**Champaign County Mental Health Board**
**April 18, 2018 Board Packet Addendum B**
**Innovative Practices & Access to Community Based Behavioral Health Services Priority**

2019 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB/DDB (Draft)
Community Services Center of Northern Champaign County

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

| Required Benchmark by CCMHB | Summary of Actions outlined CLC Plan |
|---|---|
| *Annual Cultural Competence Training* | **Yes- Annual CLC Training will be conducted by both staff and board members.** |
| *Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:* | **Yes- Maintain a diverse board of directors with at least 35% minority and one consumer representative** |
| *Cultural Competence Organizational or Individual Assessment/Evaluation:* | **Satisfaction Survey** |
| *Implementation of Cultural Competence Values in Policy and Procedure:* | **Read and sign agreement that CLCP has been read and practices will be implemented within the designated time period.** |
| *Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria* | **The target population is low income families and individuals experiencing crises in northern Champaign County. 53% of our consumers are minorities, primarily African-American, with an increase in Hispanic households noted during the last several years** |
| *Inter-Agency Collaboration* | **Community Services collaborates with organizations to provide meeting spaces.** |
| *Language and Communication Assistance* | |
| *Matched Actions with National Culturally and Linguistic Appropriate Services(CLAS) Standards in Health and Health Care.* | **The New format was followed with the updated CLAS Stoandrss** |

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**Overall CLC Plan Comments**

*The CLC Plan has followed the updated format that included the National CLAS Standards to match the actions. The summarized information is based on the information that was included in the CLC Plan and the program application.*

# Draft PY19 CCMHB Program Summary

Agency: **Community Service Center of Northern Champaign County**
Program: **Resource Connection**

## PY19 CCMHB Funding Request $66,596

**PY19 Total Program Budget** $265,800
**Current Year Funding (PY18)** $66,596
**Proposed Change in Funding - PY18 to PY19** = 0.0 percent

## Services/People Served

**Service Description/Type**

- CSC office space available for other agencies' staff (during and outside regular office hours).
- Case management and follow-up for frequent users of the food pantry and other basic needs services
- Client advocacy (as needed) with referrals, difficulty in getting services, etc.
- Screening and referral for the Kids' Foundation youth recreational scholarship program.
- On-site emergency food pantry 10:00 a.m. – 4:00 p.m., M-F.
- Financial assistance with utility payments (1/2 yrs. when funds available).
- Assistance with prescription payments (1/yr./individual).
- Clothing/shelter coordination and referral to local clothing center and emergency one night's food and lodging for transients and homeless individuals.
- Holiday Bureau food baskets/vouchers and toy distribution at Christmas time.
- Translation, advocacy, and related services for Latino population (through CSC, the Multicultural Center, and the Community Health Partnership of Illinois.
- Public phone service (local calls, no charge)
- Fax and copy service for a nominal fee
- Computer access/assistance service to download forms, LINK applications, etc. on a limited basis
- Information and referral services provided by phone and for walk-in inquiries, M-F 8:30 a.m. – 5:00 p.m. Includes the distribution of information provided by other agencies and program brochures.
- Bi-lingual information, referral, and intake program brochures and services.

. Free notary public service

***Comments***

*Application submitted under the new Innovative Practices & Access to Community Based Behavioral Health Services priority. The agency is a primary access point to social services, be it direct access or linkage and referral, for residents of Rantoul and surrounding townships.*

*Although comprised of multiple services, Resource Connection is the only program of the Community Service Center of Northern Champaign County. The agency serves northern Champaign County. Services are a mix of direct assistance, advocacy, linkage and referral, and for frequent users case management. Agency is also a satellite site for other social service providers including Rosecrance, Courage Connection, and CCRPC Youth Assessment Center among many others. Population served is diverse with 25% being of Hispanic/Latinx origin.*

*Not referenced in the service section was the resource fair the program organized last year and is repeating this Spring. Is the resource fair not being held in FY2019?*

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

**Target Population**

The Resource Connection program,(formerly First Call for Help) serves residents of the nine northernmost townships in Champaign County (pop. est. 24,000). Our agency hosts several CCMHDDB funded agencies (and others) that provide

mental health and substance abuse services to residents of our area. We have strengthened that function by providing flyers regarding mental health services available to all our consumers and encouraging new programs to use our facilities. The information and referral component still remains available to anyone who calls or walks in with a question, thus serving as an access point for mental health and other social services. We do refer people to the 211 system when needed. Our direct services such as emergency food or prescription assistance are targeted toward low-income residents or transient/homeless individuals in that area. Those populations are also more likely to need the direct assistance and have more problems accessing other agencies' services. We helped 1464 different households in the last fiscal year. Our target population is low income families and individuals experiencing crises in northern Champaign County. 53% of our consumers are minorities, primarily African-American, with an increase in Hispanic households noted during the last several years. In PY17 about 24% of our consumers were Latino(a). We continue to disseminate information about resources and ensure that families in need are aware of and can avail themselves of our services as well as those of others. This includes disseminating information about special events such as the Disability Resource Expo, which we have actively supported and participated in since its beginning. The program also provides administrative support and space for more than 20 Champaign County mental health and social service agencies needing to reach clients in northern Champaign County.

**Residency**

| | | |
|---|---|---|
| **Total Served** | 1464 in PY17, last full year | 1215 in first and second quarters of PY18 |
| **Champaign Set** | 28 (1.9%) for PY17 | 27 (2.2%) for PY18 |
| **Urbana Set** | 44 (3.0%) for PY17 | 32 (2.6%) for PY18 |
| **Rantoul -single** | 1,281 (87.5%) for PY17 | 1,068 (87.9%) for PY18 |
| **Mahomet - single** | 1 (0.1%) for PY17 | 2 (0.2%) for PY18 |
| **Other Champaign County** | 110 (7.5%) for PY17 | 86 (7.1%) for PY18 |

**Demographics**

**Total Served** 1464 in PY17

**Age**

| | |
|---|---|
| Ages 13-18 | 20 (1.4%) |
| Ages 19-59 | 1,224 (83.6%) |
| Ages 60-75+ | 216 (14.8%) |
| Not Available Qty | 4 (.3%) |

**Race**

| | |
|---|---|
| White | 673 (46.0%) |
| Black / AA | 381 (26.0%) |
| Asian / PI | 10 (.7%) |
| Other (incl. Native American and Bi-racial) | 391 (26.7%) |
| Not Available Qty | 9 (.6%) |

**Gender**

| | |
|---|---|
| Male | 498 (34.0%) |
| Female | 966 (66.0%) |

**Ethnicity**

| | |
|---|---|
| Of Hispanic / Latino origin | 373 (25.5%) |
| Not of Hispanic/Latino Origin | 1,082 (73.9%) |
| Not Available Qty | 9 (.6%) |

## Program Performance Measures

**ACCESS**

A brief on social sustainability through accessibility and equity included in the 2015 Global Sustainable Development Report outlines the issues of accessibility as dually geographical and social in nature. The brief highlights the importance of services being both efficient and spatially equitable, where spatial equity is the combination of factors of travel, time spent accessing a resource, and proximity of resources to the population being observed. The Resource Connection addresses the dual nature of accessibility through its location and by providing administrative support, intake, and referral

services (improved efficiency of resource delivery) and physical space for satellite services (improved spatial equity of resource delivery).

Thus we measure consumer access several ways. One is by the overall service levels and the number of information & referral contacts. The information and referral count has decreased by 4% in the last year, after showing an increase the previous year. However,the number of non treatment plan clients served has increased by 3% from the previous year. The number of people in need of services seems to have fallen off somewhat, however, we continue to see an increase in the number of requests for all services in the last few months of the current fiscal year. Our total number of client contacts decreased by 3% from PY16 to PY17 after showing a 9% increase. Likely we are seeing some stabilization in the disruption of the social service system in the state. Based on our location and consumer demographics we will continue to do all we can to enhance access to services, particularly to under-served populations. An important enhancement to consumer access is the regular presence of staff from Courage Connection working with survivors of domestic violence.

We track the number of client contacts by other agencies using our facilities. The number of contacts by other CCMHB funded agencies has increased from 269 in PY16 to 463 in PY17. This increase is due to the increased client contacts by staff from Prairie Center, Courage Connection, the Refugee Center, and Regional Planning Commission (Youth Assessment Center). Overall contacts by other agencies/services were at 2,677 compared to 3,139 last year and consisted of 20 different agencies. This level of activity is driven not only by the need for services but by the state funding cuts and the availability of staff from those agencies. So far this year we hosted 19 different organizations (same as last year). We have the capacity to do more. Recently we were contacted by Rosecrance about using office space for a clinician and our conference room for group therapy. Our program not only enhances access to services for our target population, but also facilitates this further by providing space for other agencies to have a presence in northern Champaign County. This year we are hosting the Rantoul police department social worker, a position funded by CCMHB and supervised by CCRPC.

We also help with access thru our fax and copy service. We provided this service 819 times in PY17, a 42% decrease. The demand for this service has dropped off significantly. In the last fiscal year we assisted 48 individuals with computer access to search for other helping resources, to download forms, and to fill out LINK and other applications. That utilization increased by 50%. Our staff print out information and forms for our consumers and assist in filling out on-line forms when possible. In PY16, we added free notary service and that was used 46 times last year.

***Comments***

*Narrative includes research on value of proximity of services to population served. Program focuses on providing local access and information and referral. Program uses the access outcomes section to provide an overview of fluctuations in number served over the last several years. Contacts with other providers using the facility as a satellite site are also referenced. Of 19 different agencies said to use the facility, a handful receive some support from the CCMHB. Access to information and referral and some other supports is immediate.*

*Agency did not address questions related to access as listed in the application instructions. The unique nature of the agency/program role in service delivery presents challenges for outcome measurement. To improve outcome measures, agency should utilize the technical assistance available from the consultation bank offered through the UIUC Program Evaluation contract.*

## CONSUMER OUTCOMES

Much of what we look at in terms of consumer outcomes is related to access to services. For example, consumers who utilize our services are also able to access other programs, either at our facility or in Champaign/Urbana. Thus increased access is an outcome of our services and is measured by the number of people that utilize our services and are able to access other services. Now that the county has a public rural transportation program, access to various services has improved. However cost and scheduling are still issues for some area residents.

The number of unduplicated households increased in PY17 and we are seeing some stability in utilization of our services in the first half of the current fiscal year. Our NTP client count is almost identical to last year's and the average monthly household count is down from 598 to 539. We continue to providing an informational flyer listing the various mental health services available to our consumers as well as a guide to LGBTQ services in the county.

Three years ago we ran across an article published by the National Institutes for Health regarding a multi-sectoral intervention method dealing with depression and mental health. It asserts that individuals of low-income are most likely to experience mental illness (as well as physical). It argues that a biomedical approach of therapy and medication is simply not enough, but rather community mental health relies on supporting clients from multiple directions -- including meeting basic needs to reduce the added burdens of low-income / high risk members of the community. The article supports what we have believed all along - that providing basic needs services as well as access to mental health services by the various means mentioned earlier makes us a valuable partner in the county's mental health system of care. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3516018/

Another outcome of enhanced access to services is more client contacts by visiting agencies and more agencies using our office space to see those clients. As mentioned in the previous section we track both of those indicators.

In 2016 we conducted our bi-annual consumer survey with 101 respondents. This survey was modified by students from the Community Statistics class from U of I. All respondents to the survey indicated that they were extremely or moderately satisfied with our services and were treated extremely well or moderately well by our staff and/or volunteers. Ten individuals did not answer the question. We included a Spanish version of the survey, seven individuals completed it and the results were consistent with others. When asked how we can improve our services to embrace your culture and make you more comfortable, 89 responded with non needed, 3 requested Spanish speaking staff, and one wanted us to be friendlier. Other responses had to do with needing more food, rent assistance, having a help book, and a teen program. The next survey will be the summer of 2018.

We do not have specific outcome information on the consumers seen by other agencies using our offices (for obvious reasons). In our consumer survey we do ask those that receive services from other agencies, how satisfied they were. 87 answered either "extremely satisfied" or "moderately satisfied" out of a total of 90 respondents. When asked how they got to our location, 57 indicated they drove themselves and the remainder either got a ride (29) or walked or biked (20).

Our presence and the diversity of services we have support and meet the CCMHB priorities by providing local space and access to community based behavioral health care for those consumers and agencies that serve them.

***Comments***

*Program does not collect or track impact of local access to services or information on services provided to consumers. Data collected is tied to number of contacts and unduplicated households served. Program does track contacts for the agencies using the facility as a satellite site.*

*One potential measure could be "did the household access the service to which they were referred?" Another possible measure might be - did the household return for assistance with the same need within a set amount of time, excluding those using the food pantry. Or expanding services provided on-site by other providers? How to collect, track, and measure such data could be questions posed to the Evaluation Team through the consultation bank.*

*Agency reports positive findings overall from a 2016 client satisfaction regarding services provided and how they were treated by agency staff. Similar results were reported for respondents' experience with satellite agencies. Survey should be reissued sometime in 2018.*

**UTILIZATION**

**Non-Treatment Plan Clients (NTPCs)** 1,600 defined as number of unduplicated households (head of household)that receive direct services, such as emergency food, prescription or utility assistance, among others.
**Service Contacts (SCs)** 6,300 defined as requests for information and/or referral.
**Other** 2,850 defined as number of contacts that other agencies using our facility have with clients.
**Narrative** *Section has been edited. For complete description, see submitted Program Plan Part I form.*

The demand for our services reached an all time high in PY09 in terms of the number of households served. That number decreased somewhat in FY10 (as mentioned previously) and showed a slight increase in PY11 and PY12, but well below our projections. In PY13 the number had decreased by 8%. In PY14 it increased by 11% and then decreased for PY16. In

the first 6 months of the current PY we served 1215 unduplicated households which is 3 households more than in the same period the previous year. There are more employment opportunities in the community based on the number of temp agencies that used our office two years ago and now they have a regular presence in the community. Other preliminary data for the first 6 months of this year again shows a stability in requests for information and referral and contacts by other agencies.

Rantoul continues to be a transient community, with people moving in and moving out, depending on their employment and housing situations. The overall economy showed some signs of improvement last year and unemployment for the county is down to 3.8% according to a recent issue of Central Illinois Business. This of course does not reflect those that no longer receive unemployment compensation or have quit looking for work. The actual percentage is more likely double the official figure. The factory closings and layoffs in the last five years have significantly impacted the local economy and increased the need for services. However, a couple of those have expanded their workforce over the last two years. Recent information from Illinois Interactive Report Card site showed that 61% of the RTHS student population is low income and 99% of children attending the Rantoul City Schools are in the same category with a 27% mobility rate. There is less connection to the community for many people and the need for various social and mental health services remains at a high level.

As we go into PY19 we will continue to stress access to mental health services and encourage new programs and organizations to use our facilities in order to serve area residents. We will also report on employment activities and any observable impacts of the lack of state funding on our service levels and the presence of other programs serving the Rantoul area. This will be noted in the comments section of the quarterly reports.

***Comments***

*Utilization narrative discusses past trends in number of contacts and households served, demographics of the area, and other barriers to service. Slight adjustments are made to targets for NTPCs (households served) and Other (clients contacts with satellite agencies) based on recent counts.*

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

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---|---|---|---|---|---|
| Annual Target | 0 | 1600 | 6300 | 0 | 2850 |

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

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---|---|---|---|---|---|
| First Quarter FY18 | 0 | 1079 | 1589 | 0 | 624 |
| Second Quarter FY18 | 0 | 136 | 1861 | 0 | 799 |
| Annual Target | 0 | 1590 | 6300 | 0 | 0 |

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

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---|---|---|---|---|---|
| First Quarter FY17 | 0 | 1060 | 1727 | 0 | 815 |
| Second Quarter FY17 | 0 | 152 | 1764 | 0 | 800 |
| Third Quarter FY17 | 0 | 118 | 1330 | 0 | 710 |
| Fourth Quarter FY17 | 0 | 134 | 1504 | 40 | 347 |
| Annual Target | 0 | 1700 | 6000 | 0 | 2700 |

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

**PY19 CCMHB Funding Request** $66,596
**PY19 Total Program Budget** $265,800
**Current Year Funding (PY18)** $66,596
**Proposed Change in Funding - PY18 to PY19** = 0.0 percent
**PY18** request was for $66,596
**PY17** request was for $65,290, and PY17 award was for $65,290
**PY16** request was for $65,978, and PY16 award was for $65,290

**Program Staff - CCMHB Funds:**
Indirect = 0.5 FTEs Direct = 1.2 FTEs Total CCMHB = 1.7 FTEs
**Total Program Staff:**
Indirect = 1.3 FTEs Direct = 2.16 FTEs Total Program = 3.46 FTEs

***Budget Analysis: (staff comments)*** *Agency has two fulltime staff and two part-time staff. CCMHB funds support part of each staff position.*

**Funding from the CCMHB represents 25.1% of the total program budget.** $66,596 / $265,800 = 25.1%
**United Way =** 24.9% **Contributions - various =** 30.5%

***Budget Analysis: (staff comments)*** *The agency only operates the one program. All funds received by the agency are committed to providing the mix of services available through the Resource Connection. All funding for the agency comes from contributions/fundraising, United Way, or local government. The CCMHB is single largest source of support.*

**Personnel related costs are the primary expense charged to CCMHB, at** $66,596 / $66,596 = 100.0%

*All of CCMHB funds requested are allocated to staff salaries. Payroll taxes, benefits and all other operating expenses are charged to other funders. Program requested the same level of funding from CCMHB as FY18.*

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

## CCMHB FY19 Decision Priorities and Decision Support Criteria

**Priority: Behavioral Health Supports for People with Justice System Involvement** No
**Priority: Innovative Practices and Access to Community Based Behavioral Health Services** Yes. *Agency/Program provides access to range of services addressing basic needs, referral services, and serves as satellite site for other providers. It is a resource center for northern Champaign County.*
**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. Serves residents of Rantoul and surrounding rural townships of northern Champaign County that have limited access to services without traveling to Champaign, Urbana, or outside of the county.*
**Inclusion and Anti-Stigma** No. *Not a focus of the application.*
**Outcomes** No. *Program needs to pursue assistance through the UIUC Program Evaluation contract to develop outcome measures relative to the unique nature of program. A primary role of the agency is as a facility providing space for other agencies. Can ease of access be converted into a measure?*
**Coordinated System** Yes. *Knowledge of community resources is a strength of the program as is availability of space on-site for other providers. Program indicates 19 other entities use the facility.*
**Budget and Program Connectedness** Yes. *CCMHB funding represent 25% of agency/program revenue. Agency has become a single purpose provider offering an array of services through the Resource Connection program. Agency and program is heavily reliant on local sources of support with CCMHB and United Way funding combined accounting for almost 50% of the agency's revenue. CCMHB funds support staff salaries.*
**Realignment of PY18 Contracts to Address Priorities (incumbent programs only)** *Funding requested is same as FY18.*

