

# County Board

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## February 20, 2014 Handouts

1. Item XI      Nursing Home Quarterly Report
2. Item XIII A-1      Contract with Community Elements for Re-Entry Programming  
for the County of Champaign

Champaign County Nursing Home  
Quarterly Update  
4<sup>th</sup> Quarter 2013



February 20, 2014

Scott T. Gima, RN, MHA  
Vice President

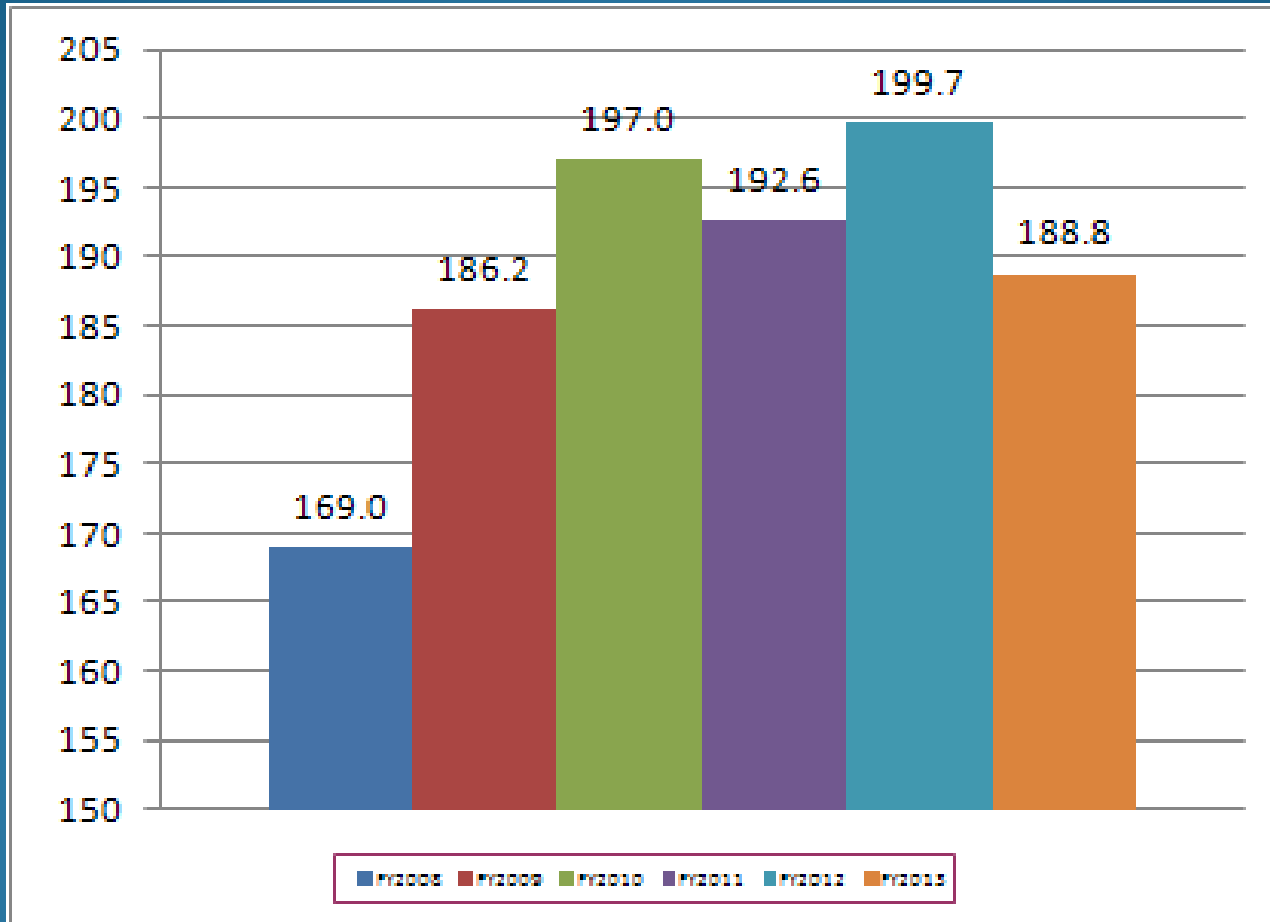
Management Performance Associates  
Saint Louis, Missouri

# Topics

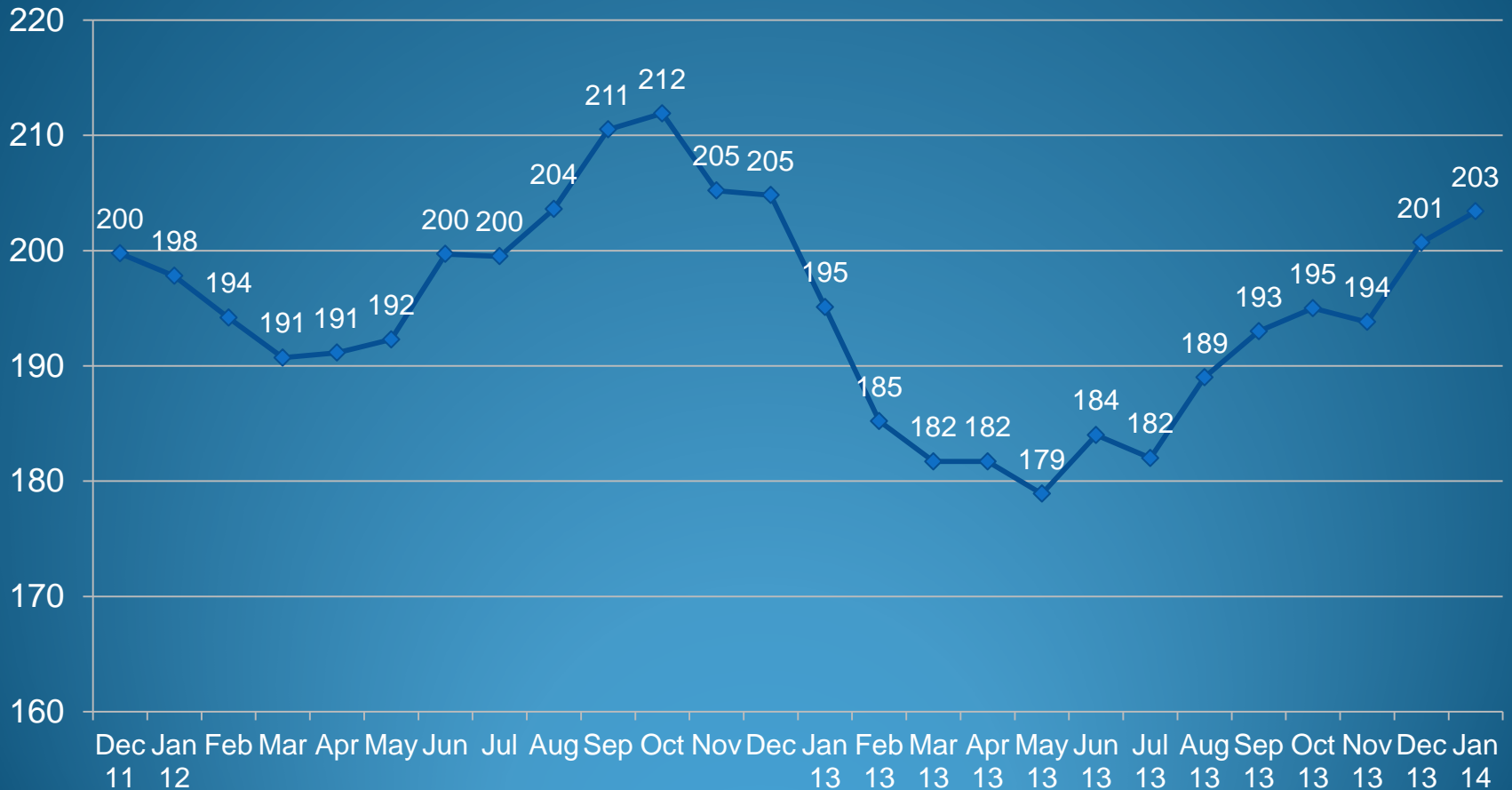
- Census
- Financial Position
- Cash Position
- Food Service
- Quality

