

## **CHAMPAIGN COUNTY BOARD**

### **COMMITTEE OF THE WHOLE**

*Finance/ Policy, Personnel, & Appointments/Justice & Social Services Agenda*

County of Champaign, Urbana, Illinois

Tuesday, September 9, 2014 – 6:30 p.m.

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Lyle Shields Meeting Room, Brookens Administrative Center,  
1776 East Washington Street, Urbana, Illinois

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#### **I. Call To Order**

#### **II. Roll Call**

#### **III. Approval of Minutes**

A. August 12, 2014 (*to be distributed*)

#### **IV. Approval of Agenda/Addenda**

#### **V. Public Participation**

#### **VI. Communications**

#### **VII. Justice & Social Services**

A. Reentry Program Quarterly Report: June-August 2014

1-33

B. Monthly Reports – All reports are available on each department's webpage through the department reports page at: <http://www.co.champaign.il.us/COUNTYBD/deptrpts.htm>

1. Animal Control – July 2014
2. Emergency Management Agency – August 2014
3. Head Start – July 2014
4. Probation & Court Services – July 2014
5. Public Defender – July 2014
6. Veterans' Assistance Commission – August 2014

C. Other Business

D. Chair's Report

E. Semi-Annual Review of Closed Session Minutes

#### **VIII. Policy, Personnel, & Appointments**

A. County Clerk

1. August 2014 Report 34
2. Resolution to Provide for Licensing of Poker Runs 35-37

B. Job Content Evaluation Committee

1. Review and Recommendation for Problem Solving Court Coordinator 38-43
2. Review and Recommendation for Planner in Planning and Zoning 44-48
3. Recommendation for Director of Planning and Zoning 49-53

C. County Administrator

1. Administrative Services August 2014 Report 54-56

D. Other Business

E. Chair's Report

1. Strategic Plan Update – Goals & Objectives

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F. Semi-Annual Review of Closed Session Minutes

G. Designation of Items to be Placed on the Consent Agenda

**IX. Finance**

A. Treasurer

1. Monthly Report – August 2014 – Reports are available on the Treasurer's Webpage at: <http://www.co.champaign.il.us/TREAS/reports.htm>

B. Auditor

1. Monthly Report – August 2014 – Reports are available on the Auditor's Webpage at: <http://www.co.champaign.il.us/Auditor/monthlyreports.htm>

C. Nursing Home

1. Resolution Regarding Charges for Services at the Champaign County Nursing Home 58-59
2. Monthly Report 60-88

D. Labor/Management Health Insurance Committee

1. Recommendation for Employee Health Insurance and Related Benefit Plans for FY2015 89-100

E. Job Content Evaluation Committee

1. Review and Recommendation for Problem Solving Court Coordinator 33-43
2. Review and Recommendation for Planner in Planning and Zoning 44-48
3. Recommendation for Director of Planning and Zoning 49-53

F. County Administrator

1. General Corporate Fund FY2014 Budget Projection Report (*to be distributed*)
2. General Corporate Fund FY2014 Budget Change Report (*to be distributed*)
3. Resolution Amending Resolution No. 8673 – Establishing FY2015 Non-Bargaining Employee Health Insurance Contributions 101
4. Ordinance for Refunding 2005B Bonds (*to be distributed*)
5. FY2015 Budget:
- a. Inter-committee Memo from Nursing Home Board of Directors 102
- b. Inter-committee Memo from County Facilities 103
- c. County Board Decision Points for FY2015 Budget 104-105
- d. Property Tax Levy Rate Chart 106

G. Budget Transfers/Amendments

1. Budget Amendment #14-00032 107-108
- Fund/Dept. 090 Mental Health-053 Mental Health Board
- Increased Appropriations: \$80,474

Increased Revenue: None: from Fund Balance  
Reason: The Purpose of this Amendment is to Appropriate Additional Expenditure Authority of \$80,474 to Meet Contractual Obligations Thru 12/31/14. This Additional Appropriation is Covered by Reserves in the Fund Balance

- |      |   |         |
|------|---|---------|
| 2.   | Budget Amendment #14-00033<br>Fund/Dept. 106 Public Safety Sales Tax Fund-237 Delinquency Prevention Grants<br>Increased Appropriations: \$44,851<br>Increased Revenue: None: From Fund Balance<br>Reason: The Purpose of this Amendment is to Appropriate Additional Expenditure Authority of \$44,851 to Meet Contractual Obligations Thru 12/31/14. The Revenue Comes From the 5% Public Safety Sales Tax Delinquency Prevention Grant Designated Funds, Which Were Underspent in Previous Years and Remains in the Public Safety Sales Tax Fund Balance | 109-110 |
| <br> |   |         |
| 3.   | Budget Amendment #14-00034<br>Fund/Dept. 628 Election Assistance/Accessibility-022 County Clerk<br>Increased Appropriations: \$21,112<br>Increased Revenue: \$21,112<br>Reason: VAD and VRSG Grants   | 111     |

H. Other Business

I. Chair's Report

J. Semi-Annual Review of Closed Session Minutes

K. Designation of Items to be Placed on the Consent Agenda

L. Closed Session Pursuant to 5 ILCS 120/2 (c) (11) to Consider Litigation Which is Probable or Imminent Against Champaign County

**X. Other Business**

**XI. Adjournment**



# community elements

wellness and recovery for the community

## **Community Reentry Quarterly Report June – August 2014**

Submitted To:

Ms. Debra Busey

County Administrator

Brookens Administrative Center

1776 E. Washington

Urbana, IL 61802

August 28, 2014

The Reentry Council has held four monthly meetings. Vital components of reentry initiatives have been determined by researching other reentry initiatives throughout the country. These include crisis, data, housing, education and employment, primary and coordinated care, and peer mentoring.

Throughout June and July, Task Groups, charged with addressing each of the vital reentry components, have taken form. Many Reentry Council members offered their assistance by serving on the various Task Groups and reaching out to members of the community interested in becoming involved in the reentry initiative. Task Group members from the community are people considered to be valuable resources, due to work, volunteer, or personal experience, in the topics addressed by their respective Task Group. Each month, one Task Group presents its findings and recommendations to the Council. Task Group reports will comprise the final report made to the County Board at the end of the contracted year.

The Crisis Task Group presented a final report to the Reentry Council on Wednesday August 6, 2014 and detailed research data regarding mortality rates and causation in reentry populations. Such information is not currently aggregated for Champaign County; therefore, it is recommended that mortality rate and causation information be tracked once a data set has been established for this population.

The Data Task Group, comprised of representatives from the Judiciary, Probation and Court Services, and Champaign County Mental Health Board, met with Bruce Barnard and Celeste Blodgett to finalize definitions and formulate a data collection plan to track outcomes of Reentry Program participants. The Champaign County Courthouse is providing assistance with data collection and tracking efforts for the Reentry Program and the Data Task Group will present a final report at the Reentry Council meeting in September.

A trip to Rockford, IL is scheduled for September 24, 2014 for members of the Reentry Council and Community Elements staff, involved in reentry programming. The purpose of the trip is to gather information regarding Rockford's reentry efforts from local stakeholders involved in the initiative. In addition to attending a presentation about the program's components by Assistant Deputy Chief Dalke, Reentry Council members will view a Call-In Meeting facilitated by the Rockford Reentry Coalition. The Call-In meeting is the area's established practice for communicating the availability of reentry programming to eligible offenders. Since having established this reentry initiative, Winnebago County has reported a 5% decrease in rate of arrest.

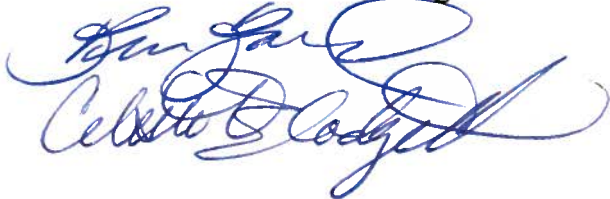
In August, Community Elements submitted a grant to the Orange Krush Foundation, to garner support in local reentry efforts. The grant requested assistance in transportation for reentry participants. If awarded, the funding will assist participants in affording public transportation to various meetings and events, such as job interviews, case management meetings, and medical appointments.

Celeste Blodgett and Jenee Westjohn have met with the local IDOC Parole officers twice, to improve open communication between the two agencies, as well as solicit feedback with which to enhance reentry services. Part of what the Community Elements Reentry Staff is working to accomplish is getting the Reentry Resources Flyer - created to aid linkage to much needed services for released offenders returning to the area - into the hands of those who need it most. Those offenders returning from IDOC generally have little knowledge of the available resources in the Champaign County community. Moreover, after having met with Parole Officers, it was clear that they, too, lacked information regarding area resources for the justice-involved population. In meeting with Parole Officers, not only did Community Elements Reentry Staff deliver Resources Flyers and communicate the various resources available, they actively improved the likelihood of future linkage for justice-involved individuals returning to the community.

Reentry Case Manager, Jenee Westjohn, continues to screen potential reentry participants. Her active case load continues to grow as she assists reentry participants in designing service plans to facilitate their success to the Champaign County Community. Thus far, linkages to housing and vocational resources are the most frequent requests made. Those Task Groups addressing each of these issues are expected to complete their work during the next quarter. At this time, Jenee has screened 65 people and currently has 22 active clients.

Included with this quarterly report are the Community Elements 2013 Annual Report, the research reports provided to the Reentry Council, and meeting minutes for the Council relevant to this quarter.

Respectfully Submitted By:  
Bruce Barnard and Celeste Blodgett



## **Crisis and Reentry**

### **Introduction**

According to the Illinois Department of Public Health, there were 17 recorded suicides in Champaign County and 1,169 in the state of Illinois, in 2010. The suicide rate for the reentry population in Champaign County is unknown at this time. However, multiple studies indicate unnatural deaths among released inmates are more common than in the general population, particularly in the first 12 months after release (Pratt, Appleby, Piper, Webb, & Shaw, 2009). Reentry, the transition from incarceration into society, is generally a stressful period for former inmates, as they attempt to locate housing, reconnect with their families and reintegrate into their communities, obtain employment, and gain access to health care (Binswanger et al., 2007).

