases were closed in FY17 showed improvement in their GAF scores at case closure. In some instances, there was a 25% - 36% improvement made by the client. No client showed a decline in their functioning.

**Comments**

*Outcomes are tied to client level of functioning and addressing presenting issue. Methods used to track and report outcomes include Global Assessment of Functioning (GAF) scores, Outcome Rating Scales (ORS), and completion of clients' treatment plan goals. A specific target is identified for the GAF score. Program has changed timing for completion of the ORS to increase response rate.*

**UTILIZATION**

**Treatment Plan Clients (TPCs)** 55, defined as number of unduplicated clients with a case record and a developed treatment plan.

**Non-Treatment Plan Clients (NTPCs)** 5, defined as number of unduplicated clients with a case record but no developed treatment plan. This includes clients who receive only a mental health assessment, such as for Probation. This also includes clients who come for only a couple of sessions and discontinue therapy before a treatment plan is completed.

**Narrative Section has been edited. For complete description, see submitted Program Plan Part I form.**

For a number of years the Counseling program at Family Service was a fee for service program with CCMHB and therefore clients were not projected/reported by service category, i.e., Treatment Plan vs. Non-treatment Plan. When the FY18 application was submitted, it was submitted as fee for service. When the award was made, the Counseling program became a grant funded program. We are in the process of transitioning our reporting of clients in the service categories.

**Comments**

*The lower the number of NTPCs the better as these would be clients that do not engage in services. Unless it is an assessment completed for Probation.*

**PY19 Annual target (per Utilization Form)**

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	55	5	0	0	0

**PY18 First two quarters (per submitted Service Activity Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY18	20	0	0	0	0
Second Quarter FY18	5	1	0	0	0
Annual Target	0	0	0	0	0

**PY17 all four quarters (per submitted Service Activity Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY17	29	0	0	0	0
Second Quarter FY17	11	0	0	0	0
Third Quarter FY17	5	0	0	0	0
Fourth Quarter FY17	4	0	0	0	0
Annual Target	0	0	0	0	0

**Financial Analysis** For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

**PY19 CCMHB Funding Request** \$25,000

**PY19 Total Program Budget** \$67,486

**Current Year Funding (PY18)** \$25,000

**Proposed Change in Funding - PY18 to PY19** = 0.0 percent

**PY18** request was for \$25,000

**PY17** request was for \$40,000, and **PY17** award was for \$20,000

**PY16** request was for \$45,000, and **PY16** award was for \$40,000

**Program Staff - CCMHB Funds:**

Indirect 0.14 FTEs, Direct 0.45 FTEs , Total CCMHB = 0.59 FTEs

**Total Program Staff:**

Indirect 0.43 FTEs, Direct 1.18 FTEs, Total Program = 1.61 FTEs

*Budget Analysis: (staff comments) Program employs two part-time clinicians. CCMHB supports less than 20% of each clinician plus a small percentage of the program director's time. Indirect staff include administration, fiscal, and others involved in general support of the agency.*

**Funding from the CCMHB represents 37% of the total program budget.**

United Way, \$1,000 or 1.5%, and Contributions – various, \$25,586 or 37.9%

*Budget Analysis: (staff comments) The CCMHB is a primary source of support for the program. Contributions to the agency allocated to the program provide an almost equal percentage of support as the Board. Client fees, charged on a sliding fee scale based on income and family size account for about 21% of program revenue. United Way contributions designated to support the counseling program plus a small grant from the City of Urbana represent 4% of the program budget. No increase in support from the CCMHB is requested.*

**Personnel related costs are the primary expense charged to CCMHB, at 78.0%.**

*Budget narrative addresses how funds are allocated. CCMHB funding represents 37% of total program budget and pays an equal percentage of each expense line.*

**Audit Findings:** Audit is in compliance.

**CCMHB FY19 Decision Priorities and Decision Support Criteria**

**Priority: Behavioral Health Supports for People with Justice System Involvement** Yes. Program has some involvement with Drug Court. Referrals from Drug Court are a priority population and sliding fee scale is waived for these clients. Program director participates in Drug Court team meetings and provides weekly reports on Drug Court participants receiving counseling from Family Services clinicians.

**Priority: Innovative Practices and Access to Community Based Behavioral Health Services** No

**Priority: System of Care for Children, Youth, Families** No

**Priority: Collaboration with the Champaign County Developmental Disabilities Board** No

**Overarching Decision Support Criteria**

**Underserved Populations and Countywide Access** Yes. Population served includes Drug Court clients. Other clients served do not qualify for Medicaid and do not have mental health coverage if insured. Services are office based with



evening hours available. Program does conduct outreach to rural areas of the county although demographics indicate about 75% of those served are from Champaign and Urbana.

**Inclusion and Anti-Stigma** No. Addressing stigma is not a focus of the application.

**Outcomes** Yes. Program identifies referral and engagement process for clients accessing services. Measures associated with evaluation of services are described as part of consumer outcomes section.

**Coordinated System** Yes. Qualified yes in relation to involvement with Drug Court. Program Director is also active in the Human Services Council.

**Budget and Program Connectedness** Yes. Program aligns with budget. CCMHB accounts for 37% of program funding with an equal percentage charged to each expense line.

**Realignment of PY18 Contracts to Address Priorities (incumbent programs only)** Program requests same amount as awarded for FY18.

#### **Technical Criteria**

**Approach/Methods/Innovation** Yes. Service is outpatient counseling/therapy.

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

**Resource Leveraging** Program relies primarily on agency contributions allocated to program and CCMHB funding. Other source of support is client fees. Small City of Urbana grant and United Way designated contributions round out revenue sources.

#### **Process Considerations & Caveats**

**Staff Questions/Additional Information Requested (Due by May 4, 2018):** none.

**Contracting Considerations** If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY19 contract: none.

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

**Recommendation** Pending

2019 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities  
CCMHB/DDB  
First Followers

**CCMHB/DDB reviews all CLC plans submitted with FY2019 applications for funding, with particular attention to actions steps associated to benchmarks for each of the following action areas:**

<b>Required Benchmark by CCMHB</b>	<b>Summary of Actions outlined CLC Plan</b>
<i>Annual Cultural Competence Training</i>	<b>Yes-</b> Staff, Board of Directors and Co-Directors will participate in annual cultural competence training.
<i>Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:</i>	<b>Not Noted in CLC Plan</b>
<i>Cultural Competence Organizational or Individual Assessment/Evaluation:</i>	<b>Yes-</b> Annual assessment will be conducted to determine cultural climate.
<i>Implementation of Cultural Competence Values in Policy and Procedure:</i>	<b>Yes-</b> Services have been expanded to include a behavioral health component to the additional services that are provided to address the stigma associated with receiving services post-incarceration.
<i>Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria</i>	<b>Yes-</b> <i>Engagement of people that have been incarcerated and/or on parole will be the target population.</i>
<i>Inter-Agency Collaboration</i>	<b>Yes-</b> <i>First Followers provides referrals from consumers via our connections with Canaan Safehouse, IDOC, Salvation Army, Champaign County Healthcare Consumers, Rosecrance, Bethel AME Church, Champaign County Drug Court, and federal and county Probation Services, Champaign County Reentry Program, and other service providers.</i>
<i>Language and Communication Assistance</i>	<b>Yes-</b> A language and

2019 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities  
CCMHB/DDB  
First Followers

	communication assistance protocol will be developed on an on-going basis.
<i>Matched Actions with National Culturally and Linguistic Appropriate Services (CLAS) Standards in Health and Health Care.</i>	<b>No-</b>

**Overall CLC Plan Comments**

*The CLC Plan did not follow the updated format and template that was required. Most of the benchmarks were outlined in the program plan and the submitted CLC Plan.*

# Draft PY19 CCMHB Program Summary

Agency: FirstFollowers

Program: Peer Mentoring for Re-entry

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## PY19 CCMHB Funding Request \$105,900

PY19 Total Program Budget \$160,900

Current Year Funding (PY18): \$59,432

Proposed Change in Funding - PY18 to PY19 = 78.2 percent

## Services/People Served

### Service Description/Type

We base our program on a peer mentoring model. We train volunteers and employees who have histories of criminal justice system involvement. Overall, our activities focus on reducing stigma and the impact of stigma associated with felony convictions and/or incarceration. We combine personal support with individual/collective reflection, skills training and building community awareness. Mobilizing participants for action in the community addresses the passivity and disorientation associated with Post-Incarceration Syndrome.

Our program for 2019 builds on the anti-stigma advocacy and outreach work supported by the Mental Health Board in 2017-18.

Our 2019 program will have four components:

1) Drop-In Center-Our drop-in center operations continue under peer mentor leadership. We provide individual services as well as promote our work at reentry fairs, the Expungement and Sealing Summit, events sponsored by local officials (e.g. Champaign-Urbana Days), the Summit of Hope, Parkland College and University of Illinois organizations with an interest in our reentry work and that of the reentry council more broadly.

Peer Mentors will operate the drop-in center, working directly with clients to provide support. The Peer Mentor Coordinator will oversee this work and add administrative backup. We aim to serve 150 clients through our drop-in center services during fiscal 2018-19.

2) Workforce Development Course-Under the supervision of a selected Peer Mentor, we will develop and deliver our second intensive workforce development course for ten individuals from our drop-in clients. Classes will be held at the new FirstFollowers Center in North Champaign. The course for ten participants will last for 14 weeks for 20 hours per week. Content will expand the offerings in the 2017 course to include: math, language and communication skills, computer literacy, team building, workplace etiquette and employee rights. About 50% of class hours will be devoted to basic construction skills. Participants will receive a stipend of \$10 per hour for attendance. Follow up will include connections to employers, job preparation and training programs. Course sessions will involve local and out of town field trips, with transport provided in the new FirstFollowers van.

3) Anti-Stigma- We will continue to use our peer mentors to educate employers about the benefits and importance of employing people with felony convictions. We will hold meetings with 15 employers, expand our data base of employers willing to employ people with felony convictions and. We will also survey existing hiring policies to identify employers who are not following Illinois state and local Ban the Box measures. We will work with city and county authorities to rectify any hiring processes that are outside the law. We will gather testimony from supportive employers about positive experiences of employing people with a criminal background

4) Family support-Our drop-in center has brought to our attention the importance of providing support to the families and other loved ones of incarcerated individuals. This has often been a point of emphases in local public forums, especially on issues of community violence. Conducted by a professional facilitator, these groups will meet twice monthly throughout the year.