# Census

# Annual Census FY2008 to FY2013

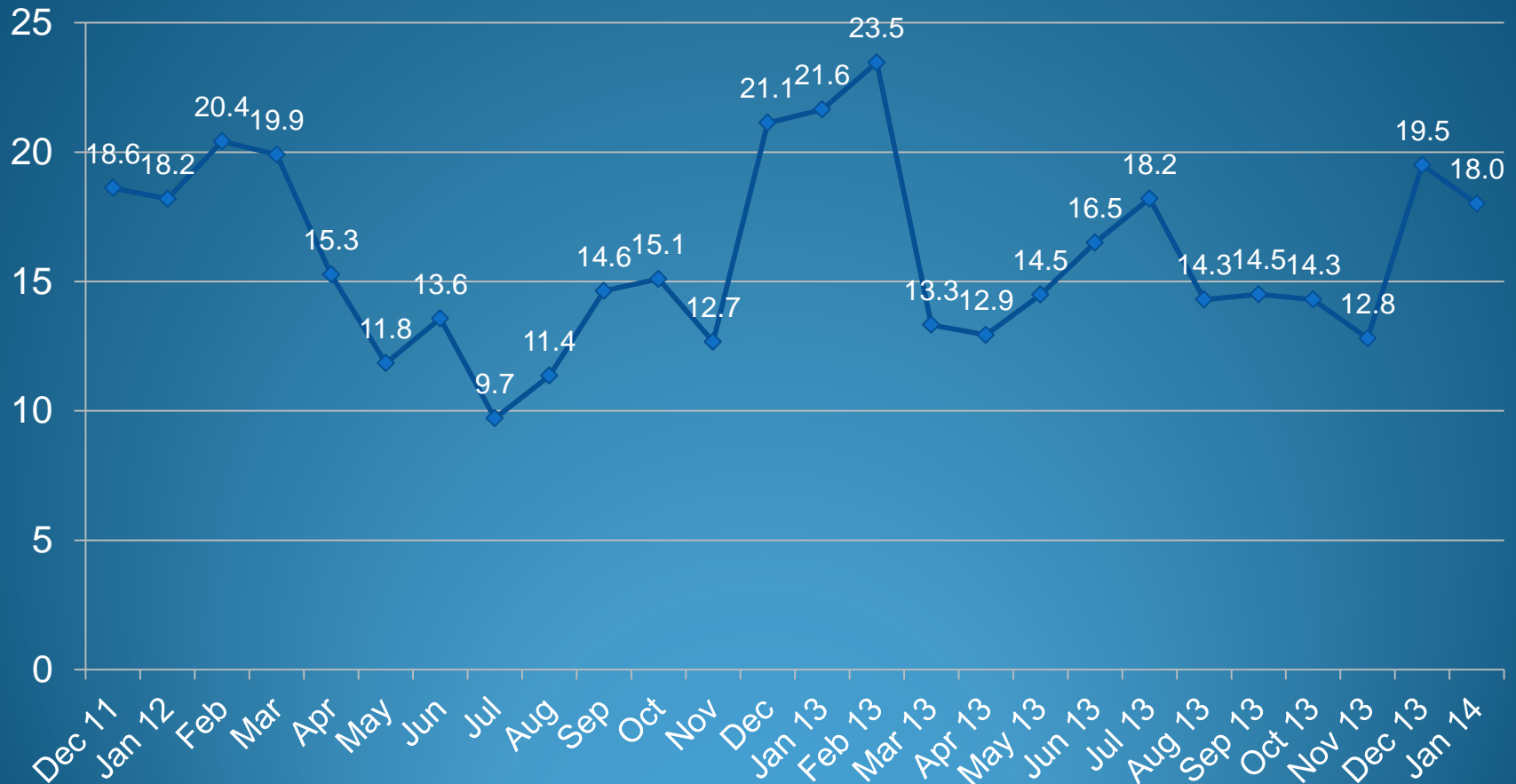


# Average Daily Census Dec 2011 to January 2014



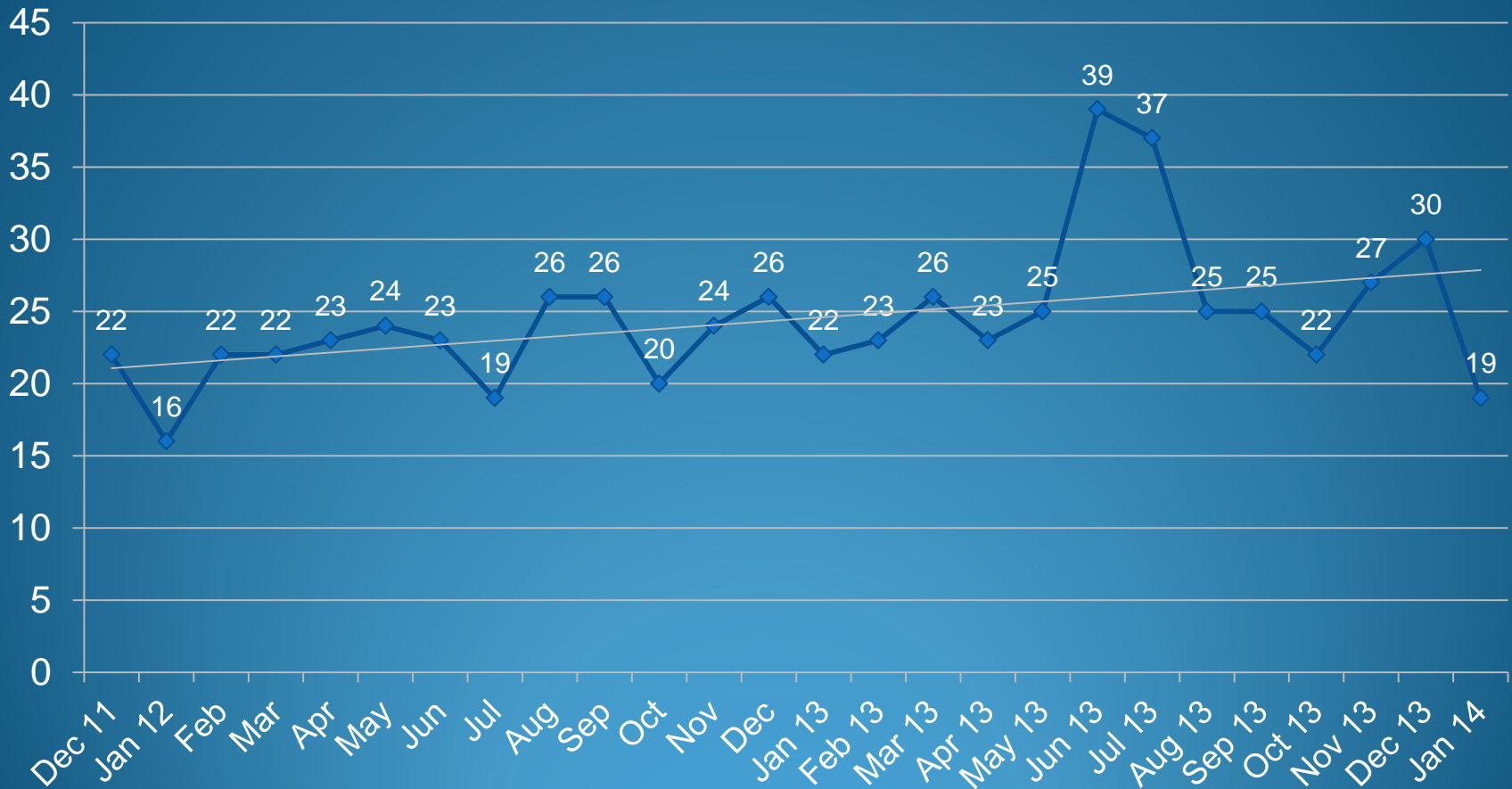
# Medicare Average Daily Census

## Dec 2011 to Jan 2014



# Admissions

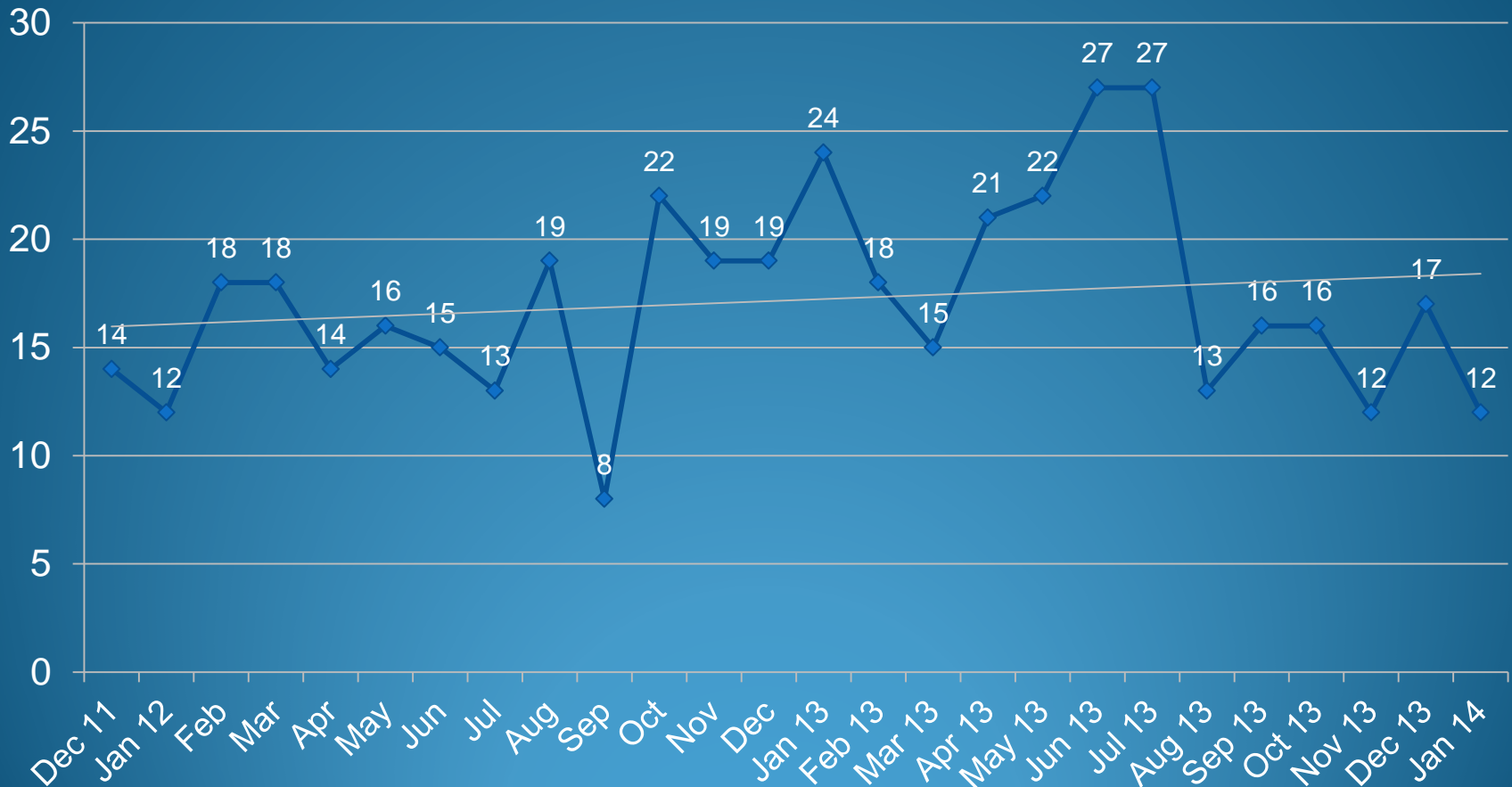
## Dec 2011 to Jan 2014





# Discharges

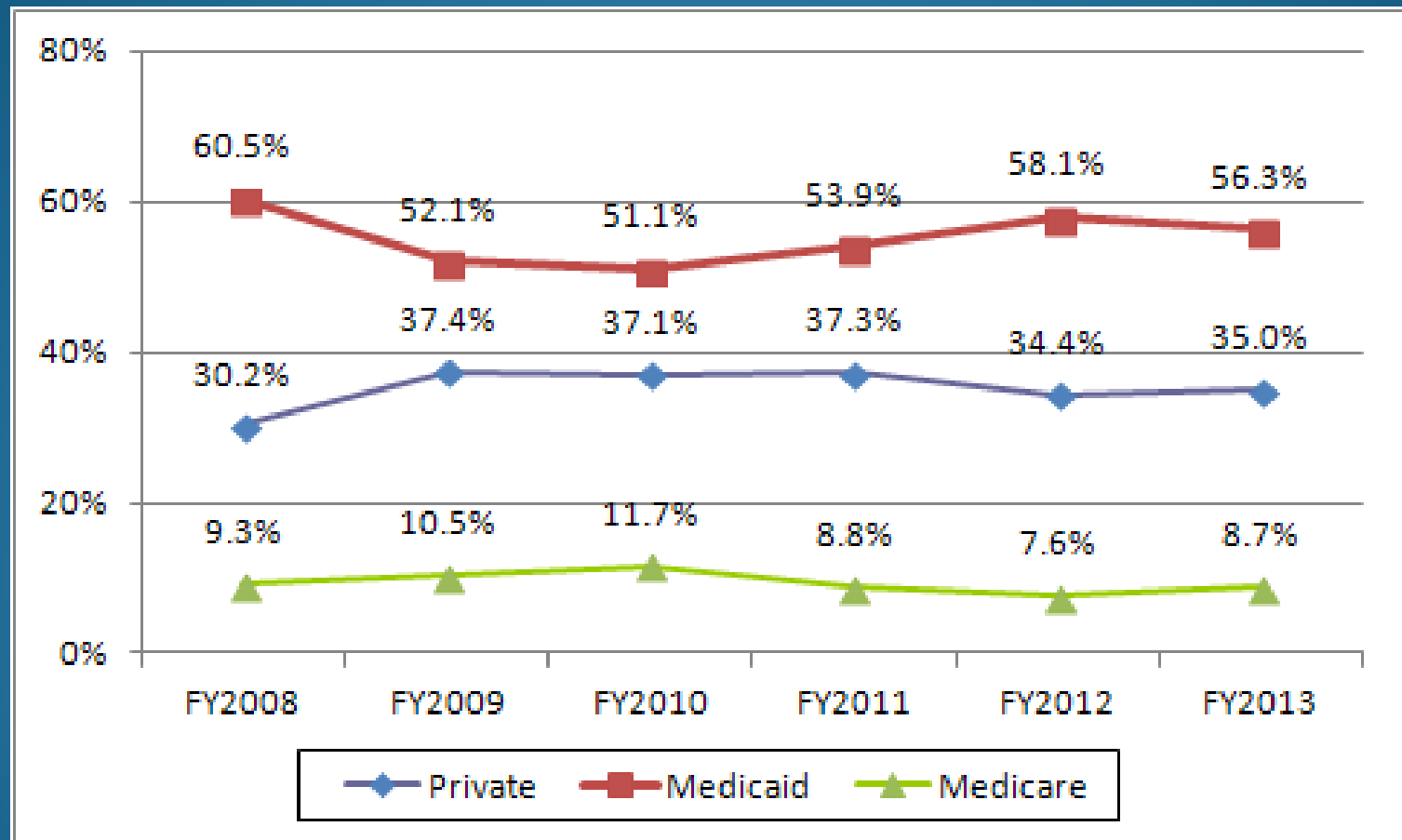
## Dec 2011 to Jan 2014



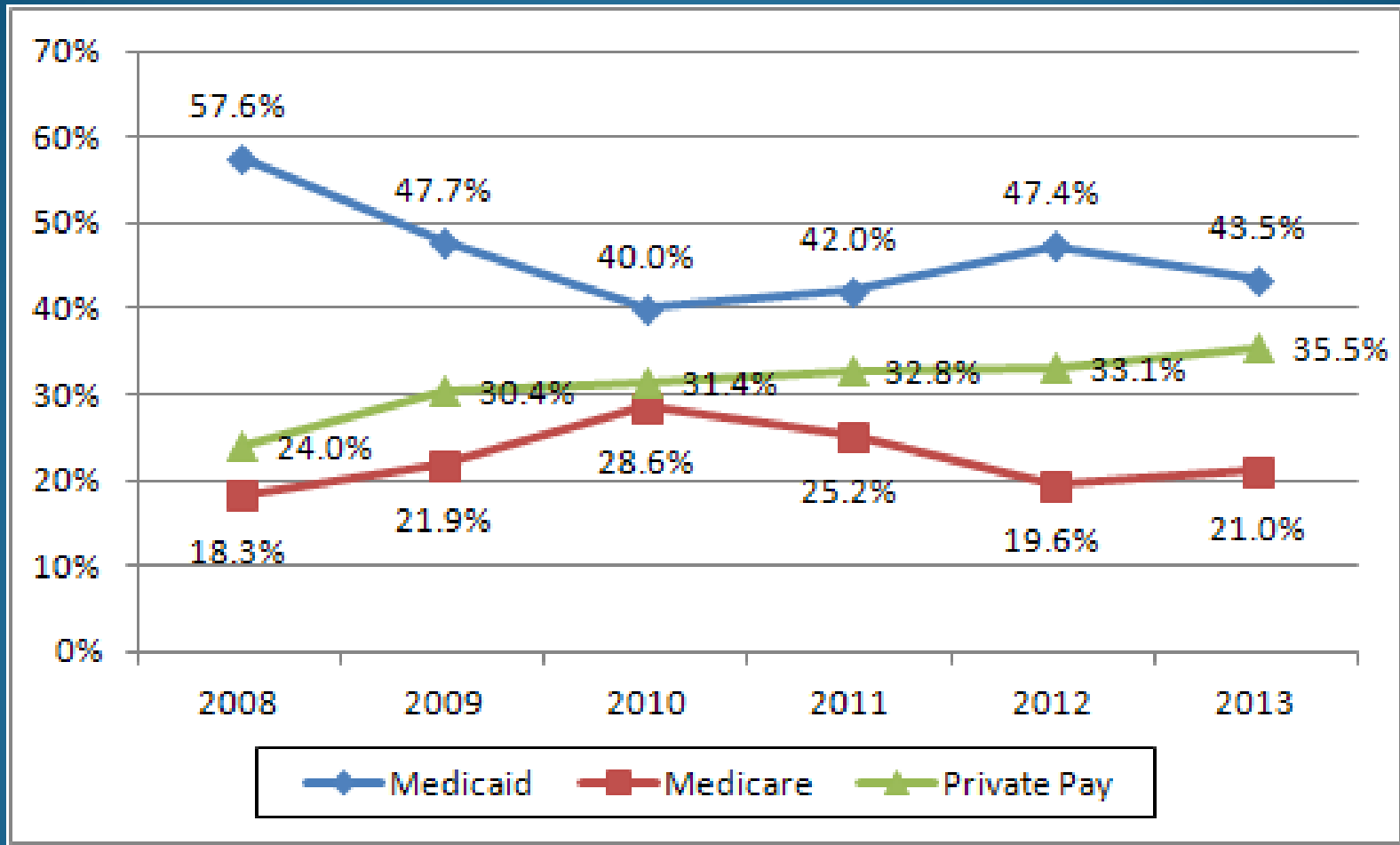
# Current Census

- Admissions remain strong
- The number of Medicare discharges has declined
- Census is up

# Resident Day Payor Mix FY2008 to FY2013



# Revenue Payor Mix FY2008 to FY2013



# Financial Position

# Revenue and Expenses – 2013

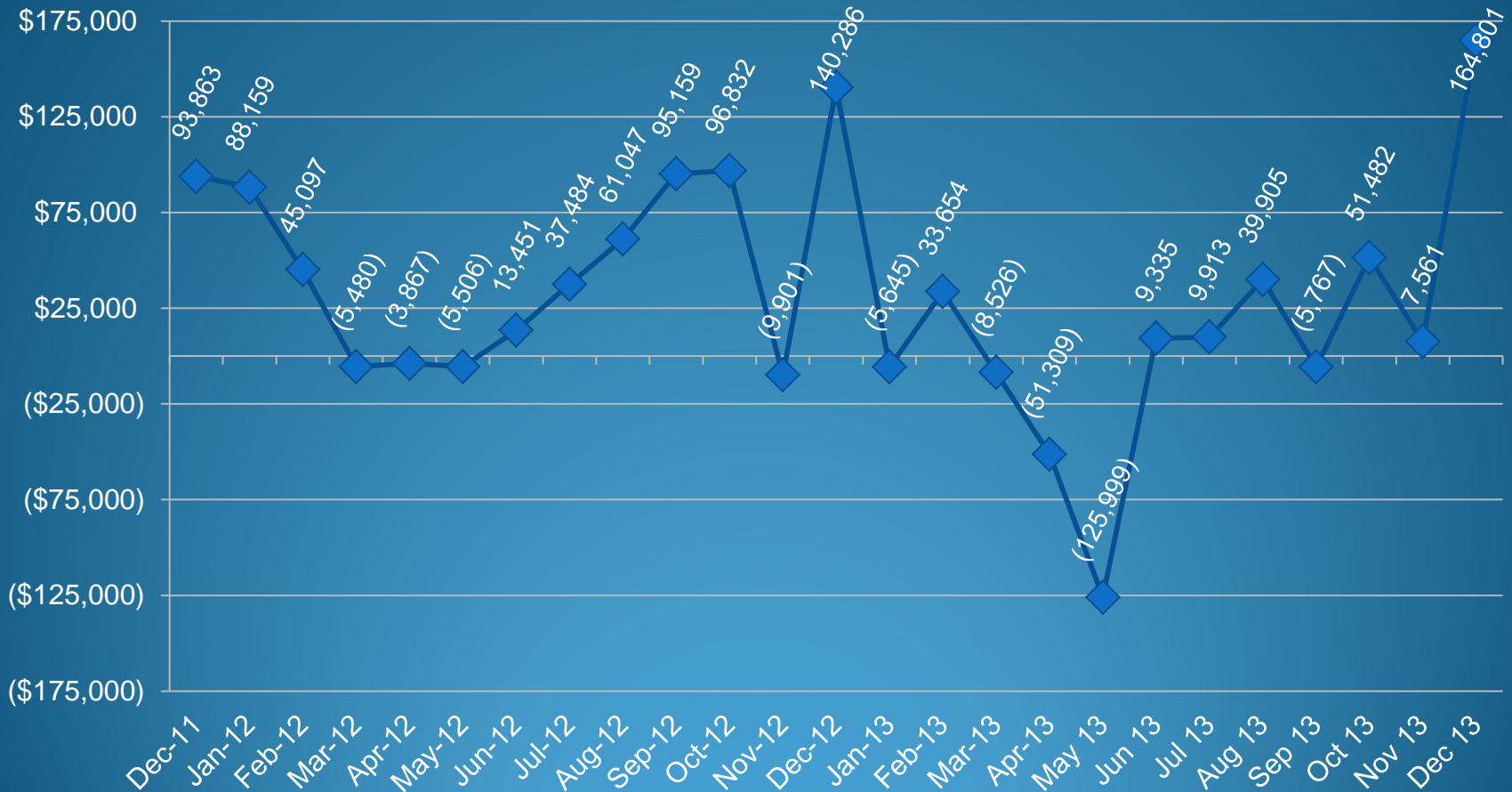
Net Income	\$(306,563)
Depreciation	\$732,494
Cash from Operations	\$425,931
Adjusted Cash from Operations	\$92,787

# Revenue and Expenses – December 2013

Net Income	\$103,830
Adjusted Cash from Operations	\$164,801

# Cash Flow from Operations

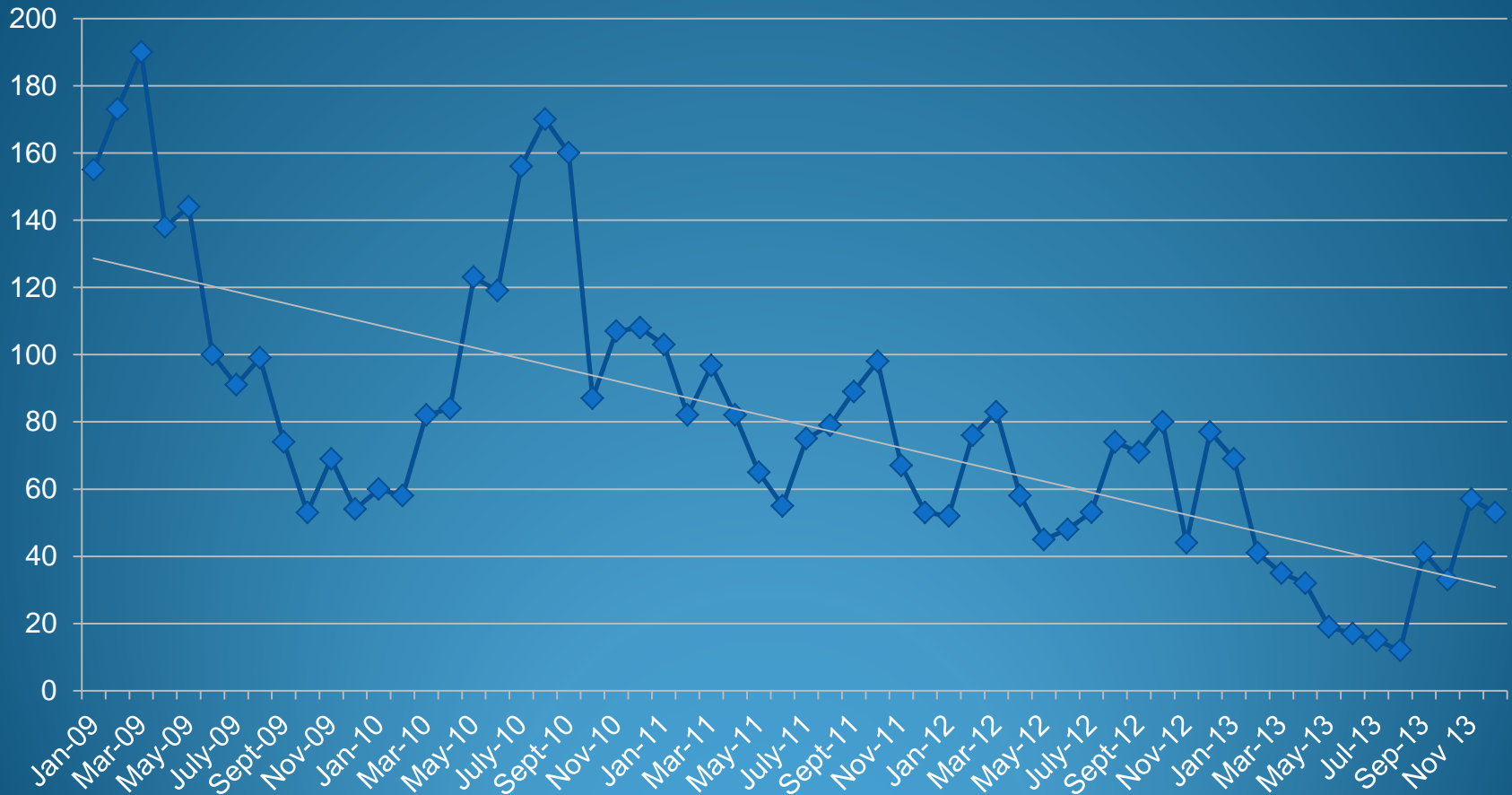
## Net of Revenues & Expense Without Depreciation Expense