**Technical Criteria**
**Approach/Methods/Innovation** Yes. *Unique feature of program is it serves as a satellite site for other providers as well as providing services to assist with meeting basic needs or information and referral for needs not addressed onsite.*
**Staff Credentials** Yes. *Credentials and experience are noted for each position in the budget narrative.*
**Resource Leveraging** Yes. *Breadth of local support for the agency/program is an example of stakeholders/partners with a vested interest committing resources to sustain access to services to an underserved area of the county.*

**Process Considerations & Caveats**

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

- *Not referenced in the service section was the resource fair the program organized last year and is repeating this Spring. Is the resource fair not being held in FY2019?*

**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:

- *The unique nature of the agency/program role in service delivery presents challenges for outcome measurement. To improve outcome measures, agency should utilize the technical assistance available from the consultation bank offered through the UIUC Program Evaluation contract.*

**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
Cunningham Children's Home

**CCMHB 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:**

| Required Benchmark by CCMHB/DDB | Summary of Actions outlined CLC Plan |
|---|---|
| *Annual Cultural Competence Training* | **Yes-***Staff will receive training on CLAS practices at CCH within the first two weeks of hire.* |
| *Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:* | ***Yes****-CCH board committee members will be identified and recruited to promote diversity* |
| *Cultural Competence Organizational or Individual Assessment/Evaluation:* | **Yes-** *Administer anonymous survey to staff to measure the agency's strengths and weaknesses in cultural competency (Survey Monkey)*<br>*-Create survey*<br>*-Implement survey*<br>*-Report of survey findings related to data collected (admissions, staff development, education) will be generated* |
| *Implementation of Cultural Competence Values in Policy and Procedure:* | **Yes-** *CLAS Plan monitored and reviewed annually* |
| *Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria* | **Yes-** *They have outlined their outreach and engagement with the target population in the Program Plan.* |
| *Inter-Agency Collaboration* | ***Yes****- CCH outpatient clinic (HopeSprings) will promote and recruit clientele in a wide array of areas Youth Assessment Center, local school districts, primary care physicians, other social service agencies, and crisis mobilization in order to reach varying populations.* |

2019 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB/DDB
Cunningham Children's Home

| | |
|---|---|
| | *This includes word of mouth, fliers, attending various resource fairs, and media outlets.* |
| *Language and Communication Assistance* | **Yes-** *Burgos Training will be utilized to train all staff with direct client contact, their supervisors, and administrative staff with substantial contact with clients on how to seek language services in a culturally appropriate way through DCFS* |
| *Matched Actions with National Culturally and Linguistically Appropriate Services(CLAS) Standards in Health and Health Care.* | **Yes- Format was followed** |

**Overall CLC Plan Comments**

*The CLC Plan for Cunningham Children's Home is comprehensive. They have provided clear examples of what actions have been implemented into policy. They have also established ways to evaluate additional actions to address the needs of the community.*

# Draft PY19 CCMHB Program Summary

Agency: **Cunningham Children's Home**
Program: **Independent Living Opportunities**

## PY19 CCMHB Funding Request $90,000 - a NEW request

**PY19 Total Program Budget** $854,498
**Current Year Funding (PY18):** n/a
**Proposed Change in Funding - PY18 to PY19:** n/a

## Services/People Served

**Service Description/Type**

Cunningham's Independent Living Opportunities Program has provided housing and employment services to young adults for over 20 years. The supervisor for the proposed program, currently overseeing our transitional housing program for youth-in-care, has developed extensive partnerships with local landlords offering affordable housing. Together with our Vocational Options Program, we have an expertise in providing housing and employment stability and life skills coaching which will supply the foundation for this new program.

The program will work closely with homeless individuals (or at risk of homelessness) through intensive case management and care coordination geared towards promoting permanent housing and employment and resolving barriers. A dedicated full-time case manager (CM) will work with participants to provide assessment, planning, training, skill development, and connections to resources needed to attain a stable future. The CM will accomplish this by taking a holistic approach to supportive services by countering possible barriers to goal stability (e.g., basic needs, child care, physical health, and mental health). Participants will receive weekly services that last until 90 days after obtaining both housing and employment. To aid in retention, they'll receive a minimum of monthly contact for one year prior to closing. All participants will receive a follow up contact one year post-discharge to assure housing and employment retention. Individuals experiencing housing or employment instability can return to the program.

Flexible funds will assist with expenses that often accompany a new job or move (e.g., interview clothing, uniforms, basic hygiene, and household items).

Innovative and evidence-based practices and resources will guide the program:

•Customized Employment – promoted by the Workforce Innovation Technical Assistance Center and the Youth Technical Assistance Center – refers to an approach towards competitive employment for individuals with significant disabilities that's based on determination of the individuals' strengths, needs, and interests. It's designed to meet their specific abilities, needs of the employer, and utilizes flexible strategies.

•Housing First and Employment First Approaches – prioritizes permanent housing and competitive employment as a platform from which individuals can pursue personal goals and improve quality of life (National Alliance to End Homelessness; Illinois Department of Human Services).

•IPS Supported Employment – an evidence-based approach to supported employment for people who have mental illness. We are currently in the exploratory phase with the Department of Rehabilitation Services to develop the capacity to fully implement an IPS model.

•SAMHSA's Stepping Stones to Employment – training for case managers which includes how to apply for social security benefits.

***Comments***

*Program selected and aligns with the Innovative Practices & Access to Community Based Behavioral Health Services priority. Proposal is a new initiative targeting adults who are homeless or at-risk of homelessness, providing intensive case management and care coordination to address need for housing and employment.*

*Proposed program builds on existing relationships with landlords and employers developed through its work with transition age young adults. Range of supports to be provided by a new fulltime case manager are based on referenced innovative and evidence based practices. Services may be office based and in natural settings and includes plans for street based outreach and engagement throughout the county. Length of engagement involves*

*weekly contact through placement in housing and employment and for 90 days thereafter, followed by monthly contact for one year, and then contact one year post discharge.*

*Not addressed is involvement or coordination with the Continuum of Care or Council of Service Providers to the Homeless. What relationship does the agency or program have with either of these groups?*

*While the program has a history of providing supports to young adults transitioning to the community and living independently, how does this experience translate to working with an adult with a history of mental illness and/or substance use disorder who is currently homeless?*

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

**Target Population**

People with emotional disabilities and mental health needs are at higher risk of becoming homeless and unemployed due their multifaceted needs. Recent community needs assessments have documented our local community need related to housing, homelessness, employment, and several other factors that are interrelated to the problem of homelessness and housing instability (2015 United Way Community Report, Community Health Improvement Plan for Champaign County Illinois 2018-2020 – draft) including an increase in the number of homeless children (2015 United Way Community Report).

Under the priority area of Innovative Practices and Access to Community Based Behavioral Health Services, our program will take a holistic approach to supported housing and address needs across all domains that may affect both housing and employment stability. As an intensive case management and care coordination model, we can provide creative solutions for individuals as well as families with children using both Cunningham's existing continuum of services and Cunningham's partnerships with businesses and other provider agencies. This work prepares us for the hopeful approval of the 1115 Medicaid waiver which will allow more flexible funding for supportive housing and employment services.

As an expansion of our supported employment and supported housing services offered through our Independent Living Opportunities program, we would provide comprehensive housing, employment, and life skills development to Champaign County's citizens who are homeless or at risk of homelessness. With the goal of providing support towards permanent housing and employment, we can work with any adults or families with the ability to live independently with or without on-going supports. While our expertise is in transition age adults and families, we will work with participants of any age. The target population will be identified based on referral agreements with temporary/short-term housing and employment services (e.g., temporary shelters, regional planning) as well as other sources that may identify individuals at risk of homelessness (e.g., mental health centers, schools). The target population will be inclusive of those who are homeless or at risk of homelessness, including those not eligible for other programs (e.g., we will function as a "no decline" program).

**Residency / Demographics**

***Comment*** *As a new program proposal for FY19, no prior residency or demographic data are available.*

## Program Performance Measures

**ACCESS**

1)This program will serve all individuals and families considered homeless or at-risk of homelessness using the US Department of Health and Human Services definition of:

a.A homeless individual is defined as "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing." A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation.

b.An individual may be considered to be homeless if that person is "doubled up," a term that refers to a situation where

individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members. In addition, previously homeless individuals who are to be released from a prison or a hospital may be considered homeless if they do not have a stable housing situation to which they can return. Recognition of the instability of an individual's living arrangements is critical to the definition of homelessness.
In addition, this program will serve individuals and families at imminent risk of becoming homeless.

2)Eligibility will be determined based on referral-report, self-report, and staff observation of living environments to determine if an individual or family meets the definitions in #1 above.

3)The target population will learn about the program through referral sources and staff engagement efforts within the community.

4)The target for engagement is 80% of all individuals referred for services.

5)– 8) Due to the unique nature of the engagement phase of services, the estimated length of time and percentage of individuals from referral/first engagement contact to assessment of eligibility and then engagement of services is expected to vary greatly. This information will be tracked for informative purposes during the first year with outcomes developed based on an analysis of the data after the first year.

9)Estimated length of services once an individual has accepted services is anticipated to be one – two years with a follow up contact in the year following discharge.

Demographics
1)Demographic information beyond those required by the grant may include: other system involvement (e.g., DCFS, DOC, Medicaid, Social Security), grade level completed, marital status, language, religion, and disability type (if applicable).

> ***Comments:*** *Applies the Health and Human Services definition of homeless or at risk of homelessness to eligibility for services and adds reference to also serving those at imminent risk of homelessness. Brief statements on approach to community outreach and process for determining eligibility are provided. Program establishes target of 80% of those referred will engage in services. Program is not able to provide timeframe from referral to engagement but will use the first year of the program to collect data and then develop the target. Length of engagement is one to two years.*
>
> *As a new initiative, program has defined the eligible population, how eligibility will be determined, projected rate of engagement and anticipated length of engagement. As a new venture, more detail on outreach and coordination with existing homeless services would be useful. Program acknowledges lack of data on length of time between referral to engagement but will use the first year to collect data. The first year will also determine whether the target of 80% of those referred engaging in services needs to be adjusted as well.*

**CONSUMER OUTCOMES**
1)Impact: Cunningham's mission is "to nourish hope through effective solutions so children thrive and families flourish." With this in mind, Cunningham has a long and successful track record of providing therapeutic support and treatment to individuals with serious emotional disabilities and mental health needs. Mental health needs and homelessness are often strongly linked. Furthermore, when basic needs such as housing and employment are not met, people struggle in their mental health recovery and in finding hope for a more stable future. We expect the impact of this program to be that people secure and maintain stable housing and employment, as well as other basic supports, creating hope for a better future. It is with that intent that we commit to engage and maintain supportive services across several years increasing the likelihood of housing and employment retention.
2)Information will be collected for each outcome using our Service Document System (SDS) for tracking length of employment, length of housing stability, income, and other program outputs as described below. Information will be gathered by staff observation, self-reports, and collateral reports. More detailed information may be entered into Excel spreadsheets for further data analysis.

3)In addition to the outcome measures below, the following quality measures and outputs will be utilized:
a.Short term results will be measured by client engagement (active acceptance of services and adherence to case management contacts).
b.Annual Participant Surveys will be used to include ratings on various program quality measures as well as narrative comments for program quality improvement.
c.Career Cruising or Career Scope, standardized online measurements of career interests, aptitude and skills, will be administered electronically within the first 30 days of active client engagement. The case manager will administer one of these assessments collaboratively with participants. The results will be used to set vocational goals and action plans.
d.Life Skills Assessment (Pre- and Post- assessments), a standardized measurement of basic life skills mastery will be administered via paper within the first 30 days of active client engagement and every six months or upon discharge. The case manager will administer this assessment collaboratively with participants and use individual results for service goals and action plans. Aggregate data will be entered into an Excel spreadsheet for monthly program reporting.
e.Financial Literacy - Get Real Curriculum, an approximately 10 hour training program will be offered. The program case manager will complete this training either individually or in group format and collect Pre- and Post-evaluations from participants during the training. Individual results are used for service planning.
4) See #3 for assessment tools to be used.
5)Comparative targets for program outcomes and outputs are available based on our existing Independent Living Opportunities data. This information can be used as a reference point for evaluating performance understanding the target population may be more challenging to engage in services and to achieve stability in these measures.
6)Our current targets for our Independent Living Opportunities population are: 81% of clients employed with 62% achieving employment stability for more than 90 days; 90% of clients receiving both pre- and post- life skills assessment showing improvement life skill mastery. We would use a target similar to the employment target for housing stability.

***Comments***

*Provider identifies various tools used to collect data on client progress and inform goal setting and action plans with clients. Some screening tools referenced include: Life Skills Assessment administered within 30 days of engagements and at six month intervals; Financial Literacy-Get Real Curriculum a ten hour training program and tracks pre- and post-test results; and, Career Cruising to identify career interests and aptitudes.*

*Projection of those that engage and result in a successful discharge - housed and employed - is the primary outcome measure. Results for this outcome will be tracked using the Service Document System. Target set is based on experience with current program serving young adults in transition. Most of the other measures are process oriented.*

**UTILIZATION**

**Treatment Plan Clients (TPCs)** 24 defined as number of individuals actively accepting services and meeting with a case manager to develop a service plan.
**Non-Treatment Plan Clients (NTPCs)** 6 defined as number of individuals that are referred for services or are identified through street engagement efforts as eligible or likely eligible but never actively accept service engagement.
**Service Contacts (SCs)** 876 defined as number of contacts with TPCs and NTPCs including initial efforts to engage prospective client in services as well as regular weekly and monthly contacts with those that do engage.
**Community Service Events (CSEs)** 24 defined as outreach and referral development to temporary housing resources, food kitchens, other potential referral sources, and homeless advocacy efforts, as well as distribution of materials to promote the program.

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

Service Contacts is defined as the number of TPC (24) multiplied by using an assumption of an estimated weekly service contacts for the first six months and monthly for the second six months which is an estimated 768 Service Contacts provided by the program to TPC at a minimum. Service Contacts include both direct service provision and collateral contacts (e.g., originating referral source, family member). The number of NTPC (6) uses an assumption of on-going weekly attempts at engagement either directly or via collateral for these individuals resulting in an additional 108 Service Contacts provided to NTPC. This results in a combined 876 service contacts.

***Comments***
*Projected number of unduplicated clients served is 30 of which 24 would engage in services (TPCs) and 6 who are referred but do not engage or are identified through street outreach but program is unable to engage the person in services (NTPC). The result is an engagement rate of 80% as noted above in the Access Outcome Measure section of the application.*

*Applicant explains in detail how the target for Service Contacts target was determined. Allowance does not appear to have been made for program start-up and gradual success in engaging clients in setting the overall target for service contacts. Program does acknowledge significant effort may be required to engage clients in services, whether ultimately successful or not.*

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

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---|---|---|---|---|---|
| Annual Target | 24 | 6 | 876 | 24 | 0 |

***Comments*** *No FY18 or FY17 data as this is a new request for funding.*

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

**PY19 CCMHB Funding Request** $90,000
**PY19 Total Program Budget** $854,498
**Current Year Funding (PY18):** n/a
**Proposed Change in Funding - PY18 to PY19:** n/a

**Program Staff - CCMHB Funds:**
Indirect 0.06 FTEs Direct 1.11 FTEs Total CCMHB = 1.17 FTEs
**Total Program Staff:**
Indirect 0.12 FTEs Direct 6.61 FTEs Total Program = 6.73 FTEs

***Budget Analysis: (staff comments)*** *Staff positions supported with CCMHB funds include the full-time case manager position listed as a new/vacant position and then small percentages of an assistant, supervisor, and director's time. Indirect staff time is cost allocated across the administrative pool. Clarification of how much non-CCMHB supported staff time is committed to serving the target population for this proposal is of interest. Other staff positions associated with the Independent Living Opportunities program may be responsible for delivering services under the existing program serving young adults in transition to community living and employment.*

**Funding from the CCMHB represents 10.5% of the total program budget.** $90,000 / $854,498 = 10.5%
United Way = 10.5% and Contributions – various = 0.3%

***Budget Analysis: (staff comments)*** *The single largest source of financial support for the program is listed on the "Sales of Goods and Services" line of the revenue form at $665,583 and accounts for 78% of the total program revenue of $854,498. An explanation of this source of revenue is not provided in the budget narrative. The only source mentioned in the budget narrative is that requested from the Board. While CCMHB revenue and expense balance, total program shows a slight deficit with expenses exceeding revenue by $11,138.*

**Personnel related costs are the primary expense charged to CCMHB, at** $62,296 / $90,000 = 69.2 percent.

*Beyond personnel related expenses (salaries, payroll taxes, and benefits), 15% of CCMHB funds support consumables for use a flexible funds to pay for job related expenses - uniforms/clothing, hygiene supplies, or household items. Assistance with housing - rental deposits, utilities in arrears - that can be obstacles to obtaining housing are not addressed but may be part of the specific assistance line not supported with CCMHB funds. Local transportation for staff travel is 9% of expenses charged to CCMHB. Miscellaneous line is 4% of CCMHB funding and is an indirect non-salary administrative cost rate of 7.57% of salaries charged to the Board.*

**Audit Findings: This applies only to applicants with existing CCMHB or CCDDB contracts and is predicated on findings from the audit protocol.** Not Applicable

*Comment This program was not funded in PY17.*

## CCMHB FY19 Decision Priorities and Decision Support Criteria

**Priority: Behavioral Health Supports for People with Justice System Involvement** No
**Priority: Innovative Practices and Access to Community Based Behavioral Health Services** Yes. *Proposal is a new initiative from an agency with a longstanding presence in the community that seeks to take its experience working with young adults transitioning to independent living and employment and apply that expertise to adults who are homeless or at risk of homelessness.*
**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 targets adults who are homeless or at risk of homelessness. The Health and Human Services definition of homelessness is used to determine eligibility. Program states services will be available county-wide.*
**Inclusion and Anti-Stigma** No. *Addressing stigma is not a focus of the application.*
**Outcomes** Yes. *As a new initiative, program applies experience with measures and tools used within the existing program serving young adults in transition to the proposed target population. The Access section narrative acknowledges lack of data, proposing to use the first year to establish a baseline for length of time required to engage clients in services.*
**Coordinated System** No. *Generic reference is made to working with various potential referral sources. Absent from the application is involvement with the Continuum of Care or Council of Service Providers to the Homeless.*
**Budget and Program Connectedness** Yes. *Use of CCMHB funds and relationship to program services can be determined. The original program serves young adults in transition and is funded by Cunningham Children's Home, accounting for about 80% of program revenue and expenses. Then CCMHB and United Way funds would be used to support services to the homeless population as an expansion of the existing Independent Living Opportunities program.*
**Realignment of PY18 Contracts to Address Priorities (incumbent programs only)** *Program is a new proposal.*