### *Comments*

*Proposal aligns with Behavioral Health Supports for People with Justice System Involvement priority. Program serves Champaign County residents who are formerly incarcerated, on parole, or on probation (not explicitly stated but presumed to be adults only). Use of trained peer mentors is a key component of the program.*

*Much of the work is focused on reducing stigma associated with past criminal convictions. Four activities are proposed in the service section. Continuing operation of the drop-in center two days/12 hours per week, anti-stigma work targeted to educating employers about hiring practices and recruiting employers, running one 14 week workforce development course for ten drop-in center clients, and establishing a family support group to be held twice a month. The part-time Peer Mentor Coordinator is responsible for the drop-in center and work of peer mentors.*

*The workforce development course will be held at the new First Followers Center in north Champaign. Where is the new center located? Has the agency moved from the Bethel AME church?*

*Target population section narrative is cut off at the bottom. The opening paragraph was double posted reducing space available. Section can be edited to remove the double post and complete the cut off sentence.*

**Access to Services for Rural Residents** *For description see submitted Program Plan Part I form.*

### **Target Population**

Our general target population is people residing in Champaign County impacted directly by criminal justice involvement. This largely means a focus on the nearly 400 people who are currently on parole from the Illinois Department of Corrections (IDOC, 2016), about two dozen on Federal Supervised Release and the several hundred on adult or juvenile probation. Our target population lies below the median in many parameters: income, education level, and familiarity with technology. Over four-fifths of this population is male and nearly half are African American (in a county that is 13% Black). These individuals also bear imprints from incarceration, often labelled Post-Incarceration Syndrome (PICS). This results from institutionalization, isolation and trauma during incarceration. People with PICS resemble those with PTSD. They may be inappropriately passive or aggressive, anti-social and disoriented. They are also frequently challenged in building relationships with loved ones and community members.

This group faces stigma and discrimination in accessing employment, housing and public benefits. Many employers and public housing projects ban or instantly reject people with certain offenses. The stigmatization of people with felony convictions is almost universal but especially severe for those convicted of violent or sexual crimes.

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This group faces stigma and discrimination in accessing employment, housing and public benefits. Many employers and public housing projects ban or instantly reject people with certain offenses. The stigmatization of people with felony convictions is almost universal but especially severe for those convicted of violent or sexual crimes.

#### **Needs**

Through our drop-in center contacts and our outreach program research, supported by the mental health board in 2016-18, we have identified the behavioral health and other needs of this constituency. These needs require both services and support. Addressing PICS necessitates building a network of formal support structures, preferably consisting of peers along with consolidating family ties. This may also require services from behavioral health specialists.

Behavioral health support needs include assistance in: a) applying for jobs; b) acquiring ID; c) obtaining referrals to services including mental health, substance abuse treatment and family support; d) accessing education and training; e) support for transport costs f) instruction in basic computer/cellphone literacy.

In addition, members of this target group often feel a need to contribute to a community where they may have done harm previously. This typically means engagement in collective activities that help to better

### **Residency**

**Total Served**      65 in last full year, PY17    38 in first and second quarters, PY18

<b>Champaign Set</b>	38 (58.5%) for PY17	21 (55.3%) for PY18
<b>Urbana Set</b>	21 (32.3%) for PY17	10 (26.3%) for PY18
<b>Rantoul -single</b>	1 (1.5%) for PY17	0 (.0%) for PY18
<b>Mahomet - single</b>	1 (1.5%) for PY17	1 (2.6%) for PY18
<b>Other Champaign County</b>	4 (6.2%) for PY17	6 (15.8%) for PY18

## Demographics

**Total Served** 65 in last full year, PY17

### Age

Ages 19-59 -----	61 (93.8%)
Ages 60-75+ -----	1 (1.5%)
Not Available Qty -----	3 (4.6%)

### Race

White -----	10 (15.4%)
Black / AA -----	52 (80.0%)
Other (incl. Native American and Bi-racial) -	1 (1.5%)
Not Available Qty -----	2 (3.1%)

### Gender

Male -----	46 (70.8%)
Female -----	19 (29.2%)

### Ethnicity

Of Hispanic / Latino origin -----	1 (1.5%)
Not of Hispanic/Latino Origin -----	62 (95.4%)
Not Available Qty -----	2 (3.1%)

## Program Performance Measures

### ACCESS

FirstFollowers runs a drop-in center twelve hours a week which is open to all consumers with a history of criminal justice involvement in Champaign County. Our services are publicized through our website, Facebook page, email account, organizational data base, organizational t-shirts and printed promotional material. In addition, we send postcards and letters to incarcerated individuals from Champaign County in various IDOC facilities, informing them of our program. Those individuals can access us through our post office box. We promote our program at public events county wide and through our contacts with State Representative Carol Ammons, County Court Circuit Clerk Katie Blakeman, Resource Fairs, city councils, and the County Board. We also present on our work to public bodies as well as community and religious constituencies. In addition, we receive referrals from consumers via our connections with Canaan Safehouse, IDOC, Salvation Army, Champaign County Healthcare Consumers, Rosecrance, Bethel AME Church, Champaign County Drug Court, and federal and county Probation Services, Champaign County Reentry Program, and other service providers. We have held personal meetings with all these agencies and provided them materials about our program to distribute to their clients. In addition, we have produced a resource guide for people reentering this county which is widely distributed through social service provider networks and religious institutions.

#### *Comments*

*Narrative focuses on outreach efforts and referral sources. Not described is engagement at the drop-in center including whether screening instruments are used and anticipated level of engagement/number of contacts to occur, nor is the referral and selection process for the workforce development course participants described. Timeframes and performance targets associated accessing services are not identified. Access outcomes section needs to be revised in accordance with instructions.*

### CONSUMER OUTCOMES

Overall we want to train our consumers into a core of community advocates.

Specific Outcomes for consumers:

1)Anti Stigma- part-time contracts and training programs for four peer mentors; enhanced capacity of mentors to work in a team to conduct personal interviews and carry out advocacy work concerning the stigma of a felony conviction and the

barriers to employment it creates; enhanced capacity to collect and process data from interviews, add five employers to the FirstFollowers employer network. In the long run, create permanent jobs through our employment network for four people with felony convictions, certificates of rehabilitation for successful participants. Workforce development: increased academic skills in math and literacy; enhanced life skills (e.g. planning, communication); basic construction skills; increased marketability for employment; Family support: improved communication between loved ones and family; better understanding of how criminal justice system functions; increased knowledge of available resources.

2) Measurement and assessment criteria: Quantitative outputs: Anti-Stigma-Number of employers contacted; number of employers who agree to provide more job opportunities for people with felony convictions; number of jobs secured by clients at places of employment where we have conducted interviews; Drop-In Center: number of clients, number of successful referrals for employment and housing, number of clients who participate in FirstFollowers activities and become mentors; Workforce Development: number of participants; number who complete course; results of evaluation forms and focus group assessment sessions of quality of teaching, content, relevance, resources and course ethos. Family members support: number of people who attend; number of people who continue to take part; evaluation forms and focus group assessments.

**Comments**

*Two overarching categories are listed. Within each category attempt is made to identify measures associated with each of the four services. However, the first category includes outcomes not related to services such as hiring and training four new peer mentors. Some overlap exists between categories such as the reference to number of clients hired by employers.*

*It would help if performance targets were quantified, such as, of those completing the workforce development course, X will find employment and remain employed for six months. Or for the those assisted at the drop-in center, X percentage of those referred for mental health services engage in treatment. While some reference is made to evaluation, what tools will be used?*

*Consumer outcomes section needs to be revised in accordance with instructions.*

*To improve outcome measures, agency should utilize the technical assistance available from the consultation bank offered through the UIUC Program Evaluation contract.*

**UTILIZATION**

**Treatment Plan Clients (TPCs)** 30, defined as number of clients who participate in FirstFollowers activities and/or become peer mentors along with those who participate in Workforce Development and Family Support Group.

**Non-Treatment Plan Clients (NTPCs)** 200, defined as number of individuals who participate in our drop-in center Target is to engage 150 new individuals and continue to engage with 50 from the prior year.

**Service Contacts (SCs)** 35, defined as number of employer contacts as part of effort to build/expand employer network.

**Community Service Events (CSEs)** 6, defined as number of public events to present our work.

*Comment: This activity does not quantify any element of the proposed services. A better use of the category would be participation in the community health fairs or other events such as the Circuit Clerk Expungement and Sealing Summit to promote the drop-in center. Reference to presenting "our work" is not sufficient.*

**Narrative** Section has been edited. For complete description, see submitted Program Plan Part I form.

**PY19 Annual target (per Utilization Form)**

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	30	200	35	6	0

**PY18 First two quarters (per submitted Service Activity Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY18	0	20	3	2	0
Second Quarter FY18	10	18	5	1	0
Annual Target	18	165	35	4	0

**PY17 all four quarters (per submitted Service Activity Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY17	0	17	0	1	0
Second Quarter FY17	0	17	10	3	0
Third Quarter FY17	8	14	5	2	0
Fourth Quarter FY17	17	17	3	1	0
Annual Target	32	120	30	4	0

**Comments**

*Utilization targets are increased in three of the four categories used to report activity. The increase in NTPCs (drop-in center clients) is not supported by past performance.*

**Financial Analysis** *For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.*

**PY19 CCMHB Funding Request** \$105,900

**PY19 Total Program Budget** \$160,900

**Current Year Funding (PY18):** \$59,432

**Proposed Change in Funding - PY18 to PY19 =** 78.2 percent

**PY18** request was for \$59,432

**PY17** request was for \$29,764, and PY17 award was for \$29,764

**Program Staff - CCMHB Funds:**

Indirect 0 FTEs, Direct 0.5 FTEs, Total CCMHB = 0.5 FTEs

**Total Program Staff:**

Indirect 0 FTEs, Direct 0.5 FTEs, Total Program = 0.5 FTEs

***Budget Analysis: (staff comments)** Program has one part-time staff person who serves as the Peer Mentor Coordinator. Indirect staff support is provided by volunteers.*

**Funding from the CCMHB represents 65.8% of the total program budget.**

Contributions – various \$55,000 = 34.2 percent

***Budget Analysis: (staff comments)** Program requests \$105,900, a 78% increase over the amount awarded for FY18. The agency and program were new in FY17 when it was awarded \$29,764 and is receiving \$59,432 in FY18. The CCMHB is the sole grant based funder for the program. Other revenue comes from contributions, fundraising and in-kind. Revenue exceeds expenses by \$55,000 for the total program while CCMHB funding is fully expended. Funds received from the City of Urbana are not listed on the revenue form. While the funds may not support the program, it is a source of revenue for the agency.*

**Personnel related costs are the primary expense charged to CCMHB, at 19.1 percent.**

*Personnel related expense is for the part-time Peer Mentor Coordinator. At \$64,500, the Professional Fees/Consultants expense is the single largest expense charged to CCMHB. Peer mentors working the drop-in center are paid as consultants through the Professional Fees/Consultants line. Also charged off to this line are the workforce development course facilitators, support group facilitators, and peer mentors conducting outreach to employers. Clients attending the workforce development course are paid a stipend charged to this expense line. Audit expense is also included here.*

*Why are the peer mentors considered consultants and not employees?*

**Audit Findings:** Audit is in compliance.

*Comment* auditor's checklist indicates a 990 might not have been filed. References to FY16 may be in error.