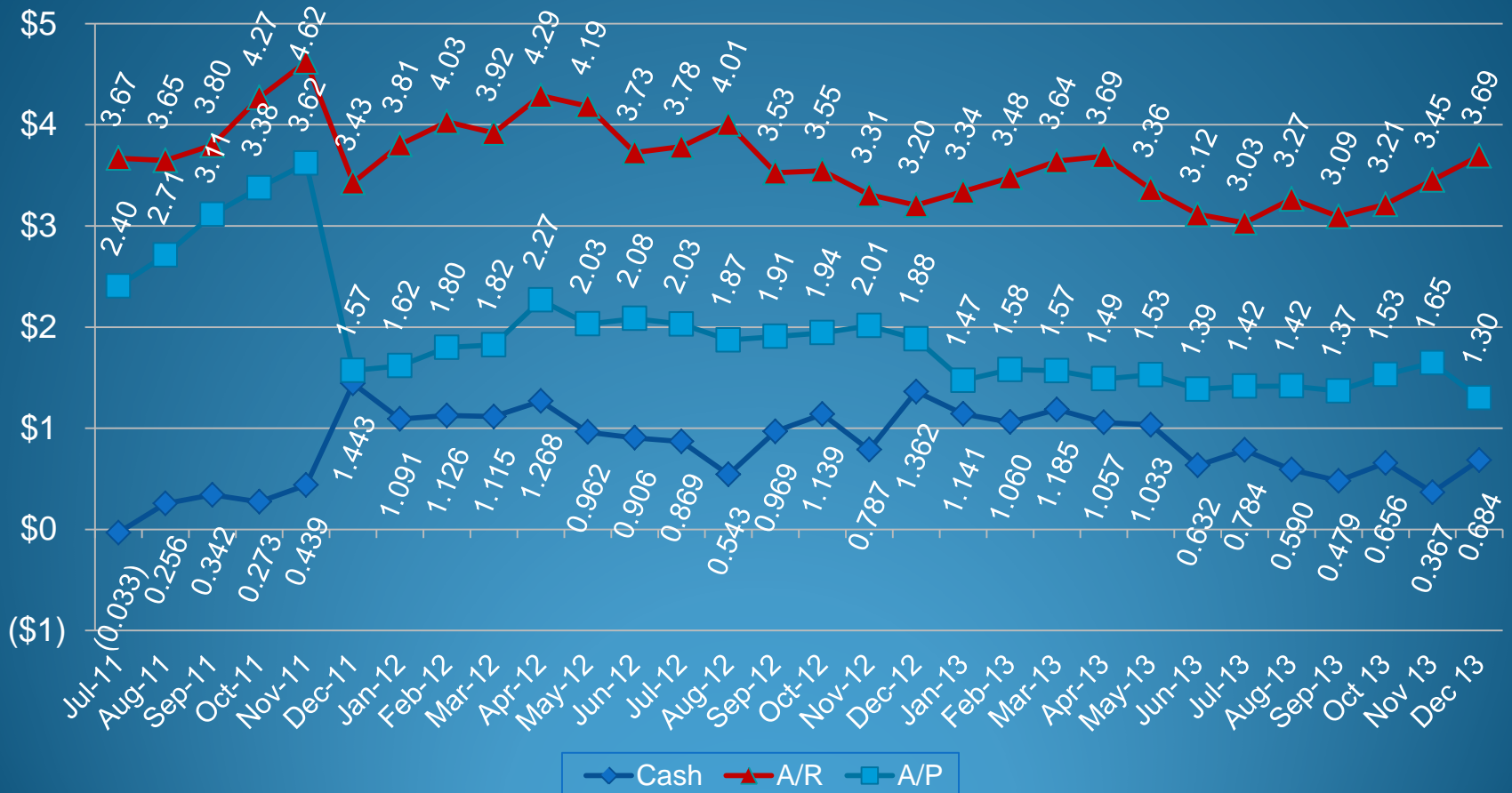
# Contract Nursing Monthly Expenses

## Dec 2008 thru Dec 2013



# Cash

# Cash, Accounts Receivable, Accounts Payable (in millions)



# Medicaid Updates

- Payments currently 2-3 months in arrears
- State tax receipts are typically strong in the Spring
- No change expected over the next few months

# Food Service

- Food quality has improved
- Food delivery system needed – a capital purchase that is in the current budget
- RFP issued in January, but newspaper did not publish the notices – restarting RFP

# Employee Turnover

- 129 separations in 2013
- 59 separations (46%) occurred during the probationary period

# Probationary Period Turnover

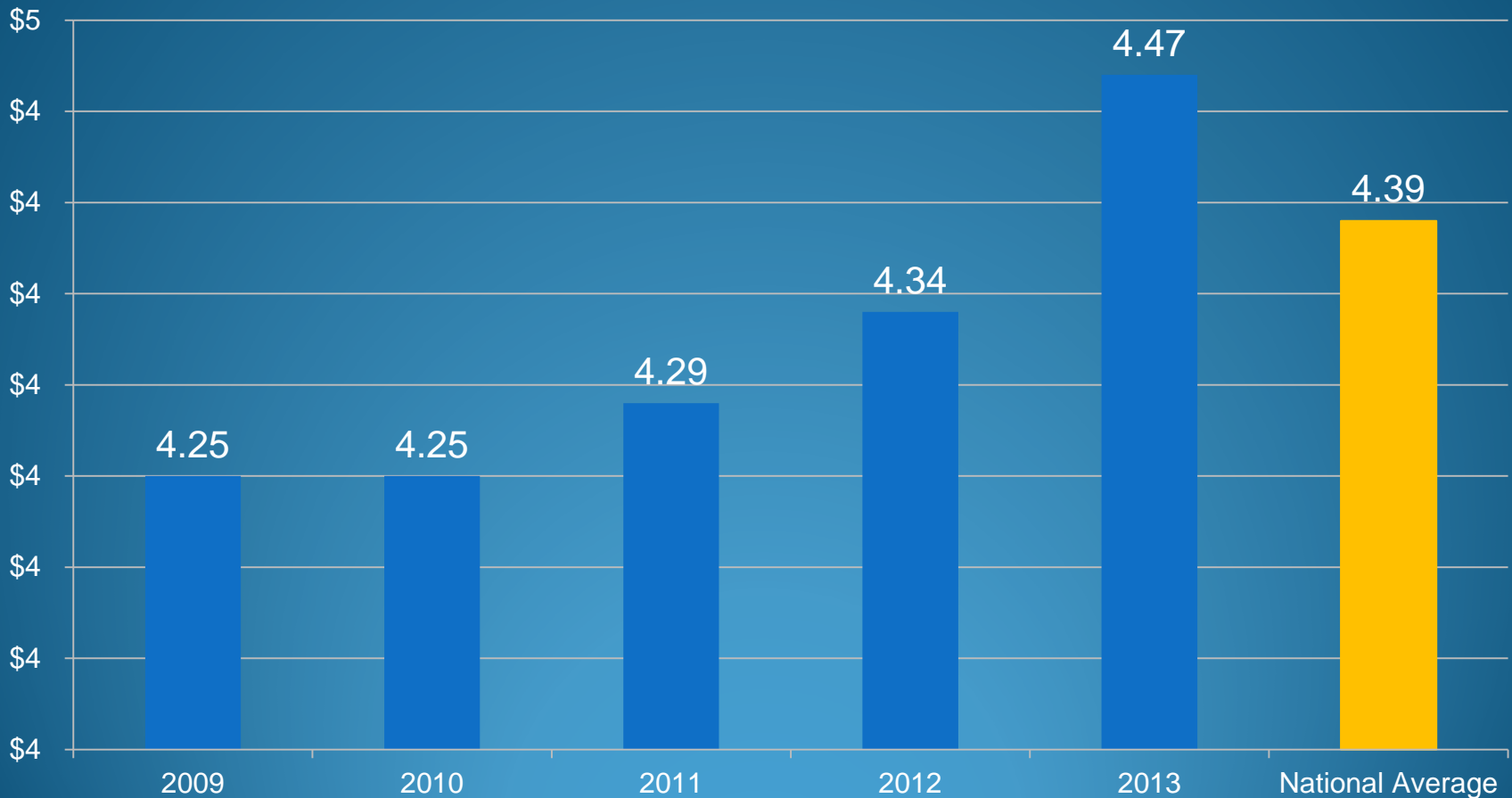
- Probationary period provide management the opportunity to evaluate new hires over a six month period – this is taken seriously
- Reasons for probationary separation
  - Poor attendance including no call, no shows
  - Poor work performance

# Indicators of Improved Employee Pool

- Improved IDPH surveys
- 4 star quality measures
- Census
- Strong admissions
- Improving Satisfaction Scores



# Recommend Facility to Others 2009-2013



**CHAMPAIGN COUNTY BOARD CONTRACT FOR RE-ENTRY PROGRAMMING**

Contract/Program Name: Re-Entry Programming for the County of Champaign

Contract Maximum: \$100,000 in Year One

This Contract is by and between the **Champaign County Board**, hereinafter referred to as the “**Board**,” and **Community Elements**, hereinafter referred to as “**Provider**,” with principal address at 1801 Fox Drive, Champaign, IL 61820.

The Board and Provider each agrees:

A. Type of Contract (Check one below):

- Grant
- Attachments to Contract:
  - Program Plan – Attachment A
  - Financial Plan - Attachment B
  - RFP 2013-006 – Attachment C
  - Provider Response to RFP 2013-006 – Attachment D

B. Contract Terms:

1. This Contract shall be effective February 24, 2014. The term of engagement under this Contract will begin as of the Effective Date and will remain in effect until February 28, 2015, with options for two additional renewal years. The Board shall have the option of renewing the Contract for up to two additional one-year terms, renewable one term at a time. The Board’s decision to renew shall be provided to Provider at least ninety (90) days prior to the termination of the then current term, to allow the parties the opportunity to negotiate the financial terms for the renewal.
2. Taxpayer Certification:  
Under penalties of perjury, the person signing this Contract on behalf of the Provider personally certifies that 37-0913985 is the correct Federal Employer Identification Number (FEIN); or, NA is the correct Social Security Number for the Provider doing business as indicated below (please check one):

(Note: Sole proprietorship must use Social Security Number)

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Individual                      | <input type="checkbox"/> Sole Proprietorship                        | <input type="checkbox"/> Corporation |
| <input checked="" type="checkbox"/> Not for Profit Corp. | <input type="checkbox"/> Tax Exempt Org                             | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Governmental Entity             | <input type="checkbox"/> Medical Health Care Services Provider Corp |                                      |

3. The maximum amount payable under this Contract is \$100,000 in the first year of the Contract. The Board reserves the right to decrease the maximum amount payable if:

- a. Staff and/or consultants are not hired within 30 days after the effective date of this Contract, or the projected hire date, or if a vacancy occurs. The Provider shall notify the Board in writing within 15 days of changes to any staff position including vacancies funded in whole or in part by the Board.
- b. Line items are not expended according to the schedule as evidenced in expense reports, if an acceptable amendment is not submitted within 30 days following the submission of the expense report.
- c. Unallowable Costs: The Provider's payments shall be subject to reduction for amounts included in any payment theretofore made which are determined by the Board, on the basis of audits or monitoring conducted in accordance with the terms of this contract, not to constitute allowable costs. The Board at their discretion may elect not to allow an expense based on what is deemed to be in the best interest of the County.
- d. Any funds which are not used or expended at the end of the Contract period in accordance with the terms and conditions of this contract shall be returned to the Board within 45 days after the expiration of this Contract.

#### 4. Payment

The Board shall pay the Provider by and through the Champaign County Treasurer. Monthly payments will be paid based on the total contract amount divided by the length of the contract in equal installments. These payments shall be reconciled quarterly to actual expenses submitted by the Provider 30 days following the end of the quarterly reporting period. No monthly payment shall exceed the pro-rated monthly allocation, except when year-to-date billings have fallen short of the allowed maximum available.

The Board shall exercise the right to withhold monthly payments until required reports and/or forms are received and approved.

The Provider agrees that the Board reserves the right to correct any mathematical or computational error in the payment subtotals or total contract obligation by the Board to the Provider.

#### 5. Record Keeping

- a. The Provider is required to maintain books and records relating to the performance of this Contract and necessary to support amounts charged to the Board under this Contract. The books and records shall be maintained for a period of five years from the expiration date and final payment under the Contract.
- b. All books and records required to be maintained under subsection (a) of this paragraph shall be available for review and audit by the Board. The Provider is required to fully cooperate with any audit initiated by the Board.
- c. Failure of the Provider under this Contract to maintain the books and records required by subsection (a) of this paragraph shall establish a presumption in favor of the Board for the recovery of any funds paid by the Board for which the required books and records are not available.

- d. The Provider shall maintain all such other records as may be required by the Board.
- e. The Provider shall assist the Board in its functions of monitoring and evaluating performance under this Contract. The Provider shall allow Board employees total access to all records, financial and programmatic, relating to this Contract.
- f. The Provider's books of account shall be kept in accordance with the Standards of Accounting and Financial Reporting for Voluntary Health and Welfare Organizations, or other methods which are consistent with generally accepted accounting standards. Accrual accounting is required for all financial reporting.
- g. The Provider shall keep true and accurate financial records reflecting all financial transactions pursuant to this Contract.
- h. The Provider shall maintain time and attendance records for all staff whose salaries are funded in whole or in part pursuant to this Contract consistent with generally accepted business practices.
- i. Except in emergency situations, the Board will attempt to provide to the Provider five days notice of its intent to review financial and programmatic records relating to this Contract, including, but not limited to, those records specified by this paragraph and all other parts of this Contract. Regarding those records related to this Contract, the Provider shall grant complete access to those Board employees or other qualified persons who are authorized by the Board or otherwise by law.

6. Audit Requirements

The Provider shall submit an annual audit report to the Board within 120 days following the completion of the Provider's fiscal year, unless waived or exempt. All audited financial statements shall include a "Schedule of Operating Income by Champaign County Board Funded Program" and "Schedule of Operating Expenses by Champaign County Board Funded Program". The Schedules shall include total program and Champaign County Board only funded information using a format modeled on the Champaign County Board Revenue and Expense forms. Audit requirements are as follows:

- a. The audit is to be performed by an independent certified public accountant registered by the State of Illinois. The resultant audit report is to be prepared in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. The report shall contain the basic financial statements presenting the financial position of the agency, the results of its operations and changes in fund balances. The report shall also contain the auditor's opinion regarding the financial statements, taken as a whole, or an assertion to the effect that an opinion cannot be expressed. If the auditor expressed a qualified opinion, a disclaimer of opinion, or an adverse opinion, the reason therefore must be stated.
- b. The following supplementary financial information shall be included in the audit reports: (Failure to do so will make the report unacceptable.)
  - i. Filing of Audit Report: The audit report is to be filed with the Champaign County Board within 120 days of the end of the agency's fiscal year. In order to facilitate meeting filing requirements, agencies are encouraged to contract with certified public accountants before the end of the fiscal year.
  - ii. Request for Extension: A request for an extension of time to file the Audit Report must be submitted, in writing, to the Chair of the Champaign County

Board. In all cases, approval shall be obtained prior to the due date of the Audit Report.

- iii. Penalty: Failure to meet these audit requirements shall be cause for termination or suspension of Champaign County Board funding.
- iv. Records: All fiscal and service records must be maintained for five years after the end of each budget period, and if need still remains, such as unresolved issues arising from an audit, related records must be retained until the matter is completely resolved.
- c. If the Provider does not comply with the requirement to produce an audit as specified by the Board, the Provider shall repay all Board funds allocated for such purpose.
- d. Failure to complete an audit shall be cause for termination or cancellation of any current or subsequent contracts between the Board and the Provider.
- e. The Provider must report to the Board any of its program or financial audit findings that indicate noncompliance, errors in billing, overpayments, failure to coordinate benefits, and/or other irregularities in the operations of the Provider.

#### 7. Excess Revenue

At the end date of this Contract, the Provider shall be required to return any funds they have been paid pursuant to this Contract in excess of what is due to the Provider at termination, in accordance with existing Board rules and contractual obligations. Excess funds shall not be carried over to the next fiscal year.

#### 8. Services

- a. In consideration of the mutual promises, covenants, and undertakings of the parties hereto, the Provider agrees to provide services as stipulated in the Program Plan attached hereto and incorporated herein by reference.

Failure to implement services as stipulated in the Program Plan may be cause for termination of the Contract. The Board may at its discretion require corrective action by the Provider including but not limited to repayment of funds.

The Board may, at any time by written notice, negotiate adjustments/changes in the Program Plan. If the change causes an increase or decrease in budgeted costs, the parties shall negotiate an equitable adjustment in the contract maximum. If the parties cannot reach an equitable adjustment after good faith negotiations, either party may terminate this contract.

- b. The Provider shall give due preference on a priority basis to residents of Champaign County who apply for services covered by this contract.
- c. The Board shall be notified by the Provider in writing at least 120 days in advance of any program closure; significant change to programs, including staff reduction in force which would alter capacity to serve clients or fulfill contract obligations.
- d. In the event the Provider is considering a corporate merger, consolidation, bankruptcy, or corporate restructuring, ceasing or transferring operations, or the Provider is facing

financial insolvency illustrated in part by furlough days, missed payroll or delayed payment of payroll, Provider should provide as much advance notice relative to the occurrence of said event to the Board as possible.

- e. The Provider shall notify the Board of a material change in Provider's management or Board of Directors consisting of a change in twenty-five percent or more of members or officers.

9. Quarterly Program and Financial Reports

All programs regardless of type of contract, grant-based or purchase of service/fee for service, will submit quarterly program and financial reports as documented in the Program Plan, Attachment A of this Contract.

Variations of 5% or greater between the contract budget (submitted application revenue and expense forms) and total revenue and total expenses reported shall require a written explanation submitted with the Second Quarter and Fourth Quarter Expense Reports.

Payments due to the Provider by the Board pursuant to this Contract shall be withheld if Program and/or Financial Reports are not submitted on a timely basis by the Provider to the Board.

10. Monitoring

All contracts will be monitored by the Board.

- a. Site Visits will be conducted on Grant Contracts to verify reported performance and service activity.
- b. Financial Monitoring may occur no less than once a year and, in instances where deficiencies are identified, may occur more frequently. A request for information will be sent to the agency allowing adequate time for the information to be available at the time of the financial review.

11. Employment Status

Unless otherwise specified in the Contract, the Provider does not acquire any employment rights with the Board or Champaign County by virtue of this Contract. Payments made are not subject to income tax withholding and do not entitle the Provider to any benefits afforded employees of the Board or Champaign County.

12. Address Change

The Provider will provide written notice of any change(s) of principal office/ mailing address at least 30 days in advance of the change. Written notice of changes of name, ownership, taxpayer I.D. or taxpayer certification should be provided at least 45 days in advance, and such changes will require new contracts to be written.

13. Disclaimer Notices

The Provider shall include a disclaimer, when issuing statements, published materials, et cetera, that acknowledges the contents, opinions, findings, conclusions or recommendations expressed in the material are those of the author and do not necessarily reflect the views of

the Champaign County Board. The Provider shall give to the Board a copy of the document(s) issued with the disclaimer.

14. Press Release/Media Notice

The Provider shall notify the Board in writing of its intent to issue the press release or other media event related to a program or service funded by the Board. Copies of any press release or other notice to the media shall be provided to the Board three days in advance of the actual release and/or media notice. The release and/or notice shall include the Disclaimer Notice referenced in Section B Number 13.