**Technical Criteria**
**Approach/Methods/Innovation** Yes. *Program is a new initiative targeting adults who are homeless or at risk of homelessness that builds upon expertise developed over many years assisting young adults transition to housing and employment. Services targeted to the homeless are well defined although coordination with other providers serving this population needs attention.*
**Staff Credentials** Yes. *Per the budget narrative, new case manager position requires a Bachelor's degree.*
**Resource Leveraging** No. *Largest single source of program funding is Sales of Goods and Services at 78% of program revenue. No information about these funds is provided in the Budget Narrative. CCMHB funds account for 10.5% of program revenue.*

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

- *As a new venture, more detail on outreach and coordination with existing homeless services would be useful. What relationship does the agency or program have with the Continuum of Care or Council of Service Providers to the Homeless?*
- *How does experience providing supports to young adults transitioning to the community and living independently translate to working with an adult with a history of mental illness and/or substance use disorder who is currently homeless?*
- *How much non-CCMHB supported staff time is committed to serving the target population for this proposal and how much is committed to serving young adults in transition?*
- *What other uses are planned for funds allocated to Specific Assistance?*

**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:

- *Revenue section of the Budget Narrative needs to be revised to explain Sales of Goods and Services.*

**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: **Family Service of Champaign County**
Program: **Self-Help Center**

## PY19 CCMHB Funding Request $28,928

**PY19 Total Program Budget** $35,278
**Current Year Funding (PY18)** $28,428
**Proposed Change in Funding - PY18 to PY19** =1.8 percent

## Services/People Served

**Service Description/Type**

1. Maintain a database of information on support groups in Champaign County and selected groups in surrounding communities in East Central Illinois.
2. Publish a support group directory every other year listing local and regional groups. This directory is distributed to professionals, group leaders and members on an ongoing basis. The 17th edition of the directory will be published in FY19. The online edition of the support group directory is continually updated as information about groups frequently changes.
3. Maintain an internet home page and an online listing of groups and activities of the Self-Help Center. The support group directory (in print and online) provides listings of more than 200 local and regional self-help and support groups.
4. Publish eleven specialized lists of group information by major topical themes. The lists are posted on bulletin boards in numerous human service agency lobbies, public libraries and counseling offices. These specialized lists are available to anyone requesting them and are made available at community health fairs and forums.
5. Maintain a lending library in the Self-Help Center of training materials for self-help groups.
6. Provide consultation services and educational packets for individuals wanting to start a group or improve existing group functioning on an ongoing basis. Consultation is by phone or in face-to-face meetings at a location convenient to the individual.
7. Coordinate and host a self-help conference for group leaders, members, professionals and the interested public every other year. The next biennial conference will be held in the spring of 2019.
8. Provide one to three workshops per year for self-help group skill development at Family Service or another community location. In FY18 a Fall workshop was held on October 6, 2017 at the University of Illinois Extension office. A Spring workshop will be held on April 20, 2018.
9. Enhance public awareness regarding self-help groups by actively participating at approximately 5-7 community fairs/forums for the public or professionals.
10. Publish the Self-Helper newsletter quarterly for group leaders, support group members and community professionals.

Every attendee of SHC events is asked to complete an evaluation. The results of the evaluations provide feedback regarding the speakers and topics. These results will provide ideas for future conferences and workshops.

Staff Qualifications: The .53 FTE Self-Help Center coordinator has a Masters in Counseling Psychology. The coordinator has been responsible for the Self-Help Center since joining Family Service in 2014.

***Comments***

*Program aligns with the Innovative Practices & Access to Community Behavioral Health Services priority. Service and target population sections are unchanged from FY18.*

*The Self-Help Center focus is on assisting with the promotion and facilitation of support groups. Program will assist individuals connect with an existing support group or those who are interested in starting a support group, provides periodic training for facilitators and other interested parties, and promotes the groups through various media and activities. Major initiatives undertaken every other year are the publication of the self-help directory and the organizing of the self-help conference. Effort is made to disseminate self-help group information and*

*notices to rural libraries and churches. Staff qualifications and experience are appropriate to the position. The Self-Help Center is a unique resource not found elsewhere in central Illinois.*

*Residency and demographic data are not collected on those assisted through this program. Zip code and Demographic data reported for FY17 are Champaign County attendees at the Self-Help Conference and for the FY18 Fall Workshop on Race, Origin, and Gender.*

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

**Target Population**
The Self-Help Center enriches the lives of people living in the many communities of Champaign County through the education, promotion and establishment of support groups, and by fostering relationships between community organizations, support groups and individuals. Information and support services are provided to the following: a) Individuals in Champaign County trying to locate self-help/support groups appropriate to their needs, including individuals trying to start a group when no local group exists to meet their needs; b) Group leaders in the Champaign County area experiencing group dynamics challenges or wishing to improve the visibility and effective functioning of their groups; and c) Professionals in Champaign County wanting to work more effectively with groups and/or refer clients to groups. The Self-Help Center is the only clearinghouse of its kind in east central Illinois. The Self-Help Center meets the criteria for a priority of the CCMHB as it is an Innovative Practice to Support Access to Community Based Behavioral Health Services.

**Residency**

| | | |
|---|---|---|
| **Total Served** | 53 in last full year, PY17 | 42 in first and second quarters, PY18 |
| **Champaign Set** | 22 (41.5%) for PY17 | 19 (45.2%) for PY18 |
| **Urbana Set** | 25 (47.2%) for PY17 | 22 (52.4%) for PY18 |
| **Rantoul -single** | 2 (3.8%) for PY17 | 0 (.0%) for PY18 |
| **Mahomet - single** | 0 (.0%) for PY17 | 1 (2.4%) for PY18 |
| **Other Champaign County** | 4 (7.5%) for PY17 | 0 (.0%) for PY18 |

**Demographics**

**Total Served** 53 in last full year, PY17

**Age**
Not Available Qty ---------- 53 (100.0%)

**Race**
White ---------- 46 (86.8%)
Black / AA ---------- 6 (11.3%)
Asian / PI ---------- 1 (1.9%)

**Gender**
Male ---------- 8 (15.1%)
Female ---------- 45 (84.9%)

**Ethnicity**
Of Hispanic / Latino origin ---------- 1 (1.9%)
Not of Hispanic/Latino Origin ---------- 52 (98.1%)

## Program Performance Measures

**ACCESS**
1. Those seeking the services of the Self-Help Center are not required to meet any eligibility criteria. The demographics for persons contacting the Self-Help Center are not available because information provided is confidential and anonymous. A log is kept to record the date of all phone calls and responses given. Consumers are also able to access information and services online through the Family Service webpage. All services are free except for a small registration fee to attend the biennial conference or the workshops.
2. Since there are no eligibility criteria there is no determination of eligibility.

3. Individuals learn about the Self-Help Center and its resources from extensive outreach efforts made by the coordinator. The Self-Help Center Coordinator is an active participant with several area coalitions and partnerships such as the Alliance for the Promotion of Acceptance, Inclusion and Respect, the Birth to Six Council and the Disability Expo Steering Committee. This involvement and leadership with creating, planning and participating in events assists the Self-Help Center to ensure that information relevant to the needs of diverse populations is delivered to those who can most benefit. A Support Group Directory is published every other year and is distributed to professionals, group leaders and members on an ongoing basis. The 16th Edition is being distributed this fiscal year and the 17th edition will be published in FY19. It contains information about more than 200 local and regional self-help and support groups. The online edition of the support group directory is continually updated as information about groups frequently changes. A quarterly newsletter is published for group leaders, support group members and community professionals. The Self-Help Center posts information on bulletin boards in numerous human service agency lobbies, public libraries and counseling offices. The Self-Help Center phone number is published in the Sunday News-Gazette Community calendar and the SHC mailing list includes the rural libraries and churches for distribution of the directory and other meeting notices.
4. The Self-Help Center provides assistance to all individuals seeking its services. In FY17 the Self-Help Center completed 331 weighted community service events. The goal was 280 weighted events. This is also the goal for FY19. The coordinator responded to 271 information and referral calls and 1,295 emails relating to self-help. There were 12,469 visits to the Self-Help Center website. Forty-five group consultations were provided and six new support groups were formed. We anticipate these numbers to be about the same in FY19 since this is a biennial conference year.
5. The speed of consumer access is generally within 24 hours if a call or email occurs during business hours (in most instances response is sooner than 24 hours). Internet access is immediate.
6, 7, 8. The Self-Help Center serves as an information clearinghouse. It links individuals to resources. There is no assessment for eligibility or time frame for engagement of services. We do gather information from those individuals who participate in the workshops or conferences as to what topics are relevant for group leaders.
9. When someone consults the Self-Help Center for assistance, the length of engagement varies depending on individual need. A person seeking to start a new group may require more technical assistance and support compared to an experienced group leader who is having issues of maintaining membership. The coordinator may spend a few minutes with an individual or could have several meetings that last an hour or more.

***Comments***

*Program responds to the new series of access outcome questions posed in the application instructions as best it can, considering the nature of the program. Services are only tracked and reported as Community Service Events. There is no eligibility determination, assessment, or engagement. Individual inquiries about available self-help groups are treated confidentially and many times are anonymous. Response time to inquiries is identified. Program does address how the Self-Help Center conducts outreach and sharing information about groups, workshops, other services. Participation in self-help center sponsored events is tracked and reported.*

## CONSUMER OUTCOMES

For FY19

Outcome 1: Through the Self-Help Center, individuals and families will be made aware of the existence of self-help groups and will be provided information and/or referral to a group(s) appropriate to address their needs (when one is available).

**Participation in public awareness activities, which include informational fairs, conferences, public education presentations, media events, and publications.
**Continual update of the on-line version of the Support Group Directory, the Specialized Lists and the website.
**Publication of the Self-Help Center phone number in the Sunday News-Gazette Community Calendar.
**The rural libraries and churches in Champaign County will receive hard copies of the directory and other meeting notices.

Outcome 2: Through the Self-Help Center, individuals wanting to start a group and group leaders experiencing difficulties will be able to effectively start and lead groups and group visibility will increase.

**Consultation services will be available to individuals wanting to start a group or to group leaders experiencing difficulties.
**Training opportunities will be provided through the biennial Self-Help Conference and the workshops.

Outcome 3: Through the Self-Help Center, professionals will be able to locate self-help groups to which they can refer their clients and will know how to work effectively with groups.
**Distribution of the printed Support Group Directories, Specialized Lists, quarterly newsletter and website information to group leaders and professionals.

Due to confidentiality and anonymity issues, limited information is collected on the information and referral calls except for the topic and if the person is a professional or a lay person. Information is not available for pre- and post service outcomes for persons who access information from our publications and on the internet. Post service measures are in effect for the workshops, classes and conferences that measure acquisition of skills, knowledge, satisfaction, networking opportunities and implementation. The benchmark figure established since 2005 was a good or excellent rating by the participants on the post evaluations. This goal has been met 100% for the small group workshop measurements. For the FY17 biennial conference, 98% of attendees that completed a conference evaluation form rated their overall satisfaction with the conference as excellent or good. Data is also collected from the registration form as it applies to gender, ethnicity, age group, lay or professional registrant and zip code. This information lets us know how successful our outreach efforts are for participant needs and diversity. Copies of the evaluation tools, measurements, and outcomes are available upon request. The effort, intensity and scale used to measure consumer outcomes are taken into consideration in our measurement tools. There is no comparative target or benchmark level data available from an external program. The program reacts to variances in consumer outcomes in our quarterly reports to the Family Service board of directors, the Self-Help Center Advisory Council and in our five-year program plan.

***Comments***

*Program is not a direct service provider per se, rather it assists the support groups themselves. Three outcomes are identified that are matched with activities/services provided by the Self-Help Center.*

*Evaluations are collected on workshops, training, and the conference. Evaluation results reported for the FY17 conference gave it very high marks.*

**UTILIZATION**

**Community Service Events (CSEs)** 280 defined as number of weighted "events" that include maintaining and continually updating the web site; community presentations; group consultations for groups in formation and existing groups; facilitator workshops; distribution of the current edition of the Support Group Directory; and holding two workshops and planning meetings for the Spring FY19 biennial Self-Help Conference. Program uses a long-established weighting system to give greater value to more involved activities.

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

In FY17, the program exceeded the expected level of service in the contract program plan. The goal was 280 weighted community service events and 331 events were completed. In FY 17 there were 12,469 visits to the Self-Help Center website (a 22% increase from the prior year). Four hundred Support Group Directories have been distributed since the beginning of FY18. The "events" include maintaining and continually updating the web site; community presentations; group consultations for groups in formation and existing groups; facilitator workshops; distribution of the current edition of the Support Group Directory; and holding two workshops and planning meetings for the Spring FY19 biennial Self Help Conference. The projected CSEs for FY 19 are slightly higher than for FY18 as the two major projects that occur every other year (conference and publication of the directory) are scheduled for FY19. The program maintains files of attendance records, phone logs, publication distribution and web statistics to verify reported service levels. There are no comparable external utilization measures available. We are reacting to program variances through a five-year plan that is reviewed on a quarterly and annual basis. The five-year plan was revised in FY16.

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

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---|---|---|---|---|---|
| Annual Target | 0 | 0 | 0 | 280 | 0 |

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

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---|---|---|---|---|---|
| First Quarter FY18 | 0 | 0 | 0 | 75 | 0 |

| | | | | | |
|---|---|---|---|---|---|
| Second Quarter FY18 | 0 | 0 | 0 | 74 | 0 |
| Annual Target | 0 | 0 | 0 | 270 | 0 |

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

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---|---|---|---|---|---|
| First Quarter FY17 | 0 | 0 | 0 | 77 | 0 |
| Second Quarter FY17 | 0 | 0 | 0 | 89 | 0 |
| Third Quarter FY17 | 0 | 0 | 0 | 82 | 0 |
| Fourth Quarter FY17 | 0 | 0 | 0 | 83 | 0 |
| Annual Target | 0 | 0 | 0 | 280 | 0 |

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

**PY19 CCMHB Funding Request** $28,928
**PY19 Total Program Budget** $35,278
**Current Year Funding (PY18)** $28,428
**Proposed Change in Funding - PY18 to PY19** =1.8 percent
**PY18** request was for $28,428
**PY17** request was for $28,928, and PY17 award was for $28,928
**PY16** request was for $28,428, and PY16 award was for $28,428

**Program Staff - CCMHB Funds:**
Indirect 0.12 FTEs, Direct 0.51 FTEs, Total CCMHB = 0.63 FTEs
**Total Program Staff:**
Indirect 0.13 FTEs, Direct 0.63 FTEs, Total Program = 0.76 FTEs

***Budget Analysis: (staff comments)*** *Total program direct staff is the half-time coordinator plus small percentage of the program director. Indirect staff is tied to administration and general operations of the agency.*

**Funding from the CCMHB represents 82% of the total program budget.** Contributions - various $350 = 1.0%.

***Budget Analysis: (staff comments)*** *The CCMHB is the primary source of support for the Self-Help Center. Other revenue sources include a $2,500 grant from Carle Hospital and $3,500 from conference and workshop fees listed as miscellaneous income.*

*The 2% funding increase requested from CCMHB is tied to the Self-Help Center hosting the Self-Help Conference in 2019. The $500 increase pays for scholarships to reduce conference fee of some attendees. For off years without a conference, program reduces request by $500.*

**Personnel related costs are the primary expense charged to CCMHB, at 68.5%.**

*The CCMHB supports 43% of the coordinator's pay and 8% of the program director's salary. With the exception of the $500 allocated to the specific assistance expense line to pay conference scholarships, all other expense line costs charged to CCMHB equal the percentage of revenue.*

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

## CCMHB FY19 Decision Priorities and Decision Support Criteria

**Priority: Behavioral Health Supports for People with Justice System Involvement** No
**Priority: Innovative Practices and Access to Community Based Behavioral Health Services** Yes.. *Program is not a direct service provider per se but rather performs a supporting role to the support groups themselves. The Self-Help Center assists with the start-up, facilitation, and promotion of support groups. It also will provide information and referral to individuals and professionals wanting to connect with specific groups.*
**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 assists individuals connect with an existing support group or who are interested in organizing a support group, provides periodic training for facilitators and other interested parties, and promotes the groups through various media and activities. Information and assistance is available via telephone, email, and the web. Newsletters and directories are distributed to libraries throughout the county.*

**Inclusion and Anti-Stigma** Yes. *Program links consumers and professionals to local support groups and provides training for self-help group facilitators. It also organizes a self-help conference held every other year and publishes a self-help group directory.*

**Outcomes** No. *Nature of services provided do not align with requirements of the access section. Three consumer outcomes are identified that are primarily process oriented.*

**Coordinated System** Yes. *Self-Help Center coordinator is involved in various networks to keep abreast of new groups and community resources. Also participates in various events to promote the Center and self-help groups. Center publishes and distributes a self-help resource directory and specialized lists of groups in paper and electronic formats.*

**Budget and Program Connectedness** Yes. *CCMHB funding accounts for 82% of program revenue. Program aligns with budget.*

**Realignment of PY18 Contracts to Address Priorities (incumbent programs only)** *Small increase, $500, requested for FY19 to support conference scholarships.*

**Technical Criteria**

**Approach/Methods/Innovation** *Training and support services provided to group leaders and community. Self-Help Center is a unique resource. Such a resource is not very common.*

**Staff Credentials** Yes. *Noted for Coordinator position.*

**Resource Leveraging** *The CCMHB is essentially the sole source of support. Carle Hospital does provide a small grant to support the Self-Help Center. Conference and workshops fees help underwrite those events.*

**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

# Draft PY19 CCMHB Program Summary

Agency: **Family Service of Champaign County**
Program: **Senior Counseling & Advocacy**

## PY19 CCMHB Funding Request $142,337

**PY19 Total Program Budget** $522,343
**Current Year Funding (PY18)** $142,337
**Proposed Change in Funding - PY18 to PY19** = 0.0 percent

## Services/People Served

**Service Description/Type**

Most services are provided in the client's home or in the community advocating with/for the client. Office visits are available. Services are available 8:30 a.m. – 5:00 p.m., Monday-Friday. After-hours services are available, if needed.

With the client's presenting request, caseworkers use interview and standardized assessments such as the Geriatric Depression Scale, Geriatric Anxiety Scale, Geriatric Perceived Social Isolation Scale, and the Independent Activities of Daily Living Scale to determine what services to offer. They can then use Options Counseling to develop a client-driven, person-centered plan of long-term services and supports the client might need and prefer.