The purpose of the Crisis Task Group is to address the reentry population's mortality rate as a result of suicide and/or drug overdose. Additionally, The Crisis Task Group will report on local resources previously developed to address these causes of death in the general population, which may also be applicable to the reentry population. These resources have been designed to aid prevention and treatment, as well as provide support to those who have substance abuse disorders or are at risk of committing suicide. Any identified gaps in services or barriers to accessing services will also be presented, in conjunction with recommendations as to how to most effectively address the identified issues.

### **Mortality**

Research suggests the mortality rate of offenders reentering society, after a period of incarceration, is much higher than that of the general population. According to Binswanger et al. (2007), in a retrospective cohort study of all inmates released from the Washington State Department of Corrections between July 1999 and December 2003, the adjusted mortality rate among former inmates was 3.5 times that among state residents of the same age, sex, and race, in the mean follow-up period of 1.9 years post-release. More specifically, former inmates were 12.7 times as likely to die in the first two weeks following their release from incarceration, with a markedly elevated risk of death from drug overdose.

Further, the leading causes of death among former inmates were determined to be, in descending order, drug overdose, cardiovascular disease, homicide, and suicide. As such, it is important that appropriate interventions be designed and developed to reduce the risk of death from these various causes throughout the post-release timeframe identified for each individual concern. While it is acknowledged that cardiovascular disease and homicide are serious issues that significantly impact mortality rates of released offenders, and therefore should be thoroughly addressed, both topics are beyond the scope of the Crisis Task Group. Conversely, suicide and fatality resulting from drug overdose, also serious concerns significantly impacting the mortality rates of released offenders, reside within the scope of the Crisis Task Group and, as such, will serve as focal points in this report.

### *Suicide*

Studies of suicide among former offenders are quite limited, particularly in comparison to those conducted on incarcerated inmates; however, elevated suicide risk in the post-release population has been firmly established (Webb et al., 2011). According to Pratt et al. (2009), in England and Wales, released males were found to be eight times more likely and females 36 times more likely to die by suicide within one year of release from incarceration than those in the general population. Factors significantly associated with post-release suicide were increasing age over 25 years, release from a local prison, a history of alcohol misuse or self-harm, a psychiatric diagnosis, and requiring Community Mental Health Services (CMHS) follow-up after release from prison (Pratt et al., 2009).

The link between offending and elevated suicide risk, particularly when considered from a scope comprised of all justice-involved individuals, constitutes a significant public-health concern. In a longitudinal Swedish cohort study that tracked the suicide rates of justice-involved men over a 35 year period, it was determined that more than one-third of male suicide cases indicate a history of justice involvement (Stenbacka, Romelsjö, & Jokien, 2014). Additionally, according to Webb et al. (2011), suicide risk was notably elevated in cases of custodial sentencing, but the strongest correlation was found in cases in which sentencing to psychiatric treatment took place and in instances of conditionally withdrawn charges. Male prisoners admitted to the prison psychiatric hospital had a threefold higher risk than non-admitted men, both in prison and after release (Kariminia et al., 2007). Further, the risk of death for formerly-incarcerated males is four times higher in the two weeks following release than during any other post-release timeframe.

Available research, regarding the risk of suicide of formerly incarcerated females, is conflicting. Pratt et al. (2006; 2009) found females to be at much higher risk of committing suicide directly after release from incarceration than males. Webb et al. (2011) found females in the general population were at higher risk of committing suicide than males, but the trend was not mimicked in the incarcerated populations studied. Kariminia et al. (2007) found no suicides committed by women in the two week post-release timeframe, often indicated in research to be most crucial to this population. One factor that possibly contributes to this particular argument is familial involvement.

According to Klein, Bartholomew, and Bahr (1999), family relationships are a crucial factor in determining the success or failure of prisoners in adjusting to life after release. Females, often expecting to return to their roles as primary caregivers, have been found to more readily reintegrate into their families after release from incarceration than their male counterparts. Generally speaking, male offenders do not reconnect with their families as readily as female offenders and, as such, tend to experience a lack of support and social isolation, two factors associated with an increased risk of suicide (Kariminia et al., 2007).

### *Drug Overdose*

A history of prison release and prior arrests has been associated with fatal drug overdoses in Australia (Kariminia et al., 2007). According to Binswanger et al. (2007), the leading cause of death among former inmates was drug overdose, which represented nearly a quarter of all deaths. Causes of death were classified broadly according to the underlying

cause of death. Accidental poisoning and exposure to noxious substances was described as a drug overdose; thus, the disparity between drug overdose and suicide may be overstated. According to Binswanger et al. (2007),

Classification of the causes of death was subject to the limitations imposed by the use of data recorded in the NDI from death certificates. For instance, some suicides may have been misclassified as drug overdoses and some drug overdoses may have been misclassified as cardiovascular deaths. (p.164)

According to Kariminia et al. (2007), “In men and women, 58% of all drug-related deaths were classified as being caused by “mental and behavioural (*sic*) disorders” due to psychoactive substance use and misuse of non-dependence-producing substances” (p. 389).

European studies have suggested that mortality rates after release from prison were high among persons with a history of injection drug use, particularly in the two week post-release timeframe. Additionally, in multiple studies, it has been determined that the first few weeks after an inmate’s release is a period of high vulnerability in regard to drug overdose.

### **Research Conclusions**

Suicide and drug overdoses are frequent causes of death in the period immediately following release from prison. “Interventions are necessary to reduce the risk of death after release from prison” (Binswanger et al., 2007, p. 157). Suicides in prison receive considerable attention. For example, programs, policies, and architectural considerations are in place to minimize the risk of suicide during incarceration. In contrast, far less attention is paid to the risk of suicide, post-release, when the duty of care shifts from corrections authorities and staff to the community (Kariminia et al., 2007).

Lack of available transitional services designated for the continuity of care of released prisoners may contribute to offenders’ ongoing risk of suicide (Pratt et al., 2009). There is a need to improve the continuity of care for people who are released from prison and for community health and social care agencies to coordinate care for these vulnerable individuals. Improved transitional care for inmates with mental health disorders may reduce the risk of suicide of formerly incarcerated persons (Binswanger et al., 2007). Advances in research and practice have created new opportunities for crisis response, specifically suicide prevention. For example, new evidence suggests that a number of interventions may be particularly useful for helping individuals at risk for suicide. Some of these proven strategies, acknowledged in a 2012 report issued by the U.S. Surgeon General and the National Action Alliance for Suicide Prevention, include the use of cognitive behavioral therapy, crisis lines, and efforts that promote continuity of care for individuals being treated for suicide risk.

### **Local Resources**

Without question, these findings indicate a great need exists for accessible psychiatric and social supports for returning offenders, immediately upon release from incarceration.



Much of the infrastructure needed to provide a crisis response component to the Reentry Program is in place throughout Champaign County. For example, Community Elements operates a 24-hour, 365 days a year Crisis Line and Crisis Team, to respond to requests for face-to-face clinical assessments in Champaign County and to Crisis Line calls in Champaign and Ford Counties. The Crisis Team has established working agreements with a number of local organizations within the community including:

- Provena Covenant Medical Center
- Carle Foundation Hospital
- Urbana Police Department
- Champaign Police Department
- U of I Police
- U of I Counseling Department

In addition to these crisis response resources, Community Elements operates The Respite Center, a short-term residential crisis treatment center designed to stabilize clients who are in a crisis situation. The Respite Center accepts adults for up to two weeks of psychiatric and short-term mental health services. Referrals to appropriate services and providers for long-term needs are made by Respite Center staff. As a result of an increased community focus on criminal justice and reentry issues in Champaign County, Community Elements now offers and facilitates Moral Reconciliation Therapy (MRT) groups, Wellness Action Recovery Plan (WRAP) groups and individual sessions, and will soon offer Anger Management groups in the Probation Department at the Champaign County Courthouse. Each of these treatments is rooted in cognitive behavioral therapy and available to justice-involved individuals in the Champaign County community.

The Prairie Center, in addition to providing substance abuse treatment services, has a contract with the Federal Bureau of Prisons to provide halfway house services for federal inmates. These services include intensive case management services and monitoring of released inmates as they transition back into the community. Many of these clients participate in the Prairie Center's treatment services to continue building on the recovery skills they learned while incarcerated. In addition, clients receive support in job searching and locating housing within Central Illinois. Finally, Prairie Center and Community Elements provide addiction treatment and mental health services for the U.S. Probation Office.

### **Gaps and Barriers**

There are a variety of barriers that can keep people from seeking or obtaining help when they are in a state of crisis. A few of these barriers include, but are not limited to, a lack of awareness that a problem exists, or that help exists; shame that often stems from the stigma of having been incarcerated; and fear of repercussions for experiencing weakness. Citizens, aware of the risks and needs surrounding the reentry population that affect individuals and the community alike, can play an important role in mitigating the risk of suicide by heightening local awareness of the issues surrounding offender transition, as well as the resources available to counteract existing obstacles. Additionally, they can be instrumental in building networks of support; procuring necessary resources to aid

transitioning individuals and strengthen community safety; and dispelling the fear that may accompany those who need to seek help the most.

### **Recommendations**

Once a data set is established for the reentry population, suicide rate should be tracked throughout the County via coroner reports. Information about the risks and causes of death after release from incarceration could focus preventive efforts, improve transitional care, and guide policies to improve outcomes (Binswanger et al., 2007). According to Pratt et al. (2009), in 2005 the Department of Health (DoH) in London, England recommended that prisoners with mental health problems or at risk of suicidal behavior should receive follow-up contact from the appropriate community mental health team, with intensive post-release support provided according to identified need.

The release planning process should promote continued engagement with health and social services and should be ensured by allocating a case manager to each high-risk individual, to assertively follow-up with offenders upon release for a period of time determined to be crucial to the at-risk population. Additionally, due to the unpredictability of inmates' release, a release plan for those identified as at-risk of suicide should be developed as soon as the risk is identified, then amended according to need while in custody, to ensure an appropriate and up-to-date release plan is in place and available whenever release may occur.

In Champaign County, the justice-involved population is screened for suicide risk at intake; therefore, anyone indicating a risk should receive immediate linkage to appropriate resources. Further, it is noted that post-release contact between Probation Officers and justice-involved individuals places Probation Services in an important position regarding suicide prevention. Those working with this population need to be aware of the issue, trained to effectively address it, and know how to access resources for the at-risk population. Mental Health First Aid training is designed to raise overall community awareness of suicide and suicide risk management. Additionally, it prepares first responders with the tools necessary to effectively address suicide risk when such a threat is presented.