15. Confidentiality

All records and other information obtained by the Provider concerning persons (i.e., clients) served under this Contract is confidential pursuant to State and Federal statutes and shall be protected by the Provider from unauthorized disclosure.

16. Termination

- a. Each party reserves the right to terminate this Contract at any time for any reason, upon 30 days written notice to the other party.
- b. This Contract shall be deemed to have been breached by the Provider if it fails to perform any material act mandated by this Contract; and, at that time the Board may terminate this Contract immediately upon notice. The termination shall be effective upon the date notice is mailed in a properly addressed envelope with postage prepaid and deposited in a United States Post Office or post office box or hand delivered to the Provider's principal address listed herein.
- c. Upon termination of this Contract, any equipment exceeding \$1,000 in value at the time of purchase which was purchased with Board funds shall be returned to the Board within 90 days, unless otherwise agreed to in writing signed by the Chair of the Board.
- d. Upon termination of this Contract prior to the end date provided by the terms of this Contract, the Provider shall return to the Board all revenues in excess of expenses as of the date of termination. Such return shall be by check payable to the Board, no later than 15 days after completion of the required audit.

17. Severability

In the event any provision of this Contract is declared void, voidable or otherwise unenforceable, then such provision, term or condition shall be severable from this Contract and this Contract shall otherwise be fully effective, binding, and enforceable.

18. Personnel

- a. The Provider warrants all personnel who directly provide services under this Contract are fully qualified to carry out their duties, and that all representations concerning Provider personnel (academic credentials, licensing status, work experience, number of staff, etc.) are true and correct. The Provider further agrees to perform in a diligent, efficient, and competent manner commensurate with the highest standards of the profession and will devote the time necessary to perform services required under this contract. The Provider shall remain in compliance at all times with the standards prescribed by State and Federal law for the rendering of such services, including appropriate background checks,

and shall notify the Board within five (5) working days of change in status, suspension, or revocation of licenses of all personnel who provide services under this contract.

- b. The Provider will develop job descriptions and staff development plans for all Board funded (total or partial) positions (including volunteers). Job descriptions will be kept on file at the Provider's site and made available to Board staff upon request.
- c. The Provider shall not, either through hiring, promotion, or position reclassification, have employees related by blood, adoption, marriage, or domestic partnership in any position of direct or indirect supervision or other decision making authority over a related employee.
- d. The Provider shall not allow any employee or person related by blood, adoption, marriage, or domestic partnership to serve on the Provider Board of Directors.

19. Licensing, Certification and Accreditation Status

The Provider shall notify the Board in writing within five (5) working days following any sanctions imposed by a funding organization or change in status of licenses, certifications and/or accreditations. Change in status includes investigations, audits, plans of correction, suspension, termination, or revocation of licenses, certifications or accreditations. The Provider shall within five (5) working days provide the Board with copies of all documents and correspondence between the Provider and the licensing, certification or accrediting body pertaining to the change in status.

20. Subcontracts

This Contract shall not be subcontracted, assigned or delegated without prior written consent of the Board.

Professional services subcontracted for shall be provided pursuant to a written contract, and shall be subject to all provisions contained in this Contract. The Provider shall remain responsible for the performance of any person, organization, or corporation with which it contracts.

21. Compliance with State and Federal Laws

- a. This Contract, and all subcontracts entered into pursuant to this Contract, shall be governed by the laws of the State of Illinois and insofar as applicable, by related Federal laws and regulations. The Provider agrees to timely comply with all Local, State, and Federal laws, regulations, and standards pertaining to the Agency Plan, Program Plan, and/or Financial Plan, and all other matters contained in this Contract.

The Provider agrees to pay all state and federal taxes and other levies and charges as they become due, and to defend, indemnify, and hold the Board harmless from and against any and all liability resulting from any failure to do so.

The Provider is solely responsible for and must meet all labor, health, safety, and other legal requirements, including payment of all applicable taxes, premiums, deductions,



withholdings, overtime, and other amounts which may be legally required with respect to the Provider and any persons providing services on behalf of the Provider under this contract.

Failure of the Provider to pay applicable Federal and State payroll taxes, FICA, and other levies or charges as they become due shall result in immediate termination of this contract.

- b. The Provider certifies that it is in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law No. 104-191, 45 CFR Parts 160, 162 and 164, the Social Security Act, 42 U.S.C. §1320d-2 through 1320d-7, in that it may not use or disclose protected health information other than as permitted or required by law and agrees to use appropriate safeguards to prevent use or disclosure of the protected health information.
- c. The Provider certifies that it is in compliance with all applicable Federal, State, and Local laws protecting the civil rights of persons.
- d. The Provider certifies that it is in compliance with the State and Federal constitutions, the Illinois Human Rights Act, the United States Civil Rights Act, The Illinois Employment First Act, and Section 504 of the Federal Rehabilitation Act. The Provider, its employees, and subcontractors shall comply with all applicable provisions of the following State and Federal laws and regulation pertaining to nondiscrimination and equal employment opportunity including but not limited to the delivery of services under this Contract and all subsequent amendments thereto:
  - i. The Illinois Human Rights Act, as now or hereafter amended (775 ILCS 5/1 – 101 et seq.);
  - ii. Public Works Employment Discrimination Act “to prohibit discrimination and intimidation on account of race, creed, color, sex, religion, physical or mental handicap unrelated to ability, or national origin in employment agreements for public buildings or public works.” (775 ILCS 10/0.01 et seq.);
  - iii. The United States Civil Rights Act of 1964 (as amended), Section 504 of the Federal Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), and Executive Orders 11246 and 11375 (Equal Employment Opportunity).
  - iv. The Illinois Employment First Act, to “support competitive and integrated employment of persons with disabilities; and, whenever feasible, share data and information across systems in order to track progress toward full implementation of the Act.”

## 22. Liability

- a. The Board assumes no liability for actions of the Provider or the Provider’s employees under this contract. The Provider shall indemnify, defend, and hold harmless the Board, and its respective agents, employees, officers, directors, successors, and assigns (collectively, the “Indemnities”) from, against in and in respect of any damages, claims, allegations, losses, charges, actions, suits, proceedings, judgments, interest, penalties

amounts paid in settlement, costs, and expenses (including reasonable and verifiable attorneys' fees) (collectively, "Losses") which are imposed on, sustained, paid by, incurred or suffered by or asserted against any of the Indemnities directly or indirectly related to, arising out of, or resulting from third party claims relating to (i) the acts, omissions or breach of the Provider, its agents or representatives in connection with the performance of its obligations under this Contract, (ii) any allegations by any federal, state, or local government authority that the Provider has in any way misused, misspent, improperly accounted for, or improperly disbursed any funds, including but not limited to any allegations that the Provider has violated any Medicare or Medicaid regulation, statute or ruling, or from any other violation of State or Federal laws and regulations the Provider has certified as being in compliance.

- b. The Provider shall provide to the Board on an annual basis a certificate of liability insurance, as well as a certificate of professional malpractice insurance covering any of its employees or contractors assigned to provide services under this Contract. Provider shall, as its sole cost and expense, procure and maintain during the term of this CONTRACT, the following minimum coverage and limits of liability insurance:
  1. PROFESSIONAL LIABILITY: Professional Liability insurance in an amount not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate.
  2. COMPREHENSIVE GENERAL LIABILITY: Comprehensive General Liability insurance in an amount not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate.
  3. WORKER'S COMPENSATION: Worker's Compensation coverage as required by applicable state law.
  4. ENDORSEMENT: The comprehensive General Liability, Professional Liability and Worker's Compensation policy shall contain additional endorsement naming the County of Champaign, a municipal corporation; the Champaign County Board, Directors, and all subsequent Directors and all employees of Champaign County as an additional insured with respect to liabilities arising out of the performance of services under this CONTRACT.
  5. PROOF OF INSURANCE: Provider shall provide the COUNTY proof of Professional Liability, General Liability and Worker's Compensation insurance coverage for Provider's staff, employees, agents and subcontractors for the term services are provided under this CONTRACT. Provider shall notify the DIRECTOR in writing of each change in coverage, reduction in policy amounts or cancellation of insurance coverage. If Provider fails to provide proof of adequate insurance within a reasonable time under the circumstances, then the COUNTY shall be entitled to terminate this CONTRACT without penalty to the COUNTY pursuant to the terms of Section B Number 16.
  6. SURVIVABILITY: The obligations under this Section B Number 22 shall survive the termination of this CONTRACT.

## 23. Miscellaneous

- a. This contract is complete and contains the entire understanding between the Board and the Provider relating to the subject matter contained herein, including the terms and conditions of the parties' agreement. This contract supersedes any and all prior

understandings, representations, negotiations, and agreements between the parties relating hereto, whether written or oral.

- b. The Provider will seek and receive the Board's written approval through an amendment before making significant programmatic or budgetary changes, utilizing the Contract Amendment form prepared by the Board.
- c. The exhibits applicable to this Contract are incorporated herein by reference on Section A of the Contract.
- d. The Provider will cooperate with the Board in improving services related to re-entry programming in Champaign County by participating in the Board's collaboration and networking efforts.
- e. The Provider will cooperate with the Board in activities related to improvement and management of performance and attainment of desired outcomes associated with the services provided under this Contract.
- f. The Provider's governing board must notify the Board of all Provider board meetings with the exception of executive sessions and provide the Board with copies of approved minutes of all open meetings of the Provider's governing board. The Provider will allow a Board liaison designated by the Board to attend the Provider board meetings and have access to the Provider's facilities.
- g. To assist the Board in its planning function, when the Provider submits grant applications for funding related to the services provided through this Contract to any local, state, or federal government funding source during the term of this contract, the Provider shall submit in writing what government entity the application was made to, the type, the amount, and the focus of the application. The Board reserves the right to request a full copy of the application. If Provider does enter into agreements for financial assistance with other sources, the agreement with other sources shall not impair fulfillment of Provider's obligations of this contract including due preference on a priority basis to residents of Champaign County.
- h. The Provider shall not use funds obtained through this contract as a match for any other grant or application without the express written authorization of the Board.
- i. The Provider shall certify that they do not use Board funds:
  - i. To engage in proselytizing activities with clients and/or require worship or religious instructional activities as a condition of participation.
  - ii. For direct or indirect medical (physical health) services that are not related to justice system involved individuals, mental health, substance abuse, or developmental disabilities.
  - iii. For programs or services under the jurisdiction of public school systems.

#### 24. Other Required Certifications

- a. Drug Free Workplace – The Provider certifies that neither it nor its employees shall engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in the performance of this Contract and that the Providers shall comply with all provisions of the Drug-Free Workplace Act (30 ILCS 580/1 – 580/11).
- b. Bribery - The Provider certifies that he/she has not been barred from being awarded a contract or subcontract under Section 50-5 of the Illinois Procurement Code.

- c. Bid-Rigging/Bid Rotating Law - The Provider certifies that it has not been barred from contracting with a unit of State or Local government as a result of a violation of 720 ILCS 5/33E-3 & 5/34E-4 of the Illinois Criminal Code of 1961.
- d. Educational Loan – The Provider certifies that it is not barred from receiving State Agreements as a result of default on an educational loan (5 ILCS 385/1 – 385/3).
- e. International Boycott – The Provider certifies that neither it nor any substantially owned affiliated company is participating or shall participate in an international boycott in violation of the provisions of the U.S. Export Administration Act of 1979 or the regulations of the U.S. Dept. of Commerce promulgated under the Act.
- f. Charitable Trust – If the provider is a charitable organization subject to the Charitable Trust Act (760-ILCS 55/1), or the Solicitation for Charity Act (225 ILCS 460/1), the Provider certifies that all information required by the statutes referenced herein has been filed with the Illinois Attorney General.
- g. Dues and Fees – The Provider certifies that it is not prohibited from selling goods or services to the State of Illinois because it pays dues or fees on behalf of its employees or agents, or subsidizes or otherwise reimburses them, for payment of their dues or fees to any club which unlawfully discriminates.
- h. Pro-Children Act – The Provider certifies that it is in compliance with the Pro-Children Act of 1994 (Public Law 103-227) in that it prohibits smoking in any portion of its facility used for the provision of health, day care, early childhood development services, education, or library services to children under 18 which services are supported by Federal or State government assistance (except portions of the facilities which are used for inpatient substance abuse treatment).
- i. Sexual Harassment – The Provider certifies that it will prohibit sexual harassment as defined by the Illinois Human Rights Act, 775 ILCS 5/2 – 101(E), and will not tolerate such conduct by its employees. Further, the Provider certifies that it has a written sexual harassment policy as required by the Illinois Human Rights Act (775 ILCS 5/2-105 (1994) and shall deliver to the Board a copy of such upon request.
- j. Health Care – The Provider agrees to take necessary precautions to guard against contagious and communicable diseases including “Recommendations for Risk Reduction” from the U.S. Center for Disease Control.

## 25. Assignment

The Provider understands and agrees that this Contract, or any portion of this Contract, may not be sold, assigned, or transferred in any manner and that any actual or attempted sale, assignment, or transfer without the prior written approval of the Board shall render this Contract immediately null, void, and of no further effect.

## 26. Interpretation

In the event of any discrepancy, disagreement, or ambiguity among the documents that comprise this Contract and its incorporated documents and/or RFP 2013-006, the Provider’s proposal in response to the RFP, the documents shall be given preference in the following order to interpret and to resolve such discrepancy, disagreement, or ambiguity: 1) this Contract; 2) Attachment A – Program Plan; 3) Attachment B – Financial Plan; 4) Attachment C – RFP 2013-006; 5) Attachment D – Provider’s Response to RFP 2013-006.

27. Authority to Execute and Bind

This Contract and the exhibits hereto contained shall not be binding and enforceable unless signed by all parties, including the Chair of the Board. The persons executing this Contract on behalf of the Provider acknowledge that they have read and understand the terms herein and hereby warrant that they have the legal authority to execute this Contract and bind the Provider. The Provider's Board President specifically states that he or she has been granted such authority by resolution of the Provider's Board of Directors.

For the Champaign County  
Board

For the Provider

---

Alan Kurtz, Chair  
Champaign County Board

---

Provider Executive Director/or CEO  
(original signature only)

ATTEST:

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Gordy Hulten, Champaign County Clerk and  
*Ex-Officio* Clerk of the County Board

## **CHAMPAIGN COUNTY BOARD CONTRACT FOR RE-ENTRY PROGRAMMING ATTACHMENT A - PROGRAM PLAN**

### **Definitions**

1. A “Client” is a prisoner in the Jail (sentenced or awaiting trial) who may soon be released, a recently released former Jail prisoner, a DOC inmate who is soon to be released, or a recently released former DOC prisoner (who may or may not be on “supervised release” or parole) who resides, or is likely to reside, in Champaign County, Illinois.
2. Jail refers only to the Champaign County Illinois Jail or Correctional Center.
3. DOC refers only to the Illinois Department of Correction.

### **Section 1 - Scope of Services**

Provider will work toward providing a one-stop connecting point for re-entry planning, management and services for clients who are re-entering the community after spending time in DOC or the Jail. Provider will provide case management to assist clients in the re-entry process with a goal to reduce criminal recidivism and to help the client develop and implement support plans and treatment plans to become a successful and productive member of the community.

To the extent services, programs, and assets are locally available, and after client interviews and consultations to assess client needs and cooperation, and client’s willingness to work towards a long-term successful community re-entry; Provider will coordinate services with client’s needs and provide guidance and encouragement to the client in the following areas:

- Housing
- Substance abuse
- Mental health services
- Service to assist with significant medical and dental problems
- Employment services
- Educational and vocational services
- Family and parenting counseling and services
- Peer guidance, support and mentoring.

As part of this process Provider will provide motivational interviewing; assistance in individual personal assessment and goal setting; and Moral Reconciliation Therapy.

Provider will develop strategies to identify and obtain funding and assistance for a long-term re-entry program that will include assets and entities beyond Champaign County government including, but not limited to, participation by other governmental, charitable, and private service agencies; religious organizations (that work with re-entry clients and not to proselytize or require any religious activity); local peer mentors or groups of mentors; community organizations; and,

where feasible, local business entities. Provider will also investigate, seek, and apply for grants, contributions, and other funding sources, governmental and otherwise.

This contract shall not affect Provider's work for the Champaign County Sheriff's Office. Provider provides assistance and guidance to the Sheriff in coordinating services offered in the Jail with those offered in the community. This includes services to individuals and the development of over-all best practices concerning Corrections, Law Enforcement, and the needs and resources of the community.

Provider and any persons and/or entities working with Provider under this contract shall cooperate with each other and share client's needs information, but only as allowed by existing law, business agreements, client releases, and/or as otherwise authorized under the terms of this agreement. This shall be done to assist client in achieving success with the goal of reducing recidivism.

Provider will assist in convening a Re-Entry Council to guide a collaborative planning process to identify and plan for community needs related to re-entry. The Council will initially be comprised of one representative each from:

1. Champaign County Probation and Courts Services
2. Community Elements
3. The Prairie Center
4. Problem Solving Courts (or representative of the Judiciary)
5. State's Attorney
6. Champaign County Sheriff
7. Champaign County Mental Health Board (planning and program funding)
8. Illinois Department of Corrections (parole)
9. A member of Democratic County Board Caucus as chosen by the Caucus to serve a two-year term.
10. A member of Republican County Board Caucus as chosen by the Caucus to serve a two-year term.
11. A citizen/community representative as nominated by the County Board Chair and approved by the County Board to serve a two-year term.
12. One representative of local police departments should one or more police departments agree to participate in a fashion similar to what the Sheriff's Office involvement with Drug Court.

The Re-Entry Council is expected to meet at least monthly during the initial project period with Task Groups or subcommittees meeting as needed to work on defined projects. The Re-Entry Coordinator will be responsible for maintaining meeting minutes, progress reports, and documenting decisions approved by the Council.

The Re-Entry Council will be guided by the following priorities:

- Identify and recruit representatives from additional constituencies or with special expertise necessary for a collaborative planning process.
- Draft formal agreements regarding the organization and composition of the Re-Entry Council.
- Reach consensus regarding a statement of program goals and objectives related to community re-entry.
- Approve a detailed work plan.
- Identify services and resources necessary to complete the project.
- Define the target population.
- Define system-wide outcome measures.
- Approve and adopt operational guidelines to guide the delivery of community re-entry services and the adoption of evidence-based models.
- Identify key data elements to measure system performance.
- Gather baseline data from all sources.
- Address obstacles to successful re-entry.
- Develop a data-driven decision-making strategy and use effective, evidence-based practices to deliver case management services.