Non-Treatment Plan clients can receive short-term supportive counseling as well as advocacy and referral. They become Treatment Plan clients if staff believe they might benefit from extended services and if the clients are willing.

Staff use multiple methodologies with Treatment Plan clients including but not limited to:
PEARLS: evidence-based program to empower older adults with mild depression to manage symptoms and improve quality of life. (We also offer several evidence-based healthy aging programs to our clients and the community.)

Supportive Counseling: brief solution-focused therapy, grief support, empathetic listening, reality approaches, behavioral activation, family meetings and other therapeutic interventions are used as appropriate.

Advocacy: help accessing services addressing poverty, isolation, chronic health concerns and other unmet needs that can lead to depression and anxiety. Staff refer people to community services for which they qualify, working with them until services are engaged. Staff are active in outreach and education to raise awareness county-wide about services and supports available to seniors and their families.

Counseling and Advocacy is the Coordinated Point of Entry for Champaign County and acts as its Aging and Disability Resource Center. As such, many services – including Options Counseling and Adult Protective Services investigation and advocacy – are also available to adults age 18-59 with disabilities.

Caseworkers (except the Caregiver Advisor) have at least a bachelor's degree; one has a master's degree. The supervisor has a master's degree and more than 30 years of experience. Staff are Certified Information and Referral Specialists (CIRS-A or CIRS-AD) as soon as they qualify; 6 are currently certified. All staff except Adult Protective Services caseworkers are SHIP certified. Staff receive regular training. In FY 2017, training was provided on therapeutic and supportive interventions that included cultural competency, constructive conversations in conflict situations, disability services, nonverbal communication, and crisis unit services. Caseworkers receive clinical supervision from their supervisor.

***Comments***

*Proposal aligns with Innovative Practices & Access to Community Based Behavioral Health Services priority. The Senior Counseling and Advocacy program is the Coordinated Point of Entry for Champaign County (More detail on this designation would be helpful). Services are available to those age sixty and older and to adults of any age that have a disability, and that have one or more needs related to mental health, neglect or abuse, or*

*assistance with accessing other services related to basic needs. Program also assists grandparents raising grandchildren, family members caring for elderly parents, and elderly caring for adult children with disabilities.*

*Services provided are based on the outcome of a standardized assessment, and where multiple needs are identified Options Counseling is used to develop a client driven service plan. Range of services offered are information and referral, advocacy (case management), Adult Protective Services, counseling including PEARLS (an evidence-based model for the elderly with mild depression), and brief solution focused therapy.*

*Staff credentials are noted including certification as information and referral specialists for the specialized populations served. Services are provided in client's home, in the office, or assisted with transportation to other local provider.*

*Program enables seniors to live independently. Adult protective services reduces abuse and neglect and in many cases investigation leads to additional supports being provided by the program to the individual.*

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

**Target Population**

Senior Counseling and Advocacy (C&A) services are available to any Champaign County resident age 60 or older living in a domestic setting. Many services are available to adults with disabilities. Services are also available to family or friends providing direct care to seniors in their homes. All clients must have one or more of the needs addressed by the program: anxiety, depression, isolation, grief, or other mental health issues; family concerns; neglect, abuse, or exploitation; and/or the need to access financial or material services or benefits. There are no fees charged for the services so that income does not become a barrier to receive services.

The Counseling & Advocacy program has a written outreach plan to help ensure that rural seniors and people with diverse cultures have access to services. The program also targets seniors most likely to experience depression or anxiety: those age 75 and older, living in poverty and living alone. Of those Champaign County residents served in FY 17, 38% were age 75 or older, 99% of those for whom income was known had incomes in the low, very low, or extremely low range, 37% lived alone, 22% were minority seniors and 19% lived outside of Champaign-Urbana-Rantoul-Savoy.

The elderly are the fastest growing segment of the U.S. population. Studies by SAMHSA, the Administration on Aging, the Illinois Department of Public Health (IDPH) and others confirm that a significant number of seniors experience major depression or significant depressive symptoms. Many of the realities of aging - physical illness, sensory loss, recurrent falls, sleep disturbances, dementia, medication side effects, substance abuse, family issues, extended bereavement and social isolation – are recognized risk factors for mental health problems. IDPH states that depression is one of the leading risk factors of suicide in older adults; the suicide rate for persons 70 years old and older is almost twice the rate of the 15-19 year old age group. Counseling & Advocacy addresses risk factors that can lead to depression and anxiety in older adults and provides interventions for individuals experiencing those mental health issues.

**Residency**

| | | |
|---|---|---|
| **Total Served** | 1870 in last full year, PY17 | 623 in first and second quarter, PY18 |
| **Champaign Set** | 785 (42.0%) for PY17 | 243 (39.0%) for PY18 |
| **Urbana Set** | 540 (28.9%) for PY17 | 177 (28.4%) for PY18 |
| **Rantoul -single** | 149 (8.0%) for PY17 | 63 (10.1%) for PY18 |
| **Mahomet - single** | 78 (4.2%) for PY17 | 33 (5.3%) for PY18 |
| **Other Champaign County** | 318 (17.0%) for PY17 | 107 (17.2%) for PY18 |

**Demographics**

**Total Served** 1870 in last full year, PY17

**Age**

Ages 19-59 ---------- 190 (10.2%)
Ages 60-75+ ---------- 1,680 (89.8%)
**Race**
White ---------- 1,281 (68.5%)
Black / AA ---------- 498 (26.6%)
Asian / PI ---------- 29 (1.6%)
Other (incl. Native American and Bi-racial) - 57 (3.0%)
Not Available Qty ---------- 5 (.3%)
**Gender**
Male ---------- 510 (27.3%)
Female ---------- 1,360 (72.7%)
**Ethnicity**
Of Hispanic / Latino origin ---------- 50 (2.7%)
Not of Hispanic/Latino Origin ---------- 1,798 (96.1%)
Not Available Qty ---------- 22 (1.2%)

## Program Performance Measures

**ACCESS**

1. People age 60 and older as well as those ages 18-59 with disabilities who live in Champaign County and who have a need for our services are eligible. There is no fee for the services. This will remain the same for FY 19.
2, 5, 6. 2. Eligibility is determined by interview (address, birth date, statement of presenting need) at the time service is requested. 5. Assessment for particular benefits or programs may be supplemented by standardized assessment as needed. 6. All potential clients will be assessed for eligibility during the initial call or contact. No one is put on the waiting list who does not qualify for service. Those who are not eligible (out of county, not a senior or an adult with a disability) can still receive referral to other possible service agencies that may be able to help them. This will remain the same for FY 19. 90% of PEARLS clients will have assessment within 2 days of referral.
3. Staff do concerted outreach in the rural areas of the county and in residential areas of the county that have a large concentration of lower income seniors. They also participate in community events that allow us to highlight our services and to provide on-the-spot information and referral. In FY 17, staff participated in 66 community events. Family Service also has a web page which describes our services with contact information for each and a Facebook page to highlight service events. The percent of those served in the Counseling & Advocacy program of those age 75 years of age or older, low income, living alone, and of minority background were higher than the percent of those groups in the county population. 16% of those seen were from rural areas compared to 29% in the county at large. This will remain the same for FY 19 with a goal of at least 50 community events and 38 rural and/or low income areas targeted for outreach with the outcome of rural, low income, and minority seniors receiving services.
4. All people eligible for services receive services. This will remain the same for FY 19.
7, 8, 9. During times of high service volume, people may be placed on a waiting list until a caseworker is available to work with them. All referrals are triaged by the Manager of the program and those with immediate needs for health and/or safety are assigned right away. Service contacts (requests for information and/or referral) are answered as calls come in. During normal operational hours, those with immediate needs for food, medication, shelter, etc. are responded to the same day or the next day. This will remain the same for FY 19. PEARLS clients will receive a home visit within 2 weeks. The average wait for Non-treatment plan service for FY 17 was about 13 working days. 60% of the people on the waiting list received service in 13 days or less. 14% received service in 4 days or less. New treatment plan clients are generally opened within a week with assessments completed within 2-3 weeks. We are not an emergency service and not ordinarily open evenings and weekends. Our voice mail refers people to emergency supports during those times. For FY 19, the outcome projection is that 60 percent of clients will receive service in 15 working days or less and that 20 percent will receive service in 5 working days or less. Non-treatment plan clients are those receiving and completing service within 2-3 contacts. Treatment plan and Other (caregiver clients) can remain active clients for several years if necessary. We will collect data on living alone and income if available in addition to required data.

***Comments***

*Program describes process from referral to assessment to engagement for various service components of the program although at times the responses are hard to follow. Those found eligible will receive services but may be*

*waitlisted; those not eligible are referred to other providers. Program conducts targeted outreach in an effort to increase participation from rural areas and areas with large number of low-income residents. Time frames with targets for assessments and level of engagement (NTPCs & TPCs) can be found in the narrative. Some specific targets are identified for select services.*

**CONSUMER OUTCOMES:**

For FY19

Outcome 1: People will be referred to needed services for anxiety, depression, and/or social isolation.
*Geriatric Anxiety Scale, Geriatric Depression Scale, Geriatric Perceived Social Isolation Scale, PEARLS PHQ-9.
*Number of people with scores above subclinical levels that received referral to clinical services.
*90% of people will have referrals made.
*50% of clients will accept services to which referred.

Outcome 2: People will have reduced anxiety, depression, and social isolation scores.
*Geriatric Anxiety Scale, Geriatric Depression Scale, Geriatric Perceived Social Isolation Scale, PEARLS PHQ-9.
*Number of people with reduced scores over a 6 month period or by end of PEARLS intervention.
*70% of clients will experience reduced scores.

Outcome 3: Seniors and adults with disabilities receiving protective services will have reduced risk scores.
*State risk assessment tool.
*Number of seniors and adults with disabilities who accept service who end service with a reduced risk score.
*80% of adult protective services clients will have a reduced risk score at the end of service.

Outcome 4:. The clients served by the program will reflect the demographics of senior residents in Champaign County.
*Census data and zip codes of clients.
*Percentage of clients served who are low income, rural, and minority compared to census data for Champaign County seniors.
*Percent of clients served will match or exceed county percents in low income and minority factors and will reach at least 50% of rural numbers.

Outcome 5: People will have information about benefits and services available.
*Information and referral logs, client satisfaction surveys.
*9,000 people will receive information and referral.
*Clients will be asked, "As a result of receiving the case management services, do you have a better idea of where to get information about other services?" and it will receive a score of 4/5 with 5 being strongly agree.

FY 17

PEARLS clients will improve their PHQ9 scores by 40% or more. 32 clients were referred to the PEARLS program and 22 accepted screening. Of those, 7 chose to participate in the program. 6 of the 7 showed improved PHQ9 scores during their participation. Of the 5 who completed the program, PHQ9 scores improved by an average of 54%.

Brief Solution Focused Therapy clients will show improvement on their anxiety/depression or social isolation assessment after 6 months of intervention. Goal 70%. Achieved 73%

Other clients assessed as experiencing depression or anxiety will have improved assessment scores after six months of intervention. Goal 60%. Achieved 70%

Clients with social isolation indicated on their assessment will decrease their level of social isolation after 6 months of intervention. Goal 70%. Achieved 71%

Clients will report increased feelings of empowerment and satisfaction with their personal life situation. Goal 85%. Achieved 88%

Clients will report increased access to resources to address the needs and problems associated with aging. Goal 80%. Achieved 85%

Clients will have unmet needs identified at opening met at closing. Goal 80%. Achieved 87%

***Comments***

*Section presents clear consumer outcome measures proposed for FY19. One measure is specific to Adult Protective Services. The other outcomes and targets relate to reduction of anxiety, depressive symptoms, and social isolation, and where indicated referrals made to clinical services. Programs efforts to ensure the population served is representative of the county will also be measured. Tools or approach used to measure outcome are referenced. Results for FY17 measures are summarized.*

**UTILIZATION**

**Treatment Plan Clients (TPCs)** 320 defined as number of clients who require help with long term and/or complex needs including mental health issues. Each client has a treatment plan.

**Non-Treatment Plan Clients (NTPCs)** 1,290 defined as number of clients who require interventions to address needs that can be resolved in no more than two or three contacts. No formal treatment plan is developed.

**Service Contacts (SCs)** 9,500 defined as number of information, referral and assistance contacts provided by telephone or computer to seniors, those with disabilities, their families, service providers and the community regarding resources and services that are pertinent to aging.

**Community Service Events (CSEs)** 0

**Other** 195 defined as number of clients who are adults caring for a senior family member, grandparents raising grandchildren (or others raising related minors) and seniors caring for adult children with disabilities.

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

TREATMENT PLAN CLIENTS: Case record includes a comprehensive assessment, other assessments for depression, anxiety, social isolation, cognitive functioning and/or unmet needs and treatment plan addressing assessed needs.

NON-TREATMENT PLAN CLIENTS: Case record includes a comprehensive assessment, but no formal treatment plan is developed.

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

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---|---|---|---|---|---|
| Annual Target | 320 | 1290 | 9500 | 0 | 195 |

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

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---|---|---|---|---|---|
| First Quarter FY18 | 127 | 352 | 3090 | 0 | 14 |
| Second Quarter FY18 | 26 | 0 | 244 | 0 | 4 |
| Annual Target | 320 | 1275 | 9200 | 0 | 200 |

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

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---|---|---|---|---|---|
| First Quarter FY17 | 245 | 401 | 3432 | 0 | 16 |
| Second Quarter FY17 | 46 | 304 | 2752 | 0 | 5 |
| Third Quarter FY17 | 51 | 290 | 2974 | 0 | 10 |
| Fourth Quarter FY17 | 47 | 292 | 3750 | 0 | 12 |
| Annual Target | 320 | 1275 | 9200 | 0 | 200 |

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

**PY19 CCMHB Funding Request** $142,337
**PY19 Total Program Budget** $522,343
**Current Year Funding (PY18)** $142,337
**Proposed Change in Funding - PY18 to PY19** = 0.0 percent
**PY18** request was for $142,337
**PY17** request was for $142,337, and PY17 award was for $142,337

**PY16** request was for $142,337, and PY16 award was for $142,337

**Program Staff - CCMHB Funds:**
Indirect 0.57 FTEs, Direct 2.78 FTEs, Total CCMHB = 3.35 FTEs
**Total Program Staff: (FTE)**
Indirect 2.16 FTEs, Direct 10.18 FTEs, Total Program = 12.34 FTEs

***Budget Analysis: (staff comments)*** *CCMHB supports some percentage of sixteen direct program positions. Support ranges from a low of 1% to a high of 27%. Not all staff are assigned to the program fulltime. Indirect staff supporting the program account for 17% of total CCMHB staff.*

**Funding from the CCMHB represents 27.2% of the total program budget.**
Other revenue sources are United Way, $20,000 or 3.8%, Contributions – various, $1,000 or 0.2%, and State (includes ECIAAA contracts) 67%.

***Budget Analysis: (staff comments)*** *The CCMHB is the single largest source of support at 27%, followed closely by the state Adult Protective Services contract. All state contracts plus East Central Area Agency on Aging (ECIAAA)contracts account for 67% of total program revenue. Some of the ECIAAA contracts may be federal pass through funds. Other local sources provide the remaining 6% of revenue. CCMHB funds are cited as being used as local match for several ECIAAA contracts. Amount requested from the CCMHB is same as FY18 award.*

**Personnel related costs are the primary expense charged to CCMHB, at** 81.8%.
*Personnel related expenses accounts for 82% of CCMHB paid expenses. Remaining 18% of expenses are cost allocated at a rate equal to CCMHB percent of revenue, except client assistance that is paid out of other funds.*

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

## CCMHB FY19 Decision Priorities and Decision Support Criteria

**Priority: Behavioral Health Supports for People with Justice System Involvement** No
**Priority: Innovative Practices and Access to Community Based Behavioral Health Services** Yes. *Program provides support primarily to the elderly, but also adults with disabilities, and their caregivers. The Senior Counseling and Advocacy program is the Coordinated Point of Entry for Champaign County. Services are available to those age sixty and older and to adults of any age that have a disability, that have one or more needs related to mental health, neglect or abuse, or assistance with accessing other services related to basic needs.*
**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 the elderly, caregivers, and adults with disabilities. Program conducts home visits throughout the county. Outreach includes efforts targeted to rural areas.*
**Inclusion and Anti-Stigma** No. *Addressing stigma is not a focus of the application.*
**Outcomes** Yes. *Consumer outcome measures and performance targets are clearly identified. The Access outcomes section addresses timeframes and sets targets but not as succinctly as dome for consumer outcomes.*
**Coordinated System** Yes. *Program is recognized by the state as the Coordinated Point of Entry for Champaign County.*
**Budget and Program Connectedness** Yes. *CCMHB funding is 27% of program revenue. Program aligns with budget. Funding for personnel supports a portion of all program staff positions. Remaining funds are costs allocated proportionate to CCMHB revenue.*
**Realignment of PY18 Contracts to Address Priorities (incumbent programs only)** *No increase is requested for FY19.*

**Technical Criteria**
**Approach/Methods/Innovation** Yes. *Program designated Coordinated Point of Entry/Aging and Disability Resource Center. Utilizes various assessment tools appropriate to the aging population, applies options counseling in developing client driven service plan, and uses evidenced based PEARLS in work with clients with mental health symptoms.*
**Staff Credentials** Yes. *Education and certifications as well as recent training completed by staff are referenced.*

**Resource Leveraging** Yes. *The CCMHB is the largest single source of support for the program. Various sources of state funding including multiple contracts from the East Central Illinois Area Agency on Aging (ECIAAA) account for 67% of program revenue. A number of the ECIAAA contracts are noted as requiring a local match.*

**Process Considerations & Caveats**

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

- *More detail on the significance of being the Coordinated Point of Entry is of interest.*

**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:

- *More detail on the significance of being the Coordinated Point of Entry is of interest.*
- *The Access Outcomes section could be revised but is not a significant issue.*

**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
Grow Illinois

**CCMHB 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:**

| Required Benchmark by CCMHB/DDB | Summary of Actions outlined CLC Plan |
|---|---|
| *Annual Cultural Competence Training* | **Yes** |
| *Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:* | **Yes** |
| *Cultural Competence Organizational or Individual Assessment/Evaluation:* | **Yes** |
| *Implementation of Cultural Competence Values in Policy and Procedure:* | **Yes** |
| *Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria* | **Yes** |
| *Inter-Agency Collaboration* | **Yes** |
| *Language and Communication Assistance* | **Yes** |
| *Matched Actions with National Culturally and Linguistically Appropriate Services(CLAS) Standards in Health and Health Care.* | **No** |

**Overall CLC Plan Comments**

*The CLC Plan was not updated to reflect outcomes for FY 19. Technical Assistance was provided to Grow Illinois after the CLC Plan was submitted. The required benchmarks were part of the CLC Plan that was submitted.*

# Draft PY19 CCMHB Program Summary

Agency: **GROW in Illnois**
Program: **Peer-Support**

## PY19 CCMHB Funding Request $20,000

**PY19 Total Program Budget** $20,000
**Current Year Funding (PY18)** $20,000
**Proposed Change in Funding - PY18 to PY19** = 0.0 percent

## Services/People Served

**Service Description/Type**

Provide a network of GROW groups and recovery support activities including: Champaign Group; County Jail Group; Hospital Orientation Group; Social Activities.
The goal of the GROW Program is for the personal recovery and mental health of individual sufferers which may include addictions. GROW is committed to community mental health including prevention, rehabilitation and restoration of the person to their families and society. The preferred outcome for individual participants is maturity (personal growth), and to effectively employ skills learned for coping with mental health problems.
Weekly GROW group meetings of 3 to 15 members lasting up to two hours are run by GROWers who have advanced in their recovery and volunteered to be organizers for the group.
The GROW Fieldworker is a GROW Seasoned Leader position.
Fieldworker duties will include the development of new group with a focus on the rural area of Rantoul, quality control all GROW Groups, Orientations, and Socials in Champaign County.
GROW National Program Coordinator will provide ongoing Fieldworker Training.
GROW will participate in anti-stigma awareness campaigns and disability expos.