The National Probation Service, for England and Wales (2004) addressed the issues associated with suicide prevention through the use of Approved Premises (APs), residential units in the United Kingdom that house offenders in the community. As such, they provide controlled accommodation and 24-hour enhanced supervision for offenders in a structured environment with an overnight curfew. Such establishments are comparable to Halfway Houses in the United States.

### **Implications for Further Study**

Causal implications of mortality rates should be differentiated from identified suicide rates. Further research would establish the health, social, and criminological factors that make released offenders vulnerable to suicide. The information gained from further study would aid the design and development of such services to best serve the needs of released offenders at high risk of fatally overdosing on drugs or committing suicide.

## References

- Binswanger, I. A., Stern, M. F., Deyo, R. A., Heagerty, P. J., Cheadle, A., Elmore, J. G., & Koepsell, T. D. (2007). Release from prison: A high risk of death for former inmates. *The New England Journal of Medicine*, 356, pp.157-165. DOI: 10.1056/NEJMsa064115.
- Freudenberg, N., Daniels, J., Crum, M., Perkins, T., & Richie, B. E. (2005). Coming ome from jail: The social and health consequences of community reentry for women, male adolescents, and their families and communities. *American Journal of Public Health*, 95, pp. 1725-1736.
- Illinois Department of Public Health. *Health statistics*. (2010). Retrieved from <http://www.idph.state.il.us/health/statshome.htm>.
- Kariminia, A., Law, M. G., Butler, T. G., Levy, M. H., Corben, S. P., Kaldor, J. M., & Grant, L. (2007). Suicide risk among recently released prisoners in New South Wales, Australia. *Medical Journal of Australia*, 187, pp. 387-390.
- Klein, S. R., Bartholomew, G. S., & Bahr, S., J. (1999). Family education for adults in correctional settings: a conceptual framework. *International Journal of Offender Therapy Comparative Criminology*, 43, pp.291-307.
- Lincoln, T., Kennedy, S., Tuthill, R., Roberts, C., Conklin T. J., & Hammett, T. M. (2006). Facilitators and barriers to continuing healthcare after jail: A community-integrated program. *Journal of Ambulatory Care Management*, 29, pp. 2-16.
- National Probation Service. (2004). Strategy for preventing sudden deaths in approved Premises. *Probation Circular*. National Probation Service: London. Retrieved from [http://www.napa-uk.org/content\\_images/library/PC4004.pdf](http://www.napa-uk.org/content_images/library/PC4004.pdf).
- The Prairie Center. (2014). *Federal Bureau of Prisons Program*. Retrieved from <http://www.prairie-center.com/node/55>.
- Pratt, D., Piper, M., Appleby, L., Webb, R., Shaw, J. (2006). Suicide in recently released prisoners: A population-based cohort study. *Pub Med* 368(9530), pp.119-123. PubMed PMID: 16829295. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/16829295>.
- Pratt, D., Appleby, L., Piper, M., Webb, R., & Shaw, J. (2009). Suicide in recently released prisoners: A case-control study. *Psychological Medicine*, 40, pp.827-835. doi:10.1017/S0033291709991048
- Stenbacka, M., Romelsjö, A., Jokinen, J. (2014). Criminality and suicide: a longitudinal Swedish cohort study. *BMJ Open*, 4, 2: e003497. doi:10.1136/bmjopen-2013-003497.

Webb, R. T., Qin, P., Stevens, H., Mortensen, P. B., Appleby, L., Shaw, J. (2011). National study of suicide in all people with a criminal justice history. *Archives of General Psychiatry*, 150, pp. 237–44. DOI: 10.1001/archgenpsychiatry.2011.7.

U.S. Surgeon General and the National Action Alliance for Suicide Prevention. (2012). *National strategy for suicide prevention: Goals and objectives for action*. Retrieved from [http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full\\_report-rcv.pdf](http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full_report-rcv.pdf).

## **Data in Reentry**

### **Introduction**

U.S. jails take more than 35,000 people into custody on an average day and most arrested individuals will be released to the community after only a few days or weeks (VERA Institute of Justice, 2012). While justice officials have invested in reentry services to aid inmates' successful and safe return to the community from prison, there is a scarcity of similar efforts on behalf of inmates returning from jails. Additionally, the Congressional Research Service (CRS) (2014), reports that compared with other social science fields, there has been a relative lack of rigorously designed studies on the issue of offender reentry. Further, a review of the research in the Reentry Clearinghouse demonstrates that there is a dearth of high-quality research on the effectiveness of many reentry programs.

The lack of a robust body of literature on the effectiveness of reentry programs can make it difficult to determine whether a program is actually effective. However, in recent years, this issue has received increasing attention. Some studies have closely adhered to the "what works" paradigm, created by University of Maryland researchers for a National Institute of Justice report to Congress. The "what works" literature attempts to identify programs that are effective by creating a scoring system to evaluate studies based on whether they can be proven to have an impact.

Inherent to this approach is the need to identify program evaluations that provide evidence concerning the effect the program had on certain outcome measures (CRS, 2014). Yet, in order to conduct such evaluations, on which to base determinations of effect, it is essential to clearly define terms, such as "recidivism," as well as employ valid and reliable methods of data collection and tracking. The Illinois Criminal Justice Information Authority (2004), reports that jail data in Illinois are collected by the Illinois Department of Corrections' Bureau of Inspections and Audits; though, collection and tracking are not always consistent. For instance, between State Fiscal Year (SFY) 1992 and 1994, IDOC did not collect data. Instead, data presented for SFY 1994 were estimated, based on reported SFYs 1991 and 1995 data.

According to the Illinois Department of Corrections, on June 30, 2012 there were 1,247 inmates incarcerated from Champaign County, sixth among Illinois counties including Cook County. The current parole population in Champaign County is 437 (IDOC, 2014). According to the Community Safety and Reentry Commission, the recidivism rate for the Illinois Department of Corrections is approximately 50 percent. Further, for a one year period, from 2011 to 2012, the Champaign County Jail conducted 7,340 releases; 3,143 of these were for 1,271 individuals, a recidivism rate of 59 percent.

This report will present methods and processes for data collection and tracking, as well as a case study to illustrate what has been done elsewhere when communities were faced with data limitations while developing initiatives to address soaring recidivism rates. In addition, various tools will be presented that can aid data collection and tracking efforts. Recommendations for reentry data tracking methods in Champaign County will be made.

The Data Task Group presents these findings in hopes of enhancing Reentry Council members' understanding of local data collection abilities, for reentry purposes, as well as to elicit further discussion by the Reentry Council on this topic.

### **Data Collection**

Collecting data, tracking key outcomes, and measuring impact for any reentry initiative is crucial in formulating accurate assessments of the program's needs and worth. Such efforts are generally complicated, as they involve multiple departments and/or agencies and each agency typically has its own database, which tends to function as an information silo. Breaking down the information barriers to integrate information in an effort to provide a clear illustration of cause and effect is challenging. Further, deciphering the combined data, in a manner that provides meaningful interpretation and comprehensive understanding of program outcomes, is a mission unto itself.

The following case study illustrates such complications in data collection and reporting. Vermont, one of a handful of states that has a unified correctional system, underwent a system overhaul in order to accurately track and report recidivism, as well as the impacts of reentry efforts on both local and statewide levels.

#### ***Vermont***

Schwarzfeld (2012) states that in 2010, the state of Vermont reported a 50 to 70 percent recidivism rate, based on data prepared by the state's Department of Corrections (DOC) in its annual reports to the legislature. The number struck many as confusing because it was considerably higher than the national average, which seemed incongruous in light of Vermont's low crime rate. Moreover, the broad percentage range left many people unclear about the actual rate.

Vermont was not alone in struggling to understand re-arrest, reconviction, and re-incarceration rates among people released from its state prisons. Policymakers in many states have experienced difficulty defining how to measure recidivism, setting up reliable tracking systems, and tracking trends from one year to another. Many policymakers have shared their frustrations in acquiring a clear understanding of how recidivism rates have changed in their states from year to year.

There came a moment when policy makers in Vermont came to the realization that they were simply not asking the right questions. And, after much analysis, researchers realized that recidivism was not being measured consistently. The DOC was reporting multiple recidivism measures. Sometimes the department reported the rate of reconviction (52 percent), and other times it reported the rate of "relodging" (66 percent). These figures, along with hundreds of other statistics, were provided in DOC's annual report, a 300-plus-page document. Many people felt that there was actually too much data and that they did not know what to extract or focus on. Without a reliable and generally agreed-upon way of measuring the state's recidivism rate, legislators lacked a baseline to track their progress over time.

With assistance from Justice Center researchers, Vermont legislators and corrections officials established a recidivism measure for the state. Today, they count people

incarcerated for a year or more who return to prison within three years for a new conviction or for a violation of supervision, with the new incarceration lasting a minimum of 90 days. Additionally, state lawmakers defined this recidivism measure in statute, the “War on Recidivism Act” (S.108). Signed into law by the Governor in April 2011, the War on Recidivism Act required that the DOC would report the simplified recidivism data to the legislature on a monthly basis.

Vermont is one of several states in which the legislature has codified a definition of recidivism. Texas passed a mandate in 1989, and Connecticut in 2005. These statutes define what constitutes recidivism, specify the follow-up period, and establish data collection protocols and requirements. Once a state comes to an agreement regarding what constitutes recidivism and how to measure it, policymakers have a developing baseline that allows them to form reasonable comparisons from year to year.

Using the new measure, policymakers learned Vermont’s recidivism rate was actually lower than the national average. Only 37 percent of people released within three years were “relodged” for over 90 days, and only 17 percent for over a year. By making these determinations, they could design an appropriate legislative response to address that specific population. The War on Recidivism Act also instructed the Joint Committee on Corrections Oversight to work with the DOC to establish one- and two-year recidivism reduction goals based on the revised baseline figure calculated with the new measure.