**CCMHB FY19 Decision Priorities and Decision Support Criteria**



**Priority: Behavioral Health Supports for People with Justice System Involvement** Yes. Proposal aligns with this priority. Focused on the non-clinical supports of people re-entering the community prison/jail and on parole or probation. Program also adding support group for family members.

**Priority: Innovative Practices and Access to Community Based Behavioral Health Services** No

**Priority: System of Care for Children, Youth, Families** No

**Priority: Collaboration with the Champaign County Developmental Disabilities Board** No

### **Overarching Decision Support Criteria**

**Underserved Populations and Countywide Access** Yes. Proposal focuses on the population reentering the community from prison/jail and on parole or probation. Initial contact point is through the drop-in center located in Champaign. E-mail and telephone consultation is an option as is meeting in another location more convenient.

**Inclusion and Anti-Stigma** Yes. Program focuses on addressing stigma associated with criminal conviction. Also includes efforts targeted at educating employers about hiring practices.

**Outcomes** No. Access and Consumer Outcome sections need work. Some positive elements present. Use of the consultation bank available through the UIUC Program Evaluation contract is recommended.

**Coordinated System** Yes. Program has developed and updates a Reentry Resource Guide. Also participates in various fairs/events to promote drop-in center.

**Budget and Program Connectedness** Agency seeks a 78% increase in FY19 funding from the CCMHB. FY18 funding is twice the amount awarded for FY17. Although other revenue exists, all program costs are borne by the CCMHB.

Question of why peer mentors are classified as consultants and not employees.

**Realignment of PY18 Contracts to Address Priorities (incumbent programs only)** Agency has requested an increase of \$46,468 (78%) over the amount awarded in FY18.

### **Technical Criteria**

**Approach/Methods/Innovation** Yes. Uses peer support approach to engage those previously incarcerated reentering the community.

**Staff Credentials** No. Staff credentials are not referenced in the application. Nor is training of peer mentors.

**Resource Leveraging** No. Although other sources of revenue are in the program budget, only CCMHB funds are used to pay expenses. The other funds should offset the increase requested from the Board.

### **Process Considerations & Caveats**

#### **Staff Questions/Additional Information Requested (Due by May 4, 2018):**

- Where is the new First Followers Center located? Has the agency moved from the Bethel AME Church?
- What days and times is the Drop-In Center open?
- Why are peer mentors classified as consultants and not employees?

**Contracting Considerations** If this application is approved for funding, the applicant may be required to clarify or submit the following for staff review and approval prior to execution of the final FY19 contract:

- The Community Service Event category should be linked to a specific service/activity.
- Access and Consumer Outcome sections need to be revised in accordance with instructions.
- To improve access and consumer outcome measures, agency should take advantage of the technical assistance available from the consultation bank offered through the UIUC Program Evaluation contract.
- The Part I form Target Population section should be edited to remove the double post and complete the cut off sentence.

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

**Recommendation** Pending

2019 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities  
CCMHB/DDB  
Rosecrance Central Illinois

**CCMHB/DDB reviews all CLC plans submitted with FY2019 applications for funding, with particular attention to actions steps associated to benchmarks for each of the following action areas:**

<b>Required Benchmark by CCMHB</b>	<b>Summary of Actions outlined CLC Plan</b>
<i>Annual Cultural Competence Training</i>	<b>Yes-</b> CLC Training will be completed by Community Board Membership and Staff annually
<i>Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:</i>	<b>Yes-</b> Community Board membership will include a person with lived experience (a person with mental health or substance use disorders or a family member of a person with one or both of these disorders)
<i>Cultural Competence Organizational or Individual Assessment/Evaluation:</i>	<b>Yes-</b> Rosecrance will use survey responses from bi-annual Organizational Cultural Competency Assessment (to be completed in FY19), client responses to Client Satisfaction Survey, and analysis of population served to develop specific CLC action plan; report progress on plan quarterly.
<i>Implementation of Cultural Competence Values in Policy and Procedure:</i>	<b>Yes-</b> Implementation of Client Concern/Compliant SOP, to include use of Client Advocates as needed.
<i>Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria</i>	<b>Yes-</b> Former/current clients will assist with educating community, policy makers, funders, family members, and prospective clients about mental health and/or substance use disorders and Rosecrance services
<i>Inter-Agency Collaboration</i>	<b>Yes- Interagency collaboration is outlined in the program plans</b>
<i>Language and Communication Assistance</i>	<b>Yes-</b>
<i>Matched Actions with National Culturally and</i>	<b>Yes-</b>

2019 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities  
CCMHB/DDB  
Rosecrance Central Illinois

<i>Linguistically Appropriate Services (CLAS) Standards in Health and Health Care.</i>	
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**Overall CLC Plan Comments**

*The CLC Plan of Rosecrance is comprehensive and has followed the new format that was outlined.  
The information that is summarized is found in the CLC Plan and Part 1 of the program application.*

# Draft PY19 CCMHB Program Summary

Agency: Rosecrance Central Illinois

Program: Criminal Justice PSC

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## PY19 CCMHB Funding Request \$338,643

PY19 Total Program Budget \$389,173

Current Year Funding (PY18) \$300,265

Proposed Change in Funding - PY18 to PY19 = 12.8 percent

## Services/People Served

### Service Description/Type

A significant challenge to reducing the rate of recidivism, among the justice-involved population with behavioral health needs, is effective engagement and continuity of services. We believe that dedicated staff with specialized expertise in motivational interviewing and cognitive behavioral approaches, working throughout the continuum (i.e., inside the jail, at the probation office, and in the community) improves engagement and efficacy of services. Case Managers will engage participants utilizing a strength-based approach and Motivational Interviewing, and facilitate Moral Reconciliation Therapy (MRT) and Coping with Anger groups in the jail and in the community.

Motivational Interviewing is a goal-directed, client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve ambivalence. MRT is a systematic treatment strategy that seeks to decrease recidivism among juvenile and adult criminal offenders by increasing moral reasoning. Its cognitive-behavioral approach addresses criminogenic thinking, aims to change antisocial ways of thinking, and combines elements from a variety of clinical approaches to progressively address ego, social, moral, and positive behavioral growth. Each of these is an evidence-based practice.

Case managers will complete initial screenings for eligibility on all individuals referred or requesting services while in the jail and will continue working with those who want assistance with linkage to treatment services and available resources including, obtaining a state ID, finding employment, securing health insurance or obtaining a medical provider, and, to the extent possible, locating affordable housing.

The Supervisor of the Community Support Team is an LCSW and provides administrative and clinical oversight for the criminal justice program. A Master's Level Social Worker coordinates all jail-based services, provides direct service at the jail and currently supervises three full-time bachelor's level case managers. One case manager is dedicated to services in the jail; one will link with inmates while they are in the jail, who need behavioral health and will continue to work with them post incarceration; the third case manager works with those referred by probation/parole or self-referrals who have had criminal involvement in the past 6 months. Staff are able to work a flexible schedule to accommodate early evening appointments when needed.

This application seeks to add .25 FTE to enhance data collection and reporting, with regard to the number of people served, as well as identified needs, linkage, and annual recidivism data, as you will see detailed in the Consumer Outcomes section.

### **Comments**

*Program aligns with Behavioral Health Supports for People with Justice System Involvement priority. Program serves adults with mental health or co-occurring substance use disorders involved with the local criminal justice system, and who may present with other complex needs.*

*Program provides case management providing screening, referral, and linkage to behavioral health services and other supports based on identified need. Staff also facilitates groups using evidenced based practices in the jail and community. This enables adults reentering the community to continue treatment. Screening tools used by jail based staff is not referenced.*

*Staff qualifications and role in delivering services in the jail, during transition, and in the community are clearly described. Access to services is tied to involvement with the criminal justice system with services provided at the jail, court services/probation office, Rosecrance Walnut Street location, and in the community.*

**Access to Services for Rural Residents** *For description see submitted Program Plan Part I form.*

**Target Population**

Our rationale for working with the justice-involved population with behavioral health needs comes from multiple sources: research from trusted agencies, such as the Council of State Governments Justice Center and the Substance Abuse and Mental Health Services Administration (SAMHSA); a Sequential Intercept Mapping (SIM), conducted by a collective group of local stakeholders, that charted resources and gaps in our community for this particular population, which resulted from Champaign County receiving a Justice and Mental Health Collaboration Program planning grant in 2015; and our experience as the primary behavioral health provider in this community.

Individuals with behavioral health issues who have criminal histories often have complex problems, some of which are difficult to address in traditional treatment settings. According to SAMHSA, the criminal justice system is the single largest source of referral to the public substance abuse treatment system, with probation and parole treatment admissions representing the highest proportion of these referrals. Overlapping populations similarly exist for corrections administrators and mental healthcare providers. In light of this information, the proposed program will target adults with mental health needs or co-occurring substance use treatment needs involved in the local criminal justice system.

**Residency**

<b>Total Served</b>	287 in last full year, PY17	47 in first and second quarters, PY18
<b>Champaign Set</b>	144 (50.2%) for PY17	23 (48.9%) for PY18
<b>Urbana Set</b>	82 (28.6%) for PY17	16 (34.0%) for PY18
<b>Rantoul -single</b>	21 (7.3%) for PY17	2 (4.3%) for PY18
<b>Mahomet - single</b>	9 (3.1%) for PY17	1 (2.1%) for PY18
<b>Other Champaign County</b>	31 (10.8%) for PY17	5 (10.6%) for PY18

**Demographics**

<b>Total Served</b>	287 in last full year, PY17
<b>Age</b>	
Ages 13-18 -----	13 (4.5%)
Ages 19-59 -----	262 (91.3%)
Ages 60-75+ -----	12 (4.2%)
<b>Race</b>	
White -----	131 (45.6%)
Black / AA -----	133 (46.3%)
Asian / PI -----	3 (1.0%)
Other (incl. Native American and Bi-racial) -8	(2.8%)
Not Available Qty -----	12 (4.2%)
<b>Gender</b>	
Male -----	190 (66.2%)
Female -----	97 (33.8%)
<b>Ethnicity</b>	
Of Hispanic / Latino origin -----	12 (4.2%)
Not of Hispanic/Latino Origin -----	261 (90.9%)
Not Available Qty -----	14 (4.9%)

**Program Performance Measures**

**ACCESS**

1. The Criminal Justice program serves individuals with mental health or co-occurring mental health and substance use disorders that have involvement in the Champaign County criminal justice system. This includes adults who are presently or within the past six months have been charged with a crime, are on some type of community supervision (probation, parole, conditional discharge, or court supervision), have been found unfit to stand trial, or are on conditional release because they were found not guilty by reason of insanity. Individuals may engage in services from a number of entry points, including the Jail, Drug Court, or the community.

2. Justice involvement within the past six months and completed screening/assessment(s) indicating a mental health and/or substance use needs are the criteria for eligibility to the Criminal Justice program.