ACCORDING TO THE RESEARCHERS

Professor Julian Rappaport of the University of Illinois research team and his co-researchers reported that "Many Growers who attend meetings regularly are able to cope more effectively with stressful life events. Those who are regular attendees are more likely than other similar people to show improvement in either psychological, interpersonal or community adjustment. In addition, Growers who have had a history of recent hospitalization in state facilities were found to require fewer days of hospital care after joining GROW than a comparison groups of people with a similar psychiatric history" (Comments by Dr. Rappaport, made as of April 18, 1990.).

Researchers who studied GROW in Australia wrote:
"A sample of GROW members, followed by a period of six months, perceived their lives as having improved in a number of ways. They felt better about their lives as whole as well as specific domains of their lives. They considered their lives more satisfactory by their own standards; on a balance their affective mood was better, and they felt they had more control within their lives. They were more satisfied with their friendships and more intimate relationships and were distressed by fewer psychiatric symptoms" (Williams and Young, "A Research Evaluation of GROW, a Mutual-Help Mental Health Organization," Psychology Department, University of Tasmania, March, 1990, pp. 91-93).

***Comments***

*Program aligns with Innovative Practices & Access to Community Behavioral Health Services priority. Peer support services target adults. GROW services complements work of professionals, promotes recovery, and seeks to empower participants while connecting them with others in similar situations.*

*Proposed scope of services is unchanged from FY18. GROW has groups at Champaign County jail, OSF Hospital (formerly Presence), and in the community. Groups are said to meet each week with up to 15 participants. referrals come through the GROW network, mental health professionals, and medical providers. Program is listed with the Self-Help Center.*

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

**Target Population**

GROW mutual-help; peer to peer program serves mental health sufferers of all ages, races and gender, including some who seek prevention or personal growth. Participants in GROW are referred from group members, professional mental health caregivers and hospitals.

GROW offers a service that complements the work of professional providers. It connects people in need with others in similar situations and empowers participants to do that part which they can and must be doing for themselves and with one another. While professional mental health workers provide diagnosis and treatment, consumer-providers such as GROW offer essential rehabilitation and prevention services--because they have firsthand experience with the recovery process.

A majority of participants in the program have been hospitalized with psychiatric disorders, diagnosed with mental illness, emotional or coping problems, including misuse of drugs and alcohol.

One of GROW's mission documents states that the majority of participants come to GROW "in severe stages of breakdown—whether acute or chronic…" These GROW members "continue to be the core of the movement's concern. Above all others, they are the ones for whom GROW exists."

In their "comparison study of three international mental health self-help organizations: Recovery Inc., Emotions Anonymous, and GROW International," Linda Farris Kurtz and Adrienne Chambon noted that "less privileged and less emotionally stable people may find themselves more accepted and supported in GROW groups" ("Comparison of Self-Help Groups for Mental Health," Linda Farris Kurtz and Adrienne Chambon, University of Chicago, Health and Social Work, vol. 12, No. 4, Fall 1987).

Program participants range in age from 18 to older than 65. The most common age group is between 46 to 55. All of these mental health sufferers benefit from the mutual-help peer to peer group support which is a CCMHB priority for "Innovative Practices to Support Access to Core Services."

GROW will work with the Champaign County Sherriff's Office to organize meetings at the Champaign County Jail to serve the inmate population starting in March 2017, CCMHB priority for "Behavioral Health Supports for Adults with Justice System Involvement." Inmates fully participating in the 12-step program while incarcerated are expected to benefit personally and have an opportunity to continue their recovery and rehabilitation by attending a community group upon release.

GROW is anonymous, members are expected to keep confidential the personal testimonies and discussions during meetings. There are no fees for membership however; donations and offerings are usual but voluntary. GROW is nondenominational

**Residency**

**Total Served** 61 in first and second quarters of PY18 (not funded in PY17)
**Champaign Set** 7 (11.4%) for PY18
**Urbana Set** 53 (87%) for PY18
**Rantoul -single** 1 (1.6%) for PY18
**Mahomet - single** 0 (.0%) for PY18
**Other Champaign County** 0 (.0%) for PY18

**Demographics**

**Total Served** 61 in first and second quarters of PY18

**Age**

Ages 19-59 ---------- 60 (98.4%)
Ages 60-75+ ---------- 1 (1.6%)

**Race**

White ---------- 37 (60.7%)
Black / AA ---------- 23 (37.7%)
Other ---------- 1 ( 1.6%

**Gender**

Male ---------- 35 (57.4%)
Female ---------- 26 (42.6%)
**Ethnicity**
Of Hispanic Origin ---------- 1 ( 1.6%)
Not of Hispanic/Latino Origin ---------- 60 (98.4%)

## Program Performance Measures

**ACCESS**
Participation in the GROW program is voluntary and anonymous, non-denominational and open to all. Most consumers begin attending a group because of a referral from a group member, mental health provider, caregiver, professional counselor or social worker. There is no assessment required before attending a GROW group or projected length of engagement.

Group information listings will be printed in the local news-paper community calendar, the Self-Help Center's newsletter, and other community publications available.

The Fieldworker will engage consumers through hospital and mental health clinic orientation groups. Orientation groups provide consumers with information about group meeting times and locations including a overview of GROW's Three Essential Features: 1) The Program of Growth to Maturity 2) The Group Method and 3) The Caring and Sharing Community.

The results of the 2014 GROW survey of members show that the majority of participants have a history of serious and persistent mental illness. Of the 319 respondents to the survey…
- 83% were receiving services from a professional mental health provider.
- 79% had received a diagnosis of mental illness at some time in their lives.
- 86% were taking psychiatric medication.
- 66% had been hospitalized one or more times for psychiatric reasons

The survey results show the length of time in GROW.
- 40% have attended GROW between 1-5 years
- 21% have attended GROW 6 years or longer
- 38% have attended GROW 1 year or less

GROW will provide a monthly internal report, within 30 days after the end of the month, the hours of service provided to the unduplicated persons served and the duplicated persons served, number and type of group in the county. Provide results of an annual survey outlining individual growth and recovery progress of participants as a whole.

***Comments***
*This section describes how GROW groups will be promoted and process for engaging in services. Groups are open to any individual presenting with no expectation of consistent participation or attendance. No screening or assessment is required prior to engagement. The Fieldworker is responsible for outreach and conducting orientation groups. Program will track hours of service, number participating, and frequency of groups, but this section does not identify any targets.*

**CONSUMER OUTCOMES**
Participants in the GROW program recover to return to family, productive work, and community. Recoveries vary in extent, completeness, and duration. Furthermore, recovery may occur over varying lengths of time. A survey of participants found that those who GROW employ the program mature to cease drug and alcohol abuse.

GROW promotes recovery, and considered risk-taking leading to growth. As part of the 12-step recovery program GROWers are encouraged to take leadership positions of increasing responsibility to promote independence, confidence, and maturity. This is also part of the 'helper principle' which is succinctly stated as "If you need help, help others. And to help others best, let them help you."

Outcomes of Finn study: From: Mutual help groups: an important gateway to well-being and mental health. (Meeting Needs for Ongoing Care). Lisabeth D. Finn, Brian Bishop and Neville H. Sparrow. Australian Health Review 31.2 (May 2007): p. 246(10)
1.Fundamental change process fostered in GROW groups: Movement along an "active-passive continuum" from a passive to an active stance appeared to be a fundamental change process fostered in GROW groups. Included in this sense of becoming active was improvement in members' ability to make choices/decisions and to take responsibility for change. Group and GROW Program ingredients impacting on positive movement along the active-passive continuum included factors such as group challenge, support and encouragement.
2.'Education' in GROW also impacted positively via the Blue Book tool kit with layman's cognitive-behavioral therapy, and a program endorsing 'practical tasks' or homework tasks given out at meetings for GROW members to work on during the week.
3.Notably, taking on a leadership role in GROW was described as a commitment which pushed GROW members forward into further action and the development of new skills.

In Finn's words: A unique aspect of the GROW organization is its leadership structure for running the groups. This includes roles such as leading or chairing a meeting, or being the Organizer of a group meeting, setting it up and making sure it keeps on track. These roles are specifically designed to extend the social and life management skills of GROW members in areas such as encouragement, welcome and support of group members and assertiveness and challenge. GROW's emphasis on networking with other members by phone and participating in residential training weekends and social activities are a deliberate ploy to enhance social and communication skills. Given that isolation and deterioration of social skills are major problems for some of the GROW population, particularly those who have been hospitalized, it is evident that GROW's operations and structure are designed not only to counter these tendencies but to actively promote the development of new skills.

Professor Julian Rappaport's Address to the National GROW Seminar, Sydney, September 6, 1988 – "The Evaluation of GROW in the USA, and Its Significance for Community Mental Health" -

Julian refers to GROW as... a mutual help organization" rather than a set of mutual help groups.
The groups may be like the glue that holds the organization together, but I suspect that much of the effect is in function of a total involvement of the organization in the lives of its members... GROW's intentions, as I see them, are to create friendship networks and what they call a caring and sharing community, enabling members to enjoy meaningful lives by adopting various roles and responsibilities in a very complex organization designed to create a social niche for people, or mediating structure between each person.

***Comments***

*Findings of prior studies and researchers comments are cited. Potential outcomes are there based on the research cited, but no specific measures are provided. Section is unchanged from FY18 and needs to identify measures, possibly building off past participant survey questions.*

*This program is one of four programs receiving targeted support in FY19 from the UIUC Building Program Evaluation Capacity initiative funded by the Board.*

**UTILIZATION**

**Non-Treatment Plan Clients (NTPCs)** 12, defined as number of unduplicated participants in groups. Additional information on number of times groups met and number of hours of service will be tracked reported.
**Service Contacts (SCs)** 800, defined as number of contacts is established and significantly increased over FY18. However, what a contact represents is not defined.
**Community Service Events (CSEs)** 4 - *While a target is identified, what activity GROW will report as a CSE is not defined here.*
**Narrative** *Section has been edited. For complete description, see submitted Program Plan Part I form.*
Due to the abrupt and unexpected termination of state funding for the GROW In Illinois self-help mental health program in 2015, all of the state field workers and coordinators were laid off. Nonetheless about one-half of the groups in Illinois counties continue to meet with volunteer group leaders and program participants.

GROW In Illinois has turned over administration to the GROW In America National Program Coordinator which continues operations with a small staff and a few volunteer support workers. GROW In Illinois is reorganizing and intends to operate with support from county programs and charitable donations to support local field workers, training for field workers.

***Comments***
*Service Contacts and Community Service Events need to be defined.*

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

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---|---|---|---|---|---|
| Annual Target | 0 | 12 | 800 | 4 | 0 |

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

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---|---|---|---|---|---|
| First Quarter FY18 | 0 | 31 | 114 | 1 | 0 |
| Second Quarter FY18 | 0 | 37 | 187 | 1 | 0 |
| Annual Target | 0 | 60 | 175 | 4 | 0 |

**PY17 all four quarters (per submitted Service Activity Reports)** not funded in PY17

***Comments***
*Projected number of NTPCs served been reduced for FY19.*

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

**PY19 CCMHB Funding Request** $20,000
**PY19 Total Program Budget** $20,000
**Current Year Funding (PY18)** $20,000
**Proposed Change in Funding - PY18 to PY19** = 0.0 percent
**PY18** request was for $51,735, and PY18 award was for $20,000

**Program Staff - CCMHB Funds:**
Indirect 0 FTEs, Direct 1 FTEs, Total CCMHB = 1 FTEs
**Total Program Staff:**
Indirect 0 FTEs, Direct 1 FTEs, Total Program = 1 FTEs
***Budget Analysis: (staff comments)*** *CCMHB funding supports one fulltime GROW fieldworker position.*

**Funding from the CCMHB represents 100% of the total program budget.**
***Budget Analysis: (staff comments)*** *CCMHB is listed as the sole funder for the program. However, expenses exceed revenue. Agency budget does include contributions and in-kind support but is not allocated to the program. That the program operates at a deficit will require allocation of these resources, additional funds be raised from other sources, or expenses be reduced.*

**Personnel related costs are the primary expense charged to CCMHB, at** 100 percent.
*CCMHB supports most but not all of the salary for the fulltime fieldworker. Other expenses incurred but not funded contributing to the program deficit include payroll taxes, general operating, conferences/staff development. No funds are allocated for staff travel that likely would be incurred by the fieldworker.*

**Audit Findings:** Audit Requirement Waived
***Comment*** *an independent audit is not required, due to contract at threshold amount of $20,000.*

## CCMHB PY19 Decision Priorities, Support Criteria, and Process Considerations

**Priority: Behavioral Health Supports for People with Justice System Involvement** *While not the primary focus of the program, GROW does hold a group in the Champaign County jail.*
**Priority: Innovative Practices and Access to Community Based Behavioral Health Services** Yes. *Program conducts peer support groups for adults.*
**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 provides peer support groups to adults with mental illness. Groups are offered at the jail, OSF Hospital, and in the community including Rantoul.*
**Inclusion and Anti-Stigma** Yes. *Peer support groups and other activities including participation in disAbility Expo and other anti-stigma events.*
**Outcomes** *Access does not involve a screening/assessment process. Outreach effort is mentioned. On consumer outcomes, section needs to identify measures, possibly building off past participant survey questions. This program is one of four programs receiving targeted support from the UIUC Building Evaluation Capacity initiative in FY19.*
**Coordinated System** Yes *Service section refers to participation in anti-stigma awareness campaigns and disability expo. Locations hosting groups include the jail and OSF Hospital. The Self-Help Center has GROW listed as a resource.*
**Budget and Program Connectedness** No *CCMHB funds support the majority of fieldworker salary but rated no overall due to the program operating at deficit. Explanation as to how the deficit will be addressed is needed.*
**Realignment of PY18 Contracts to Address Priorities (incumbent programs only)** *Program requests same amount of funding as awarded for FY18.*

**Technical Criteria**
**Approach/Methods/Innovation** Yes. *Proposal presents past research/studies on GROW supporting the peer support model and work of the agency.*
**Staff Credentials** Yes. *Is described for the Fieldworker position in services section of Part I form and budget narrative.*
**Resource Leveraging** No. *CCMHB is the sole funder for the program. While the agency identifies some contributions and in-kind for the agency as a whole, no other funding is allocated to the program. Some adjustment, other revenue, or reduction in expense will be necessary to balance the operating budget.*

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

- *How does GROW intend to address the operating deficit?*
- *Why has projected number of NTPCs served been reduced for FY19?*
- *Is the technical assistance provided to GROW from the UIUC Program Evaluation team far enough along for GROW to update the outcome measures? Are there measures that can be identified from past participant surveys?*

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

- *Service Contacts and Community Service Events need to be defined.*

**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
Promise Healthcare

**CCMHB 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:**

| Required Benchmark by CCMHB/DDB | Summary of Actions outlined CLC Plan |
|---|---|
| *Annual Cultural Competence Training* | **Yes-** *Annual training will be provided for both staff and board members.* |
| *Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:* | **Yes-***Ensure that at least 51% of board of directors are active patients that serve on the board reflect the diversity of the community.* |
| *Cultural Competence Organizational or Individual Assessment/Evaluation:* | **Yes-** *Assess and modify the physical facility to reflect the population of focus, to be welcoming, clean, and attractive by providing cultural art, magazines, refreshments, etc.* |
| *Implementation of Cultural Competence Values in Policy and Procedure:* | **Yes-** *Read and sign CLC plan each year the plan is updated.* |
| *Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria* | **Yes-** *Promise Healthcare, provides primary health services for the uninsured and underinsured population of Champaign County through Frances Nelson, the Smile Healthy dental programs, and satellite clinics* |
| *Inter-Agency Collaboration* | **Yes-** *We will integrate physical health and behavioral health care--which includes mental health counseling and psychiatry for established patients of Promise Healthcare who have been referred by our medical providers for* |

2019 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB/DDB
Promise Healthcare

| | |
|---|---|
| | *mental/behavioral health services or Rosecrance case managers and counselor.* |
| *Language and Communication Assistance* | **Yes-**<br>The following items are reviewed annually:<br>a. Bilingual English/Spanish, English/French, English/Mandarin speaking staff are on site<br>b. Spanish option messages are available on phone system<br>c. All forms are translated into Spanish<br>d. New patient packets and prenatal documents translated to French and Mandarin<br>e. Printed forms, educational materials, brochures and videos are culturally and linguistically appropriate<br>f. Patient education materials are at appropriate reading level<br>g. Client satisfaction is measured by satisfaction surveys |
| *Matched Actions with National Culturally and Linguistically Appropriate Services(CLAS) Standards in Health and Health Care.* | **Yes-** |

**Overall CLC Plan Comments**

*The CLC Plan included the themes of the National CLAS Standards, the actions and benchmarks did match up with the CLAS Standards within the category. The statements summarized is information directly from the CLC Plan or the program Application.*

# Draft PY19 CCMHB Program Summary

Agency: **Promise Healthcare**
Program: **Promise Healthcare Wellness**

## PY19 CCMHB Funding Request $58,000

**PY19 Total Program Budget** $82,353
**Current Year Funding (PY18)** $58,000
**Proposed Change in Funding - PY18 to PY19** = 0.0 percent

## Services and People Served

**Service Description/Type**

With the Wellness Program, Promise Healthcare coordinators will work with patients to remove barriers from reaching optimum medical and mental health. The program does this through assisting patients with social service needs, linkage with other agencies, and enrolling eligible patients in Medicaid and Marketplace insurance. The program is also charged with facilitating care at our Rosecrance satellite and supporting collaborations and outreach.