The Re-Entry Council:

1. Is responsible for identifying representatives for subcommittees and task groups.
2. Will guide and coordinate the work of any subcommittees or task groups focused on aspects of re-entry.
3. Will assist Provider in developing criteria for client selection and general operational protocols.

While Provider will work with the Re-Entry Council on these matters, its contract and ultimate obligation is to the County Board. In this regard Provider will, at least quarterly, prepare a report for the County Board (and Re-Entry Council) summarizing activities to date, future plans, and any statistical information to better allow the Board (and Council) to evaluate the progress to date, any identified obstacles to re-entry, and potential future actions.

The Task Groups or subcommittees chartered by the Re-Entry Council will be representative of multiple community interests, including but not limited to, community treatment providers; criminal justice authorities; formerly incarcerated individuals; community planning and funding entities; community representatives; and subject matter experts.

Provider will provide a full-time Re-Entry Program Coordinator (initially Celeste Blodgett), a full-time Case Manager, regular consulting (at least 2 hours per week) by an expert in the field of re-entry (initially Bruce Barnard), and such other overall management and administrative



resources as may be necessary to manage this contract. Provider will provide overall guidance, manage any financial obligations, including payroll and benefits provided its employees, and manage any statistical information necessary under this contract. The duties of the Re-Entry Coordinator and Case Manager will include those listed in Program Plan Section 2 - Duties.

## **Section 2 - Duties**

The **Re-Entry Program Coordinator** will be responsible for overseeing the program development aspects of the re-entry program; identifying and recruiting potential project partners; serving as Coordinator to technical assistance providers; identification of funding sources; preparation of grants and overseeing implementation of the re-entry program plan. The Coordinator will be responsible for maintaining meeting minutes, progress reports, and documenting decisions approved by the Re-Entry Council. In addition the coordinator will facilitate the collection of data by project partners and maintain project records of data elements, baseline data, and document progress toward goals. It is the intent of the parties that data be collected and used to determine baselines; evaluate success; obtain support and grants; and enhance the re-entry program's effectiveness. This will be done to develop and implement the most effective, efficient, and evidence-based practices to deliver services and intensive case management to clients. The coordinator will work with the Sheriff and DOC to help identify those individuals who should be included in the initial target population. As this program develops, the Coordinator will provide data and information to the Re-Entry Council so the Council can prepare realistic guidelines to identify a target population of clients for the re-entry program.

Job Title:	Case Manager
Level of Effort:	1 FTE
Department:	Community Re-Entry
Reports To:	
Qualifications:	Bachelors in related field. Experience working with correctional clients, mental health, or substance abuse
FLSA Status:	Non-Exempt

The Case Manager: (1) Provides a full array of case management, community support, and linkage services to individuals who have been released from correctional facilities and who require assistance with employment, housing, addiction, mental illness, and/or co-occurring disorders. (2) Demonstrates an understanding of community resources, and adopts a strength-based approach to case management. (3) Assists clients and their families with their housing, medical, vocational, and treatment needs in order to achieve self-sufficiency and return to healthy and productive lifestyles by performing the duties identified below.

Essential Duties and Responsibilities include the following:

- Case managers will meet the requirements to provide community support services as defined by the Illinois Medicaid rule 132, and all state and federal rules and guidelines.

- Experience and/or familiarity with substance use issues, mental health, criminal justice, and community resources are required.
- Interviews clients and their families to determine access to resources to manage re-entry issues; substance use; mental health; personal and family adjustments; finances; employment; food; clothing, housing; and physical and medical impairments.
- Investigates case situations and presents information to the residential Director and other members of Community Re-Entry team on client's vocational needs, housing situation, access to recovery resources, and support system.
- Serves as link between client, team members, and community.
- Maintains close communication and coordination with probation/parole or other supervising authority.
- Works with the Champaign County Sheriff's Office and the Department of Corrections staff to identify clients most in need of community case management services and provide linkage to services upon release of those clients.
- Identifies and maintains working relationships with providers of transitional housing, permanent housing, support services, self-help, education, and other community resources.
- Provides transportation for clients to medical appointments, job interviews, support services, etc., when clinically appropriate.
- Assists clients in identifying and using mass transit and other resources for transportation.
- Conducts home visits for support, assistance with activities of daily living, and monitoring of client response to treatment and recovery.
- Develops vocational plans for clients including job training, skill development, assistance with job seeking strategies, and available community resources.
- Monitors and records the clients' and families' progress towards becoming self-sufficient.
- Develops and maintains an accurate clinical record on all assigned clients through the timely completion of all necessary forms in accordance with the State's licensure standards and standard operating procedures.
- Participates in training and clinical supervision necessary to maintain licensure or certification and clinical skills. This includes attending in-service training and keeping abreast of current literature.
- Other duties related to the operation of the Community Re-Entry Program may be assigned.

**CHAMPAIGN COUNTY BOARD CONTRACT FOR RE-ENTRY PROGRAMMING**

**ATTACHMENT B – FINANCIAL PLAN**

**Program Budget**

		Year 1		Year 2		Year 3
<b>Funding Sources</b>						
Champaign County Re-Entry Funding	\$	100,000	\$	100,000	\$	100,000
Champaign County Mental Health Board	\$	5,166	\$	5,321	\$	5,481
In-Kind Rent for Office Space	\$	2,500	\$	2,538	\$	2,576
Client Fee Income	\$	13,866	\$	16,145	\$	19,471
<b>Total Funding Sources</b>	\$	<b>121,532</b>	\$	<b>124,003</b>	\$	<b>127,527</b>
<b>Expenses</b>						
<i>Personnel Costs</i>						
	<u>FTEs</u>	<u>Positions</u>				
	1	Project Coordinator	\$	41,600	\$	42,848
	1	Case Manager	\$	30,000	\$	30,900
	0.1	Program Supervisor	\$	4,200	\$	4,326
	0.05	Project Director	\$	3,577	\$	3,684
<b>Total Wages</b>			\$	<b>79,377</b>	\$	<b>81,758</b>
<b>Fringe Benefits @ 23%</b>			\$	<b>18,257</b>	\$	<b>18,804</b>
<b>Total Personnel Costs</b>			\$	<b>97,633</b>	\$	<b>100,562</b>
<b>Office Equipment</b>						
Computer			\$	850	\$	-
<i>Occupancy Expenses</i>						
Office Space			\$	2,500	\$	2,538
Telephone			\$	597	\$	606
Internet			\$	774	\$	786
Utilities			\$	1,624	\$	1,648
Janitorial Service			\$	360	\$	365
<b>Total Occupancy Expenses</b>			\$	<b>5,855</b>	\$	<b>5,943</b>
<i>Program Expenses</i>						
Cell Phone for Case Manager			\$	480	\$	480
Mileage Reimbursements			\$	1,440	\$	1,462
Program Supplies			\$	1,350	\$	1,370
Client Assistance			\$	1,000	\$	1,000
<b>Total Program Expenses</b>			\$	<b>4,270</b>	\$	<b>4,312</b>
<b>Management &amp; General</b>			\$	<b>12,924</b>	\$	<b>13,187</b>
<i>11.9% Federal Indirect Cost Rate</i>						
<b>Total Expenses</b>			\$	<b>121,532</b>	\$	<b>124,004</b>

CHAMPAIGN COUNTY BOARD CONTRACT FOR RE-ENTRY PROGRAMMING  
ATTACHMENT C - REQUEST FOR PROPOSAL 2013-006



**CHAMPAIGN COUNTY ADMINISTRATIVE SERVICES**

1776 EAST WASHINGTON  
URBANA, IL 61802  
(217) 384-3776  
(217) 384-3765 – PHYSICAL PLANT  
(217) 384-3896 – FAX  
(217) 384-3864 – TDD  
Website: [www.co.champaign.il.us](http://www.co.champaign.il.us)

ADMINISTRATIVE SUPPORT  
DATA PROCESSING  
MICROGRAPHICS  
PURCHASING  
PHYSICAL PLANT  
SALARY ADMINISTRATION

**REQUEST FOR PROPOSAL  
RE-ENTRY PROGRAMMING  
FOR THE COUNTY OF CHAMPAIGN**

**RFP NO. 2013-006**

**ISSUE DATE:  
December 13, 2013**

**CLOSING LOCATION:**

Champaign County Administrative Services  
ATTN: Debra Busey  
1776 East Washington  
Urbana, IL 61802

**CLOSING DATE AND TIME:**

**WEDNESDAY, JANUARY 22, 2014**

Six (6) copies of the proposal must be presented by 3:00 p.m. on Wednesday, January 22, 2014 at which time only the names of the respondents will be read aloud and recorded. (Please show RFP #2013-006 on the lower left corner of package.) An electronic version of the proposal shall also be submitted on a USB key or CD.

**NOTICE: If downloading this solicitation from our website; it is the responsibility of the proposer to e-mail our office at [bbrunk@co.champaign.il.us](mailto:bbrunk@co.champaign.il.us) to be registered as a potential proposer to receive any subsequent amendments.**

**REQUEST FOR PROPOSAL  
RE-ENTRY PROGRAMMING  
FOR THE COUNTY OF CHAMPAIGN  
RFP NO. 2013-006**

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**SECTION I – TIME SCHEDULE**

The County anticipates the following timetable will be used in the selection of a service provider on February 20, 2014. After the County Board selects a service provider, a formal contract for services will be executed, and subsequently approved by the County Board on March 20, 2014. This schedule is subject to change to which all Proposers will be provided with notice.

December 13, 2013	Request for Proposal Posted & Advertised
January 22, 2014 – 3:00 p.m.	Proposals Due
January 22, 2014 – 3:30 p.m.	Proposals Opened – <i>Lyle Shields Meeting Room-Brookens Administrative Center, 1776 E. Washington, Urbana, IL</i>
February 11, 2014 – 6:30pm	Justice & Social Services Committee of the Whole - Consideration of Recommendation by Review Committee
February 20, 2014 – 6:30 p.m.	County Board Selection of Service Provider
March 20, 2014 – 6:30 p.m.	County Board Approval of Contract for Services with Selected Provider

**SECTION II – GENERAL INFORMATION**

1. Proposals will be considered as specified herein or attached hereto under the terms and conditions of this Request for Proposal.
2. A proposal shall be made in the official name of the agency or individual under which business is conducted (showing the official organization address) and must be signed in ink by a person duly authorized to legally bind the person, partnership, company, or corporation submitting the proposal.
3. Proposers are to include all applicable requested information and are encouraged to include any additional information they wish to be considered. Additional information shall be a separate section of the proposal, and shall be identified as such.
4. Six (6) copies of your proposal are required, together with an electronic version provided on a USB key or CD. The proposal must be complete, clear and concise.
5. Proposals will be received by Champaign County until the time and date shown on the cover page. Proposals received after the time set for closing will be returned unopened.

6. Proposals may be hand delivered or mailed to:  
Champaign County Administrative Services,  
ATTN: Debra Busey, County Administrator  
1776 East Washington, Urbana, IL 61802
7. The submitted proposer is required to have printed on the envelope or wrapping containing the proposal: proposer organization name and address, the proposal title, proposal number.
8. Champaign County shall not be responsible for unidentified proposals.
9. Proposers mailing their proposal must allow a sufficient mail delivery period to insure timely receipt of their proposal. Champaign County is not responsible for proposals delayed by mail and/or delivery services of any nature.
10. Proposals may be withdrawn by proposer prior to, but not after, the time set for closing. Any proposal not so withdrawn shall constitute an irrevocable offer for a period of ninety (90) days.
11. Offers, amendments or withdrawal requests must be received by the time advertised for RFP closing to be timely filed. It is the proposer's sole responsibility to insure that all documents are received by person (or office) at the time indicated in the RFP document.
12. By submission of a proposal, you are guaranteeing that all goods and services meet the requirements of the solicitation during the contract period.
13. Proposers must clearly mark as "Confidential" each part of their proposal which they consider to be proprietary information that could be exempt from disclosure under 5 ILCS 140/1 (Freedom of Information Act). If any part is designated as "confidential", there must be attached to that part an explanation of how this information fits within one or more categories listed in 5 ILCS 140/1. Champaign County reserves the right to determine whether this information should be exempt from disclosure and no legal action may be brought against Champaign County or its agents for its determination in this regard.
14. The agreement or contract resulting from the acceptance of a proposal shall be on forms prepared by the proposer and approved by the County, and shall incorporate, as the minimum, this entire solicitation, all amendments, and the successful proposer's proposal. The County reserves the right to reject any contract that does not conform to this solicitation and any County requirements for agreements and contracts.
15. This solicitation does not commit Champaign County to award a contract, to pay any cost incurred in the preparation of a proposal or to procure a contract for the articles of goods or services. Champaign County reserves the right to accept or reject any or all proposals received as a result of this solicitation, to negotiate with all qualified proposers, or to cancel in part or in its entirety this solicitation if it is in the best interest of the County to do so. Champaign County reserves the right to interview any, all, or none of the respondents and to select who they feel is the most responsive consultant.

16. If awarded, this contract will be awarded to the proposer whose proposal is within the competitive range and determined to be in the best interest of Champaign County. Evaluation of proposals and selection of a proposer are set forth in Section 3 – “Basis of Award”. Award will be made to the responsive and responsible team after evaluation of the proposal, oral presentation, and/or a thorough review of the qualifications, as determined to be the most advantageous to Champaign County. The right is reserved to reject any and all proposals received; and, in all cases, Champaign County will be the only judges as to whether the proposal has, or has not, satisfactorily met the requirements of this RFP.
17. NON-APPROPRIATION: The contract shall include a rider that allows cancellation of contract without penalty if funds are not appropriated or otherwise made available to support continuation of performance in any fiscal year. Any contract approved by the County shall be conditioned by a “non-appropriation” clause containing the following or similar language:
  - a. **“This contract is approved and funded contingent upon annual appropriations being established by the local governing body of Champaign County to provide funding necessary to meet the requirements of the contract. Such funding is approved on a fiscal year basis with the fiscal year commencing January 1<sup>st</sup> and terminating December 31<sup>st</sup> of that year. In order for the contract to remain in effect, such appropriation must be approved on an annual basis throughout the term of the contract scheme. In the event that an annual appropriation is not approved, the County shall not be held responsible for any liabilities beyond the remaining annual term prior to the new budget year.”**
18. Failure to submit all required information may be determined as a non-responsive proposal.
19. Notice of Award will be posted on Champaign County’s website at [www.co.champaign.il.us](http://www.co.champaign.il.us).

### **SECTION III – BASIS OF AWARD**

At the discretion of the County, entities submitting proposals may be requested to make oral presentations as a part of the evaluation process. The County reserves the right to interview any or all proposers and to request additional information deemed appropriate to evaluate the proposer’s qualifications and the quality of its proposal.

In evaluating the Proposer Responses to Section V of this RFP, the County will give consideration to the following:

1. Leadership and organizational capabilities;
2. Understanding of community reentry, reentry best practices, and the data bearing on reentry, including relevant outcome measures;



3. The description and strategy for services, including carefully targeted intervention strategies to improve identified outcomes;
4. Strategies for enhancing community-wide collaboration and support for reentry services and efforts;
5. Strategies for enhancing state support, including funding support for this reentry initiative;
6. The proposer's qualifications and experience;
7. The incorporation of quality assurance and evaluation mechanisms into the reentry initiative;
8. The reasonableness of the proposed timeline and funding request.

The members of the County's Evaluation Team for this RFP will include:

County Board Chair  
Chair of Justice & Social Services Committee  
County Board Minority Caucus Chair or designee  
Champaign County Sheriff (or designee)  
Community Justice Task Force Representative Lynn Branham  
Community Justice Task Force Representative Benita Rollins-Gay  
Don Moyer Boys & Girls Club Executive Director Sam Banks  
County Administrator

#### **SECTION IV – DESCRIPTION OF CHAMPAIGN COUNTY**

##### **1. GENERAL INFORMATION**

The County is a body politic and corporate created by the State of Illinois in 1833. The County is located in east central Illinois, approximately 135 miles south of downtown Chicago, Illinois. The County operates under the township form of government. The County's 30 townships lie in eleven County Board districts. The two largest cities in the County are Champaign and Urbana, with 2010 census populations of 81,055 and 41,250, respectively. The County seat is the City of Urbana. As reported in the 2010 census, the population of the County is 201,081, which represented growth of 11.9% over the 2000 census, and placed Champaign County as the 10<sup>th</sup> largest county in the State of Illinois.

The governing body for the County is the Board, comprised of 22 members, with two members elected from each of eleven districts, and a County Board Chair who is elected by the Board from among its members. The Board also has appointed a County Administrator. Also overseeing offices of County government are the following elected county officials: Auditor, Clerk of the Circuit Court, Coroner, County Clerk, Recorder, Regional Superintendent of Schools, Sheriff, State's Attorney and Treasurer. The County Treasurer is responsible for the receipt and custody of County funds, and as County Collector, is responsible for the collection of real property taxes.

##### **2. BACKGROUND INFORMATION**

The County Board has worked with the Champaign County Sheriff over the last two years to identify facility and programming solutions to address the capacity of the Champaign County Jail to

provide appropriate adult detention space, based on the needs and requirements of today's adult detention population. The County Board contracted with the Institute for Law and Policy Planning (ILPP) to provide a report with regard to these issues, and also appointed a Community Justice Task Force to investigate programming alternatives to reduce incarceration that could be developed and made available within this community.

In both the ILPP Final Report - [http://www.co.champaign.il.us/JailAssessment/ILPP\\_CHAMPAIGN\\_COUNTY\\_FINAL\\_REPORT\\_09-24-13.pdf](http://www.co.champaign.il.us/JailAssessment/ILPP_CHAMPAIGN_COUNTY_FINAL_REPORT_09-24-13.pdf) presented on September 24, 2013, and the Community Justice Task Force Report - <http://www.co.champaign.il.us/CJTFReport.pdf>, presented on June 25, 2013, there were recommendations to the County Board for the establishment of a Re-Entry Program in Champaign County, with the express goal of reducing recidivism among this population, which ultimately reduces the demand on the County Jail.

The purpose of this RFP is to seek proposals from qualified individuals and agencies for the development and implementation of a Re-Entry Program in Champaign County.