3. The following list indicates the various methods by which individuals are identified and referred to the program:

- a) Jail staff
- b) The mental health staff in the jail
- c) Self-referrals within the jail
- d) Names gained through the Illinois Jail Data Link program
- e) Prior clients of Rosecrance who are incarcerated at the Champaign County Jail
- f) Individuals that are sentenced to Problem Solving Court
- g) Individuals that are referred by local law enforcement, courts, probation or parole
- h) Self-referrals from the community

4. We estimate that 95% of the people who are referred or seeking assistance will receive the initial screenings.

5. We estimate the length of time from referral/assistance seeking to assessment will be five days or less.

6. Our goal is that 95% of referred clients will be assessed for eligibility within that time frame?

7. The estimated length of time from assessment of eligibility/need to engagement will be within 45 days. This is the expectation set by Rule 132 Medicaid standards which state that a client's treatment plan must be completed within 45 days from completion of the assessment.

8. Fifty percentage of eligible clients will be engaged in services within that time frame.

9. We estimate the average length of participant engagement in services will be 5 months

No other demographic information will be collected beyond what is required.

**Comments**

*Program addresses all aspects of requested information related to access outcomes and performance measures. Program explains how adults with criminal justice involvement can engage in services through multiple entry points, describes screening and referral process within the jail and community, and provides timeframes from referral to screening to assessment to engagement. However, screening tools are not identified.*

**CONSUMER OUTCOMES**

1. It is our intent that participation in the Criminal Justice program will result in reduced recidivism rates, as well as promote improvement in clients' life circumstances and situation.

2. Recidivism will continue to be reported on Treatment Plan Clients by researching future offense data from the date of admission into the program (regardless of what year they were actually admitted) to the date the data is drawn.

Further, staff has researched the use of the Self-Sufficiency Matrix. The Matrix was designed to be flexible and measure the impact a given program or intervention has had on individuals' ability levels in as many as 25 domains. The Matrix includes a range of dimensions (i.e., In-Crisis, Vulnerable, Stable, Safe, and Thriving) to describe levels of functioning in each domain.

While the Matrix is not an empirically validated tool for measuring case management outcomes, we were not able to identify any such tools during our consultation with the U of I Evaluation Project. And, given the extensive purposes for which the Matrix has been utilized historically, we believe it to be a dependable tool with which to measure change in clients' life circumstances and provide program outcome data. As such, we propose using the Matrix as a Case Management tool, to document clients' progress in a number of domains (Access to services, Mental Health, Substance Abuse, and Primary Health) and as a Measurement tool to articulate program outcomes.

Also of note, the recently-filled (second) case manager position in the jail, which follows persons engaging in services out of the county Jail and into the community, will generate linkage data based on identified needs.

Finally, with regard to the four key measures identified through the Stepping Up initiative, by which counties may drive system-wide improvement for persons with mental illness/co-occurring disorders (MI/COD) who are involved in the CJ system, it may be possible to track length of stay in the jail by persons with behavioral health disorders for comparison to the general population (Measure 2). However, the services being proposed will likely affect Measure 3: Increasing the number of persons in jail with MI/COD linked to community resources, and Measure 4: Decreasing the recidivism rate of same population.

3. The process for measuring recidivism was addressed previously, in response to question 2. The Self-Sufficiency Matrix will be administered at initial screening, and again at discharge for those individuals who engage with case management services post incarceration to capture changes and improvement in clients' life circumstances.

By collecting the date of booking into the jail and the date of release from the jail, for each client who engages in the Criminal Justice program from the jail, we can begin to track length-of-stay data for the population with MI/COD in the jail, for comparison with that of the general population in the jail, which is generated by Jail Administration. This data is needed by the County; as, to date, it has not been accessible.

As previously stated, the services proposed in this application will likely affect Measure 3: Increasing the number of persons in jail with MI/COD linked to community resources, and Measure 4: Decreasing the recidivism rate of same population. However, benchmark data is not currently available. As such, we propose collecting and tracking this data so that we may begin reporting and comparing annual averages moving forward.

#### 4. The Self-Sufficiency Matrix

<http://www.selfsufficiencystandard.org/sites/default/files/selfsuff/docs/SelfSufficiencyMatrixPY10.pdf>

5. With regard to any of the four key measures, benchmark data is needed, nationally, in order to demonstrate effectiveness. Benchmark data is not available for the Self-Sufficiency Matrix.

6. Typically, a 5-10% reduction in recidivism, over the course of a three-year look back period is sought by reentry programs. However, as this is an annually-funded program, it must be acknowledged that this level of reduction in the rate of recidivism may not be a reasonable measure of program effectiveness.

As previously stated, benchmark data is needed, in order to measure the impact of the program with regard to Measure 3: Increasing the number of persons in jail with MI/COD linked to community resources. As such, we propose collecting and tracking this data so that we may begin reporting and comparing annual averages moving forward.

The Matrix is an effective tool for documenting progress or maintenance of client skills and abilities by providing a clear illustration of where a client has strengths, as well as where to focus additional energy to generate improvement. That said, it is a programmatic goal to see a level-improvement (In-Crisis to Vulnerable, Vulnerable to Stable, Stable to Safe, and safe to Thriving) in at least one of the four domains selected (Access to services, Mental Health, Substance Abuse, and Primary Health) for at least 75% of clients who engaged in case management services for a minimum of five months.

#### *Comments*

Program identifies outcomes to be tracked for clients receiving case management: recidivism and linking of clients to community services. Program may track length of stay in jail of persons with behavioral health conditions compared to those that do not have such condition(s). Program sets target associated with reduced recidivism, over a three year period, and intent to establish a benchmark for the linkage outcome using FY19 results.

Evaluation tool to be used is the Self-Sufficiency Matrix. Program qualifies use of this tool for measuring outcomes associated with case management as it has not been validated for that purpose. But the tool is considered the best available instrument based on the technical assistance the program received from the UIUC Program Evaluation team last year. The Matrix is validated for and will be used to measure client progress across four life domains.

## UTILIZATION

**Treatment Plan Clients (TPCs)** 240, defined as number of criminal justice involved clients engaged in case management services.

**Non-Treatment Plan Clients (NTPCs)** 590, defined as number receiving screening and referral information, through the Criminal Justice program, but who choose not to engage in case management services. This number does not reflect unduplicated clients.

Narrative Section has been edited. For complete description, see submitted Program Plan Part I form.

### PY19 Annual target (per Utilization Form)

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	240	590	0	0	0

### PY18 First two quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY18	54	92	0	0	0
Second Quarter FY18	26	33	0	0	0
Annual Target	150	210	0	0	0

### PY17 all four quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY17	99	96	0	0	0
Second Quarter FY17	70	42	0	0	0
Third Quarter FY17	103	56	0	0	0
Fourth Quarter FY17	76	40	0	0	0
Annual Target	200	470	0	0	0

**Financial Analysis** For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

**PY19 CCMHB Funding Request** \$338,643

**PY19 Total Program Budget** \$389,173

**Current Year Funding (PY18)** \$300,265

**Proposed Change in Funding - PY18 to PY19** = 12.8 percent

**PY18** request was for \$300,265

**PY17** request was for \$333,520, and PY17 award was for \$284,080

**PY16** request was for \$306,816, and PY16 award was for \$306,816

### **Program Staff - CCMHB Funds:**

Indirect 0.24 FTEs, Direct 4.18 FTEs, Total CCMHB = 4.42 FTEs

### **Total Program Staff:**

Indirect 0.27 FTEs, Direct 4.48 FTEs, Total Program = 4.75 FTEs



**Budget Analysis: (staff comments)** The 4.42 FTE staff positions supported with CCMHB funds include three fulltime case managers, 10% of the benefits case manager position (other 90% is in the Crisis, Access and Benefits application), 70% of the fulltime team leader (program coordinator), 25% of the criminal justice liaison position, and 13% (10% and 3%) of two supervisory positions. The remaining 24% is indirect staff time allocated to the program.

The allocation of criminal justice liaison time to the program is new for FY19. This staff member has done extensive data collection, evaluation, and research associated with criminal justice services, particular supporting reentry. However, the person resigned effective March 23, 2018. Whether Rosecrance intends to fill the position is an open question.

**Funding from the CCMHB represents 87% of the total program budget.**

Other revenue sources are Contributions – various, at \$20 or 0%, and State, at \$50,510 or 13%.

**Budget Analysis: (staff comments)** The CCMHB was the sole source of funding for the program last year. For FY19, CCMHB funds are 87% of total program revenue. The other 13% of revenue will come from Rosecrance billing Medicaid/Managed Care Plans.

Agency requests an increase of about 13% (\$38,378) for FY19 over amount awarded for FY18. Of this increase, \$14,140 can be attributed to increased personnel costs for the criminal justice liaison position.

**Personnel related costs are the primary expense charged to CCMHB, at 60.0 percent.**

Personnel costs charged to the program declined by 18% from 78% in FY18 to 60% in FY19. This reduction may result from the new non-CCMHB revenue included in the budget for FY19.

Remaining \$135,576 of CCMHB funds are charged off across six expense lines. The largest of these expense lines is Professional Fees/Consultants. This line includes various expenses such as audit, legal, staff recruitment, as well as the overall 17% administrative fee (management and general) charged on expenses.

The budget narrative includes an explanation of the allocation of indirect staff time and the management and general costs to the program.

**Audit Findings:** audit is in compliance.

**Comment** CCMHB Audit Checklist is not included.

## **CCMHB FY19 Decision Priorities and Decision Support Criteria**

**Priority: Behavioral Health Supports for People with Justice System Involvement** Yes. Program serves adults with mental health or co-occurring substance use disorders involved with the local criminal justice system, and who may present with other complex needs.

**Priority: Innovative Practices and Access to Community Based Behavioral Health Services** No

**Priority: System of Care for Children, Youth, Families** No

**Priority: Collaboration with the Champaign County Developmental Disabilities Board** No

### **Overarching Decision Support Criteria**

**Underserved Populations and Countywide Access** Yes. Program serves adults involved with the criminal justice system. Access occurs at the jail, court services/probation office, and community.

**Inclusion and Anti-Stigma** No. Addressing stigma is not a focus of the application.

**Outcomes** Yes. Access and consumer outcomes are defined. Some qualification is made regarding use of Self-Sufficiency Matrix to measure consumer outcomes.

**Coordinated System** Yes. Presence in jail and court services/probation office requires coordination with the criminal justice system. Referral and linkage to address non-behavioral health needs requires relationship with other community resources.

**Budget and Program Connectedness** Yes. Budget supports staffing pattern and program services. Inclusion of Criminal Justice Liaison (25% of fulltime position) is new and supported with increased funding requested for FY19.

**Realignment of PY18 Contracts to Address Priorities (incumbent programs only)** Program requests an increase of \$38,378 that adds about 13% to the amount awarded for FY18.

**Technical Criteria**

**Approach/Methods/Innovation** Yes. Dedicated case management for adults involved with the criminal justice system, in jail and transitioning back to the community. Staff also conducts MRT and anger management groups at the jail and Court Services/Probation office at the courthouse.