With the support of a CCMHB grant, the center continues to provide on site mental health services at Frances Nelson and now at our satellite at Rosecrance to achieve the integration of medical and behavioral health care.

Patient Assistance and Case Management – The Wellness Program provides unique supports to help patents increase access to elements of their treatment plan.

The project coordinators will work with our medical and mental health providers and referring partners to identify patients who need assistance removing treatment plan barriers. Our coordinators will work with patients to establish a medical home and access to behavioral health services, transportation assistance, medication assistance, utility assistance, legal assistance, dental care, food support, and more. Patients who are engaged over several contacts or assisted through several barriers are considered case management (TPC). Those assisted in one visit are counted as patient assistance (NTPC)

Promise Healthcare on Walnut Satellite – Wellness staff are charged with facilitating patient access to Promise Healthcare on Walnut including our primary care providers and psychiatrists.

Community Outreach – Wellness will be responsible for participating in community events. Events will include the Re-entry Resource Fair, Love Clinic at the Church of the Living God, Champaign Urbana Days at Douglas Park, the Disability Expo, Church Women United Back to School Event in Rantoul, St. Mary's Latino Fair, and more.

Service Collaboration – Wellness will work with several agencies in town to help provide resources to our patients.

Norma Coleman is Promise Healthcare's lead Wellness and Justice Coordinator. Norma has knowledge of services and support to help patients remove barriers from reaching optimum medical and mental health.

Katy Black provides Wellness and Justice backup including supporting our Promise Healthcare on Walnut satellite clinic.

Octavia Tanner is our senior Outreach and Enrollment coordinator and leads the staff supporting enrollment in Medicaid and marketplace insurance.

***Comments***

*Program aligns with the Innovative Practices & Access to Community Based Behavioral Health Services priority. Application is essentially unchanged from FY18, with one exception. Program has moved away from specifically identifying justice involved patients for targeted services. The change is more a function of difficulty tracking justice involved patients than who is actually served.*

*Program seeks to address non-clinical needs of patients that present as barriers to managing medical and mental health conditions. The support can be help with accessing food pantries, applying for energy assistance, enrolling is managed care plans, or establishing a medical home. Population served includes those adults who are patients of Frances Nelson and to those served by the Promise Healthcare psychiatrists working at Rosecrance Walnut Street location. Linkage and referral with other social service providers and for patients with more involved needs, providing them case management are the primary activities performed by staff.*

*Support at the Walnut Street satellite location focuses on managing appointments: verifying eligibility, pay source, primary care provider, prescriptions/medication records, and that all necessary paperwork is in order.*

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

**Target Population**

Our Wellness Program will provide support, case management, and benefit enrollment for patients with non-clinical barriers to achieving optimum medical and mental health.
Specifically the program will target patients who have a mental health need, those who have psycho-social support needs, and those who have been identified as having barriers to executing their treatment plan.

Promise Healthcare, provides primary health services for the uninsured and underinsured population of Champaign County through Frances Nelson, the SmileHealthy dental programs, and satellite clinics. In 2017 Promise Healthcare served 12,300 patients. In 2017 56% of Promise Healthcare patients were on Medicaid, 10% on Medicare, 10% had commercial insurance and 23% were low-income and uninsured. The uninsured patients are charged on a sliding fee scale--which utilizes federal poverty income guidelines to determine eligibility. Most self-pay patients receive a 100% discount for the provided health care services with us charging only a nominal fee. Of those that reported, 73% of our 2017 patients live below the Federal Poverty Level (FPL) and less than 5% live above 200% the FPL. For Hispanic/Latino as an ethnicity, of the nearly 12,300 patients served in 2017 for all programs, 24% reported as Hispanic or Latino. The breakdown of race for our 2017 patients is 37% black/African American, 50% white, and 13% other/more than one race/unknown. Of those who report as Hispanic/Latino about half report their race as white and about half do not select a race. While open to all, the Mental Health Services with Promise Healthcare program will target providing care to those who are patients of a Promise program or our collaboration with Rosecrance.

**Residency**

| | | |
|---|---|---|
| **Total Served** | 495 in last full year, PY17 | 126 in first and second quarters, PY18 |
| **Champaign Set** | 278 (56.2%) for PY17 | 60 (47.6%) for PY18 |
| **Urbana Set** | 131 (26.5%) for PY17 | 43 (34.1%) for PY18 |
| **Rantoul -single** | 39 (7.9%) for PY17 | 13 (10.3%) for PY18 |
| **Mahomet - single** | 9 (1.8%) for PY17 | 1 (.8%) for PY18 |
| **Other Champaign County** | 38 (7.7%) for PY17 | 9 (7.1%) for PY18 |

**Demographics**

**Total Served** 495 in last full year, PY17

**Age**

| | |
|---|---|
| Ages 0-6 | 1 (.2%) |
| Ages 7-12 | 8 (1.6%) |
| Ages 13-18 | 12 (2.4%) |
| Ages 19-59 | 304 (61.4%) |
| Ages 60-75+ | 170 (34.3%) |

**Race**

| | |
|---|---|
| White | 206 (41.6%) |
| Black / AA | 261 (52.7%) |
| Asian / PI | 5 (1.0%) |
| Other (incl. Native American and Bi-racial) | 20 (4.0%) |

Not Available Qty ---------- 3 (.6%)

**Gender**

Male ---------- 180 (36.4%)

Female ---------- 315 (63.6%)

**Ethnicity**

Of Hispanic / Latino origin ---------- 9 (1.8%)

Not of Hispanic/Latino Origin ---------- 486 (98.2%)

## Program Performance Measures

**ACCESS**

Consumer Access

Assisted Patients – We will target reaching 450 patients with a service contact (NTPC). A service contact may be a referral from their primary care provider, mental health provider, or referring partner agency to support those from the justice system. Case management referrals will be contacted within 72 hours of the referral. Most are supported as soon as a potential need is identified with coordinators paged to the exam room.

Case Management Contacts – Patients who are engaged over several contacts or assisted through several barriers are considered case management (TPC). We project to serve 60 patients with case management.

Promise Healthcare on Walnut Assistance – The Wellness group will be the primary staff to facilitate and assist patients in being seen at our Walnut St. satellite at Rosecrance with medical primary care provider or psychiatrist. As care at Rosecrance is slightly different than at Frances Nelson, a select group is charged with the additional supports needed for having patients ready to be seen at the satellite. The Wellness group screens patients for eligibility (no children, no procedures, limited in-person interpreter) and makes sure that patient registration, health coverage, assigned primary care provider, hospital information, prescriptions and more are ready ahead of the appointment.

Community Service Events – Promise Healthcare's Wellness Program will participate in at least twelve community service events during the grant year. Promise Healthcare will welcome referrals and seek out outreach events that will help target those involved in the criminal justice system. That could include area church programs, job fairs, and education programs.

Collaborations – The Wellness Program will execute fifteen appropriate collaborations with area agencies. These can range from hosting the Land of Lincoln Legal Assistance Foundation or Illinois Department of Rehabilitative Services weekly to our satellite primary medical care clinic located inside Community Elements. These collaborations are all supported by our Adult Wellness Coordinator.

The Mental Health Services program benefits from Promise Healthcare's commitment to making the Cultural and Linguistic Competency plan integrated throughout the organization. It is presented to the board of directors twice a year. It is a foundation for the work of staff Quality Improvement/Quality Assurance Committee and its Cultural and Linguistic Competency sub-committee.

The work of the Plan/Board/Committees are part of continuous quality improvement efforts to improve the access to and quality of the services we deliver. Examples include:

- providing in-person translation services for Spanish, French and Mandarin, phone translation for over 200 languages including for counseling and psychiatry
- frequently used Promise materials are available in English, Spanish, French and Mandarin.
- Staff trainings in CLC have helped inform on differences, challenges and potential barriers and empathizing the patient perspective
- Hearing and addressing concerns from patients or staff about CLC issues

***Comments***

*Reference is made to managing referrals from providers at Frances Nelson. Timeframe for responding to requests is provided although most referrals are said to generate an immediate response to the patient's exam room. Patients with multiple needs receive case management that may require more contacts and higher level of engagement.*

*Wellness services provided at the Rosecrance Walnut location take a different approach as engagement occurs prior to the patient meeting with the psychiatrist to ensure appointment goes smoothly. Any needs identified during the appointment would presumably receive a follow-up contact within the established timeframe.*

*Collaboration on referrals with other providers/systems is also noted in this section.*
*Quality improvement efforts and commitment to cultural competence are referenced.*

**CONSUMER OUTCOMES**

Performance Goals and Measures – 2019 Grant Year

Wellness targeted outcomes will include
- Help 510 patients remove barriers to their treatment plan. This will be a count of patients and the issues a patient needs support and assistance addressing to move towards wellness (NTPC + TPC).
- Improve tracking of wellness assists in the electronic health record and implement patient experience surveys for assistance
- Maintain a percentage of mental health visits where patients do not have coverage to under 15% through outreach and enrollment efforts and help 2000 people enroll in coverage (all programs, includes non-Promise patients as well).

Consumer Access Actual Results from 2018 Grant Year
2018 included some transition with the program in staffing and how we record wellness assists in our electronic health record. We expect to be able to document 400 service contacts and resolving 600 assists. Assists in grant year 2018 include assistance CM001: Transportation, CM002: Food, CM003: Housing/Utilities, CM004: Occupational, CM005: Referral for medical need, CM006: Internal, CM007: Coverage/Health Insurance, and CM008: Other.

In the calendar year 2017 Promise Healthcare has provided
• 6,316 individual contacts to assist people with Medicaid or Marketplace insurance applications in 2017
• 3,162 Medicaid and Marketplace insurance applications were submitted in 2017
• 2,354 estimated individuals were enrolled in coverage in 2017

In calendar year 2017 23% of our visits were uninsured patients with an average uninsured rate of about 7% for our mental health services. Prior to the Affordable Care Act, 56% of Promise's mental health visits were low-income and uninsured patients.

***Comments***

*Program identifies outcomes and specific targets resulting from wellness services. Commitment is also made to improve tracking of wellness services in the patient's electronic health record and to use a of new patient survey. Will coding of needs/assistance in the record enable program to aggregate types of needs patients present with? Identify gaps in services? Can an outcome associated with the patient survey be established?*
*Results reported on FY17 outcome to reduce number of patients without insurance/benefit plan coverage exceeded targets.*

**UTILIZATION**

**Treatment Plan Clients (TPCs)** 65, defined as number of patients with multiple barriers and needs requiring more support and case management. TPCs are a subset of NTPCs.
**Non-Treatment Plan Clients (NTPCs)** 460, defined as number of unduplicated patients who receive support addressing a barrier or need. Typically the need will be addressed through one interaction with a wellness coordinator. More complicated cases will be reported as TPCs.

**Service Contacts (SCs)** 600, defined as number of contacts with patients to address barriers to service. Some patients may require multiple service contacts depending on the level of need/barriers.
**Community Service Events (CSEs)** 27, defined as number of active collaborations with other agencies or organizations and public presentations/health fairs.
**Other** 2,000, defined as number of adults receiving assistance with enrolling in benefit/insurance plans. This number can include patients of Frances Nelson as well as other community based providers and health clinics
**Narrative** *Section has been edited. For complete description, see submitted Program Plan Part I form.*
Community Service Events are tracked and evaluated by our program staff noting contact, location, number of people served, ages, materials brought, recommendations for next time. Frances Nelson's presence at community events has made a significant impact in outreach to potential patients.

Collaborations are tracked using a tool similar to the Community Service Events. We try to make notes for each time another agency or organization delivers services inside the health center. Collaborations are also evaluated in mental health provider meetings and ultimately at the board level. Collaborations have been very beneficial for our patients.

***Comments***
*While utilization totals reported for FY17 support targets set for FY19, performance through FY18 quarter 2 suggest some adjustments may be necessary. FY18 activity indicates patients are presenting with more complex needs requiring case management while fewer patients are presenting with only one barrier requiring assistance.*

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

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---|---|---|---|---|---|
| Annual Target | 65 | 460 | 600 | 27 | 2000 |

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

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---|---|---|---|---|---|
| First Quarter FY18 | 52 | 108 | 80 | 2 | 700 |
| Second Quarter FY18 | 8 | 38 | 74 | 4 | 654 |
| Annual Target | 65 | 460 | 700 | 27 | 2000 |

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

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---|---|---|---|---|---|
| First Quarter FY17 | 20 | 161 | 170 | 27 | 400 |
| Second Quarter FY17 | 17 | 100 | 113 | 6 | 490 |
| Third Quarter FY17 | 22 | 164 | 196 | 5 | 500 |
| Fourth Quarter FY17 | 13 | 70 | 118 | 14 | 600 |
| Annual Target | 100 | 300 | 600 | 27 | 2000 |

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

**PY19 CCMHB Funding Request** $58,000
**PY19 Total Program Budget** $82,353
**Current Year Funding (PY18)** $58,000
**Proposed Change in Funding - PY18 to PY19** = 0.0 percent
**PY18** request was for $58,000
**PY17** request was for $58,000, and PY17 award was for $58,000
**PY16** request was for $40,000, and PY16 award was for $40,000

**Program Staff - CCMHB Funds:**
Indirect 0 FTEs , Direct 1.6 FTEs, Total CCMHB = 1.6 FTEs
**Total Program Staff: (FTE)**
Indirect 0.09 FTEs, Direct 1.7 FTEs, Total Program = 1.79 FTEs

***Budget Analysis: (staff comments)*** *Staffing pattern supported with CCMHB funds includes fully funding two half-time and two quarter-time positions assigned to the program plus 10% of another position. One half-time*

*and one quarter-time position are currently vacant.*

**Funding from the CCMHB represents 70.4% of the total program budget.**
Contributions - various $14,542 = 17.7 percent

***Budget Analysis: (staff comments)*** *CCMHB is the primary source of support for the program. Other sources include contributions agency allocates to the program with the remaining 12% of program revenue coming from a federal grant agency receives as a federally qualified health center.*

**Personnel related costs are the primary expense charged to CCMHB, at** 100.0 percent.

*All of CCMHB funds are allocated to personnel related expenses. Other program revenue supports the balance of personnel costs. No other expenses are identified for the program.*

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

***Comment*** *audit is done on the calendar year, rather than state fiscal year.*

## CCMHB FY19 Decision Priorities and Decision Support Criteria

**Priority: Behavioral Health Supports for People with Justice System Involvement** No
**Priority: Innovative Practices and Access to Community Based Behavioral Health Services** Yes. *Program provides supports to patients with non-clinical barriers to service including lack of insurance/benefits plan coverage. Linkage and referral with other social service providers and case management for patients with more involved/complex needs are the primary activities performed by staff.*
**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. *Promise Healthcare operates Frances Nelson, the federally qualified health center serving Champaign County. A high percentage of patients served by Frances Nelson live below the poverty level. Many are on Medicaid or under insured/uninsured.*
**Inclusion and Anti-Stigma** No. *Addressing stigma is not a focus of the application. Staff does participate in public education events and health fairs including events targeted to those involved with the criminal justice system.*
**Outcomes** Yes. *Program identifies outcomes and performance measures. Potential exists for additional measures associated with new data collection and patient survey efforts.*
**Coordinated System** Yes. *Program engages with other providers to address patient needs. Agency hosts events onsite periodically for other providers to engage with patients. Also operates a satellite site at the Rosecrance Walnut location.*
**Budget and Program Connectedness** Yes. *The CCMHB is the primary source of funding, providing 70% of program revenue. CCMHB funds support personnel related expenses.*
**Realignment of PY18 Contracts to Address Priorities (incumbent programs only)** *Program requests same level of funding as awarded for FY18.*

**Technical Criteria**
**Approach/Methods/Innovation** Yes. *Proposal describes range of support services and collaborative activities. Aspect of services is assistance with enrollment in benefits/insurance plans.*
**Staff Credentials** Yes. *For primary staff – Wellness Coordinator only. Not specified for others involved in delivering services.*
**Resource Leveraging** No. *The CCMHB is the primary funder. Funding is not used as a match. Promise Healthcare allocates monies raised from contributions and small amount of funds from federal grant that supports general operation of Frances Nelson to the support program. Services are not billable to other third party payers.*

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

- *Will coding of needs/assistance in the record enable program to aggregate types of needs patients present with? Identify gaps in services?*

- *Can an outcome associated with the results generated from patient survey be established?*

**Contracting Considerations** If this application is approved for funding, the applicants may be required to answer 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

2019 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB/DDB
Rattle the Stars

**CCMHB 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:**

| Required Benchmark by CCMHB/DDB | Summary of Actions outlined CLC Plan |
|---|---|
| *Annual Cultural Competence Training* | **Yes-** *Board and staff will be trained annually with allocated resources from the Board of Directors.* |
| *Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:* | **No** |
| *Cultural Competence Organizational or Individual Assessment/Evaluation:* | **Yes-** *At the time of service delivery, provide every client with the opportunity to give anonymous feedback about the service with questions specifically addressing CLC* |
| *Implementation of Cultural Competence Values in Policy and Procedure:* | **Yes.** A Read and sign agreement that CLCP has been read and practices will be implemented within the designated time. A CLC committee will be established with authority to monitor actions and CLC Goals. |
| *Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria* | **No** |
| *Inter-Agency Collaboration* | **No- Action not listed** |
| *Language and Communication Assistance* | **Yes-** A list of qualified interpreters will be provided, materials will be translated in Spanish, and a list of community supports will be provided to clients. |

2019 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB/DDB
Rattle the Stars

| | |
|---|---|
| *Matched Actions with National Culturally and Linguistically Appropriate Services(CLAS) Standards in Health and Health Care.* | **Yes-** |

**Overall CLC Plan Comments**

*The CLC Plan followed most of the required benchmarks. There will be additional Technical Assistance needed to support ways to engage marginalized and under-represented communities provided to Rattle the Stars. There was no action provided about the recruiting of a diverse workforce and board of directors.*

# Draft PY19 CCMHB Program Summary

Agency: **Rattle the Stars**
Program: **Youth Suicide Prevention Education**

## PY19 CCMHB Funding Request $54,500 – a NEW request

**PY19 Total Program Budget** $54,500
**Current Year Funding (PY18)** n/a
**Proposed Change in Funding - PY18 to PY19** n/a

## Services/People Served

**Service Description/Type**
Our program is designed to build skills and improve competence to encourage intervention between peers, and by parents and adults. Our program covers three core areas for intervention. First, we teach what to look for to recognize mental illness, mental health crises, and suicidal thoughts. This goes beyond discussing signs and symptoms, and includes teaching about external factors that can influence mental illness to reduce stigma and encourage recognition and intervention. Next, we teach how to intervene by using appropriate and effective communication skills. We discuss how to be supportive, and appropriate and effective ways of talking about these issues. This includes activities and practice to improve confidence and competence. Finally, we discuss accessing necessary resources for professional care.