- In its 2010 national recidivism study, the Pew Center on the States encountered 17 states (Vermont included) that were unable to generate recidivism data for the study’s two analysis periods (1999 to 2002 and 2004 to 2007).
- Vermont is one of six states in the country with a unified correctional system—meaning that the DOC operates all of the state’s correctional facilities, including those that would be considered local or county jails in other states. Therefore, DOC had access to local jail data that other state departments of corrections generally do not—and the DOC included this data in its count.
- A 90-day threshold ensures that Vermont only counts people whose supervision was revoked, rather than people sanctioned with a short-term jail stay.

Joson (2013) reports,

The Council of State Governments Justice Center (CSG Justice Center) and the Vermont Department of Corrections (Vermont DOC) launched the Vermont Corrections Dashboard, an innovative template for quarterly reports to summarize key data for the corrections agency, including change in corrections populations, recidivism indicators, and average length of stay. The dashboard allows the Vermont DOC to easily view a wide variety of statistics, observe trends, and assess progress toward agency and/or legislative goals.

After conceptualizing the dashboard, the CSG Justice Center's Research Division conducted a series of meetings with the Vermont DOC and the Vermont Joint Legislative Corrections Oversight Committee about data collected by the state and the trends stakeholders were interested in tracking. The Research Division developed measures, determining how to draw the most information from what the state was already collecting, and designed the dashboard with input from the Corrections Oversight Committee.

The dashboard is a two-page quarterly snapshot of correctional and supervision populations, offender characteristics, and their movement in and out of the system. Each page presents different related sets of information through charts, graphics, and color coding. The first page shows data on population flow, such as admissions, population, and releases—fundamental information for any corrections department. Specific figures include number of admissions and population size, number of returns to incarceration, number of individuals sentenced, and number of individuals under supervision.

A unique feature of the dashboard report is its presentation of relationships and trends in data. For each measure, the dashboard provides a line graph and three figures: the number for the most recent quarter, the number for that quarter one year prior, and the percent change between the two. For example, the dashboard reveals that in the fourth quarter of FY 2013, 193 individuals among the prison and jail populations were formerly incarcerated, compared to 206 people in the fourth quarter of FY 2012—a 6-percent decline (Joson, 2013).

The Vermont DOC now maintains the dashboard, while the CSG Justice Center provides ongoing support in interpreting trends and implications for policy change. “Local governments are undergoing a revolution in how they approach data management and database structures,” said Jessica Tyler, Research Manager at the CSG Justice Center. “This dashboard allows the state to hone the data it wants and needs to collect in order to explain the flow through the criminal justice system” (Joson, 2013).

### **Management Information Systems**

Many of the programs in which law enforcement participates use management information systems (MIS) to track offender activities and compliance, to measure program effectiveness, and communicate internally and externally. These methods range from simple spreadsheets to more complex databases, web-based intelligence-sharing systems, peer-to-peer networks, and mobile alert systems (Bureau of Justice Assistance, n.d.). In a recent webinar entitled *Big Data*, presented by Govloop, a case was made for the implementation of a single repository of data for complex programs such as community reentry. Not only would a single repository house all incoming data from the multiple sources involved in such an initiative, it would break down the information barriers that occur as a result of information silos that form and persist throughout the various divisions involved in the reentry arena.

A single repository would expedite the information sharing process, in addition to providing the ability to run any statistical test needed in an inquiry and monitoring of



multiple outcomes. Essentially, a single repository would ease the information integration process and alleviate the possibility of erroneous calculation. There are a variety of MISs available that function as single repositories for reentry programming.

MPOWER is one such MIS that is advertised as “participant-centered case management software.” MPOWER asserts that its cloud-based information storage allows for collective impact via a network with community stakeholders, including human services, non-profits, private industry, faith based and, neighborhood-centric organizations, higher education and school districts, the government, and the public. MPOWER is utilized by the Rockford Reentry Coalition and touted by the program’s leaders as a significant contributor to the initiative’s success. According to statistics from the Winnebago County Sheriff’s Department, as reported by the Rockford Register Star, the Winnebago County jail averaged approximately 967 inmates per day through April 25, 2013 compared to roughly 1,019 inmates per day within the same timeframe, the previous year, thus indicating a 5% decrease in arrests.

Client Track and Datacaliper are other such MISs that report similar cloud-based storage abilities, as well as experience in providing support for similar collaborative efforts throughout the United States. Datacaliper, in particular, publicizes having aided organizations working on Second Chance Act programs. The company’s website cites the need to capture participant, service, and assessment data, including information regarding external referrals and impact of reentry programs. The software advertizes 80 screens to ease both reentry program management and reporting.

Though MIS companies assert that the cost of their products and services depends on the number of individuals using the system, \$50,000 is the estimated starting cost of purchasing such a product. For additional information on any of these products and services, please see the links provided in the resources section, at the end of this report.

#### **LSI-R**

Matching offenders to services that effectively address the behaviors that drive their criminal activity is vital to reducing criminal behavior and improving public safety. According to the Center for Advancing Correctional Excellence (CACE), the evidence-based practices (EBP) framework emphasizes that justice agencies should match offenders to services and programs based on their risk and need factors, known as the RNR Principle. CACE reports:

The risk-need-responsivity (RNR) principle theory was developed by Andrews and Bonta in 1990. It integrates the psychology of criminal conduct into an understanding of how to reduce recidivism (Andrews & Bonta, 1994). Using this concept, they identify three principles to guide the assessment and treatment of offenders to advance rehabilitative goals as well as reduce risk to society (from recidivistic crime) (Bonta, Andrews & Wormith, 2007).

- The Risk Principle: high- to moderate-risk individuals should be prioritized for more structured and more intensive treatment and control

programs to maximize outcomes; low-risk individuals should be prioritized when they have high criminogenic needs.

- **The Need Principle:** changeable factors that drive involvement in offending (criminogenic needs) are assessed. Criminogenic needs are generally dynamic. Taking into account those factors related to recidivism, the RNR Simulation Tool identifies two central spectrums of needs (Drug Dependence and Criminal Lifestyle) for higher need individuals and lifestyle issues. Factors that affect psychosocial functioning, such as mental health condition, housing stability, and educational attainment are important stabilizers and de-stabilizers and should be used to determine the level of need.
- **The Responsivity Principle:** the yield from programming is maximized when treatments and controls responsive to the risk and needs of individual offenders. The risk-need nexus, plus the degree of stabilizers in the person's life, should determine the target behaviors to address in programming. Demographics, such as developmental factors (age) and gender, should affect programming to yield the greatest outcomes. The domains of recommended programs are: drug dependency, criminal lifestyle, drug abuse and mental health needs, interpersonal skill development, life skill development, and punishment only.

The LSI-R is the Level of Service Inventory - Revised. This is a quantitative survey of offender attributes and their situations relevant to level of supervision and treatment decisions that assists in predicting parole outcome, success in correctional halfway houses, institutional misconducts, and recidivism. The LSI-R can be used by supervision officers and correctional workers in jails, detention facilities, and correctional halfway houses to assist in the allocation of resources, help make decisions about probation and placement, make appropriate security level classifications, and assess treatment progress (Andrews & Bonta, 1994). The LSI-R is utilized by probation officers in Champaign County.

### **Outcome Measures**

Measuring outcomes is an important component of any program or initiative. In this Reentry Program, determinations must be made regarding what is valued and therefore must be measured. For a preliminary period, as the Reentry Program unfolds, service indicators may be the only measurements able to be captured. 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.

Community Elements is tracking all of these.

Implementing an outcome monitoring process could assist in tracking the program's progress (Urban Institute, 2014). The Outcome Sequence Chart, presented by the Urban Institute (UI), illustrates how one outcome leads to the next and identifies specific indicators that might be used to track each outcome. UI also emphasizes the need to identify Candidate Outcome Indicators (COIs); to list outcomes and associated indicators as a starting point for deciding which outcomes to track. Those listed, "were chosen based on a review of the program area and consultation with program experts. Only outcome indicators are included (not physical outputs, such as number of classes held; not efficiency, such as cost per counseling session; and not organization issues, such as success in fundraising or staffing). The focus is on program beneficiaries (clients, customers, citizens, participants) and what has been accomplished for them. A data source or collection procedure is suggested for each indicator" (The Urban Institute, 2004). Please see Appendix A for the Outcome Sequence Chart presented by the Urban Institute.

Other outcome measures can help determine whether an offender's reintegration into society is succeeding. Measures of engagement with social institutions, such as employment, involvement in community activities, and participation in support groups can be indicative of an offender's successful reintegration into a community. According to CRS (2014),

One study of drug court participants showed that drug courts reduce drug use among their participants, and that children born to drug court participants are less likely to be born addicted to drugs. Given the high societal costs associated with substance-dependant infants, for that particular program, recidivism was arguably not the most important outcome measure that could have been considered. (p. 11)

Therefore, program evaluations are best focused on the whole of activities in which ex-offenders engage. In table 1, Freudenberg (2006) presents a variety of outcome measures, for multiple components, which often comprise comprehensive Reentry Programs.

**Selected Outcomes for the Evaluation of Reentry Programs**

<b>Outcome</b>	<b>Measures</b>
<i>Criminal justice</i>	Reincarceration, days to next arrest or incarceration, time served, probation status, involvement in criminal activities
<i>Drug use</i>	Categories/amounts of drug used, abstinence, days drug-free, risky drug behavior(e.g., sharing needles), enrollment in harm reduction or drug treatment services, completion of drug treatment
<i>Health</i>	Self-rated health, diagnoses of selected infectious or chronic diseases, health care utilization, disability, health insurance status; enrollment in primary health care; management of various conditions
<i>Mental health</i>	Utilization of psychiatric services, compliance with medical regimens, cost of care, institutionalization, self-rated mental health
<i>Housing</i>	Housing status, use of homeless services, stability of housing
<i>Employment /Income</i>	Legal income, employment status, days/months worked,
<i>Public benefits/ services</i>	Enrollment in Medicaid, Social Security, Public Assistance, Food Stamps, or other benefit programs
<i>Education</i>	Enrollment in or completion of educational or vocational program; completion of high school, GED, college or other programs,
<i>Parenting</i>	Reunification with children, level and quality of child/parent interactions, maintenance of custody, child assessment

*Table 1. (Freudenberg, 2006).*

Specific outcomes, such as lessened homelessness, increased participation in cognitive behavioral therapy approaches, and decreased justice involvement may be more difficult to quantify. As the program develops, individually defined goals of participants will be documented in their clinical record. Further, Community Elements utilizes The Client Writes surveys to gather reactionary information from clients about the numerous programs offered by the organization. Client outcomes, such as changes in life situations, will also be evaluated through these surveys. In addition, this tool aids benchmarking and allows Community Elements to evaluate internal performance, as well as compare our services with other service providers. Please see Appendix B for an example of The Client Writes Survey.