**Staff Credentials** Yes. Clearly described in services section of Part I form.

**Resource Leveraging** CCMHB accounts for 87% of total program revenue. Services billable to Medicaid/Managed Care Plans provide the remaining 13% of program funding.

**Process Considerations & Caveats**

**Staff Questions/Additional Information Requested (Due by May 4, 2018):**

- What are the screening to tool(s) used by staff?
- Does Rosecrance intend to fill the now vacant criminal justice liaison position?
- Why is it necessary for the number of NTPCs to be a duplicated count?

**Contracting Considerations** If this application is approved for funding, the applicant may be required to clarify or submit the following for staff review and approval prior to execution of the final FY19 contract: none.

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

**Recommendation** Pending

# Draft PY19 CCMHB Program Summary

Agency: Rosecrance Central Illinois

Program: Fresh Start

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## PY19 CCMHB Funding Request \$79,310

PY19 Total Program Budget \$79,310

Current Year Funding (PY18) \$77,000

Proposed Change in Funding - PY18 to PY19 = 3% percent

## Services/People Served

### Service Description/Type

In collaboration with the Champaign County Community Coalition, Rosecrance will provide intensive case management services for Fresh Start participants, emulating a model based on David M. Kennedy's "Don't Shoot: One Man Street Fellowship, and the End of Violence in Inner-City America." Rosecrance RCI Killarney will participate in the Steering Committee which meets monthly, with Community Coalition leadership; law enforcement; health/human service, education, housing, vocational providers; court system; probation/parole; etc.

The Case Manager is the community liaison between the Steering Committee and Fresh Start participants. The Case Manager is a person reflective of the population served and/or familiar with behavioral health treatment and available community services. The Case Manager conducts outreach and intensive case management services in the community. Once an offender has agreed to participate in the program, the Case Manager and participant develop a strengths-based individualized service plan based on information gathered from the offender's responses to the Adult Needs and Strengths Assessment (ANSA), an evidence-based assessment tool. The Case Manager will assist individuals in making connections to community service providers who can help the participant address items on the individualized service plan. The Case Manager will provide follow-up and ongoing monitoring of the participant's status and the services delivered. The Case Manager may also provide home visits, transportation to/from services and/or court, provide advocacy (as needed) for Fresh Start program participants, help participants identify possible natural supports, address immediate personal or family issues encountered by program participants, and assist participants in reducing barriers to employment, housing, education, healthcare, and behavioral health treatment.

The amount of case management provided to an individual will depend on the participant's identified needs. However, at a minimum, case management will include an in-person meeting to take place every-other-week. At the meeting, the Case Manager will review the service plan and document steps completed, determine if the target dates for completions were met, and note the participant's progress in achieving goals. In between face-to-face meetings, follow-up with participants will be conducted at least weekly via phone calls or e-mails to check on the participant's progress and to determine if they need assistance or information on resources. Follow-up contacts will be documented in client file case notes.

The Case Manager will be supervised by the licensed Clinical Coordinator experienced in behavioral health treatment for those involved in the criminal justice system, knowledgeable of community resources, and who maintains a thorough understanding of the population served.

### **Comments**

*Programs aligns with Behavioral Health Supports for People with Justice System Involvement priority. Services are intended to engage young adults with a history of felony arrests and convictions related to use of guns or violent crime in an effort to reduce gun violence in Champaign County.*

*Proposed scope of services mirrors that of the current contract. The program is an initiative of the Champaign Community Coalition and as such has broad support from community stakeholders. Population served are engaged through a "call-in" process, having previously been identified by Fresh Start Steering Committee/law enforcement as prime candidates for intervention. In addition to their violent criminal history many also are presumed to have substance use disorders. The case manager engages adults choosing to participate in Fresh*

*Start in response to the call-in. A service plan will be developed based on a strengths-based assessment. Staff provides intensive supports to the participants and assists with connecting to community services and other resources as appropriate to the service plan. Frequent contact between the case manager and the participants occur in natural settings. Fresh Start is based on the David M. Kennedy's Don't Shoot model.*

**Access to Services for Rural Residents** *For description see submitted Program Plan Part I form.*

**Target Population**

The Fresh Start Initiative formed by The Champaign Community Coalition (System of Care) addresses Priority Areas: Behavioral Health Supports for People with Justice System Involvement and System of Care for Children, Youth, Families. As a member of the Champaign Community Coalition's Fresh Start initiative, in an effort to prevent and reduce drug markets and violence in our communities, Rosecrance RCI Killarney provides intensive case management services to core offenders with a history involving guns, many of whom also have substance use disorders and have been impacted by some form of trauma. The target population of approximately 30 persons will be adults, ages 18 to 28+; will have prior felony arrests; will be/have been on parole or probation, and have a prior gun arrest and/or violent crime conviction; be residents of Champaign County; have evidence of need for a variety of services; and have limited financial resources to meet the cost of their care.

The first national survey of adults on probation, conducted in 1995, reported that 14% of probationers were on drugs when they committed their offense. (Source: BJS, Substance Abuse and Treatment of Adults on Probation, 1995, NCJ 166611, March 1998.) Among probationers, 49% of the mentally ill and 46% of others reported alcohol/drug use at the time of the offense. (Source: BJS, Mental Health and Treatment and Inmates and Probationers, NCJ 174463, July 1999.)

In the 2004 Survey of Inmates in State and Federal Correctional Facilities, 32% of state prisoners and 26% of federal prisoners said they had committed their current offense while under the influence of drugs. Among state prisoners, drug offenders (44%) and property offenders (39%) reported the highest incidence of drug use at the time of the offense. Among federal prisoners, drug offenders (32%) and violent offenders (24%) were the most likely to report drug use at the time of their crimes. (Source: BJS, Drug Use and Dependence, State and Federal Prisoners, 2004, NCJ 213530, October 2006.)

According to Champaign Chief of Police Anthony Cobb and Urbana Chief of Police Sylvia Morgan there were 85 shootings in Champaign-Urbana in 2017 resulting in 5 gun related homicides in Champaign and 0 gun related homicides in Urbana. This is down 24% from 2016. The goal is to see the number of shootings/homicides continue to decrease as a result of the ongoing work of law enforcement and Champaign Community Coalition's efforts including the CU Fresh Start initiative.

**Residency**

<b>Total Served</b>	13 in last full year, PY17	9 in first and second quarters, PY18
<b>Champaign Set</b>	11 (84.6%) for PY17	7 (87.8%) for PY18
<b>Urbana Set</b>	2 (15.4%) for PY17	1 (11.1%) for PY18
<b>Rantoul -single</b>	0 (.0%) for PY17	0 (.0%) for PY18
<b>Mahomet - single</b>	0 (.0%) for PY17	0 (.0%) for PY18
<b>Other Champaign County</b>	0 (.0%) for PY17	1 (11.1%) for PY18

**Demographics**

<b>Total Served</b>	13 in last full year, PY17	
<b>Age</b>	Ages 19-59 -----	13 (100.0%)
<b>Race</b>	Black / AA -----	13 (100.0%)
<b>Gender</b>	Male -----	13 (100.0%)
<b>Ethnicity</b>	Not of Hispanic/Latino Origin -----	13 (100.0%)

## Program Performance Measures

### ACCESS

1. The Eligibility criteria are that participants be 18 or older; be currently on probation or parole; have a prior felony arrest; have a prior gun arrest or a violent crime conviction; law enforcement must have credible information of recent involvement in violent crime; have NO current unresolved case(s).
2. Law Enforcement submits a list of individuals who meet the 6 criteria. A meeting is held between Law enforcement and a subset of MDT members to review packets of information on each potential participant. Once the packets are reviewed and questions asked the 3 MDT members select the individuals that will be invited to the call-in. Law enforcement officials notify probation/parole officers of the selections.
3. The target population learns about the program through their probation/parole officer. The C-U Fresh Start case manager coordinate with the selected individuals' probation/parole officer to schedule a meeting to do introductions, give a description of the C-U Fresh Start program, explain what the call-in is, call-in expectations, and issue an invitation. Some demographic information is collected if the individual expresses interest in attending.
4. The estimated % of individuals referred who received services for FY19 is 60%. This is based on FY18 results as follows: Call In #1: 7 out of 9 (78%); Call In #2: 5 out of 11 (45%); Average: 61.5%
5. The estimated length of time from referral to assessment for FY19 is 2 weeks. This is based on FY17 results of 3 week average from call-in to ANSA administration.
6. The estimated % of referred clients who will be assessed within 2 weeks is 45%. This is a safe estimate due to this time frame not being established at the initiation of the program or outlined in the inaugural grant application for FY17.
7. The estimated length of time from assessment (ANSA) to engagement in services for FY19 is 3 weeks. This is an estimate due to this criteria being added during FY17 and not being outlined in the inaugural grant application plus the difficulty of engaging this high risk population.
8. The estimated % of call in participants who sign up for services engaging within 3 weeks is 60% FY19. This estimate is based on results for FY17: Engaged: Call In #1 7: of 9 and Call In #2: 5 of 11= Total: 12 of 20 (60%)
9. The estimated average length of participant engagement in services for FY19 is 9 months. This estimate is based on FY17 results: Total for all engaged participants: 119 months/12 participants= 9.92 months average. As long as offenders remain actively engaged in the program, are approved by the Steering Committee, and are working towards individual goals, they may continue to participate in the program. Therefore, the projected length of involvement in the program will vary by individual.

1) % of eligible, interested offenders contacted by the case manager at initial call in, by telephone or by letter within two (2) working days of initial sign up for participation in the program.

FY 18 Estimate: 100%

FY18 Q1 and Q2: 0 (No call ins have been held. Next Call in scheduled for March 8, 2018)

FY19 Target: 100%

2) % of the identified offenders who develop a strengths-based individualized service plan with the Case Manager and engage in case management services.

FY18 Estimate: 60%

FY18 Q1 and Q2: 0 (No call ins have been held. Next Call in scheduled for March 8, 2018)

FY19 Target: 60%

3) % of those offenders who participate that are connected to various community services identified on the service plan. Program participants assessed as needing other Prairie Center services will be given priority to those services.

FY18 Estimate: 100%

FY18 Q1 and Q2: 100%

#### **Comments**

*Program addresses all aspects of requested information related to access outcomes and performance measures. Eligibility for Fresh Start services is referenced followed by explanation of how prospective participants are identified, assessed, and engaged in services. Timeframes from referral (call-in event) to assessment to engagement and projected length of engagement are clearly identified. Performance targets are established and are based on the FY17 program.*

## CONSUMER OUTCOMES

### Demographic Information

1. Other demographic information collected (from ANSA): Crisis/Safety Issues; Living Situation; Family Makeup; Basic Needs/Financial; Mental Health history; Alcohol or Other Drug Abuse; Social and Recreational; Education/Vocational; Legal; Medical/Dental; and Independent Living Skills.