## **SECTION V – SCOPE OF SERVICES**

### **1. RE-ENTRY PLAN DEVELOPMENT**

The Champaign County Board requests proposals which will address the following recommendations in the development of a Re-Entry Program Plan:

- Proposer's Recommendation regarding establishment of a Re-Entry Council as documented in the ILPP Report REENTRY Recommendations.
- Document strategies for identifying funding for a long-term re-entry program that extends beyond resources provided by the County, including participation by other appropriate governmental and service provider agencies, and funding provided through grants, contributions and/or other fundraising models.
- Document the target population your proposed program will serve including estimates of number of clients you anticipate could be served within the first 12 months of the program, and whether those clients are anticipated to be on parole from the Department of Corrections, inmates released from the County Jail, or both.
- Document the case management strategies to be utilized for discharge planning through ongoing mentoring and counseling services to be provided to program participants.
- Document strategies for identifying and potentially collaborating with other entities within the community who may be able to provide services as a component of the overall re-entry effort.

## 2. EVALUATION

The Proposer shall include a description of data that will be maintained and reported to enable the effective evaluation of the services provided through the Re-Entry Program. The Proposer should indicate how the proposed evaluation of services adheres to “best practices” and other industry standards relevant to the services evaluated. It is expected that regular reporting to the Re-Entry Council will be provided, and that the Re-Entry Program will provide an annual Report to the County Board Justice & Social Services Committee regarding the outcomes and accomplishments achieved through the Program. Broad program goals should be included in the Response to this RFP, with the acknowledgement that specific program goals will ultimately be identified, monitored and evaluated by the Re-Entry Council.

## 3. TIMELINE

The proposer shall provide a timeline for the first 12-month period, indicating timing of specific actions that are anticipated to be implemented in that time period in the implementation of the proposal recommendations. This timeline is intended to include (but not be limited to) establishment of a Re-Entry Council, hiring of Re-Entry Program Staff, development of services to be provided, initiation of services to clients, additional funding recruitment, and program evaluation reporting to the County Board.

## 4. FUNDING

The proposer shall provide a funding request, identifying the specific expenditure requests, specifically delineated for Year 1, Year 2 and Year 3 of the proposed program. The County Board has identified approximately \$100,000 to be made available for planning, development and implementation of a Re-Entry Program in its FY2014 Budget. Ongoing Funding beyond Year 1 is dependent upon approval of continued funding for this Program by the County Board in future County fiscal year budgets.

### **SECTION VI – INSTRUCTIONS TO PROPOSERS**

Please six (6) copies of your proposal in a sealed envelope to:

Champaign County Administrative Services  
ATTN: Debra Busey, County Administrator  
1776 East Washington  
Urbana, IL 61802

All proposals must be clearly marked in the lower left corner “**REQUEST FOR PROPOSAL – NUMBER 2013-006. ALL PROPOSALS MUST BE RECEIVED BY 3:00PM ON JANUARY 22, 2014.**”

To aid in comparability, all proposals submitted must be organized in the following manner:

1. **Title Page** – Include: “Re-Entry Programming Proposal for Champaign County”  
Proposal Number 2013-006  
Name of Proposing Firm  
Local Address

Telephone Number  
Name of Contact Person  
Date

2. **Table of Contents** – Indicate page numbers for each major section
3. **Letter of Transmittal** – Summarize the information which will be presented in more detail in the proposal. Include a statement of your understanding of the work to be done and the deadline for completion. Provide reasons why your firm believes itself to be the best qualified to perform the engagement. Indicate that the proposal is a firm and irrevocable offer for 90 days. Identify the person(s) who are authorized to make binding representations on behalf of the proposer, including their title(s), address(es) and phone number(s).
4. **Profile of the Proposer**
  - a. Describe the proposing firm/agency which will perform the scope of work outlined in this RFP, including its location, overall staff size, and range of services offered.
  - b. Identify the personnel who will be assigned to the Re-Entry Program development, indicating for each his/her experience, relevant continuing professional education for the past three years, membership in professional organizations relevant to the performance of this Proposal, and any other relevant experience or education.
  - c. For the proposing firm/agency that will perform the Re-Entry Programming, list engagements performed in the last five years that are similar to the requested programming services focused on the target population of this Proposal.
5. **Proposer's Approach to the Re-Entry Programming** –
  - a. Submit a proposal to address the requirements established in Section V of this RFP.

CHAMPAIGN COUNTY BOARD CONTRACT FOR RE-ENTRY PROGRAMMING  
ATTACHMENT D - COMMUNITY ELEMENTS RESPONSE



**Champaign County Administrative Services  
ATTN: Debra Busey, County Administrator  
1776 East Washington  
Urbana, IL 61802**

**Re-Entry Programming Proposal for Champaign County  
Proposal Number 2013-006  
Community Elements  
1801 Fox Drive  
Champaign, IL 61820**

**(217) 398-8080**

**Sheila Ferguson, CEO**

**January 21, 2014**

**REQUEST FOR PROPOSAL  
Number 2013-006**

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January 17, 2014

Champaign County Administrative Services  
ATTN: Debra Busey, County Administrator  
1776 East Washington  
Urbana, IL 61802

RE: RFP No. 2013-006

Dear Ms. Busey,

Thank you for the opportunity to submit our proposal for re-entry programming in the County of Champaign. The following submission includes a one-year plan and projections for subsequent years. The proposal represents our firm and irrevocable offer for a period of ninety days. I am authorized by the Board of Directors to make binding representations on behalf of the organization. My contact information follows:

Sheila Ferguson, CEO  
1801 Fox Drive  
Champaign, IL 61820  
217 398-8080  
sferguson@communityelements.org

We propose to assign two full time staff to the re-entry project with additional clinical supervision and project consultation support. The total cost for services provided in year one of the proposal is \$121,532. We are requesting \$100,000 from the County of Champaign.

The *Re-entry Project Coordinator* will be responsible for overseeing the program development aspects of the proposal including identifying potential project partners, identification of funding sources, preparation of grants and overseeing implementation of the project plan including providing assistance to the Re-entry Council. In addition The Coordinator will facilitate the collection of data by project partners and maintain project records of data elements, baseline data, and document progress toward goals.

The *Re-entry Case Manager* will provide a full array of case management, community support, and linkage services to individuals who have been released from correctional facilities and require assistance in dealing with employment, housing, addiction, mental

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illness or co-occurring disorders. The Case Manager will coordinate linkage with community resources, and employ evidence-based case management models including Motivational Interviewing, Moral Reconciliation Therapy, and Seeking Safety. The Case Manager will assist clients and their families with housing, medical, vocational, and treatment needs in order to achieve self-sufficiency and return to healthy and productive lifestyles.

We believe Community Elements is uniquely positioned to provide this service to the county for the following reasons:

1. We have supervisory and program staff currently trained and credentialed in the best-practice models proposed here, models which have been demonstrated to be effective with a criminal justice population.
2. We have a long history of providing services in Champaign County and have established relationships and formal working agreements with other social services agencies and governmental offices offering services that would support this program.
3. Because we operate the TIMES Center, we have access to transitional housing for the re-entry population and working relationships with other transitional housing providers, which we believe will be a critical need for many program participants.
4. We are licensed and credentialed to provide mental health services and substance abuse services. We are able to bill third parties for these services if medically necessary and can offer participants access to a full array of behavioral health services.
5. We have been actively involved in working with the Sheriff's office in planning and implementing community and jail-based services for persons with mental health and substance abuse needs. We are in a position to immediately integrate re-entry services, as well as outcome evaluation, with existing services and models funded by the Champaign County Mental Health Board. We have established protocols for screening and assessment of criminogenic risk, suicide risk, and behavioral health needs.
6. We are able to dedicate program development staff to the project familiar with the ILPP report and existing criminal justice services in the County. Our staff has an established working relationship with the Sheriff's office and has been working on Criminal Justice matters for the past 18 months.

Again, we appreciate the opportunity and please contact me if you have any questions.

Sincerely,

Sheila Ferguson, CEO



## Description of Organization

Community Elements is a 501(c)(3) not-for-profit organization that has served communities in East Central Illinois since 1956. Operating as the Mental Health Center, the organization developed a comprehensive continuum of services for adults, children, and families including prevention, education, counseling, psychiatry, community support, residential and housing services. In 2010, the name of the organization was changed to Community Elements to better communicate our focus on community-based recovery.

Our mission is to educate, advocate, and help build communities of well-being by providing individuals and families a range of prevention, intervention, and mental health treatment services. These services are culturally inclusive, client/family focused, and recovery-oriented through service excellence, mentoring and leadership.

Community Elements is nationally accredited by the Council for Accreditation of Rehabilitation Facilities (CARF), is certified and licensed by the Illinois Department of Human Services Bureau of Accreditation, Licensure and Certification to provide Medicaid services, and licensed by the Illinois Department of Alcoholism and Substance Abuse to provide addictions treatment services.

To further our mission, Community Elements demonstrates the ability to undertake challenges and succeed and deliver exceptional and competent services focused on our clients, community, and employees. We have a proven track record of developing and administering community specific programs using national best practice models including, but not limited to, supportive housing for persons with disabilities, homeless prevention, prevention of underage drinking, community-based mental health treatment, and community crisis response.

Our focus and approach to service delivery can be described as follows:

**Wholeness:** Community Elements is inclusive, which means we provide recovery-focused resources - from behavioral treatment and prevention to supervised group homes and 24/7 crisis services - to individuals, families, couples, support systems, and the community.

**Strength:** Strengthening the lives of individuals and families strengthens our society. Our comprehensive, evidence-based programs and services are designed to give individuals and families the courage to overcome adversity and empower them to meet their recovery goals.

**Diversity:** At Community Elements, we understand social and cultural differences. We meet the needs of thousands of children, adolescents, seniors, and their families each year, and we treat each individual with dignity and respect. Without question.

**Community:** We seek and cultivate relationships with community partners, including healthcare organizations, schools, faith organizations, neighborhoods, and many others.

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We listen to the community, and with their support, we're able to provide exceptional prevention, intervention, treatment, housing, and human services

We have significant experience in establishing programs using best-practice models, administering grants, and coordinating community interventions involving multiple partners. Parenting with Love and Limits, funded by the Champaign County Mental Health Board, is a best practice model for which we have received national recognition. Structured Psychotherapy for Adolescents Responding to Chronic Stress is another evidence-based model. We developed the Permanent Housing and Assertive Community Treatment model which continues to receive funding from the Department of Housing and Urban Development. All of these models involve managing multiple community constituencies.

Community Elements has been providing mental health and community services to the residents of Champaign County for 57 years and is currently the primary provider of mental health services in the county. Throughout its history, the organization has remained responsive to community needs by consistently completing needs assessments and implementing new and innovative services and programs utilizing best practice models. While there are many milestones and major achievements in our history, listed below are some key examples:

- The Crisis Line, a 24-hour mental health hot line, has operated continuously since 1967.
- The first group home opened in 1984, and our first apartment building to house mentally ill persons who are homeless opened in 1990.
- In 1994 and again in 2003 we opened new HUD funded apartment buildings which offer permanent affordable housing for individuals with mental health disabilities.
- In 2000 we moved transitional services for men who are homeless to the current TIMES Center location. In 2013 we provided more than 20,000 nights of care and 70,000 meals.
- In 2003 our agency assumed responsibility for Roundhouse, a runaway and homeless youth shelter and we became a licensed DCFS Child Welfare Agency.
- The organization received licensure to provide addiction treatment services in 2005.
- We were accredited by the Joint Commission in 1997, and in 2009, were accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) accredited. Our accreditation was renewed in 2012.
- Currently, we serve over 4,500 consumers with an array of prevention, intervention and treatment programs for mental health and substance abuse provided in both office and community settings.

Our staff of approximately 160 works from a number of locations in the community including our two main facilities located at 1801 Fox Drive and 801 N. Walnut in Champaign.

Community Elements is a significant provider of behavioral health services and correctional services in Champaign County. According to data from the Center for Medicare and Medicaid Services, 1615 persons with a serious mental illness reside in Champaign County with 1090 of these persons currently being served by Community Elements. Community Elements is currently engaged with more than 175 criminal justice clients in specialized services including Drug Court and services for co-occurring substance abuse and mental health problems. Our staff are assigned to the Champaign County Jail to provide engagement, assessment, referral and linkage services to the inmate population. We are actively working with the Sheriff's office to improve engagement and linkage to services for the inmate population.

## Personnel

### *Bruce Barnard*

Mr. Barnard will provide consultation and oversight for the program development and grant writing aspects of the proposal. Mr. Barnard, who is presently a consultant at Community Elements, has thirty five years of experience in substance abuse treatment, mental health treatment, community corrections, and program development. His experience includes serving as Facility Director for a Federal Bureau of Prisons Halfway House at Prairie Center, Associate Director for Champaign and Ford Counties at Prairie Center, and Director of Adult Recovery Services at Community Elements. Mr. Barnard is on the faculty of the Eastern Illinois University School of Technology teaching in the areas of organizational development, supervision, and training.

Mr. Barnard will provide consultation and technical assistance two hours per week. Mr. Barnard's resume follows the proposal.

### *Celeste Blodgett*

Ms. Blodgett will serve as Re-entry Program Coordinator and will be responsible for overseeing the program development aspects of the proposal, identifying potential project partners, serving as Coordinator to technical assistance providers, identification of funding sources, preparation of grants and overseeing implementation of the project plan. She will be responsible for maintaining meeting minutes, progress reports, and documenting decisions approved by the Re-entry Council. In addition she will facilitate the collection of data by project partners and maintain project records of data elements, baseline data, and document progress toward goals. She was the research assistant assigned to work on the Criminal Justice Manual and is currently authoring training materials and job aides for jail staff.

Ms. Blodgett will be assigned full-time to the project. Ms. Blodgett's resume follows the proposal.

### *Re-entry Case Manager*

A full-time Case Manager will be assigned to work with the population defined in this RFP. Community Elements has a number of qualified personnel currently working with correctional clients and trained in the best practice models proposed here. However, the additional work load anticipated will require us to recruit a Case Manager specifically for this project. A summary job description for the position follows:

**Job Description**

Job Title: Case Manager  
Level of Effort: 1 FTE  
Department: Community Re-entry  
Reports To:  
Qualifications: Bachelors in related field  
Experience working with correctional clients, mental health, or  
substance abuse  
FLSA Status: Non-Exempt

The Case Manager provides a full array of case management, community support, and linkage services to individuals who have been released from correctional facilities and require assistance in dealing with employment, housing, addiction, mental illness or co-occurring disorders. Demonstrates an understanding of community resources, and adopts a strength-based approach to case management. Assists clients and their families with their housing, medical, vocational, and treatment needs in order to achieve self-sufficiency and return to healthy and productive lifestyles by performing the following duties.

Essential Duties and Responsibilities: include the following. Other duties related to the operation of the Community Re-entry program may be assigned.

Case managers will meet the requirements to provide community support services as defined by the Illinois Medicaid rule 132. Experience and/or familiarity with substance use issues, mental health, criminal justice, and community resources are required.

- \* Interviews clients and their families to determine access to resources to manage re-entry issues, substance use, mental health, personal and family adjustments, finances, employment, food, clothing, housing, physical and medical impairments.
- \* Investigates case situations and presents information to the residential Director and other members of Community Re-entry team on client's vocational needs, housing situation, access to recovery resources and support system.
- \* Serves as link between client, team members, and community. Maintains close communication and coordination with probation/parole or other supervising authority.
- \* Works with Department of Corrections staff to identify clients most in need of community case management services and provide linkage to services upon release.
- \* Identifies and maintains working relationships with providers of transitional housing, permanent housing, support services, self-help, education, and other community resources.

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- \* Provides transportation for clients to medical appointments, job interviews, support services etc. when clinically appropriate. Assists clients in identifying and using mass transit and other resources for transportation.
- \* Conducts home visits for support, assistance with activities of daily living, and monitoring of client response to treatment and recovery.
- \* Develops vocational plans for clients including job training, skill development, assistance with job seeking strategies, and community resources.
- \* Monitors and records the clients' and families' progress towards becoming self-sufficient. Develops and maintains an accurate clinical record on all assigned clients through the timely completion of all necessary forms, in accordance with the State's licensure standards and standard operating procedures.
- \* Participates in training and clinical supervision necessary to maintain licensure or certification and clinical skills. This includes attending in-service training and keeping abreast with current literature.

## Relevant Engagements Criminal Justice

**Lead Agency and Author of Offender Re-entry and Housing Collaborative Report for Champaign and Vermilion Counties.** In May of 2008, the governor's office released a report entitled "Inside Out: A Plan to Reduce Recidivism and Improve Public Safety." To support the housing recommendations in the Governor's Re-entry Report the Corporation for Supportive Housing (CSH) partnered with the Illinois Department of Corrections (IDOC) and the Illinois Division of Mental Health in releasing fourteen (14) planning grants within ten (10) target areas to assist communities in assessing the need for re-entry housing and supportive services in their area. The report was completed and published in June of 2009.

**Mental Health Services Contractor for the US Courts, Central District of Illinois** From 2008 to present Community Elements has provided assessment and counseling services for federal offenders for the United States Probation and Court Services offices located in Champaign and Vermilion counties.

**Mental Health Services Provider for Drug Court in Champaign County** Community Elements provides assessment and consultation regarding the mental health needs of drug court participants.

**Lead Agency and Author of the Criminal Justice Program Manual** With funding support from the Champaign County Mental Health Board, Community Elements explored best practice models and local needs to produce a comprehensive plan for mental health service linkage between the community and the Champaign County Jail. The manual was being researched and service enhancements implemented at the same time the Institute for Law and Policy Planning was completing its work in Champaign County. Consequently, many of the recommendations from Dr. Kalmanoff are already being implemented in Champaign County.

**Champaign County Jail Services** Community Elements currently provides specialized case management services for criminal justice involved clients with behavioral health needs. Staff are assigned to the jail in order to engage clients and ensure successful linkage to community-based services. A number of evidence-based models are used in the program including Motivational Interviewing, Moral Reconciliation Therapy, and Seeking Safety.

**Justice Task Force** Sheila Ferguson, CEO and Benita Rollins-Gay, Crisis Line Coordinator served on the Champaign County Justice Task Force.