Probation and Parole officers may also be surveyed, to gather feedback from the supervision perspective, regarding general satisfaction with the reentry services provided. It is recommended that outcome information be tabulated by various categories of clients, to indicate if outcomes differ between groups (e.g., gender, age group, and race/ethnicity). This information should be used to improve target reentry efforts. Effectiveness of services must be determined, in order to better understand what services need to be improved, aid understanding regarding how to improve services, and plan new services. Developing outcome measures, candidate outcome indicators, and tracking the types and number of services reentry clients are engaging in will aid stakeholders in determining what the next step is in improving existing reentry services.

## **Conclusions**

Data collection and tracking is an integral component of effective reentry programming. There are a variety of methods to explore and utilize in order to provide robust data collection. These include, but are not limited to, developing standardized outcome measures, charting outcome sequences for performance checkpoint purposes, and utilizing evidence-based assessments - not only to assess risk level, but determine participant progress throughout engagement. Development of a common language through the use of uniform definitions will enhance consistency and efficacy.

The most desirable method for collecting and tracking data for reentry purposes is through the utilization of a single electronic repository to facilitate up-to-date information sharing between various institutions and stakeholder organizations throughout Champaign County. Such a tool could benefit the various agencies and departments by offering timely information and details regarding former offenders reentering the community, as well as any indicate the services and/or resources they are in need of, in order to optimize chances of success.

## **Local Resources and Definitions**

The Data Task Group confirmed that the term “recidivism” will be defined as a new judgment within three years of release. Everything, from technical violations to city complaints, which could be seen as an improvement from having been criminally involved, will be captured. Technical violations for both Probation and Parole, will be tracked, but are not defined as recidivism and are not anticipated to be statistically significant. Financial violations are not reported, unless a willful refusal to pay is demonstrated. Additionally, it is necessary to capture data on those who have been sentenced to Court Supervision for Reentry, though it is not considered recidivism. Individuals with a new charge will be flagged and tracked. Charges will be listed as “pending” until a new judgment is made, at which point the activity will be considered recidivism.

“Success” will be defined as no further judgments within the period of review; that is, the three years recommended for tracking recidivism. The Data Task Group agreed that the least complicated method for determining seriousness of offense is to define violent offenses, as outlined per statute, as “forcible felonies;” these include: treason, first degree murder, second degree murder, predatory criminal sexual assault of a child, aggravated criminal sexual assault, criminal sexual assault, robbery, burglary, residential burglary, aggravated arson, arson, aggravated kidnapping, kidnapping, aggravated battery resulting in great bodily harm or permanent disability or disfigurement and any other felony which involves the use or threat of physical force or violence against any individual.

Support for the data component of the Reentry Program has been offered by the Champaign County Courthouse. As such, Kirk Bedwell will develop a database with Community Elements’ Reentry Client Services information to flag repeat offenders. This list will be compared to the client services database kept by Community Elements, in order to track multiple service indicators, as well as determine outcomes of individuals engaged in reentry services.

Mr. Bedwell estimated that a 2-3 week snapshot of all incarcerated individuals will be required to build a control group. June 1, 2014 will be the “start date” for tracking reentry data. The estimated size of the Control group is 400. This number was determined by approximating the number of participants in the Comparison group, which is estimated at 75. It was recommended that the Control group be at least five times the size of the estimated Comparison group, as well as account for a number of individuals in the Control group who will likely become part of the Comparison Group.

Inmates’ jacket numbers will be used as unique identifiers. Demographic information of reentry program participants, such as age, sex, and race will be tracked. It is estimated that data should be gathered for a time span of no less than one year, in order to provide meaningful feedback regarding the efficacy of reentry services provided.

### **Gaps and Barriers**

The Congressional Research Service (CRS) (2014) notes, some limitations exist regarding recidivism statistics. For example, some repositories understate actual recidivism levels due to a variety of causes that include, but are not limited to, a lack of report filing by reporting agencies, misinformation due to fraudulent identities provided by justice-involved individuals or misinformation due to erroneous data entry. Thus, a repository may be unable to match previously identified persons with their records.

Funding is a major barrier to implementing a MIS that would function as a single repository for reentry information and communication “hub.” In addition, the accumulation of another MIS system with those already in use locally: HMIS to track area homelessness; Anasazi to track Community Elements’ client services; Jail Data Link to track and provide continuity of care to justice-involved individuals with mental health disorders, creates logistical problems beyond cost. As such, the collaboration between Community Elements and the Champaign County Courthouse is adequate, at this time. Data collection and tracking efforts involved in the collaboration are not anticipated to elevate costs. Taking into consideration the size of the reentry population and the current status of the reentry program, it is anticipated that this collaboration will provide a suitable, initial response to the need for data collection and tracking.

### **Recommendations**

Common language is imperative to program success. For the sake of consistency, uniform definitions should be determined by the Reentry Council for use throughout the program and by its various stakeholders. Continued scanning and documentation of local reentry efforts and outcomes is recommended. The previously presented MISs should not be entirely dismissed in the event that additional data needs emerge that cannot be effectively addressed by the collaborative efforts of the County Courthouse and Community Elements. Therefore, it is recommended that the cost of purchasing a MIS be revisited at the time such a need presents itself.

Outcome measures must be determined. An outcome measurement outline should be developed for each component of reentry (crisis, housing, education and employment,

health care, peer mentoring), in order to determine measures of success. In addition to outcome measures, types of services, number of services engaged in and client reaction to the services provided need to be collected and tracked. Outcome information should be tabulated by various categories of clients, to indicate outcome differences between groups (e.g., gender, age group, and race/ethnicity). This information should be used to improve target reentry efforts.

Consistency throughout all agencies and departments involved in this reentry initiative is recommended, through language, action, and organizational culture. As such, the expanded and comprehensive use of the LSI-R is advised. While the LSI-R is used by Champaign County Probation to assess individual risk levels of reentering offenders and the County Probation Office has offered access to this information to Community Elements' Reentry Case Manager for reentry participants, all agencies engaging with the reentry population in such a capacity should purchase and utilize the LSI-R. Additionally, all individuals engaging with the reentry population in this capacity should be trained to effectively administer the inventory. Doing so will promote a reliable measure and response framework at all entry points throughout the reentry program. This will not only aid data collection and tracking efforts, it will provide participants a more reliable path to successful reentry.

## Resources

Center for Advancing Correctional Excellence (CACE). (2014). *About risk-needs-responsivity*. Retrieved from [http://www.gmuace.org/research\\_rnr.html](http://www.gmuace.org/research_rnr.html)

Client Track. (2014). *Solutions for prisoner re-entry service providers*. Retrieved from <http://www.clienttrack.com/focus-areas/prisoner-re-entry/>

The Council of State Governments Justice Center. (2014). *What Works in Reentry Clearinghouse*. Retrieved from <http://csgjusticecenter.org/reentry/about-what-works/>

The Council of State Governments Justice Center. (2013). *Vermont's Innovative System for Tracking Correctional Data and Trends*. Retrieved from <http://csgjusticecenter.org/nrrc/posts/vermonts-innovative-system-for-tracking-correctional-data-and-trends/>

The Council of State Governments Justice Center. (2012). *Making it Count: What Policymakers Everywhere Can Learn From Vermont's Experience Improving How They Tracked Recidivism*. Retrieved from <http://csgjusticecenter.org/nrrc/posts/making-it-count-what-policymakers-everywhere-can-learn-from-vermonts-experience-improving-how-they-tracked-recidivism/>

Datacaliper. (2014). *Reentry software*. Retrieved from <http://datacaliper.com/ondemand-products/reentry-software.html>

MPOWR. (2014). *Reentry case management software*. Retrieved from <http://www.mpowr.com/ReEntry.aspx>

Rockford Register Star. (April 28, 2013). *Winnebago County Jail Population Down*. Retrieved from <http://www.rrstar.com/article/20130428/News/304289931#ixzz38sJCWWLL>

The Urban Institute. (2014). *Candidate outcome indicators: Prisoner re-entry program*. Retrieved from <http://www.urban.org/center/met/projects/upload/PrisonerRe-entry.pdf>



## References

- Andrews, D. A. & Bonta, J. (1994). *The psychology of criminal conduct*. Cincinnati, OH: Anderson.
- Andrews, D. A., Bonta, J., & Wormith, S. J. (2007). *Risk-need-responsivity model for offender assessment and rehabilitation*. Retrieved from [https://cpoc.memberclicks.net/assets/Realignment/risk\\_need\\_2007-06\\_e.pdf](https://cpoc.memberclicks.net/assets/Realignment/risk_need_2007-06_e.pdf).
- Bureau of Justice Assistance. (n.d.). *Building and offender reentry program* (Program Guide). Retrieved from <http://www.theiacp.org/portals/0/pdfs/ReentryProgramGuide.pdf>.
- Congressional Research Service (CRS). (2014). *Offender reentry: Correctional statistics, reintegration into the community, and recidivism* (Report prepared for Members and Committees of Congress). Retrieved from <http://fas.org/sgp/crs/misc/RL34287.pdf>.
- Freudenberg, N. (2006). *Coming home from jail: A review of health and social problems facing US jail populations and of opportunities for reentry interventions*. Washington, DC: Urban Institute: Jail Reentry Roundtable Initiative. Retrieved from [http://www.urban.org/reentryroundtable/inmate\\_challenges.pdf](http://www.urban.org/reentryroundtable/inmate_challenges.pdf).
- Illinois Criminal Justice Information Authority (ICJIA). (2004). *Research and program evaluation in Illinois: The extent and nature of drug and violent crime in Illinois' counties*. Retrieved from <http://www.icjia.org/Public/pdf/CountyProfiles/CHAMPAIGN.pdf>.
- Joson, S. (2013). *Vermont's innovative system for tracking correctional data and trends*. Retrieved from <http://csgjusticecenter.org/nrrc/posts/vermonts-innovative-system-for-tracking-correctional-data-and-trends/>
- Schwarzfeld, M. (2012). *Making it count: What policymakers everywhere can learn from Vermont's experience improving how they tracked recidivism*. Retrieved from <http://csgjusticecenter.org/nrrc/posts/making-it-count-what-policymakers-everywhere-can-learn-from-vermonts-experience-improving-how-they-tracked-recidivism/>
- The Urban Institute. (2004). *Candidate Outcome Indicators: Prisoner Re-Entry Program*. Retrieved from <http://www.urban.org/center/met/projects/upload/PrisonerRe-entry.pdf>.