### Consumer Outcomes

1. Decrease gun violence and violent crimes by assisting those who decide to move away from a life of crime and violence to make a fresh start via referrals/linkages to services.
2. The Rosecrance Client Satisfaction Survey administered at time of discharge tracks self-reported client progress. It covers the questions that The Joint Commission, our payer sources and marketing teams require. It is not normed. Adult Needs and Strengths Assessment; Client Interview; Data collected from Law Enforcement
3. Information from electronic client health records (AVATAR) entered by the case manager (reports run by admin), yearly records compiled by law enforcement, the City of Champaign/C-U Fresh Start MDT Illinois Criminal Justice Information Authority (ICJIA) quarterly grant reports, and quarterly updated client needs assessments.
4. Currently the ANSA needs assessment tool is utilized with participants but not scored. The cost to send the case manager to training is prohibitive???
5. Rosecrance benchmarks against previously reported client survey data year by year for quality of services provided, client satisfaction, and client report of outcomes.
6. Estimated percentages for 3 target areas listed below with benchmark data reported for FY17: a) % of those who agree to engage in the program will receive case management services from the Case Manager. FY17 Target: 100%; FY 17 Results: 100%; FY18 Estimate: 100%; FY18 Q1 and Q2: 100%; FY19 Target: 100%  
b) % of the participants successfully linked to at least one identified community service (especially substance use disorder and mental health treatment services), housing, employment, education, benefits enrollment, or vocational support and/or resources. FY17 Target: 100%; FY17 Results: 100%; FY18 Estimate: 100%; FY18 Q1 and Q2: 100%  
FY19 Target: 100%  
Additionally, the Case Manager will assist the offender in effectively communicating with appropriate representatives from the Steering Committee organizations with which the offenders are involved. The Case Manager will report offender engagement and progress to the Steering Committee.
- c) % decrease of gun violence and violent crime rate in Champaign and Urbana communities. FY17 Target: 25%; FY17 Results: 24%; FY18 Target: 25%; FY18 Q1 and Q2: 24%; FY19 Target: 25%

2017 shooting data for Champaign, Urbana and Champaign County: 85 total recorded shootings

Champaign Police Department: 5 Homicides by gunfire

Urbana Police Department: 0 Homicides by gunfire

Champaign County Sheriff's Office: 1 Homicide by gunfire

It is anticipated that offenders will access services needed to move forward with their lives and that the program will also impact gun violence rates by decreasing violent crime in the long term in Champaign County. Given results from other cities across the United States which have implemented similar programs, it is anticipated that gun violence and violent crime in the identified neighborhoods will decrease. Other cities implementing similar programs based on David M. Kennedy's model have seen annual crime decreases ranging from 25-63%. This program is in its infancy stages with it being only halfway through its second fiscal year therefore any decreases seen initially may be attributed to other and/or additional factors.

#### **Comments**

*Various methods for evaluating outcomes are described. Use of agency client satisfaction survey tracks client progress. Broader community impact on reduction of gun violence is tracked through police reports and evaluation data collected for an Illinois Criminal Justice Information Authority grant to the City of Champaign/Champaign Community Coalition. Performance measures associated with three outcomes are provided.*

Reference is made to results of the assessment tool not being scored. Case manager has not been trained on how to score the instrument because of cost. How does not scoring responses effect use of the results?

**UTILIZATION**

**Treatment Plan Clients (TPCs)** 35 defined as number of unduplicated persons identified by the Fresh Start Steering Committee who engage in the program and develop a strengths-based individualized services plan with the Case Manager. Target includes 15 continuing clients that started services prior to the start of the new contract and 20 new clients projected to engage in services during the term of the contract.

**Non-Treatment Plan Clients (NTPCs)** 10 defined as number of persons identified by the Fresh Start Steering Committee who choose not to engage in the program.

**Service Contacts (SCs)** 20 defined as number of Screenings completed.

This target is linked to number of new TPCs.

**Community Service Events (CSEs)** 120 defined as number of Multi-Disciplinary Team (formerly Steering) Committee and other service coordination/planning meetings attended by Case Manager, Supervisor, and/or Administrator. For example, Rosecrance RCI Administrator currently participates in the Specialty Court Steering Committee, Champaign County Re-entry Council, Crisis Response Planning Committee. The collaboration which results from participation on all of these committees/councils results in more coordinated care for individuals served by Rosecrance RCI Killarney and other organizations.

**Other** 50 defined as number of linkages (to transportation, employment, housing, education, healthcare, and behavioral health treatment) which the Case Manager helps develop while working with Fresh Start participants who engage in the program.

**Narrative** Section has been edited. For complete description, see submitted Program Plan Part I form.

**PY19 Annual target (per Utilization Form)**

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	35	10	20	120	50

**PY18 First two quarters (per submitted Service Activity Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY18	9	0	0	38	10
Second Quarter FY18	0	0	0	22	23
Annual Target	36	10	20	150	30

**PY17 all four quarters (per submitted Service Activity Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY17	0	0	0	42	0
Second Quarter FY17	7	2	5	61	12
Third Quarter FY17	3	4	3	30	25
Fourth Quarter FY17	3	0	3	42	22
Annual Target	12	13	12	50	50

**Comments**

The nine TPC reported for the first quarter of FY18 are clients that started services in FY17 and continued to receive services in FY18. No new TPCs are reported for the first two quarters of FY18 because the CU Fresh Start Initiative has not held a "call-in." with one scheduled for March 8, 2018. The timing and frequency of "call-ins" is beyond the control of Rosecrance or the case manager.

**Financial Analysis** For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

**PY19 CCMHB Funding Request** \$79,310

**PY19 Total Program Budget** \$79,310

**Current Year Funding (PY18)** \$77,000

**Proposed Change in Funding - PY18 to PY19 =** 3% percent

PY18 request was for \$77,000

PY17 request was for \$75,000, and PY17 award was for \$75,000

**Program Staff - CCMHB Funds:**

Indirect 0.04 FTEs, Direct 1.1 FTEs, Total CCMHB = 1.14 FTEs

**Total Program Staff:**

Indirect 0.04 FTEs, Direct 1.1 FTEs, Total Program = 1.14 FTEs

*Budget Analysis: (staff comments) Staffing pattern includes the fulltime case manager also referred to as community liaison and 10% of the clinical coordinator's time. The remaining 4% is indirect staff time tied to the program.*

**Funding from the CCMHB represents 100% of the total program budget.**

*Budget Analysis: (staff comments) The CCMHB is the sole funder for the program. An increase of \$2,310 (3%) over the amount awarded for FY18 is requested.*

*The services provided by Rosecrance are one part of the larger CU Fresh Start Initiative coordinated by the Champaign Community Coalition.*

**Personnel related costs are the primary expense charged to CCMHB, at 88.0 percent.**

*As the sole funder for the program all expenses are charged to the CCMHB. After personnel related expense, the next largest cost is for staff travel accounting for 5% of expenses. Remaining 7% of funding is spread across five other expense lines. No funds are allocated to the professional fees/consultants expense line.*

*The budget narrative includes an explanation of the allocation of indirect staff time and the management and general costs charged to the program.*

**Audit Findings:** Audit in compliance; no problems noted on CCMHB Audit Checklist.

*Comment Prairie Center Health Systems PY17 Audit noted excess revenue associated with this program.*

*CCMHB staff and PCHS financial officer resolved this issue, and revenue was returned. Audit deadline was extended at agency's request, due to waiting for information from state of Illinois. Foundation audit is not included; a donation was made from foundation to agency.*

**CCMHB FY19 Decision Priorities and Decision Support Criteria**

**Priority: Behavioral Health Supports for People with Justice System Involvement** Yes. Program aligns with this priority as it was developed in response to violence occurring in Champaign and Urbana. Program provides case management services to young adults with history of committing violent crime.

**Priority: Innovative Practices and Access to Community Based Behavioral Health Services** No

**Priority: System of Care for Children, Youth, Families** Program could also be considered to align with this priority as it is a high profile initiative of the Champaign Community Coalition.

**Priority: Collaboration with the Champaign County Developmental Disabilities Board** No

**Overarching Decision Support Criteria**

**Underserved Populations and Countywide Access** Yes and No on this criterion. Proposal targets young adults identified by law enforcement and other community stakeholders as likely to continue to be involved in violent criminal activity. To date all participants are from Champaign and Urbana. Considering the intent of the program is to reduce incidence of violence occurring in Champaign and Urbana, such a result is not unexpected.

**Inclusion and Anti-Stigma** No. Addressing stigma is not a focus of the application.

**Outcomes** Yes. Access and consumer outcomes are defined. Program clearly describes process and timeframes for engaging clients. Consumer outcomes and evaluation process are also identified.

**Coordinated System** Yes. The services provided by Rosecrance are one part of the larger CU Fresh Start Initiative coordinated by the Champaign Community Coalition.

**Budget and Program Connectedness** Yes. Budget supports staffing pattern and program services.

**Realignment of PY18 Contracts to Address Priorities (incumbent programs only)** Program requests a 3% increase (\$2,310) over FY18 award.



**Technical Criteria**

**Approach/Methods/Innovation** Yes. *CU Fresh Start Initiative is based on Kennedy's Don't Shoot Model. The Initiative is a collaboration between law enforcement and other criminal justice and community stakeholders to address community violence. The Rosecrance Case Manager/Community Liaison is the primary position responsible for engaging adults positively responding to the "call-in" and connecting them with community resources to address specific needs associated with housing, employment, access to primary and behavioral healthcare, etc.*

**Staff Credentials** No. *Credentials/qualifications of the clinical coordinator are provided but not for the case manager except to say "person reflective of the population served and/or familiar with behavioral health treatment and available community services."*

**Resource Leveraging** No. *The CCMHB is the sole funder of this program.*

**Process Considerations & Caveats**

**Staff Questions/Additional Information Requested (Due by May 4, 2018):**

- *How are the results of the evidence based Adult Needs and Strengths Assessment of value if they are not scored?*

**Contracting Considerations** If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final FY19 contract:

- *It would be helpful if there were more detail provided in the application on the case manager's qualifications.*

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

**Recommendation** Pending

## Draft PY19 CCMHB Program Summary

Agency: Rosecrance Central Illinois

Program: Specialty Courts

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### PY19 CCMHB Funding Request \$203,000

PY19 Total Program Budget \$343,338

Current Year Funding (PY18) \$203,000

Proposed Change in Funding - PY18 to PY19 = 0.0 percent

### Services/People Served

#### Service Description/Type

For nearly 20 years, RCI has provided services for Champaign County Drug Court. RCI staff provides consumer-driven, strength-based, trauma-informed services with sensitivity to culture, race, ethnicity, age, gender, sexual orientation, and disability. Substance use disorder treatment services include an assessment based on criteria set by DSM-5 and ASAM, modules from evidence-based approaches of the Matrix Model, Seeking Safety, and Hazelden Co-Occurring Disorders Program, Cognitive Behavioral Therapy, gender-specific group therapy, and intensive case management.