*Community Elements has numerous federal, state, local government and private contracts to provide mental health, behavioral health, integrated care, community prevention, and consultation services. Please contact us if additional information regarding these contracts is desired.*

## Proposal and Approach

A community justice taskforce with representatives from mental health providers and mental health planners completed work in October 2012 and presented recommendations to the Champaign County Board regarding the adult system of care within the criminal justice system. A brief summary of the recommendations follows:

- Require the use of evidence-based models such as Moral Reconciliation Therapy.
- Expand Crisis Intervention Team Training and enhance crisis response.
- Increase access to mental health services in the jail.
- Enhance post-incarceration treatment options
- Improve screening and identification
- Adopt a system of care approach

Much of this work is underway. Community Elements and the Sheriff have a memorandum of understanding to more closely integrate mental health services in the jail and in the community. Community Elements is providing clinicians to screen, assess, and engage clients in the jail and continue services upon release. We have expanded our crisis response capability and continue to be involved in the training of Crisis Intervention Team law enforcement officers in Champaign County. Community Elements has spent the past 18 months researching and developing a system of care model for criminal justice services in Champaign County and providing technical assistance to the Sheriff in developing training materials for jail staff.

The need to provide comprehensive re-entry services to persons coming home from the Illinois Department of Corrections and from sentences at the county jail remains. This proposal seeks to address that unmet need with services and initiatives closely integrated with the existing effort to reduce recidivism among the mental health and substance abuse population at the jail.

The community lacks a set of protocols for data collection and analysis across systems. At present probation, law enforcement, the jail, and behavioral health providers maintain separate data systems which lack consistent definitions and protocols for data sharing. This proposal seeks to enhance data collection for the re-entry population in a manner consistent with the existing efforts to enhance data collection for the mental health and substance abuse population currently being served.

### **Planning, Design and Implementation:**

As recommended in the ILPP report, Community Elements proposes to convene a Re-entry Council to oversee a collaborative planning process to identify and plan for community needs related to re-entry. The Council will initially be comprised of representatives from:

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1. Champaign County Probation and Courts Services
2. Community Elements
3. The Prairie Center
4. Problem Solving Courts
5. States Attorney
6. Champaign County Sheriff
7. Champaign County Mental Health Board (planning and program funding)
8. Illinois Department of Corrections (parole)

While commitments from participants has yet to be secured for this proposal, all participants, with the exception of the Department of Corrections, previously committed support to participate in a similar planning structure in a grant submitted to the U.S. Department of Justice. Every effort will be made to operate the Re-entry Council in a manner that minimizes the time commitments of primary participants. Task Groups, chartered by the Steering Committee, will be employed to research and prepare briefing memos on specific issues or populations for Re-entry Council participants and provide opportunities for other community members and groups to participate.

The Re-entry Council is expected to meet monthly during the initial project period with Task Groups meeting more frequently to work on defined projects. The Re-entry Coordinator will be responsible for maintaining meeting minutes, progress reports, and documenting decisions approved by the Council.

The Re-entry Council will be guided by the following priorities:

- Determine and recruit representatives from additional constituencies or with special expertise necessary for a collaborative planning process.
- Draft formal agreements regarding the organization and composition of the Re-entry Council.
- Reach consensus regarding a statement of program goals and objectives related to community re-entry.
- Approve a detailed work plan.
- Identify services and resources necessary to complete the project.
- Define the target population.
- Define system-wide outcome measures.
- Approve and adopt operational guidelines to guide the delivery of community re-entry services and the adoption of evidence-based models.
- Identify key data elements to measure system performance.
- Gather baseline data from all sources.
- Develop a data driven decision making strategy.

The Re-entry Council will serve as a steering committee which guides and coordinates the work of a number of subcommittees focused on aspects of re-entry.

**Fig. 1 illustrates the role of the Re-entry Council as a steering committee guiding the work of key community participants.**



The Task Groups chartered by the Steering Committee will be representative of multiple community interests, including but not limited to, community treatment providers, criminal justice authorities, formerly incarcerated individuals, community planning and funding entities, community representatives, and subject matter experts.

#### *Barriers*

1. A significant barrier to the successful completion of the project is the time required for successful engagement. While Steering Committee members are committed to the project, they are managing multiple priorities and lack time to pursue collaborative planning. The staffing structure of the project is intended to minimize the time commitment required from Steering Committee members allowing them to receive information in advance of meetings and focus their time productively.
2. Another significant barrier is the need to pursue strategies and plans that are sustainable. Sustainability, identification of resources, and maximizing available resources from a systems perspective will be a priority throughout the project. The scope of services provided initially will be limited due to the availability of financial resources. Plans to enhance services will identify prospective funding sources and a significant effort will be made during year one to seek grants and alternative funding for re-entry services in Champaign County.
3. The most effective re-entry programs combine case management with vocational/job development and stable housing supports. Initially, re-entry services will rely on existing vocational and housing supports which are extremely limited for this population as a criminal history is often an excluding factor for participation.

4. The opportunity for peer support with the population is extremely limited. Often, conditions of parole or probation limit contact with other offenders. The availability of formal groups such as Moral Reconciliation Therapy and Seeking Safety will provide some opportunity for peer support, however providing opportunities for the development of peer and faith-based support models in the community will be a focus of the Re-entry Council.

5. Any service model relies on securing the trust of the participants. We believe that having the services provided by a non-governmental community agency familiar with participant consent and confidentiality requirements will enhance trust among participants.

#### *Initial Target Population*

The target population for this re-entry proposal is offenders who have completed a sentence at the Champaign County Jail or Illinois Department of Corrections approved for release in Champaign County. In addition, program participants will not be eligible for existing community corrections programs funded by the Champaign County Mental Health Board due to eligibility criteria or capacity. When service capacity is limited, priority will be given based on the level of risk as indicated by a criminogenic risk factor assessment and consultation with probation and parole officers.

#### **Case Management Approach**

We propose the use of enhanced case management strategies linked to community supports to improve the outcome of existing supervision and parole strategies. By developing and implementing this model with the support of the Re-entry Council, the traditional approach to supervision, parole, and community services can be greatly enhanced.

The proposed model has evolved in its implementation. Community Elements has used enhanced case management linked with housing resources in programs designed to address co-occurring addictions, mental health, and medical problems. These programs have demonstrated positive outcomes with criminal justice involved clients using enhanced case management, motivational interviewing, and strength-based approaches (Ackerson, 2002).

The incorporation of an assertive community focus with motivational interviewing and a strength-based approach is also incorporated into other model programs shown to be effective with clients experiencing co-occurring substance use disorders and mental illness (GAINS Center, 2007). According to The Bureau of Justice Statistics (2006) approximately 42% of all inmates in state facilities and 49% in county facilities had a co-occurring substance abuse and mental health problem. Approximately 20% had a substance abuse problem only and 15% had a mental health problem only; leaving 15% of the prison/jail population without a mental health or substance abuse problem. Those

individuals currently have no access to community re-entry services in Champaign County.

We recognize that many factors, including age, race, ethnicity, culture, language, sexual orientation, literacy, education, preferred learning style, and gender influence consumer preferences and response to services. Because of the emphasis placed on engagement and natural supports it will be critical that offenders are actively engaged with the program and other community supports. By choosing to develop, design, and implement services with offender input at all levels, we create opportunities to promote communities of caring and recognition of individual differences.

Offenders participating in the program have the opportunity to establish their own goals and to direct the services they receive. Clients have the opportunity to instruct staff regarding their cultural and individual preferences and beliefs. Because the model calls for individual goal-setting and service design, the program can easily adapt to preferences while maintaining the fidelity of the model.

Staff engaged in providing re-entry services will utilize two models currently in use by Community Elements, Motivational Interviewing and Moral Reconciliation Therapy. Since implementing these models with a criminal justice population we have had a consistent approach among our service providers. We believe that having a consistent approach with community correction clients and re-entry clients will increase efficiency and efficacy.

#### *Care Coordination Approach*

Due to the complex needs of the proposed population; it is unrealistic to expect that one Case Manager or one organization can effectively respond to those needs. We propose to use a care coordination approach with the Case Manager working to facilitate and coordinate the efforts of multiple community agencies.

While not limited to these areas, we anticipate that the care coordination will focus primarily on linkage to assistance in obtaining benefits, community-based behavioral health resources, community medical and dental services, employment and job training services, housing, family support, as well as play a key role in data tracking and service monitoring. Applying for and obtaining benefits is a priority as it is necessary for accessing other needed services in primary and behavioral health care. The following model illustrates the relationship between care coordination efforts and identifies the current availability of these services in the Champaign County Jail.



1. indicates service currently available in the jail
2. Indicates service currently available in the community
3. indicates service proposed for future initiatives in the jail

- Benefits Case Management
  - Healthcare Consumers (2,3)
  - Public Health (2)
  - Community Elements (2,3)
- Behavioral Health Services
  - substance use – Prairie Center (1,2)
  - mental health, substance use – Community Elements (1,2)
  - co-occurring disorders – Community Elements (1,2)
  - methadone – Champaign Treatment Center - Riverwood (2)
- Medical
  - Correctional Healthcare (1)
  - Smile Healthy (2)
  - Presence Healthcare (2)
  - Carle (2)
  - Promise Healthcare (2)
  - Community Resource Center (2)
- Employment and Job-Training
  - Disability Services (2)
  - Dept. of employment Services (2)
  - Champaign Consortium (2)
  - Adult Education (2)

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- Re-entry, Housing and Family Services
  - Housing Authority (2)
  - Shelter plus Care, Community Elements (2)
  - Township Offices (2)
- Transitional Housing
  - Center for Women in Transition (2)
  - TIMES Center, Community Elements (2)
  - Salvation Army (2)

#### *Moral Reconciliation Therapy*

Moral Reconciliation Therapy (MRT) is a systematic treatment strategy that seeks to decrease recidivism among juvenile and adult criminal offenders by increasing moral reasoning. Its cognitive-behavioral approach addresses criminogenic-or criminal-thinking, aims to change antisocial ways of thinking and combines elements from a variety of clinical approaches to progressively address ego, social, moral, and positive behavioral growth.

MRT takes the form of individual and group counseling, using structured group exercises and prescribed homework assignments. The MRT workbook is structured around 16 objectively defined steps or units focusing on 7 basic treatment issues:

1. Confrontation of beliefs, attitudes and behaviors
2. Assessment of current relationships
3. Reinforcement of positive behaviors and habits
4. Positive identity formation
5. Enhancement of self-concept
6. Decrease in hedonism and development of frustration tolerance
7. Development of higher stages of moral reasoning

Participants of group exercises meet once or twice weekly and can complete all steps of the MRT program in a minimum of three to six months.

#### *Motivational Interviewing*

Motivational Interviewing is a goal-directed, client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve ambivalence. The operational assumption in Motivational Interviewing is that ambivalent attitudes or lack of resolve is the foremost obstacle to behavioral change. Therefore, examining and resolving ambivalence is the key goal of the approach.

Motivational Interviewing has been implemented extensively at hundreds of sites worldwide since 1983. It has been applied to a wide range of problem behaviors related

to alcohol and substance abuse, health promotion, medical treatment adherence, and behavioral health issues. Many variations in technique exist.

Motivational Enhancement Therapy (MET) is one such adaptation of Motivational Interviewing. MET includes one or more client feedback sessions in which feedback is presented and discussed in a non-confrontational manner. MET uses an empathetic, but directive approach in which the therapist provides feedback, intended to strengthen the client's commitment to change, promote a sense of self-efficacy and elicit intrinsic motivation.

Despite the variations that an adapted Motivational Interviewing technique may contain, the Motivational Interviewing counseling style includes the following standard elements:

- Establishing rapport with the client and listening reflectively.
- Asking open-ended questions to explore the client's own motivations for change.
- Affirming the client's change-related statements and efforts.
- Eliciting recognition of the gap between current behavior and desired life goals.
- Asking permission before providing information or advice.
- Responding to resistance without direct confrontation. (Resistance is used as a feedback signal to the therapist to adjust the approach.)
- Encouraging the client's self-efficacy for change.
- Developing an action plan to which the client is willing to commit.

#### *Seeking Safety*

Seeking Safety is a present-focused treatment for clients with a history of trauma and substance abuse. The treatment was designed for flexible use: group or individual format, male and female clients, and a variety of settings (e.g., outpatient, inpatient, residential). Seeking Safety focuses on coping skills and psycho-education; that is, education offered to people who have a mental health disorder. The approach operates with five key principles:

1. Safety as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions)
2. Integrated treatment (working on both posttraumatic stress disorder (PTSD) and substance abuse at the same time)
3. A focus on ideals to counteract the loss of ideals in both PTSD and substance abuse
4. Four content areas: cognitive, behavioral, interpersonal and case management
5. Attention to clinician processes (helping clinicians work on counter-transference or redirecting the emotional reaction of the analyst to the subject's contribution, self care and other issues)

*Coordination*

Critical to the success of the program will be open communication between the offender, the case manager, parole and/or probation officers, and other community service providers. Services will be planned and directed using strength-based assessments, motivational interviewing, and natural support systems. Information regarding the approaches being used will be shared with probation and parole in effort to promote consistent program messages.

For maximum effectiveness the program should include a housing component to address the needs of offenders at risk of homelessness. The needs assessment conducted in 2009 identified 33 offenders currently on supervision or parole at risk of becoming homeless in Champaign and Vermilion counties. The needs assessment also identified assistance with financial management, overcoming barriers to locating suitable housing, and a lack of financial resources as contributing to unsuccessful re-entry. Participants also indicated that the two months prior to release and two months after release are a critical time period for offenders to develop suitable plans that contribute to success. Consequently the program should make every effort to engage clients while they are still in prison or the County Jail to begin the process of planning for re-entry.

*Case Management Model*

Initially, one case manager will serve the re-entry population in Champaign County. The case managers will have a caseload of approximately 20-25 offenders. While our goal is to engage every offender referred to the program, we recognize that engagement can be a challenge with this population. We anticipate having contact with approximately 35 unduplicated clients per year and providing between 750 and 800 hours of direct services during the first year. The offenders involved with the program will be selected based on their need for community support services and their risk of becoming homeless.

*Focus* Services will be planned using a strength-based assessment drawing heavily on natural community supports and coordination with parole/supervision officers. Case managers will be trained in the use of motivational enhancement techniques including motivational interviewing, stages of change approaches, and contingency management.

Whenever possible, services will be delivered in the offender's home, place of employment, or neighborhood.

*Coordination with parole and probation* Case managers will maintain close communication with supervision/parole officers to coordinate activities. Program participants must maintain valid releases of information for employers, landlords, and supervision/parole officers as a condition of program participation.

*Qualifications* Case managers will meet the requirements to provide community support services as defined by the Illinois Medicaid rule 132. Experience and/or



familiarity with substance use issues, mental health, criminal justice, and community resources are required.

*Supervision* Case managers will be supervised by an LCSW or LCPC qualified to provide mental health and substance abuse treatment supervision in the state of Illinois.

### **Housing Assistance**

Access to safe and affordable housing is critical in early re-entry. Often a return to a specific neighborhood or housing situation can make a successful re-entry extremely difficult. Case managers will utilize existing resources for housing assistance and supportive services. In most cases, participation in these programs is limited to those who meet eligibility requirements for that program.

Case Managers may use the transitional services available at TIMES Center for male participants who meet criteria for admission. Other transitional providers are available for women. However, the availability of transitional housing is limited. We anticipate that housing support will be a focus for program and fund development.

#### *Housing Assistance*

Because of the importance of intervening when offenders are at serious risk of becoming homeless, we propose to seek funding to provide housing assistance to offenders who lack the resources to maintain safe and suitable housing. Such assistance is intended to be short term and linked to case management services to provide financial planning, employment, and other services. We propose a rent assistance model similar to what we currently use in the Shelter plus Care and Permanent Housing and Assertive Community Treatment programs.

All housing assistance payments will be paid directly to the property owner or utility company. If the property owner wishes to receive additional assurances related to payment of rent in the case of default by the tenant, a lease addendum is required.

When a source for housing support becomes available, the following model will be proposed:

#### *First Tier*

Housing assistance will be administered using the model developed by HUD for supportive housing programs. The level of assistance and eligibility will be determined by income. Participants at or below very low income as established annually by HUD, are eligible to receive full security deposit payments, rent and utility assistance for up to six months. Currently very low income for a single individual in Champaign County is approximately \$20,000. During this time case managers will emphasize the importance of savings and developing a plan to successfully manage their own housing expense.

In most cases participants will be asked to participate in transitional housing and demonstrate a level of responsibility and compliance with program guidelines prior to receiving rent assistance. Participants whose income does not qualify them for tier one, may participate in tier two if they are at or below 125% of very low income as established by HUD.

Case management will focus on obtaining employment, developing a budget and savings plan. In some cases, case managers may need to assist offenders in obtaining the necessary documents i.e. birth certificates and identification to obtain employment.

*Second Tier*

After the first six months, participants must contribute to rent and utilities an amount equal to 30% of their gross income. Participants may receive second tier assistance for an additional six months. During this time case managers will emphasize the importance of savings and developing a plan to successfully manage their own housing expense. Participants whose income does not qualify them for tier one, may participate in tier two if they meet the income guide for low income.

*Rent (fair market rent)*

Rent and utility payments are based on the fair market rent for the community published annually by HUD.

*Property Manager Relations*

An important element of the program will be developing relationships with responsible property owners willing to participate in the program. Because the intent of the program is to develop stable housing for participants, the participants will be named on the property lease. In this way, a transition to full participant responsibility can be facilitated at the end of the first year when the lease is renewed with the tenant fully responsible for rent payments.

The program will not interfere with property owner's rights regarding managing their property, rules regarding tenant conduct etc. Additional assurances will be provided in the form of rent guarantees in the event a tenant leaves the unit or fail to pay their share of the rent. These guarantees will require the landlord to enter into a lease addendum with the program administrator.

## Evaluation

It is anticipated that the Re-entry Council will establish outcome measures specific to its recommendations. The following evaluation plan represents a starting point, is consistent with best practices, and allows for comparison data between services provided in the re-entry initiative and those provided as part of the community-based correctional services for those with behavioral health problems.

### *Customer Satisfaction*

Feedback from all re-entry clients will be gathered annually, through a survey created by The Client Writes; a service which provides a satisfaction measurement system for behavioral healthcare providers, including benchmark information. Anonymous client surveys invite individuals to share views regarding accessibility, acceptability and perceived value of services received. Probation and Parole officers will be surveyed by the Coordinator annually, to gather employee feedback regarding overall satisfaction with the re-entry services provided.