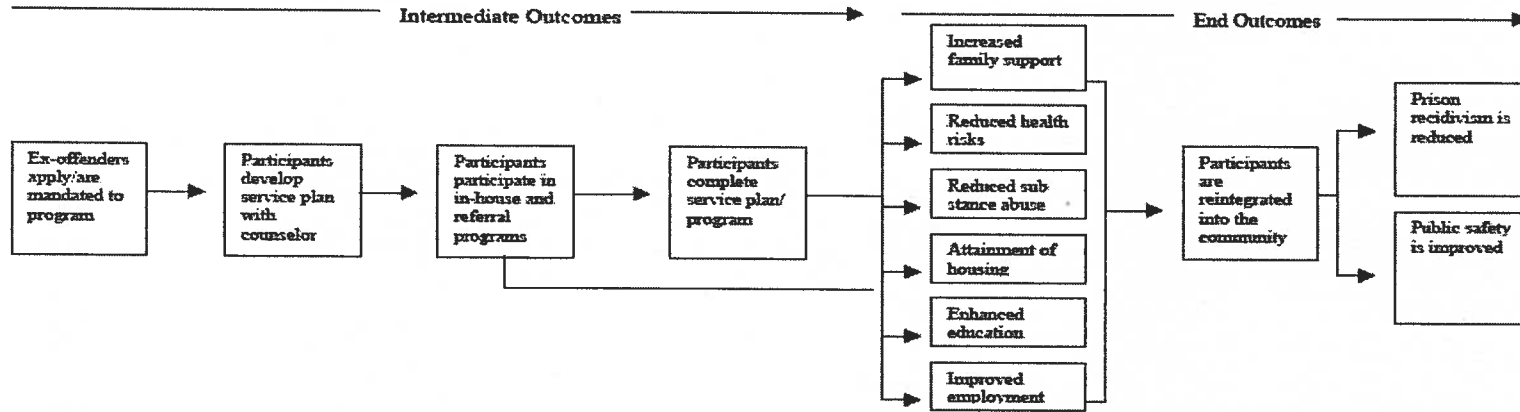
VERA Institute of Justice. (2012). *Using administrative data to prioritize jail reentry services: Findings from the comprehensive transition planning project* (Research Brief). Retrieved from [http://www.vera.org/sites/default/files/resources/downloads/CTPP-research\\_brief.pdf](http://www.vera.org/sites/default/files/resources/downloads/CTPP-research_brief.pdf)

## Appendix A Outcome Sequence Chart

### Prisoner Re-Entry Program Description

To reintegrate former prisoners into the community, reduce prison recidivism, and improve public safety through addressing the educational, employment, healthcare, housing, and family relationship needs of prisoners re-entering society by providing support and connection to needed services in the community after prisoners have been released.

### Outcome Sequence Chart



### Indicators

1. Number of ex-offenders that apply to the program.
2. Number of ex-offenders that are mandated to the program.

Participant satisfaction

Satisfaction with program services is an outcome that occurs in almost every program area, yet does not necessarily have a sequential placement. The indicator may be: Number and percent of program participants satisfied with prisoner re-entry programs and services.

3. Number and percent of participants with a service plan.

4. Number and percent of participants who attend in-house and referral programs X days after release from prison.

5. Number and percent of participants who complete service plan and/or "graduate" from the program.

- 6-8. Number and percent of participants who are reunited with/support family.
9. Number and percent of participants with appropriate housing.
- 10-11. Number and percent of participants abusing alcohol/drugs.
- 12-15. Number and percent of participants with a post-release health plan/no high risk behaviors/negative HIV test/no psychiatric hospital stays.
16. Number and percent of participants involved in education.
- 17-20. Number and percent of participants who had job placement help/found jobs X days after prison release/retained employment X months after placement/have steady earnings 12 months after prison release.

21. Number and percent of participants who are law abiding and supported by family twelve months after their release from prison.

22. Number and percent of participants who are law abiding and self-sufficient twelve months after their release from prison.

23. Number and percent of participants who return to prison within twelve months of release from prison.

- 24-25. Number and percent of participants who are convicted of violent crime or misdemeanor within twelve months of release from prison.

Sources Consulted: Outside the Walls: A National Snapshot of Community-Based Prisoner Re-entry Programs by Solomon, Waul, Van Ness, Travis (2004); Returning Home: Understanding the Challenges of Prisoner Reentry (2004).

## Appendix B

### The Client Writes Survey Example

The Client Writes®

Satisfaction Measurement For Behavioral Healthcare Providers

### Overview Of The Client Writes® Survey Questionnaires

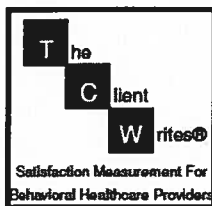
**Note:**

- The "X" indicates the survey item is contained on the questionnaire.
- Youth and Parent versions available on selected modules.

		THE CLIENT WRITES® QUESTIONNAIRES (Adult Versions)				
		In patient	Out patient	Partial Hospital	Resid- ential	Case Mgmt
<b>I. BACKGROUND</b>						
1.	Age	X	X	X	X	X
2.	Sex	X	X	X	X	X
3.	Who referred you to our organization?	X	X	X	X	X
4.	Approximately how long did you stay in our program?	X		X	X	X
5.	Please describe your length of stay in our program.	X				
6.	How long did you wait before getting "1st appointment"?		X			
7.	Approximately how many counseling visits have you had?		X			
<b>II. CLIENT RATINGS</b>						
<b>1. General Ratings</b>						
A.	Staff concerns for confidentiality/your privacy ?	X	X	X	X	X
B.	Comfort of your room?	X			X	X
C.	Visiting hours for your family and friends?	X			X	X
D.	Courtesy and respect shown by our staff ?	X	X	X	X	X
E.	Quality of our services	X	X	X	X	X
F.	Rights respected by staff/information about your rights?	X	X	X	X	X
G.	Family involvement in treatment process?	X				
H.	Participation in planning your treatment?	X	X	X	X	
<b>2. Admitting &amp; Financial Services</b>						
A.	How your admission to program was handled by staff?	X	X	X		
B.	Assistance with insurance needs?	X	X	X		
C.	Explanation given about your fees/charges ?	X	X	X		
D.	Our billing procedures?	X	X	X		
<b>3. Appointment Scheduling</b>						
A.	How long you had to wait before getting "1st appt"?		X			
B.	How efficiently your phone calls were handled?		X			
C.	Scheduling an appointment when you needed one?		X			
<b>4. Offices/Facility</b>						
A.	Location of our offices?		X	X		
B.	Appearance of our facility?		X	X		
C.	Parking for clients?		X			
D.	Privacy and comfort of counseling offices?		X	X		
E.	Hours of operation?		X			
<b>5. Nursing Services</b>						
A.	Skills and ability of nursing staff?	X				
B.	Nurses understanding of your problem/feelings?	X				
C.	Overall quality of nursing care you received on :					
	a. Day Shift (7:00 am - 3:00 pm)	X				
	b. Evening Shift (3:00 pm - 11:00 pm)	X				
	c. Night Shift (11:00 pm - 7:00 am)	X				

Barry Associates, LLC / Technical Assistance for Behavioral Healthcare Providers

Figure 2. The Client Writes Survey Example. Retrieved from <http://www.barry-online.com/pdf/TheClientWritesSurveyExamples.pdf>



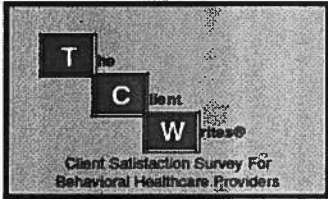
## Overview Of The Client Writes® Survey Questionnaires

- Note:**
- The "X" indicates the survey item is contained on the questionnaire.
  - Youth and Parent versions available on selected modules.

		THE CLIENT WRITES® QUESTIONNAIRES (Adult Versions)				
		In patient	Out patient	Partial Hospital	Resid ential	Case Mgmt
6	<b>Therapy &amp; Counseling</b>					
A.	Skills and ability of your therapist/case manager?	X	X	X	X	X
B.	Therapist/case manager understanding of problem?	X	X	X	X	X
C.	How promptly your appointments begin?	X	X	X	X	
D.	Meet with case manager when you need to?					X
E.	Helpfulness of .....					
	a.. case manager					X
	b. nurses					X
	c. day treatment staff					X
	d. group home staff					X
F.	Medications	X	X	X	X	X
G.	Progress made in solving your problems?	X	X	X	X	X
H.	That information would be kept confidential?	X	X	X	X	X
I.	Meetings with psychiatrist?	X	X	X	X	X
J.	Services Received/Day Schedule					
	a. Group therapy/counseling	X		X	X	X
	b. Activity/recreational therapy	X		X	X	
	c. Skills training/activities of daily living			X		X
	d. Education programs					X
	e. Job coaching/training					X
	f. Transportation services					X
	g. Weekend activities?	X			X	
	h. Individual therapy/counseling?	X		X	X	X
7	<b>Residential Staff</b>					
A.	Skills and ability of residential staff?				X	
B.	Interest shown by residential staff?				X	
C.	Overall quality of services you received on :					
	a. Day Shift (7:00 am - 3:00 pm)				X	
	b. Evening Shift (3:00 pm - 11:00 pm)				X	
	c. Night Shift (11:00 pm - 7:00 am)				X	
III.	<b>CURRENT SITUATION</b>					
	<u>How would you rate your ....</u>					
1	Family relationships ?	X	X	X	X	X
2	Employment/job situation ?	X	X	X	X	X
3	Housing/living situation ?	X	X	X	X	X
4	Financial/personal money situation ?	X	X	X	X	X
5	Physical health ?	X	X	X	X	X
6	Emotional/mental health ?	X	X	X	X	X
7	Problems with alcohol or drugs ?	X	X	X	X	
9	Ability to get along with others ?	X	X	X	X	X
IV.	<b>SUMMARY RATINGS</b>					
1	Overall, how has your situation or problem(s) changed?	X	X	X	X	X
2	If a friend needed similar help, would you recommend our organization?	X	X	X	X	X
3	Overall, how satisfied are you with your experience with our organization?	X	X	X	X	X

Barry Associates, LLC / Technical Assistance for Behavioral Healthcare Providers

Figure 2. The Client Writes Survey Example. Retrieved from <http://www.barry-online.com/pdf/TheClientWritesSurveyExamples.pdf>



**CLIENT SURVEY**  
**Your Opinions Are Important To Us**

Because your opinions are important to us, you're asked to answer the following questions. Your answers will help us learn more about the strong points of our services and where improvement may be needed. Please check the answer that best represents your opinion. We also appreciate your comments and suggestions.