Our program is developed from evidence informed models and adheres to best practices suggested by nationally recognized mental health and suicide prevention agencies.

This program will be designed for presentation with high schools (most likely in health classes), middle schools, youth groups, and after-school programs. The program will be adapted for presentation to parents, other adults, and community groups.

In addition to our targeted education programs, we will engage in generalized community education and outreach events, such as participating in resource fairs, community fairs/festivals, parades, and school events.

All of our programs will be provided by staff with at least a Bachelor's degree in a social service related field with experience working with youth and with diverse populations. All volunteers will be supervised by qualified staff at all times.

***Comments***
*New program proposal aligns with Innovative Practices and Access to Community Based Behavioral Health Services priority. Focus is on developing peer supports targeting youth and families by providing education about mental illness, supportive communications skills, and knowledge of community resources.*
*What are the evidence-based models and MH/suicide prevention agencies?*

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

**Target Population**
Middle and high school aged youth. Given that youth spend more time interacting with each other (including through text message and social media) rather than adults, they are likely to notice the signs of a mental health issue in their peers. Furthermore, youth who experience mental health crises or suicidal thoughts are more likely to reach out to their peers rather than parents or other adults. Therefore, interpersonal interaction between youth is a primary point of initial intervention to identify mental illness and prevent suicide.

Parents and other adults who interact with youth. Parents, teachers, and coaches, and other group leaders who frequently interact with youth are also in a position to recognize and intervene with a youth experiencing a mental health crisis or suicidal thoughts. In our previous activities we have had frequent requests from adults to have information and education events so that they can learn how to intervene. However, given that youth are less likely to speak openly and honestly in the presence of adults, separate programming for each group should be implemented.

Community, to reduce the stigma of mental illness & suicide and increase awareness and acceptance of youth with these issues.

Within these target groups, our program is not aimed at those experiencing mental health issues or suicidal thoughts, but is instead focused on those around them. We do not target encourage people to ask for help, but instead teach others to notice those who need help and reach out to them.

**Residency / Demographics**

***Comment*** *As a new program proposal for FY19, no prior residency or demographic data are available.*

## Program Performance Measures

**ACCESS**

1. Our program is available to middle and high school aged youth (ages 12-18) through a school or other organization, and adults that have contact with these youth. We require a minimum group size of 5 and a minimum of 45 minutes to conduct a presentation.
2. Eligibility will be determined by self-report.
3. We will directly contact schools and community organizations by phone or email and ask them to arrange for our presentation. We will then provide written materials describing our program and services. We will also advertise our services at community outreach events.
4. 100% of groups who request our service will be served, given that they have a minimum attendance of 5 people.
5. Requests/referrals will be assessed for eligibility with 2 business days.
6. 100% of clients will be assessed for eligibility within that time frame.
7. The amount of time between assessment and receipt of services will vary, and is difficult to estimate. Services will be guaranteed available within 30 days of request but may be delivered later due to scheduling needs of the requesting group.
8. 100% of eligible clients will be guaranteed services within 30 days of request.
9. School/youth group presentations will be planned for 3 45-minute sessions, for a total of 2 hours 15 minutes of engagement. This may be shortened due to needs of the group but will not be less than 45 minutes in total. Adult/community group presentations will be scheduled for an average of 1.5 hours (1 - 2 hours depending on needs of the group) but not less than 1 hour.

   ***Comment***

   *Program describes eligibility and assessment process and associated timeframes. Method of assessment/screening instrument is not referenced.*

**CONSUMER OUTCOMES**

- to increase confidence and competence to intervene with a youth experiencing a mental illness, mental health crisis, or suicidal thoughts; to increase help-encouraging behavior and help-seeking behavior, as well as reducing stigma.
- will measure outcomes by asking all participants to complete surveys: pre/post tests, as well as final feedback surveys.
- selecting an appropriate assessment tool; will develop a feedback survey tailored to collect information about program.
- working on identifying benchmarks for the program and on projecting estimated changes.

***Comment*** *If funded, the program may benefit from consultation bank services of the UIUC evaluation project.*

**UTILIZATION**

**Community Service Events (CSEs)** 115 = at least 5 events to distribute pamphlets and materials, at least 110 presentations, at least 100 presentations at schools (reaching an estimated 2000 students) and 10 presentations to other groups (reaching an estimated 150 youth/adults).

**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 | 0 | 0 | 0 | 115 | 0 |

***Comments*** *No FY18 or FY17 data as this is a new request for funding.*

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

**PY19 CCMHB Funding Request** $54,500
**PY19 Total Program Budget** $54,500
**Current Year Funding (PY18)** n/a
**Proposed Change in Funding - PY18 to PY19** n/a percent

**Program Staff - CCMHB Funds:** Indirect 0 FTEs Direct 1 FTEs Total CCMHB = 1 FTEs
**Total Program Staff:** Indirect 0 FTEs Direct 1 FTEs Total Program = 1 FTEs

***Budget Analysis: (staff comments)*** *Paid staff consist of one full time Education Program Manager (to be hired). The part time Executive Director and Fundraising Director volunteers appear to draw no salaries.*

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

***Budget Analysis: (staff comments)*** *While total program does not include other revenue, the total agency has a budget of $62,100 and revenue from United Way ($100), Contributions ($2500), and Special Events/Fundraising ($5000). Budget Narrative lists these revenue sources but does not explain why United Way and Contributions are not allocated to the program.*

**Personnel related costs are the primary expense charged to CCMHB, at** 74.1%.

*Other expenses are $6500 for professional fees/consultants (including an audit), $1000 consumables, $3000 staff development, $500 transportation, $1800 specific assistance, $1300 miscellaneous. (Expenses not charged to the program are $300 more for consumables, $750 general operating, and $2500 for fundraising.) Budget Narrative provides excellent detail on some items, no information about Specific Assistance, and the Miscellaneous expense is for office supplies.*

**Audit Findings:** Not Applicable

***Comment*** *This program was not funded in PY17.*

## CCMHB FY19 Decision Priorities and Decision Support Criteria

**Priority: Behavioral Health Supports for People with Justice System Involvement** No
**Priority: Innovative Practices and Access to Community Based Behavioral Health Services** Yes – *through community awareness, build a stronger natural support system, coordinated with behavioral health resources.*
**Priority: System of Care for Children, Youth, Families** *Not identified but could play a role in the SOC.*
**Priority: Collaboration with the Champaign County Developmental Disabilities Board** No.

**Overarching Decision Support Criteria**
**Underserved Populations and Countywide Access** *See CLCP review for details on underserved population. Countywide Access is addressed.*
**Inclusion and Anti-Stigma** Yes. *Program focus is on increasing awareness and reducing stigma/isolation/risk.*
**Outcomes** *Being developed.*
**Coordinated System** *Not demonstrated, but an aim of the program.*
**Budget and Program Connectedness** Yes. *The budget narrative is detailed, clarifies most points.*
**Realignment of PY18 Contracts to Address Priorities (incumbent programs only)** n/a. *Program is a new proposal.*

**Technical Criteria**
**Approach/Methods/Innovation** Yes. *Services section refers to best practices but not specifically.*
**Staff Credentials** Yes. *Described in Services section, all staff have at minimum a Bachelor's in a social service related field with experience working with youth and with diverse populations, and volunteers are supervised by staff. Budget narrative offers some detail on staff, including the two (presumably unpaid) indirect. Specific trainings are not indicated.*
**Resource Leveraging** No. *CCMHB would be sole funder for this new program.*

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

- *What are the evidence-based models and MH/suicide prevention agencies?*
- *What is the method of assessment/screening? Is there a specific tool to be used?*

**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:

- *Detail on service model and staff/volunteer trainings, development of outcome measures, coordination with other resources will strengthen the program.*
- *Possible revisions to budget forms.*

**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: **Recovery Home**

## PY19 CCMHB Funding Request $200,000 - a NEW Request

**PY19 Total Program Budget** $452,228
**Current Year Funding (PY18)** n/a
**Proposed Change in Funding - PY18 to PY19** n/a

## Services/People Served

**Service Description/Type**

The program requirements are currently mandated by Illinois Administrative Code Title 77, Part 2060, which states that recovery homes provide individualized services within a recovery-oriented system of care environment. The services consist of therapeutic interventions that facilitate: removal of barriers for safe/supportive housing; 12-Step support involvement; independent living skills; education/vocational skills; identification and use of natural supports; use of community resources; and peer support. Evidence based practices to be used include:

- 12-Step model and peer support: Engaging in support help groups will contribute to better substance use outcomes by providing support, goal direction, and structure; exposure to abstinent role models; reward for substance-free activities; and a focus for building self-confidence and coping skills. (Moos & Timko, 2008);
- Level system: Utilizing a hierarchical model would help residents to gradually adjust to community living, while increasing sustainability of recovery efforts (Polcin & McAllister, 2008);
- Case Management: Studies support utilization of case management based services in the engagement and retention of treatment and ancillary services (Rapp, Van Den Noortgate, Broekaert, & Vanderplasschen, 2014); and
- Contingency management initiatives: Research has demonstrated the effectiveness of treatment approaches using contingency management (CM) principles, which involve giving patients tangible rewards to reinforce positive behaviors such as abstinence. NIDA. Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition). National Institute on Drug Abuse.

As of February 1, 2018, Rosecrance is attempting to secure a location for Recovery Home services in Champaign, Illinois. This facility would operate 24 hours per day, every day of the year. Staff would be on-site at all times to provide optimal supervision and therapeutic assistance to clients in the Recovery Home. Staff will include the house manager (Bachelor's required; Master's preferred; CADC required) with training and experience in substance use disorders and five Recovery Home Technicians (High School diploma required; Bachelor's preferred) with special training in Individual and Group counseling, trauma-informed care, knowledge of drugs of abuse and recovery concepts, and basic knowledge of dual diagnosis issues.

Staff will provide weekly group services in 12-Step Recovery Study and Life Skills Workshops; ongoing case management based on individualized serve plans, support activities for daily living and relapse prevention skills; access to vocational/educational programs; assistance in linking clients to medical, psychiatric, counseling, and dental services in the community; education on money management/budgeting; education on accessing peer or community supports and activities (i.e. church, AA/NA meetings, recreational activities); and provision of service work/volunteer/work opportunities.

***Comments***

*Program submitted application under the Innovative Practices and Access to Behavioral Health Services priority. This is a new proposal for FY19. Provides a substance use free living environment for adults exiting residential treatment and/or continuing outpatient treatment.*

*Proposal is to develop a state licensed Recovery Home. Location is to be determined. Request to CCMHB is to support staff providing around the clock support to residents. Scope of services includes use of evidenced based approaches involving life skills and 12 step peer support groups, case management, and support with accessing community based resources, primary care, and continuing treatment.*

*Staff qualifications for the house manager and recovery home technicians are noted. Recovery home support services/case management is not billable to Medicaid/Managed Care Plans.*

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

**Target Population**

Based on feedback from community members, health and social service providers, substance use disorder treatment providers, Drug Court, and our clients themselves, one of the unserved needs in the community is licensed recovery home services. To address this need, we are requesting funding from the Champaign County Mental Health Board to help offset some of the operational cost of the home. The Rosecrance Recovery Home would create an alcohol and drug free environment designed to help adults (ages 18 and older) with substance use disorders who do not already have a safe, supportive living environment learn how to successfully implement a peer support recovery program while developing independent living skills in a community setting. The recovery home model demonstrates efficacy in mitigating risk of relapse and decreasing psychiatric symptoms when involved in 12-Step recovery and developing social supports (Pocin, Korcha, Bond, Galloway, 2010).

This application addresses the Innovative Practices to Support Access to Community Based Behavioral Health Services priority area, as participants would access multiple community services, including but not limited to substance abuse treatment and case management. These services are continued once the client completes Residential treatment or is engaged in outpatient services and enters the Recovery Home setting.

Adult clients (ages 18 and older) are referred to Rosecrance from the Champaign County Drug Court, the Illinois Department of Corrections, and substance use disorder treatment providers.

Often seen as a "step down" from Residential treatment services, the Recovery Home will require that clients receive substance abuse treatment services through Rosecrance's Continuum of Care including Intensive Outpatient and Outpatient Programs. The treatment needs of clients are assessed using the Diagnostic Statistical Manual (DSM-5) and ASAM (American Society of Addiction Medicine) Criteria.

Traditionally, this population has had limited/no third party fund source. In addition, neither Medicaid nor Medicaid MCO's fund Recovery Home or the accompanying 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 / Demographics**

***Comment*** *As a new program proposal for FY19, no prior residency or demographic data are available.*

## Program Performance Measures

**ACCESS**

1. A licensed recovery home is an alcohol and drug free housing component whose rules, peer-led groups, staff activities and other structured operations are directed toward maintenance of sobriety for persons who exhibit treatment resistance, relapse potential and/or lack of suitable recovery living environments or who recently have completed substance abuse treatment services or who may be receiving such treatment services at another licensed facility.

2. Persons interested in participating in Recovery Home services must complete an application for services. They must meet the American Society for Addiction Medicine (ASAM) criteria for Level II (intensive outpatient) or Level I (outpatient) care, and exhibit treatment resistance, relapse potential and/or lack of suitable recovery living environment.

3. Often a "step down" from residential (ASAM Level III) services, clients will be referred to Recovery Home services from Rosecrance residential and/or other residential service providers. Other clients may be those who are waiting for residential treatment services.

4. The estimated percentage of persons who seek Recovery Home services who receive the services will depend upon program eligibility and bed availability. It is estimated that 80% of those referred will receive a bed.

5. To be considered for Recovery Home services, the person must meet eligibility criteria at time of referral.

6. 100% of those referred will be assessed prior to/at time of referral.

7. Rosecrance coordinates access to Recovery Home services with the residential treatment provider, to offer a seamless transition at time of discharge from residential to admission to the Recovery Home. If a bed is available at time of referral, access to services will be within 1-2 days.

8. Because bed availability can fluctuate, it is estimated that 70% of eligible clients will engage in services within 1-2 days of referral to services. Clients receive information about the waiting list procedures when there are no immediate openings in the recovery home. Treatment services will continue while a client awaits a recovery home bed.

9. The average length of stay is estimated to be 3-6 months.

Demographic information, including residency zip code, race, ethnicity, gender, and date of birth, is tracked in the electronic health record for all Rosecrance services, and will be reported quarterly to CCMHB. Additionally, 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.*

*Program seeks to have a seamless transition for the client moving from residential treatment into the recovery home. Projected length of time in the recovery home is three to six months.*

**CONSUMER OUTCOMES**

1. One of the foundational principles of lasting recovery is a strong support network and longer engagement in treatment. Recovery home settings provide on-going learning to help decrease the likelihood of relapse and a chance for residents to practice living their new lifestyle in a supportive environment.

Measurable outcomes include:

- Successful linkage to items in individualized plan: affordable housing, vocational/educational resources, medical, dental, psychiatric/counseling services;
- Engagement in 12-step support groups;
- Step down to less intensive services
- Secured housing
- Secured employment or engagement in education program

2. The Rosecrance electronic health record (Avatar) will be used to track clients' accomplishments in the above areas, which are also identified by SAMHSA as National Outcome Measures (NOMS).

3. Client status in each of the above listed NOMS will be entered into the client record at time of intake and at time of discharge from services. Change in program participants' status will be reported annually.

4. The above listed outcomes are required to be reported to the State of Illinois for National Outcome Measures (NOMS). These outcomes will also be reported to CCMHB at the end of the fiscal year.

5. There currently is not a state or national benchmark for these items.

6. It is estimated that 90% of all discharges from the Recovery Home will have accomplished a minimum of one of the items listed in #1 above. And 45% will have attained at least three of the above listed outcomes.

***Comments***

*Program identifies outcomes to be tracked for Recovery Home residents. Rosecrance staff will track federal Substance Abuse Mental Health Services Administration (SAMHSA) outcome measures associated with treatment progress, engagement in 12 step groups, linkage to services addressing an identified need, and securing employment, education, or housing.*

*Change between intake and discharge will be tracked in the client records. Targets are established for client progress in at least one outcome and for multiple outcomes.*

**UTILIZATION**

**Treatment Plan Clients (TPCs)** 45 = number of unduplicated clients admitted to the program who have developed a strength-based recovery plan.