### *Outcomes*

Evaluation of client outcomes will also be determined through the previously described client surveys. Client outcomes relate to life situations. That is, within the client survey, program participants will be asked to rate how their life situations have changed. This information will illustrate program effectiveness on an individual level.

The main objective of the program is to reduce recidivism in all re-entry clients. "Recidivism" is a relatively broad term, in which a variety of justice-related activities may be characterized. For data collection purposes, we are specifically defining recidivism as "a new charge" or revocation of parole or probation. In our current arrangement with the Sheriff, each day we receive a list of newly admitted inmates to the jail. We will also receive reports from jail administration and probation to augment the daily reports. Therefore, all data collection will be tracked through access to this daily reports and statistical data bases.

### *Productivity Measures*

Productivity is another aspect of program activities which require tracking. That is, in order to illustrate the usefulness and validity of the program, a variety of aspects must be measured. These include:

- The number of referrals and screenings
- The number of unduplicated clients served
- The number and type of clinical services provided
- The number and type of case management services provided
- The number of successful discharges from the program

Each of these categories must be measured and analyzed to produce organizational results. Organizational results can be determined by comparing the amount of funding

spent on program-specific services to the amount of funding that would otherwise be spent on traditional means of addressing repeat offenders. In addition, while more difficult to quantify, client outcomes measures provide insight into improved quality of life and community well-being.

This information will not only illustrate how this program compares to other programs, it will be used to continuously improve service provided by Community Elements. That is, the information gained through client surveys, jail administration interviews and jail data will aide Community Elements in the continuous effort to improve services, which:

- Enhance the overall wellness of re-entry clients
- Improve the life situations of re-entry clients
- Reduce involvement between law enforcement and re-entry clients
- Strengthen and reinforce safety in our community

Through the identification of specific outcomes and access to vital information, we will measure the effectiveness of the program. Analyzing effectiveness will lead to program improvements, with which to better serve our clients and the surrounding community. The overarching goal of re-entry services is to promote wellness, employ resources responsibly and foster a safer, more humane community.

## Timeline

<b>Completion Date</b>	<b>TASK</b>	<b>Responsible Party</b>
Upon notification of award	Recruit and select Case Manager	Director of Adult Recovery Services
April/May, 2014	Formal contract between County of Champaign and Community Elements regarding project management	County of Champaign
July 2014	Case Manager begins work Coordinator begins work Consultant begins work	Community Elements
July 2014	Prepare project briefing materials and presentation for Steering Committee	Coordinator & Consultant
July 2014	Begin Project Management Tracking	Coordinator
July 2014	Services Begin	Case Manager
Aug, 2014	First Monthly Re-entry Council Meeting	Re-entry Council
Sept. 2014	Adopt formal decision structure, meeting schedule, and reporting structure for Steering Re-entry Council MOUs reflect additional individual commitments if applicable	Re-entry Council
Sept. 2014	Prepare briefing re: long-term goals and task groups	Coordinator & Consultant
Oct. 2014	Re-entry Council adopts long term goals	Re-entry Council
Nov. 2014	Re-entry Council charters task groups to focus on planning areas, including but not limited to evidence-based models, peer support, crisis response, system performance & outcome data	Re-entry Council
Nov. 2014	Prepare briefing materials on program sustainability and development plan	Coordinator & Consultant
Dec. 2014	Re-entry Council provides guidance on program sustainability and development plan	Re-entry Council
Jan. 2015	Inventory of existing services and identified gaps	Coordinator and Consultant
Jan. 2015	Re-entry Council approves six month project report including progress on program development, services provided, and available outcomes. Submission of six month project report to the County of Champaign	Coordinator and Consultant
Jan 2015 to June of 2015	Preparation of program plans, requests for funding from state, federal, and private foundations related to re-entry services, research on effective re-entry models, and establishment of faith-based and peer	Coordinator, Consultant & Re-entry Council

	support models, with associated training and development strategies	
Feb 2015	Re-entry Council reviews sustainability and program development plan	Re-entry Council
Feb 2015	Task force report program models Task force report peer supports Task force report screening and assessment Task force report data and outcomes	Task Forces & Coordinator
Mar & April 2015	Re-entry Council reviews task force reports	Re-entry Council
Apr 2015	Briefing materials submitted for housing recommendations	Coordinator and Consultant
May 2015	Re-entry Council approves housing recommendations including:  a process to screen potential participants for eligibility requirements for the development or selection of screening instruments procedure to be used for screening, including location used and staff involved	Re-entry Council
June 2015	Re-entry council reviews proposed services for FY 2016	Re-entry Council
July 2015	Re-entry Council approves twelve month project report including progress on program development, services provided, and available outcomes. Progress report submitted to the County of Champaign	Re-entry Council

**Program Budget**

		Year 1	Year 2	Year 3	
<b>Funding Sources</b>					
Champaign County Re-Entry Funding	\$	100,000	\$ 100,000	\$ 100,000	
Champaign County Mental Health Board	\$	5,166	\$ 5,321	\$ 5,481	
In-Kind Rent for Office Space	\$	2,500	\$ 2,538	\$ 2,576	
Client Fee Income	\$	13,866	\$ 16,145	\$ 19,471	
<b>Total Funding Sources</b>	<b>\$</b>	<b>121,532</b>	<b>\$ 124,003</b>	<b>\$ 127,527</b>	
<b>Expenses</b>					
<i>Personnel Costs</i>					
	<u>FTEs</u>	<u>Positions</u>			
	1	Project Coordinator	\$ 41,600	\$ 42,848	\$ 44,133
	1	Case Manager	\$ 30,000	\$ 30,900	\$ 31,827
	0.1	Program Supervisor	\$ 4,200	\$ 4,326	\$ 4,456
	0.05	Project Director	\$ 3,577	\$ 3,684	\$ 3,794
<b>Total Wages</b>			<b>\$ 79,377</b>	<b>\$ 81,758</b>	<b>\$ 84,211</b>
<b>Fringe Benefits @ 23%</b>			<b>\$ 18,257</b>	<b>\$ 18,804</b>	<b>\$ 19,368</b>
<b>Total Personnel Costs</b>	<b>\$</b>	<b>97,633</b>	<b>\$ 100,562</b>	<b>\$ 103,579</b>	
<b>Office Equipment</b>					
Computer	\$	850	\$ -	\$ -	
<i>Occupancy Expenses</i>					
Office Space	\$	2,500	\$ 2,538	\$ 2,576	
Telephone	\$	597	\$ 606	\$ 615	
Internet	\$	774	\$ 786	\$ 797	
Utilities	\$	1,624	\$ 1,648	\$ 1,673	
Janitorial Service	\$	360	\$ 365	\$ 371	
<b>Total Occupancy Expenses</b>	<b>\$</b>	<b>5,855</b>	<b>\$ 5,943</b>	<b>\$ 6,032</b>	
<i>Program Expenses</i>					
Cell Phone for Case Manager	\$	480	\$ 480	\$ 480	
Mileage Reimbursements	\$	1,440	\$ 1,462	\$ 1,484	
Program Supplies	\$	1,350	\$ 1,370	\$ 1,391	
Client Assistance	\$	1,000	\$ 1,000	\$ 1,000	
<b>Total Program Expenses</b>	<b>\$</b>	<b>4,270</b>	<b>\$ 4,312</b>	<b>\$ 4,354</b>	
<b>Management &amp; General</b>	<b>\$</b>	<b>12,924</b>	<b>\$ 13,187</b>	<b>\$ 13,562</b>	
<i>11.9% Federal Indirect Cost Rate</i>					
<b>Total Expenses</b>	<b>\$</b>	<b>121,532</b>	<b>\$ 124,004</b>	<b>\$ 127,527</b>	

## Revenues and Multi-Year Plan

The budget reflects the proposed level of re-entry services for Champaign County. It is anticipated that the program development and grant-writing activities of the Coordinator will result in new funding sources. These sources will result in enhanced services to the population i.e. housing programs, vocational programs, or increased program capacity. In addition, increased funding from other sources including 3<sup>rd</sup> party reimbursements could reduce the level of support from the County.

It is anticipated that the Re-entry Program Coordinator will focus primarily on program and grant development and the Re-entry Council in year one. In years two and three, her activities can expand to include administration of new grants and program initiatives such as peer support models, as well as pursuing other recommendations from the ILPP report related to re-entry including access to a crisis center, linkage with problem solving courts, and access to detoxification services. In years two and three, data analysis will be critical to improving the service model and expanding re-entry services.

The budget includes our approved federal rate for management and general expenses, as well as costs related to office space which we anticipate receiving in-kind. Wages are based on our current compensation system for the level of responsibility indicated here. The Case Manager will report to a program supervisor responsible for all criminal justice related client services. This model will enhance our ability to respond to requests for service during times when the assigned Case Manager is absent.

The budget includes funds for program supplies and client assistance. A program supplies represents necessary office supplies and 35 manuals for client participation in Moral Reconciliation Therapy. Client assistance includes bus passes, fees for identification, application fees, and other small expenditures specifically focused on the needs of the re-entry population to obtain housing, employment, and services.



**BRUCE K. BARNARD**  
**PROFESSIONAL WORK HISTORY**

**INSTRUCTOR**

- Develop and deliver college courses, prepare class materials; creatively teach to stated objectives while providing “real world” perspective, and evaluating student progress.

**Eastern Illinois University, Charleston, IL, Faculty**

**2004-2007 Adjunct Faculty, School of Technology and Dept. of Counseling and Student Development**

**2007-present Faculty, School of Technology, Organizational and Professional Development Program**

- “Counseling the Chemically Dependent” in the graduate Counseling and Student Development program.  
(Graduate Faculty Appointment in Counseling and Student Development 2004 to 2008)
- “Productive Work Teams”, a review of research and practical skills focusing on teamwork and the implementation of self-directed work teams.
- “Strength-Based Organizational and Professional Development”, an overview of strength-based organizational development models including Appreciative Inquiry and Relationship Awareness Theory.
- “Coaching and Mentoring for Critical Thinking”, skill development for supervisors.
- “Facilitating Learning and Project Groups” applying principles of facilitation in multiple settings.
- “Supervision in Organizations” an introduction to supervision.
- “Training Program Development” an introduction to training processes

**Parkland Community College, Champaign, IL, Part-Time Faculty, 2004–2007**

- “Fundamentals of Substance Abuse Practice”, a practical overview of addiction policy, trends and practice. Course offered both online and on-campus.

**CONSULTANT, Aug 2007 to present**

**COMMUNITY ELEMENTS**

501c3 nonprofit offering comprehensive behavioral health and supportive housing services.

- Provide consultation regarding strategic planning, program development, organization development as well as staff and professional training and development.
- Assist the CEO and Board of Directors with goals and strategic environmental assessment.

**Director of Adult Recovery Services, May 2006 to Aug 2007**

**PH-ACT Supervisor, Dec. 2005 to May 2006**

- Direct adult services including residential group homes, independent housing programs, case management, psychosocial rehabilitation, crisis intervention, services for clients with co-occurring substance abuse and mental illness, and the TIMES Center for homeless men.
- Represent the Mental Health Center with funding sources, media, and the community.
- Completed start-up work on the Permanent Housing and Assertive Community Treatment program (PH-ACT), a multi agency initiative combining intensive case management and treatment services for homeless clients with mental illness, substance abuse, and HIV/AIDS.
- Led an agency-wide initiative to overhaul client access system, including recommendations for management information tools, staffing, and procedures to prepare for a transition to a full fee-for-service funding environment.

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**PRAIRIE CENTER HEALTH SYSTEMS • 1976-2005**

501c3 nonprofit offering comprehensive addiction treatment and community corrections services

**Associate Director for Champaign and Ford Counties, Urbana, IL, 2000-2005**

**Residential Facility Director, Champaign, IL, 1994-2000**

**Operations Manager, Urbana, IL 1979-1994**

**Substance Abuse Counselor, Champaign, IL, 1976-1979**

**(PRAIRIE CENTER HEALTH SYSTEMS)**

- Instituted administrative reorganization to reduce the barriers between programs, incorporating a team structure, and enhancing communication and cooperation.
- Completed a successful conversion from grant-based funding to a fee-for-service model.
- Developed and implemented a plan for agency-wide, externally certified, in-service training and competency-based employee learning program.
- Initiated revisions to the client fee structure to maximize mainstream funding and offer an agency-funded sliding fee scale.
- Expanded corrections services, promoted development and implementation of drug court, and actively pursued inter-disciplinary and multi-agency collaborations.

**ASSOCIATE DIRECTOR: ADMINISTRATIVE ROLE**

- Managed all agency operations in 2 counties, including community corrections, residential substance abuse treatment, halfway house, outpatient and prevention; supervised over 70 staff in 15 programs;
- Generated \$500K per year in gross revenues through negotiated contracts with the Federal Bureau of Prisons, U.S. Courts and the Illinois Department of Human Services for community corrections services, correctional counseling services and HIV related services, respectively
- Successfully operated a 24-hour detoxification, substance abuse treatment, and community corrections program in a densely populated downtown community; consistently received accolades from nearby merchants and residents for our good neighbor policies.

**ASSOCIATE DIRECTOR: PROGRAM DEVELOPMENT INITIATIVES**

- Applied principles of productive work teams to a multi-disciplinary treatment team using an innovative harm reduction, community-based treatment model. Worked with community partners to build a coalition of 3 agencies to develop a similar model using a multi-agency treatment team.
- Established a working advisory group to improve correctional programs, recruiting key constituents and experts including the Chief US Probation Officer and local police to improve programming.
- Used a federal Shelter plus Care program to link addictions treatment and permanent housing, providing over 20 clients with safe, affordable housing options.

**RESIDENTIAL FACILITY DIRECTOR:**

- Supervised residential facility's clinical programs, personnel and operations, managing 39 staff in 5 programs.
- Expanded extended care and housing options through a coordinated effort with transitional housing providers, linking clients with services during their re-entry into the community; programs serve 20-30 clients per year; research indicates that over 70% of clients entering the Salvation Army Extended Care Program remained abstinent 1 year after leaving services.

**OPERATIONS MANAGER:**

- Supervised building maintenance, food service, clerical and medical records staff.
- Managed competitive bidding process, contracting and code compliance, remodeling, & maintenance
- Managed extensive remodel of the Champaign facility while maintaining full services to clients.
- Coordinated planning, bidding, remodeling, and startup of a 10, 000 sq ft outpatient facility.

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## EDUCATION

Eastern Illinois University, Charleston, IL

### Master of Science in Technology, 2004

- Specialty in Training and Development
- Comprehensive Evaluation – Awarded “Pass with Distinction”
- Thesis: *Implications of Personal Recovery History for Training and Development of Addiction Treatment Workers*; nominated by the School of Technology for University’s Outstanding Thesis Award

### Graduate Certificate in Work Performance Improvement, 2003

### Bachelor of Science in Career and Organizational Studies, 2002

- Alpha Sigma Lambda Honor Society

## CERTIFICATIONS

Certified Alcoholism Counselor,  
Illinois Alcoholism Counselor Certification Board  
Midwest Institute on Addictions

## PUBLICATION

Co-author, *The Gemini House Manual: A Comprehensive Primer on Drug and Life Information*, Salsedo Press, 1975, second edition, 1978.

## PROFESSIONAL AFFILIATION

American Society for Training and Development

## COMMUNITY SERVICE

- Advisory Committee, Human Services Technician Program, Parkland Community College 2000-2005
- Chair and Director, Greater Community AIDS Project (2004 to 2012)
- Eastern Illinois Foodbank, founding board member, served as Board President (1985-1990)
- Trainer, East Central Illinois Police Training Institute 2004 to present
- Trainer, Crisis Line 2006 to present

**Celeste Blodgett**

<b>Education</b>	<p>Eastern Illinois University Charleston, IL Master of Science Technology May 2014</p> <p>Eastern Illinois University Charleston, IL Bachelor of Science, Major in Career &amp; Organizational Studies December 2012</p> <p>Illinois Central College East Peoria, IL Associate in Arts and Science May 2001</p>
<b>Relevant Courses</b>	<ul style="list-style-type: none"> <li>• Research in Technology</li> <li>• Appreciative Inquiry</li> <li>• Conflict in Organizations</li> <li>• Interviewing</li> <li>• Supervision</li> <li>• Change Strategies in Organizations</li> <li>• Science and Technology of Leadership</li> <li>• Strength-Based Development</li> <li>• Social Movements</li> <li>• Coaching and Mentoring</li> </ul>
<b>Experience</b>	<p><b>Community Elements Inc</b></p> <p>Champaign, IL <u>Criminal Justice Research Assistant</u> June 2013 to Present</p> <ul style="list-style-type: none"> <li>• Co-authored Criminal Justice Program Manual</li> <li>• Writes proposals in response to RFPs</li> <li>• Collaborates and assists with program development</li> <li>• Designs and develops program training</li> </ul> <p><b>Eastern Illinois University</b></p> <p>Charleston, IL <u>Graduate Assistant</u> January 2013 to Present</p> <ul style="list-style-type: none"> <li>• Collaborates to create course content</li> <li>• Develops additional course materials</li> <li>• Drafts reactionary surveys</li> <li>• Updates marketing materials</li> </ul> <p><b>Walgreens</b></p> <p>Decatur, IL <u>Store Team Lead</u> Mar '10 to Jan '13</p> <ul style="list-style-type: none"> <li>• Supervised and developed employees</li> <li>• Trained new employees</li> <li>• Maintained cash management systems</li> <li>• Oversaw daily operations</li> </ul> <p><b>Hallmark Inc</b></p> <p>Champaign, IL <u>Territory Assistant</u> Dec '07 to Mar '10</p> <ul style="list-style-type: none"> <li>• Supervised crew and production during revisions</li> <li>• Oversaw department set up and maintenance</li> <li>• Maintained positive rapport with established accounts</li> <li>• Independently resolved store level issues</li> </ul>

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**Hampshire Farms**

Champaign, IL

Perennial Merchandiser

Apr '06 to Nov '07

- Provided merchandising support to three locations
- Created visually attractive perennial displays and end cap designs
- Organized products according to price points and varieties
- Reported product quality and consumer interests to supervisor

**Skills**

- Program Development
- Research Writing
- Proposal Writing
- Employee Development
- Team Building
- Organizational Development
- Training Design
- Training Development
- Supervisory
- Customer Service