**I Background**

1 Your age

☐ Less than 19 years  
☐ 19 - 29 years  
☐ 30 - 39 years

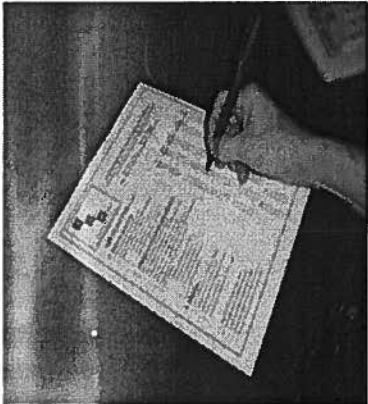
☐ 40 - 59 years  
☐ 60 or more years

2 Your sex

☐ Male  
☐ Female

3 Who referred you to

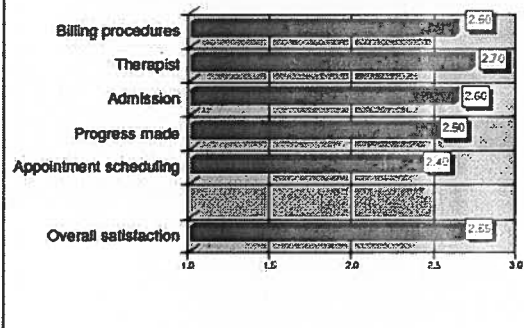
☐ Physician  
☐ Family and friends  
☐ Employer/EAP  
☐ Court, welfare, or  
☐ Self



**II YOUR RATINGS**  
**How do you rate ...**

	Very Satisfied	Mostly Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Cannot Rate
<b>Admitting &amp; Financial</b>					
4. Your admission to our program .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Assistance with insurance needs .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Billing (bills understandable, timely) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Appointment Scheduling</b>					
7. Your wait to get first appointment .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Able to get appointments when needed .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Therapy &amp; Counseling Services</b>					
9. Skills and ability of your therapist .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Therapist understanding of your problems .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. How promptly your appointments begin .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Medications you are prescribed .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Progress made in solving your problems .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Personal information kept confidential .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Client Perception of Care Ratings**



**III YOUR CURRENT SITUATION**

Please tell us how your current situation has changed as a result of services you have received. If the question is about a "problem area" that does not apply to you, please check "Does Not Apply".

**How do you rate your ...**

	Much Better	Somewhat Better	No Change	Somewhat Worse	Much Worse	Does Not Apply
15. Family relationships .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Work/job situation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Housing/living situation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Emotional/mental health .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Physical health .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Alcohol/drug problems .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Financial situation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Overall, how has your situation changed? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Figure 2. The Client Writes Survey Example. Retrieved from <http://www.barry-online.com/pdf/TheClientWritesSurveyExamples.pdf>

## MEETING MINUTES – REENTRY COUNCIL

### MEETING INFORMATION

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Date: June 4, 2014  
Time: 12:00 PM  
Facilitator: Bruce Barnard

Location: 1801 Fox Drive  
Meeting Type: Reentry Council

Attendees: Bruce Barnard, Astrid Berkson, Pat Connolly, Mark Driscoll, Joe Gordon, Roger Holland, Allen Jones, Marlon Mitchell, Julia Rietz, Bruce Suardini, Sheriff Walsh and Sandy Fox as recorder.

Absent: Celeste, Blodgett, Sheila Ferguson, Jim McGuire, Nathan Ross, Lisa Hampton

#### **Approval of Minutes:**

This meeting was called to order at 12:05 pm at 1801 Fox Drive, Champaign, IL by Mr. Bruce Barnard. The minutes of the May 7, 2014 meeting were approved by consensus.

#### **Confirm Target Population:**

The Council reviewed the draft of Target Populations and it was approved with minor changes suggested by the Council. Each jurisdiction can decide how they wish to make contact with offenders reentering the Champaign County community. A flyer will be drafted with a few local resources, in addition to 211 and Community Element's phone number. Community Elements will work with Parole to make sure the Resource Flyers are delivered to offender in Champaign County.

We are hopeful that Parole will help assist in identifying those about to be released to Champaign County. Julia Reitz provided updated information to more accurately represent the number of persons sentenced to IDOC for less than 4 years.

#### **Quarterly Report to County**

The first quarterly report was submitted to Deb Busey at the County and is available for any Council member who would like a copy.

#### **Discussion of Task Groups:**

Bruce explained the structure of the Reentry Council, as well as Community Elements' intent to charter task groups to address areas of specific concern and report back to the Council. Task groups may be made up of Council members, as well as people from outside groups and organizations, and will address specific reentry components, necessary for the development of an effective reentry program. Research will be conducted to examine specific components of coordinated reentry processes, identify gaps, and determine what is needed for an effective reentry program.

It has been suggested that members of the Council visit other, nearby communities that have developed successful reentry initiatives. Rockford, IL, for example, has recently experienced some reentry success and we have been invited to tour their facility.

The following task groups were established:

1. Peer Support
2. Vocational and Education
3. Data
4. Housing
5. Primary and Coordinated Care
6. Crisis Response

Marlon. Mitchell agreed to chair Peer Support, Bruce Suardini agreed to chair Housing. The suggestion was made to contact the Park District and Parkland College regarding input for the Vocational and Education task group.

**New Business/Old Business:**

Community Elements did not submit a mentoring grant due to lack of a training component for the program. We will establish planning work and peer support, after which the training plan will be determined and we will apply for the mentoring grant the next time it is offered.

It was mentioned that the criminal defense attorneys have lunch once a month and suggested to plan a meeting with them by calling Secretary, Diana Lennick. Mr. Barnard will meet with the public defender and private attorneys to explain the reentry program and the mental health board funded criminal justice services to them. Mr. Suardini agreed to accompany him in these efforts.

**Other Notes:**

As one of Community Element's responsibilities is to solicit funds from other funding sources, we need a clear understanding of what the Council determines the community needs. Comprehensive plans, addressing identified gaps in services, should be written and recorded so that we can begin to seek funding.

These meetings are held on the first Wednesday of each month at 1801 Fox Drive, at Noon with the next meeting scheduled for July 2, 2014.

**Adjournment:** 12:51 pm.

Meeting minutes respectfully submitted by Sandy Fox, recorder.



## MEETING MINUTES – REENTRY COUNCIL

### MEETING INFORMATION

---

Date: July 2, 2014  
Time: 12:00 PM  
Facilitator: Bruce Barnard

Location: 1801 Fox Drive  
Meeting Type: Reentry Council

**Present:** Todd Bailey, Marlon Mitchell, Mark Driscoll, Jim McGuire, Dan Walsh, Gail Raney, Astrid Berkson, Joe Gordon, Pat Connolly, Roger Holland, Jene Westjohn, Becky Griffith, Celeste Blodgett, Bruce Barnard

**Absent:** Sheila Ferguson, Julia Rietz, Allen Jones

#### **Approval of Minutes:**

The minutes of the June 4, 2014 meeting were approved by consensus.

#### **Review Reentry Resources Flyer**

No suggestions were made regarding changes to the flyer. Mark Driscoll offered to supply 211 business cards for distribution.

#### **Discussion of Goals for Task Groups**

The Crisis Task Group will include Sheila Ferguson and it will present related information at the August Reentry Council meeting. A presentation template will be provided to the task groups for their presentations and reports. Marlon Mitchell agreed to assist with the Educational and Vocational Task Group, Mark Driscoll agreed to assist with the Primary and Coordinated Care Task Group.

#### **Rockford Visit**

Members who are interested in visiting Rockford to learn more about the Rockford Reentry Coalition collectively agreed to July 23, 2014 for a group visit. Those who agreed to go include: Dan Walsh, Pat Connolly, Roger Holland, Marlon Mitchell, Astrid Berkson, and Jim McGuire.

#### **New Business**

Becky Griffith, Criminal Justice Coordinator and Jene Westjohn, Reentry Case Manager, were introduced to the Council. Jene stated that since being hired in May, she has screened 30 clients. In 25 of these cases, contact was initiated through the jail. Five were self-referred. She has an active case load of 10 clients whom she has been linking to services and resources in the community.

#### **Funding MRT and Anger Management**

Training Jene Westjohn in MRT was an option discussed to meet the needs of reentry individuals who would benefit from MRT, but who are not eligible for CCMHB funding.

Probation agreed to cover the approximated \$500-\$600 cost of Anger Management Training and materials, in order to provide groups at the courthouse.

**Additions to Agenda:**

None

**Adjournment:** 12:52 p.m.

## MEETING MINUTES – REENTRY COUNCIL

### MEETING INFORMATION

---

Date: Aug. 6, 2014  
Time: 12:00 PM  
Facilitator: Bruce Barnard

Location: 1801 Fox Drive  
Meeting Type: Reentry Council

**Present:** Todd Bailey, Jim McGuire, Bruce Suardini, Astrid Berkson, Pat Connolly, Roger Holland, Jenee Westjohn, Becky Griffith, Celeste Blodgett, Bruce Barnard, Shae Ellington

**Absent:** Sheila Ferguson, Julia Rietz, Allen Jones, Marlon Mitchell, Mark Driscoll, Dan Walsh, Joe Gordon

#### **Approval of Minutes:**

The minutes of the July 2, 2014 meeting were approved by consensus.