**Service Contacts (SCs)** 56 = number of unduplicated individuals interviewed for access to Recovery Home services.

**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 | 45 | 0 | 56 | 0 | 0 |

***Comments*** *No FY18 or FY17 data as this is a new request for funding.*

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

**PY19 CCMHB Funding Request** $200,000 - a NEW Request
**PY19 Total Program Budget** $452,228
**Current Year Funding (PY18)** n/a
**Proposed Change in Funding - PY18 to PY19** n/a

**Program Staff - CCMHB Funds**: Indirect = 0.2 FTEs, Direct = 2.6 FTEs, Total CCMHB = 2.8 FTEs
**Total Program Staff**: Indirect = 0.35 FTEs, Direct = 5.2 FTEs, Total Program = 5.55 FTEs

***Budget Analysis: (staff comments)*** *Staffing pattern includes one fulltime recovery home supervisor, three fulltime recovery home specialists, and two part-time recovery home specialists (.6 FTE each). CCMHB funds would support half the personnel cost of each position. The remaining 20% of staff supported by CCMHB is for indirect staff time allocated across multiple positions. DASA funds would support the other 15% of indirect staff allocated to the program.*

**Funding from the CCMHB represents 44.2% of the total program budget.** State revenue is $252,228 or 55.8%.

***Budget Analysis: (staff comments)*** *Only two sources of revenue support the proposed program. The request submitted to the CCMHB is the smaller of the two funding streams.*

**Personnel related costs are the primary expense charged to CCMHB, at** 65.4%.

*The CCMHB would pay half of all personnel related expenses. This represents 65% of all costs to be paid by the Board. All other expense lines are charged off at anywhere from 40% to 50% of the total program expenses. The exception is the Professional Fees/Consultants expense line where CCMHB pays 34% of budgeted costs. The budget narrative includes an explanation of the allocation of indirect staff time and management and general costs to the program.*

**Audit Findings:** Not Applicable

***Comment*** *This program was not funded in PY17.*

## CCMHB FY19 Decision Priorities and Decision Support Criteria

**Priority: Behavioral Health Supports for People with Justice System Involvement** No. *But program does cite Drug Court and Illinois Department of Corrects as potential referral sources.*
**Priority: Innovative Practices and Access to Community Based Behavioral Health Services** Yes. *New initiative providing supervised substance use free housing to adults in recovery and receiving treatment for substance use disorder.*
**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** *Eligibility for services does not specifically address the question of recovery home residents being from Champaign County. Population served are adults in treatment needing a supportive, substance free living environment to maintain sobriety and sustain recovery. Assistance to rural residents is referenced.*
**Inclusion and Anti-Stigma** No. *Addressing stigma is not a focus of the application.*
**Outcomes** Yes. *Program addresses all aspects of requested information related to access and consumer outcomes and associated performance measures.*
**Coordinated System** *Engagement with referral sources, linkage to community-based resources based on clients identified needs, and support services all involve relationships with other providers and systems is addressed in broad terms within the proposal.*
**Budget and Program Connectedness** Yes. *CCMHB is one of two revenue sources. Personnel expenses are divided evenly between the sources. CCMHB pays 50% or less of remaining expenses.*
**Realignment of PY18 Contracts to Address Priorities (incumbent programs only)** *Proposal is a new initiative for FY19. Request is for $200,000.*

**Technical Criteria**
**Approach/Methods/Innovation:** Yes. *Proposal is tied to the start-up and staffing of a licensed recovery home. Residents would continue participation in treatment as they step down from more intensive levels of care.*
**Staff Credentials:** Yes. *Recovery Home Supervisor will require a Bachelors degree and the specialists positions a high school diploma plus specialized training.*
**Resource Leveraging:** *Only two sources of funding support the program. Amount requested from CCMHB would fund 44% of total program budget. CCMHB funds are not used as match to leverage the other funding. It is unlikely the new initiative could move forward without this investment.*

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

- *Has a location for the Recovery Home been selected?*
- *If the proposal is funded by the CCMHB, how soon after the Board's decision would the Recovery Home open?*
- *What is the projected capacity for the home?*
- *Will the Recovery Home only house people who lived in Champaign County prior to entering treatment?*

**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: *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
United Cerebral Palsy

**CCMHB 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:**

| Required Benchmark by CCMHB/DDB | Summary of Actions outlined CLC Plan |
|---|---|
| *Annual Cultural Competence Training* | **Yes** |
| *Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:* | **Yes** |
| *Cultural Competence Organizational or Individual Assessment/Evaluation:* | **N/A** |
| *Implementation of Cultural Competence Values in Policy and Procedure:* | **Yes** |
| *Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria* | **No** |
| *Inter-Agency Collaboration* | **No** |
| *Language and Communication Assistance* | **N/A** |
| *Matched Actions with National Culturally and Linguistically Appropriate Services(CLAS) Standards in Health and Health Care.* | **N/A** |

**Overall CLC Plan Comments**

*The CLC Plan was not updated to reflect outcomes for FY 19.*

# Draft PY19 CCMHB Program Summary

Agency: **United Cerebral Palsy Land of Lincoln CCMHB**
Program: **Vocational Training and Support**

## PY19 CCMHB Funding Request $51,885

**PY19 Total Program Budget** $51,885
**Current Year Funding (PY18)** $51,885
**Proposed Change in Funding - PY18 to PY19** = 0.0 percent

## Services/People Served

**Service Description/Type**

The program will provide employment training, job placement and support services, money management training and self-advocacy skills to 30 adults who want to become financially stable. The program will meet with participants to identify barriers to employment and help them develop plans to overcome these barriers so they are job-ready. UCP will assist the individuals on job development and placement services and provide the support services necessary for them to maintain success on the job. UCP will collaborate with financial partners in the community to provide money management planning, self-sufficiency skills and education on future planning and security. UCP will mentor the individuals on money management skills and provide the case management and job coach services necessary for them to find a job, maintain it and become self-sufficient. These services include extended job coaching and case management to individuals currently working in the community as well as vocational training and job development to individuals with disabilities who have lost employment or want to improve their job skills. Some of the individuals that the funds will directly benefit have utilized services through the Division of Rehabilitation Services (DRS) and can no longer use DRS services because their case has been closed, but they are still in need of support services in order to maintain their job. UCP will provide job coaching/ support services to allow individuals to continue working in their community, receive promotions, and have the opportunity to work more hours. Individuals looking for employment will receive vocational training to help prepare them for the workforce. UCP will work with participants on assessments, interviews and career exploration and identify the support services they need in order to become job ready and financially stable.

***Comments***

*Program aligns with the Innovative Practices & Access to Community Based Behavioral Health Services priority. The program provides vocational training, job coaching, and other financial management supports to adults with severe mental illness.*

*Service and target population sections are unchanged from FY18. Proposed program was new to CCMHB in FY18 although a similar program serving adults with Intellectual and Developmental Disabilities has been funded by the CCDDB for a number of years.*

*Referrals come through existing relationships with the DHS Division of Rehabilitation Services, Regional Planning Commission, schools, and other providers. Program offers support services to adults in rural areas if that is where preferred employment is located but does not assist with transportation. In addition to providing employment supports such as money management, placement assistance, mentoring, and job coaching, the vocational training also includes information on community living and transportation.*

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

**Target Population**

The program will target individuals with a mental health disability, ages 18-55, living in Champaign County who require extended support services or vocational training to maintain successful employment, to become job ready and become financially stable. Referrals will come from the Division of Rehabilitation Services, CCRPC, schools and other agencies that serve people with mental illness. Some of the eligible clients may be considered "at risk" and susceptible to abuse, neglect or exploitation because they are not able to access services necessary for their safety, health or welfare or they

lack sufficient understanding or capacity to communicate or make responsible decisions. UCP currently holds a contract with CCDDB to provide employment services to people with developmental disabilities. Over the past two years, UCP has had difficulties meeting the projected numbers due to individuals not being eligible for the program because they do not have a developmental disability. Many of the referrals UCP receives are people with a mental health disability. UCP has recognized a need for vocational training and support for people who have a mental health disability.

***Comment***

*Could the program also serve persons with substance use disorders?*

**Residency**

| | |
|---|---|
| **Total Served** | 8 in first and second quarters, PY18 not funded in PY17 |
| **Champaign Set** | 4 (50.0%) for PY18 |
| **Urbana Set** | 4 (50.0%) for PY18 |
| **Rantoul -single** | 0 (.0%) for PY18 |
| **Mahomet - single** | 0 (.0%) for PY18 |
| **Other Champaign County** | 0 (.0%) for PY18 |

**Demographics**

**Total Served** 8 in first and second quarters, PY18

**Age**

Ages 19-59 ---------- 7 (87.5%)
Ages 60-75+ ---------- 1 (12.5%)

**Race**

White ---------- 8 (100.0%)

**Gender**

Male ---------- 7 (87.5%)
Female ---------- 1 (12.5%)

**Ethnicity**

Not of Hispanic/Latino Origin ---------- 8 (100.0%)

## Program Performance Measures

**ACCESS**

Referrals to the program will come from a number of sources - Division of Rehabilitation Services, CCRPC, schools and other community partners who serve people with mental health disabilities. Thirty adults will be identified and go through an intake process where they will complete a series of assessments to determine what type of supports they will need to be successful at becoming job ready and maintain financial stability. 100% of the referrals will be assessed for eligibility into the program by meeting with the CCRPC Case Manager to determine whether they meet the eligibility requirements for the program. Program candidates will be contacted by UCP staff within 7 days of receipt of referral and they will set up a schedule for candidates to start the intake process and career assessments and exploration. Assessments will include the O*NET (Career Interests Inventory), Barriers to Employment Success Inventory, Vocational Questionaire, ECDP Plan (Exploring Choices, Discovering Possibilities) and TABE test. The Job Development Supervisor and Job Coach will work with participants on completing these assessments. Based on the assessment results, an ISP (Individual Service Plan) will be developed with each individual with goals that address the barriers to employment and financial stability. The ISP will identify the support services necessary for each individual – these supports may include: money management and budgeting, job training and placement, job coaching, specialized equipment or accommodations, transportation and housing. The Job Development Supervisor and Job Coach will work with each individual to develop a weekly schedule of activities that address the ISP goals and support services needed. Participants will follow the schedule and attend trainings at the UCP office or community sites throughout Champaign County. Instruction may include individual or group activities depending on the needs of the participants.

Job training curriculum includes: social interaction and communication, resume development, interviewing techniques, filling out applications and job shadowing, appropriate dress and personal hygiene. UCP will provide transportation training if necessary on the bus routes. If individuals have housing needs, UCP will provide information, referral and

resources on local community living options. If individuals are interested in the janitorial field, UCP will provide an 8-week janitorial training to program participants. Once they complete the vocational and/or janitorial training, UCP will help participants find a job in the community and provide the job supports necessary for them to be successful. The Employment Specialist/Job Developer will work with local employers on securing jobs, set up interviews and find the right job matches for program participants.

Once a job is secured for an individual,the Employment Specialist/Job Developer determines what level of support is needed to maintain the job and a Job Coach is provided to work alongside with the individual at the work site. Money-management training will include developing a budget, paying bills, reducing debt, and savings/checking account information. UCP is partnering with a local bank to provide a representative who will train individuals on these money management skills. Case management will be provided by the Job Development Supervisor to ensure that the individual is maintaining successful employment and financial stability. The Job Development Supervisor will visit job sites, talk to employers, work with individuals on money management maintenance and any job-related issues.

***Comments***

*Timeframes associated with referral to first contact/assessment are provided. Various career/vocational assessment instruments are referenced. These are used to engage client in developing their Individual Service Plan (ISP). Engagement with the client is based on the ISP with a weekly schedule of services and supports that may be individual or group activities.*

*Also included in the access section is a description of the job training curriculum used to develop skills and following job placement the employment supports/case management services.*

*Access outcomes section needs to be revised in accordance with instructions. Some information is more appropriate for the services section.*

*If the persons served have behavioral health conditions, how does the CCRPC Case Manager determine their eligibility for this program?*

**CONSUMER OUTCOMES**

UCP evaluates all its programs following evidence based standards set by the Commission of the Accreditation of Rehabilitation Facilities (CARF). These standards are continuously reviewed/revised by an International Advisory Council with input from experts in the field. The standards have evolved over the past 50 years to continuously reflect the best practices in the field of services for individuals with disabilities. Standards for Performance Measurement/Management and Performance Improvement have seen significant changes since 2004 including expanded standards that address selecting outcome measures, collecting accurate and reliable data, and analysis of the data for performance improvement. UCP Land of Lincoln has been recognized during our accreditation process for exemplary conformance related to evaluation and improvement. The Outcome Measurement system includes measures of efficiency, effectiveness and satisfaction. In September 2016, CARF surveyed UCP Programs and for the 6th consecutive survey, UCP received no recommendations. This is only accomplished by less than 1% of organizations surveyed by CARF.

This program provides job skills and money management training, job placement, job coaching and self-advocacy skills to adults with mental health disabilities so they can obtain successful employment and become financially stable. This program encourages people to become self-sufficient and active members of their community. The program gives them the skills to secure job maintenance and financial independence and to live their life without limits.

The program is a model for delivery of employment/financial supports that begin with assessments and goal development, moving away from separate program silos that rely solely on a specific intervention. Supports are designed around the needs of the individual with an ISP that incorporates training and career exploration activities as needed to address the identified barriers to meet the goal. UCP has embedded an electronic records management (Therap) into the program. In most programs,evaluation and assessment is done once per year, often resulting in a delay in identifying gaps in progress. Therap allows the employment staff to track goal progress monthly, identify where targets are not being met, and make adjustments to the plan to ensure success.

Outcomes for the Program
1. UCP will provide extended job support services to 30 individuals with mental health disabilities.
2. UCP will provide vocational training/self-advocacy skills to 20 individuals with mental health disabilities.
3. 90% of program participants will obtain employment.

UCP has recently appointed a new Board Member in Champaign County to help promote UCP's programs and services. She has decades of experience working with disability related issues on the state and federal level and provides public policy, leadership and disability related consultation. She has expressed a true interest in being an active member of the Board and would like to help market and promote UCP services to residents of Champaign County as well as recruit additional Champaign County Board Members.

***Comments***

*Securing employment is the primary outcome: 90% of adults served will obtain employment. Client progress is tracked monthly through "Therap", an electronic records management system. Agency is accredited by CARF (Commission on Accreditation of Rehabilitation facilities).*

*Consumer outcomes section needs to be reformatted to match instructions.*

**UTILIZATION**

**Treatment Plan Clients (TPCs)** 30 = number of clients that develop an Individual Service Plan that is person-centered and based on the desired employment goals of the individual.
**Service Contacts (SCs)** 90 = number of the client intakes completed as well as any screenings of potential candidates who do not enter the program. Represents initial point of contact with a minimum of 30 completing intake and an individual service plan.
**Community Service Events (CSEs)** 40 = in-service trainings and public presentations.
**Other** 7,500 hours of service/supports provided to the 30 TPCs.
*While FY18 is the first year for this program and activity reported here may increase as the year proceeds, the target is too high and likely needs to be adjusted down for FY19.*

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

Treatment Plan Clients: An initial staffing will be held with each program participant during the first month of service to develop an Individual Service Plan that is person-centered and based on the desired employment goals of the individual. At this meeting, UCP staff will address personal, social, financial, and employment issues that may be potential barriers to successfully completing the program. These barriers will be included in the Individual Service Plan with specific goals to address each issue. UCP maintains community resource information booklets in the office that will be available at the time of the staffing. UCP will provide the program participant with information about available services for the person and will link the participant to any other needed services in the community.
Community Service Events: Inservice trainings to the Division of Rehabilitation Services (DRS), CCRPC and other community agencies on how to identify potential candidates for the program. Other public presentations will be held for local disability groups and organizations, colleges and/or universities, high schools and advocacy groups.
Other: Contact hours will be a part of all job support services - job development, job placement, job coaching, case management, staffings, site visits, etc. The amount of contact hours might vary from individual to individual, depending on the level of support needed.

Operational data for program services is collected through task analysis sheets, daily notes and attendance. The Job Development Supervisor will tally information from the task analysis and daily notes monthly to determine goal progress and will enter monthly goal implementation and progress notes into the data collection spreadsheet. Standard codes are used to provide additional information on goals not implemented or not on track to be met. Action plans can be developed or revised based on the analysis to address goals not on target. Data and information from customer surveys, complaints, immediate feedback and training evaluations is also collected in spreadsheets. Chronological and Time intervention notes will be completed to show hours of service for each individual. Attendance sheets and daily notes will track each person's progress to determine completion of the program.

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

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---|---|---|---|---|---|
| Annual Target | 30 | 0 | 90 | 40 | 7500 |

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

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---|---|---|---|---|---|
| First Quarter FY18 | 7 | 0 | 21 | 10 | 161 |
| Second Quarter FY18 | 1 | 0 | 9 | 5 | 147 |
| Annual Target | 30 | 0 | 90 | 40 | 7500 |

**PY17 all four quarters (per submitted Service Activity Reports)** not funded in PY17

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

**PY19 CCMHB Funding Request** $51,885
**PY19 Total Program Budget** $51,885
**Current Year Funding (PY18)** $51,885
**Proposed Change in Funding - PY18 to PY19** = 0.0 percent
**PY18** request was for $51,885

**Program Staff - CCMHB Funds:** Indirect = 4 FTEs, Direct = 5 FTEs, Total CCMHB = 9 FTEs
**Total Program Staff:** Indirect = 0.05 FTEs, Direct = 1.87 FTEs, Total Program = 1.92 FTEs

***Budget Analysis: (staff comments)*** *There is an error in the percentage of CCMHB supported staff time allocated to the program. The total program figures and the CCMHB figures listed should be the same. The various direct staff positions (1.87 FTE) include part of two job coaches, an employment specialist, a job development supervisor, and chief employment officer time. Indirect staff time totals .05 FTE spread across multiple positions. Salary/wages to be charged to CCMHB appear to be correct.*

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

***Budget Analysis: (staff comments)*** *The CCMHB is the sole source of support for the program for FY19. For FY18, there was a small amount of revenue allocated to the program from an Illinois Department of Human Services Division of Rehabilitation Services contract.*

**Personnel related costs are the primary expense charged to CCMHB, at** 89.0%.

*Being the only funder, all program expenses are charged to the CCMHB. Budget narrative explains relationship of costs to program.*

**Audit Findings:** Not Applicable

***Comment*** *This program was not funded in PY17.*

## CCMHB FY19 Decision Priorities and Decision Support Criteria

**Priority: Behavioral Health Supports for People with Justice System Involvement** No
**Priority: Innovative Practices and Access to Community Based Behavioral Health Services** Yes. *Program aligns with criteria. Clearly fits a niche that is needed for adults with severe mental illness and can help lead to other funding sources for the individual (i.e. employment.)*
**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. *Provides a service not readily available and is based on prior history working with adults with ID/DD under a contract with the CCDDB. Participants are responsible for their own*

*transportation. Program will assist with placement and job supports with an employer in rural Champaign County if preferred by the client and employment opportunity is available.*
**Inclusion and Anti-Stigma** No. *Addressing stigma is not a focus of the application.*
**Outcomes** Yes. *Program provides timeframes and measures associated with access to services and identifies consumer outcome measure for job placement. However, structure of outcome sections need to be reformatted/revised.*
**Coordinated System** *Relationship with referral sources and employers is addressed in broad terms within the proposal.*
**Budget and Program Connectedness** Yes. *Program aligns with budget. CCMHB is the sole source of funding.*
**Realignment of PY18 Contracts to Address Priorities (incumbent programs only)** *Amount requested is the same as awarded for FY18.*

**Technical Criteria**
**Approach/Methods/Innovation:** Yes. *Provides range of employment related services for people with mental illness. Assessment tools are referenced and job training curriculum described.*
**Staff Credentials:** No. *Staff qualifications to perform the work are not specified in the applications.*
**Resource Leveraging:** No. *CCMHB is the sole source of funding listed for FY19 program. A small amount of state funding was part of the FY18 proposal.*

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

- *Could the program also serve persons with substance use disorders?*
- *If the persons served have behavioral health conditions, how does the CCRPC Case Manager determine their eligibility for this program?*

**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:

- *Access and Consumer Outcome sections need to be revised in accordance with instructions.*
- *Error on personnel form will need to be corrected.*
- *What are staff qualifications to assist clients with job training and employment supports?*

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

PEARLS - Program to Encourage Active Rewarding Lives

PCHS - Prairie Center Health Systems

PHC – Promise Healthcare

PSC - Psychological Services Center (University of Illinois)

RAC or ECIRMAC – East Central Illinois Refugee Mutual Assistance Center

RACES – Rape Advocacy, Counseling, and Education Services

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 heath assessment instrument.

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

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

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

DCFS – Illinois Department of Children and Family Services.

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

DD – Developmental Disability

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

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

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

DHS – Illinois Department of Human Services

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

DSM – Diagnostic Statistical Manual.

DSP – Direct Support Professional

DT – Developmental Training

EI – Early Intervention

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

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

ER – Emergency Room

FACES – Family Adaptability and Chesion Evaluation Scale

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.