The RCI Drug Court staff works in collaboration with other County Drug Court Team members including the Champaign County Court, State's Attorney, Public Defender, Probation, Cognition Works, Family Services, and SAFE House. Due to the severity of consumer needs, frequent history of multiple treatment episodes, and extensive legal involvement, Drug Court consumers' length of stay in treatment is substantially longer than non-Drug Court consumers. This, coupled with random alcohol/drug testing, random home visits by law enforcement, incentives, sanctions, and involvement in 12-Step and/or other recovery support groups, results in higher successful completion rates.

The level of services provided to participants of the Drug Court program requires more intensive coordination and collaboration by Drug Court clinicians and case manager than is typical for other clients. The highly collaborative approach used creates a successful Drug Court system that relies heavily on RCI time spent outside of billable hours providing treatment services. Without funding for such activities, RCI staff could not participate in the full scope of the Drug Court program, negatively affecting clients.

RCI Drug Court counseling and case management services are provided by Masters or Bachelor level, licensed and/or certified Addictions Counselors or Case Managers. Clinical supervision is provided by an experienced, licensed Clinical Coordinator and Clinical Supervisor. RCI maintains a strong commitment to providing ongoing internal and external training to ensure clinicians' knowledge and skills are current within the field. Additionally, as part of Certification now required by the Administrative Office of Illinois Courts, Judge Ford has requested all Drug Court Team members attend specified annual trainings.

RCI continues to take part in a project involving medication-assisted treatment with Vivitrol for Drug Court clients with opioid use disorder. This project, in response to growing number of clients with addictions to heroin and other opioids, is a collaborative with the County Court, Correctional Center, Carle Foundation Hospital, and the pharmaceutical company. RCI's nursing staff are integral to provision of Vivitrol services.

#### *Comments*

*Proposal aligns with Behavioral Health Supports for People with Justice System Involvement priority.*

*Participants are adults with non-violent felony offenses with some having previously been incarcerated, have a substance use disorder diagnosis, and may have a history of past treatment.*

*The continuum of services available, use of evidence-based treatment, intensive case management and service coordination, and collaboration with other drug court team members are described in detail. Clients have access to Rosecrance's residential, intensive outpatient, and outpatient treatment services. Rosecrance holds two groups one day a week in Rantoul. Several years ago, Drug Court added a medically assisted treatment component for*

opioid addicted drug court clients using the drug Vivitrol. Staff qualifications are referenced including need for on-going training to meet state drug court standards. The CCMHB has a long history of supporting Drug Court.

CCMHB funds activities that are not billable to other payers such as case management and service coordination, involvement in drug team meetings, court proceedings, and preparation of drug court reports.

**Access to Services for Rural Residents** For description see submitted Program Plan Part I form.

**Target Population**

Adult Drug Court consumers (ages 18 and older) are referred to Rosecrance Central Illinois (RCI) from the Champaign County Court. All are non-violent felony offenders with a substance use disorder. Many have had multiple substance abuse treatment episodes. Some have also been incarcerated through the Illinois Department of Corrections. Drug Court consumers may receive substance abuse treatment services through RCI's Continuum of Care including Residential, Intensive Outpatient and Outpatient Programs. The needs of consumers are assessed using the Diagnostic Statistical Manual (DSM-5) and The ASAM (The American Society of Addiction Medicine) Criteria.

Traditionally, this population has had limited/no third party fund source. As of February 1, 2018, 25% had no third party coverage for services. In addition, neither Medicaid nor Medicaid MCO's fund case management services which are connected to higher treatment engagement and completion rates. (Case Management for Substance Abuse Treatment. Treatment Improvement Protocol (TIP) # 27, US Dept. of Health and Human Services, 2004.)

**Residency**

<b><u>Total Served</u></b>	66 in first and second quarters, PY18 and 96 in last full year, PY17	
<b><u>Champaign Set</u></b>	29 (43.9%)	47 (48.9%)
<b><u>Urbana Set</u></b>	20 (30.3%)	26 (27.1%)
<b><u>Rantoul -single</u></b>	8 (12.1%)	11 (11.5%)
<b><u>Mahomet – single</u></b>	4 (6.1%)	3 (3.1%)
<b><u>Other Champaign County</u></b>	5 (7.6%)	9 (9.4%)

**Demographics**

<b><u>Total Served</u></b>	96 in last full year, PY17	
<b><u>Age</u></b>		
Ages 19-59 -----	92 (95.8%)	
Ages 60-75+ -----	4 (4.2%)	
<b><u>Race</u></b>		
White -----	44 (45.8%)	
Black / AA -----	48 (50%)	
Other (incl. Native American and Bi-racial) -	4 (4.2%)	
<b><u>Gender</u></b>		
Male -----	69 (71.9%)	
Female -----	27 (28.1%)	
<b><u>Ethnicity</u></b>		
Of Hispanic / Latino origin -----	6 (6.2%)	
Not of Hispanic/Latino Origin -----	90 (93.8%)	

**Program Performance Measures**

**ACCESS**

Eligibility criteria includes the participant being a convicted felon, not classified as high risk dangerous, not be convicted of a non-probationable offense under 20 ILCS 301/40-5; not have a mental illness or developmental disability which would interfere with completing requirements to graduate from Drug Court; complete a Drug Court Assessment; be willing to engage in and comply with the treatment and supervision requirements of drug court; and be residents of Champaign County at time of assessment and time of offense.

2) Participants must be assessed as MEDIUM-HIGH RISK/HIGH NEEDS on a Validated Risk and Needs Assessment approved by the Champaign County Drug Court. Assessment must show the participant has a drug or alcohol addiction or dependency.

3) Potential participants are identified by defense counsel, state's attorney, law enforcement, family, and friends. Defendants can request to be assessed for drug court through their attorney/counsel.

4) Estimated percentage of persons requesting/referred to drug court who receive services for FY19 is 70%. In 2016, 51% of the individuals that requested an assessment for drug court were found eligible and accepted into the program. In 2017, 70 % of the individuals that requested an assessment for drug court were found eligible and accepted into the program.

5 and 6) Consumers who received assessment within three business days of sentencing to Drug Court.  
FY17 Results: 89%; FY18 Estimate: 90%; FY18 Q1 and Q2: 63%; FY19 Target: 90%

7 and 8) Clients who began treatment within three business days of assessment.  
FY17 Results: 85%

(100% of clients engaging in outpatient services began treatment within three business days. 100% of clients who did not begin treatment within three business days were court-ordered to remain incarcerated until residential services were available.)

FY18 Estimate: 95% of clients began treatment within three business days of assessment (excluding clients court-ordered to remain incarcerated). ; FY18 Q1 and Q2: 37%

FY19 Target: 95%

9) Estimated average length of participant engagement in services is a minimum 1 year of sobriety, however most participants are in the program for 1.5 years.

#### Demographic Information

1) In addition to the required demographic information Rosecrance also collects income level, education level, living arrangement, # of dependents, contact information, primary language, religion, veteran status, marital status, employment status, and legal status.

#### *Comments*

*Program addresses all aspects of requested information related to access outcomes and performance measures. Program explains eligibility, referral, and assessment process. Timeframes from referral to assessment to engagement with performance targets are identified. Projected length of engagement from assessment to drug court graduation is provided.*

#### **CONSUMER OUTCOMES**

1) Drug court aims to eliminate substance abuse among the participants, decrease recidivism, help participants to achieve and maintain sobriety, and decrease the costs of crimes associated with substance abuse.

2) The Drug Court Coordinator tracks the recidivism rate of the drug court graduates. Recidivism refers to graduates who are convicted of a new charge (excluding minor traffic offenses or ordinance violations) or are returned to court on a revocation of probation. Client charts also are used to track progress in treatment, including admission and discharge data required for SAMHSA National Outcome Measures (NOMs).

3) The Champaign County Drug Court Coordinator provides the data the recidivism rate of the drug court graduates. Clinical staff enter admission and discharge data required for SAMHSA NOMs in the client chart at intake and at time of discharge. Positive changes in substance use, employment/education, and 12-step group involvement are anticipated for those who engage in the program.

4) The Champaign County Drug Court Coordinator provides the data the recidivism rate of the drug court graduates. Clinical staff enter admission and discharge data required for SAMHSA NOMs in the client chart at intake and at time of

discharge. Positive changes in substance use, employment/education, and 12-step group involvement are anticipated for those who engage in the program.

5) Rosecrance benchmarks against previously reported data year by year for quality of services provided and NOMs outcomes.

6) a) No. of Graduates: FY17 Results: 14; FY18 Estimate: 20; FY18 Q1 and Q2: 11; FY19 Target: 20; b) % of Graduates who do not experience recidivism: FY17 Results: 63.91%; FY18 Estimate: 65%; FY18 Q1 and Q2: 64%; FY19 Target: 65%;

b) Individuals with potential barriers who received Case Management services.  
 FY17 Results: 100%; FY18 Estimate: 100%; FY18 Q1 and Q2: 100%; FY19 Target: 100%

**Comments**

*Program identifies outcomes to be tracked for drug court clients. A primary measure is reduced recidivism that is tracked by the Drug Court Coordinator who is an employee of the court. Rosecrance staff track federal Substance Abuse Mental Health Services Administration (SAMHSA) measures associated with treatment progress, admission and discharge data for each client. Positive results associated with change in substance use, employment, education, and peer support are tied to graduation from the program.*

**UTILIZATION**

**Treatment Plan Clients (TPCs)** 95 defined as number of Drug Court clients with a strengths-based, individualized Treatment Plan.

**Service Contacts (SCs)** 1,700 defined as number of weekly Drug Court reports completed and submitted to Champaign County Drug Court. Activity counted under this category changed from FY17 to FY18 as reflected by the change in annual target figure.

**Community Service Events (CSEs)** 5 defined as number of times media reports on Champaign County Drug Court (3) and number of Drug Court Graduation Events (2).

**Other** 15000 defined as hours of service provided to drug court clients. Services to be reported include hours on assessments, case management, and individual and/or group treatment.

**Narrative** Section has been edited. For complete description, see submitted Program Plan Part I form.

Quarterly reports will indicate any changes in fund sources which affect reimbursement for treatment services.

The number of Drug Court graduates will be reported in the comments section of the quarterly reports. Also reported in the comments will be descriptions of non-quantifiable activities that are necessary parts of the Drug Court program.

**PY19 Annual target (per Utilization Form)**

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	95	0	1700	5	15000

**PY18 First two quarters (per submitted Service Activity Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY18	58	0	561	0	2900.5
Second Quarter FY18	8	0	309	2	3171.5
Annual Target	90	0	1700	5	23500

**PY17 all four quarters (per submitted Service Activity Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY17	61	0	1075	0	5732.5
Second Quarter FY17	7	0	1552	3	5767.25
Third Quarter FY17	11	0	693	0	1819.75
Fourth Quarter FY17	17	0	1059	3	3431.5

**Financial Analysis** *For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.*

**PY19 CCMHB Funding Request** \$203,000

**PY19 Total Program Budget** \$343,338

**Current Year Funding (PY18)** \$203,000

**Proposed Change in Funding - PY18 to PY19** = 0.0 percent

**PY18** request was for \$203,000

**PY17** request was for \$199,050, and PY17 award was for \$199,050

**PY16** request was for \$187,425, and PY16 award was for \$187,425

**Program Staff - CCMHB Funds:** Indirect = 0.23 FTEs, Direct = 2.9 FTEs, Total CCMHB = 3.13 FTEs

**Total Program Staff:** Indirect = 0.32 FTEs, Direct = 4.75 FTEs, Total Program = 5.07 FTEs

***Budget Analysis: (staff comments)** Staffing pattern draws from a number of different positions. Direct service positions supported in part with CCMHB funds include three counselors positions (50%, 50%, and 15%), two case managers (50% and 40%), two nurses (20% and 15%), other support staff (5%), and the clinical supervisor, 45%, and clinical director 20%. Indirect staff time is spread across various positions. Overall, total program staff assigned declined from 6 plus staff in FY18 to 4.75 staff in FY19.*

**Funding from the CCMHB represents 59.1% of the total program budget.** State revenue is \$138,838 (40.4%).

***Budget Analysis: (staff comments)** The CCMHB is the single largest source of financial support. State funds are 40% of the total program budget that include funds from a DASA contract and projected revenue from services billable to Medicaid/Managed Care Organizations (MCO) plans. Client fees account for less than 1% of program revenue.*

*Amount requested from CCMHB is the same as awarded for FY18. The total program budget is about \$100,000 less for FY19 than FY18. Number of direct service staff involved with program is also reduced from FY18.*

**Personnel related costs are the primary expense charged to CCMHB, at 70.1%.**

*The percentage of CCMHB funds used to pay personnel expenses decreased from FY18 to FY19. Personnel related costs continue to be the single largest cost paid by CCMHB. Offsetting the reduction in CCMHB funds allocated to personnel are increases to a number of other expense lines. The Professional Fees/Consultants expense line has a significant increase and as does the General Operating expense line. According to the Budget Narrative, costs charged to Conference/Staff Development expense line are specific to the program paying for staff to attend state and national conferences targeted to drug courts/specialty courts. Local Transportation expenses are tied to staff travel and transportation provided to drug court clients. The budget narrative includes an explanation of the allocation of indirect staff time and management and general costs to the program.*

**Audit Findings:** Audit in compliance.

*Comment From PCHS PY17 audit*

## **CCMHB FY19 Decision Priorities and Decision Support Criteria**

**Priority: Behavioral Health Supports for People with Justice System Involvement** Yes. *Specialty Court program serves participants of Champaign County Problem Solving Courts (Drug Court).*

**Priority: Innovative Practices and Access to Community Based Behavioral Health Services** No

**Priority: System of Care for Children, Youth, Families** No

**Priority: Collaboration with the Champaign County Developmental Disabilities Board** No

### **Overarching Decision Support Criteria**

**Underserved Populations and Countywide Access** Yes. *Program serves adults with history of non-violent felony convictions that have now been sentenced to Drug Court. Services are office based in Urbana and Champaign or one day a week in Rantoul. Participants must be present one day per week at Drug Court.*

**Inclusion and Anti-Stigma** No. *Addressing stigma is not a focus of the application. However, the drug court graduation held twice a year is a positive event well attended by friends, family, and drug court alumni as well as staff and public officials.*

**Outcomes** Yes. *Program addresses all aspects of requested information related to access and consumer outcomes and associated performance measures. Primary outcome is graduation following one year of sobriety plus other positive achievements associated with employment and/or education. Recidivism is tracked and reported by the Champaign County Drug Court Coordinator.*

**Coordinated System** Yes. *Staff is part of the drug court team.*

**Budget and Program Connectedness** Yes. *Some fluctuation exists with program funding levels, staffing patterns, and expenses between FY18 and FY19 budget. CCMHB funds activities associated with case management and service coordination, involvement in drug team meetings, court proceedings, and reports that are not billable to other payers. Direct staff supported with CCMHB funds and some expense lines are directly attributable to program activities. Other expense lines are tied to general operating costs of the agency/program.*

**Realignment of PY18 Contracts to Address Priorities (incumbent programs only)** *Amount requested is the same as the FY18 contract award.*

#### **Technical Criteria**

**Approach/Methods/Innovation** Yes. *Program is well established. Uses evidence based practices, has strong collaboration component, and the Champaign County Court is in the midst of being certified by the state Administrative Office of the Courts.*

**Staff Credentials** Yes. *Staff education and certification credentials are noted. Additional on-going training required of staff for the Champaign County Drug Court to meet state standards is also mentioned. Cost to attend qualifying conferences/training is built into the budget.*

**Resource Leveraging** Yes. *CCMHB provides almost 60% of program funding. It is not used to meet a match requirement. CCMHB funds supports services not billable to other payers but integral to the operation of Drug Court. Supported activities include intensive case management and service coordination, time spent at Drug Court team meetings and court proceedings as well as court mandated reports on participants progress in treatment. It is unlikely the drug court program could function without this investment.*

#### **Process Considerations & Caveats**

**Staff Questions/Additional Information Requested (Due by May 4, 2018):** *none*

**Contracting Considerations** *If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY19 contract: none*

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

**Recommendation** *Pending*

## **Agency and Program acronyms**

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

CAC - Children's Advocacy Center

CC – Community Choices

CCDDB – Champaign County Developmental Disabilities Board

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

CCMHB – Champaign County Mental Health Board

CCRPC – Champaign County Regional Planning Commission

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

CN - Crisis Nursery

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

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

DMBGC - Don Moyer Boys & Girls Club

DSC - Developmental Services Center

ECIRMAC – East Central Illinois Refugee Mutual Assistance Center

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

FDC – Family Development Center

FS - Family Service of Champaign County

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

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



MAYC - Mahomet Area Youth Club

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

PEARLS - Program to Encourage Active Rewarding Lives

PCHS - Prairie Center Health Systems

PHC – Promise Healthcare

PSC - Psychological Services Center (University of Illinois)

RAC or ECIRMAC – East Central Illinois Refugee Mutual Assistance Center

RACES – Rape Advocacy, Counseling, and Education Services

RCI – Rosecrance Central Illinois

RPC – Champaign County Regional Planning Commission

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

UCP – United Cerebral Palsy

UNCC – Urbana Neighborhood Community Connections Center

UP Center – Uniting in Pride Center

UW – United Way of Champaign County

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

## **Glossary of Other Terms and Acronyms**

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

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

ACA – Affordable Care Act

ACMHAI – Association of Community Mental Health Authorities of Illinois

ANSA – Adult Needs and Strengths Assessment

APN – Advance Practice Nurse

ARMS – Automated Records Management System. Information management system used by law enforcement.

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

ASD – Autism Spectrum Disorder

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

ATOD – Alcohol, Tobacco and Other Drugs

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

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

CBCL – Child Behavior Checklist.

CC – Champaign County

CCBoH – Champaign County Board of Health

C-GAF – Children's Global Assessment of Functioning

CILA – Community Integrated Living Arrangement

CIT – Crisis Intervention Team; law enforcement officer trained to respond to calls involving an individual exhibiting behaviors associated with mental illness.

CLC – Cultural and Linguistic Competence

CLST – Casey Life Skills Tool

CQL – Council on Equality and Leadership

CRT – Co-Responder Team; mobile crisis response intervention coupling a CIT trained law enforcement officer with a mental health crisis worker.

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

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

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

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

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

DCFS – Illinois Department of Children and Family Services.

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

DD – Developmental Disability

DFI – Donated Funds Initiative, source of matching funds for some CCMHB funded contracts. The Illinois Department of Human Services administers the DFI Program funded with federal Title XX Social Services Block Grant. The DFI is a

“match” program meaning community based agencies must match the DFI funding with locally generated funds. The required local match is 25 percent of the total DFI award.

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

DHS – Illinois Department of Human Services

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

DSM – Diagnostic Statistical Manual.

DSP – Direct Support Professional

DT – Developmental Training

EI – Early Intervention

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

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

ER – Emergency Room

FACES – Family Adaptability and Cohesion Evaluation Scale

FAST – Family Assessment Tool

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

FOIA – Freedom of Information Act.

FQHC – Federally Qualified Health Center

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

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

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

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

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

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

ICADV – Illinois Coalition Against Domestic Violence

ICASA – Illinois Coalition Against Sexual Assault

ICDVP - Illinois Certified Domestic Violence Professional

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ICJIA - Illinois Criminal Justice Authority

ID – Intellectual Disability

IDOC – Illinois Department of Corrections

I&R – Information and Referral

IPLAN - Illinois Project for Local Assessment of Needs. The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois. Based on the *Assessment Protocol for Excellence in Public Health* (APEX-PH) model, IPLAN is grounded in the core functions of public health and addresses public health practice standards. The completion of IPLAN fulfills most of the requirements for Local Health Department certification under Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards. The essential elements of IPLAN are:

1. an organizational capacity assessment;
2. a community health needs assessment; and

3. a community health plan, focusing on a minimum of three priority health problems.

ISC – Independent Service Coordination

ISP – Individual Service Plan

ISSA – Independent Service & Support Advocacy

JDC – Juvenile Detention Center

JJ – Juvenile Justice

JJPD – Juvenile Justice Post Detention

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

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

LPC – Licensed Professional Counselor

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

MDT – Multi-Disciplinary Team

MH – Mental Health.

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

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

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

NMT – Neurodevelopmental Model of Therapeutics

NTPC -- NON - Treatment Plan Clients – This is a new client engaged in a given quarter with case records but no treatment plan - includes: recipients of material assistance, non-responsive outreach cases, cases closed before a plan was written because the client did not want further service beyond first few contacts or cases assessed for another agency. It is a category of service measurement providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II utilization form

application/program plan and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application. Similar to TPCs, they may be divided into two groups – Continuing NTPCs - clients without treatment plans served before the first day of July and actively receiving services within the first quarter of the new program year. The first quarter of the program year is the only quarter in which this data is reported. Essentially it is a case carried from one program year into the next. The other is New TPCs that is the number of new clients in a given quarter of the program year.

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

OMA – Open Meetings Act.

PAS – Pre-Admission Screening

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning

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

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

PPSP – Parent Peer Support Partner

PTSD – Post-Traumatic Stress Disorder

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

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

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

QIDP – Qualified Intellectual Disabilities Professional

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

SA – Substance Abuse

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

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

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

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

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

SEDS – Social Emotional Development Specialist

SEL – Social Emotional Learning

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

SUD – Substance Use Disorder

TALKS - TALKS Mentoring (Transferring A Little Knowledge Systematically)



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

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

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

YASI – Youth Assessment and Screening Instrument. Instrument assesses risks, needs, and protective factors in youth. Instrument is used in Champaign County by the Youth Assessment Center, Juvenile Detention Center, and Parenting with Love and Limits programs.