#### **Update on Reentry Services:**

Jenee has screened 65 people and currently has 22 active clients. Housing and employment are the main priorities of those engaging in case management services. There was a brief discussion about obtaining ID cards. In garnering support from potential employers, it is helpful to “market” reentry employment candidates as already under supervision and that they are regularly drug-tested by the supervising agency, as these are additional actions that employers will not need to address. Additionally, employers that hire ex-offenders receive tax credits for doing so, though many do not realize it.

#### **Crisis Report:**

The mortality rate of the reentry population, specifically from drug-overdose and suicide, is exceptionally high, particularly within the first two weeks following release. There is no published information on the mortality rate or cause of death for the reentry population in Champaign County, though it is expected to be low, as the suicide rate for the general population is low. Still, it is recommended that once the data set for the reentry population is established, the mortality rate from drug overdose, suicide, and homicide be tracked.

The Respite Center is an optional resource offered by Community Elements that provides shelter and assistance to persons in crisis, though it is available strictly through voluntary admission. Hospitalization can be either voluntary or involuntary, though involuntary admission must adhere to strict guidelines. There are two options; we can either replicate best-practice models, which recommend voluntary participation or mandate participation, via court order or recommendations from a supervising authority. Further, providing

Mental Health First Aid training to persons involved with the reentry population is recommended by staff.

**Rockford Trip:**

Celeste Blodgett updated the Council regarding the tentative schedule for the Rockford visit. ETA is 1pm. Two presentations will be given before a brief break. The Call-In meeting is expected to convene at 5pm. The meeting is expected to conclude at 7pm.

**Old Business:**

Opportunity was given for questions regarding the Task Group Report Outline.

**New Business:**

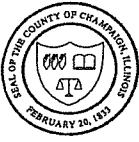
Bruce Barnard updated the Council on Asst. Federal Prosecutor Ronda Coleman's expressed interest in local reentry efforts and stated Ms. Coleman has joined the Reentry Council.

Bruce Suardini inquired about involving TASC in the Reentry Council and suggested they be included. Roger Holland suggested that Randy Rosenbaum, the County Public Defender, be included.

Roger Holland discussed some of the determinations made at a data meeting held July 9, 2014 at the Courthouse. The County Courthouse is offering assistance with data collection. Kirk Bedwell, the County Court's Program Manager, will be designing a database to flag justice involvement from those previously sentenced in the County jail. Community Elements will compare reentry participants in the agency database to those in the Courthouse database and track services received by reentry participants, including duration, and number of engagements for each service received (e.g. MRT groups).

The Data Task Group will present a report at the next meeting, scheduled for September 3, 2014.

The meeting concluded at 12:57pm



**Gordy Hulten**  
**Champaign County Clerk**  
Champaign County, Illinois

1776 East Washington Street  
Urbana, IL 61802  
Email: [mail@champaigncountyclerk.com](mailto:mail@champaigncountyclerk.com)  
Website: [www.champaigncountyclerk.com](http://www.champaigncountyclerk.com)

Vital Records: (217)384-3720  
Elections: (217)384-3724  
Fax: (217)384-1241  
TTY: (217)384-8601

## **COUNTY CLERK MONTHLY REPORT AUGUST 2014**

Liquor Licenses & Permits	10.00
Civil Union Licenses	0.00
Marriage License	7,490.00
Interests	11.66
State Reimbursements	-
Vital Clerk Fees	26,170.50
Tax Clerk Fees	2,181.12
Refunds of Overpayments	-
<b>TOTAL</b>	<b>35,863.28</b>
Additional Clerk Fees	1,820.00

RESOLUTION NO. \_\_\_\_\_

A RESOLUTION TO PROVIDE FOR THE LICENSING OF POKER RUNS

WHEREAS, the State of Illinois has amended the Raffles Act to the "Raffles and Poker Runs Act," 230 ILCS 15/.01, et. seq. (hereinafter "the Act");

WHEREAS, the aforesaid Act permits the governing body of a County to establish a system for the licensing of organizations to operate poker runs within the County including inside the incorporated municipalities;

NOW THEREFORE, BE IT AND IT IS HEREBY RESOLVED by the County Board of Champaign County:

1. That except as herein allowed under this Resolution, poker runs, as defined in 230 ILCS 15/1 of the Raffles and Poker Run Act, are prohibited in the County of Champaign, pursuant to the Illinois Criminal Code 720 ILCS 5/28-1 et. seq., and no person, firm or corporation shall conduct poker runs, or other events where the objective is to build the highest score by obtaining an item at various locations, without having first obtained a license from the governing body with jurisdiction over the place where the poker run concludes and the prize or prizes are awarded.

2. There is herein established in Champaign County a poker run license to be issued by the County Clerk upon full compliance with the requirements set forth herein.

3. Licenses shall be issued only to bona fide religious, charitable, labor, business, fraternal, educational or veterans' organizations, as defined by the Act, that operate without profit to their members and which have been in existence continuously for a period of 5 years immediately before making application for a license and which have had during that entire 5 year period a bona fide membership engaged in carrying out their objects, or to a non-profit fundraising organization that the licensing authority determines is organized for the sole purpose of providing financial assistance to an identified individual or group of individuals suffering extreme financial hardship as the result of an illness, disability, accident or disaster. The clerk may waive the 5-year requirement for a bona fide religious,

charitable, labor, business, fraternal, educational, or veterans' organization that applies for a license to conduct a poker run if the organization is a local organization that is affiliated with and chartered by a national or State organization that meets the 5-year requirement.

4. The aggregate value of all prized or merchandise awarded by a licensee in a single poker run shall not exceed \$50,000. The maximum retail value of each prize awarded by a licensee in a single poker run shall not exceed \$25,000. The maximum price for each chance shall not exceed \$100.

5. The fee to be paid to Champaign County for issuing each license shall not exceed \$25.00.

6. Application for the license to conduct a poker run under this Resolution shall be submitted to the County Clerk on forms provided by the County Clerk for that purpose. The license application must contain a sworn statement, signed by the presiding officer and secretary of the organization, attesting to the not-for-profit character of the prospective licensee organization and that (1) the entire net proceeds of the proposed poker run will be exclusively devoted to the lawful purpose of the organization seeking the license; and (2) that no person except a bona fide member of the sponsoring organization shall participate in the management or operation of the poker run; and (3) that no person shall receive any remuneration or profit for participating in the management or operation of the proposed poker run. The license application shall set forth the following information:

- a. Name and address of the person applying for the license on behalf of the organization;
- b. The position or representative capacity of such person;
- c. The full name of the organization and its business address, if any;
- d. A telephone number where a responsible member of the organization may be contacted at all times;
- e. The date and time the poker run will be conducted;
- f. The amount charged for each chance;
- g. The aggregate retail value of all prizes or merchandise to be awarded by the licensee in such poker run;

- h. The maximum retail value of each prize awarded by the licensee in such poker run;
- i. The area or areas where the poker run shall be conducted including the name and address of each predetermined location.
- j. That no person connected with the proposed poker run is ineligible for a license under the criteria set forth in Section 3 of the Act.

PRESENTED, ADOPTED, APPROVED AND RECORDED this \_\_\_\_\_ day of \_\_\_\_\_, 2014.

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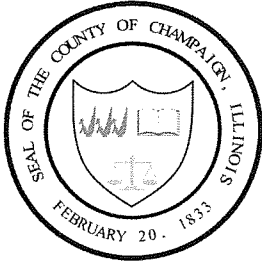
Alan G. Kurtz, Chairman  
County Board of Champaign County, Illinois

ATTEST

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Gordy Hulten, County Clerk and ex-Officio  
Clerk of the County Board





## **CHAMPAIGN COUNTY ADMINISTRATIVE SERVICES**

1776 East Washington Street, Urbana, Illinois 61802-4581

*ADMINISTRATIVE, BUDGETING, PURCHASING, & HUMAN RESOURCE  
MANAGEMENT SERVICES*

**Deb Busey, County Administrator**

### **MEMORANDUM**

**TO: James Quisenberry, Deputy Chair of Policy, Personnel & Appointments;  
Christopher Alix, Deputy Chair of Finance;  
And MEMBERS of the CHAMPAIGN COUNTY BOARD**

**FROM: Deb Busey, County Administrator, and Job Content Evaluation Committee**

**DATE: August 26, 2014**

**RE: REVIEW and RECOMMENDATION for PROBLEM SOLVING COURT COORDINATOR**

Pursuant to direction from the Policy, Personnel & Appointments Committee of the Whole on August 12, 2014, the Job Content Evaluation Committee has met to review the request of the Court Administrator to create the position of Problem Solving Court Coordinator.

#### ***REPORT:***

The Job Content Evaluation Committee reviewed the submitted position analysis questionnaire that had been completed and approved by Court Administrator Roger Holland. The Committee was also provided with the proposed job description for the new Problem Solving Court Coordinator position. Mr. Holland met with the Committee and explained the parameters and scope of responsibility for the new position in terms of the technical responsibilities of the position in providing services to program participants, and the liaison requirements of the position in providing information and recommendations to the Circuit Judge and Problem Solving Court Steering Committee. Pursuant to this review and evaluation, the Committee recommends the classification of the Problem Solving Court Coordinator position in Salary Grade Range I, and the adoption of the job description as documented in the attachment to this Memo. This is documented as a non-bargaining, FLSA Exempt position within the Champaign County Staffing Plan.

#### **REQUESTED ACTION for POLICY, PERSONNEL & APPOINTMENTS:**

***The Policy, Personnel & Appointments Committee recommends to the Finance Committee approval of classification of the Problem Solving Court Coordinator position to Grade Range I.***

**REQUESTED ACTION for FINANCE:**

***The Finance Committee recommends to the County Board approval of the addition of the Problem Solving Court Coordinator position in Grade Range I to the Problem Solving Court Fund staffing budget, effective January 1, 2015.***

Thank you for your consideration of this recommendation

cc: Roger Holland, Court Administrator

*attachments*

CHAMPAIGN COUNTY SALARY ADMINISTRATION PROGRAM  
JOB EVALUATION COMMITTEE REPORT

Date of Request:

August 12, 2014

EVALUATION OF NEW POSITION

Department Requesting:	Circuit Court
Recommended Position Title:	Problem Solving Court Coordinator
Job Points	652
FLSA Status:	Exempt
Recommended Salary Range:	Grade Range I
Bargaining Unit Status:	Non-Bargaining

*FY2014 Salary Range - Grade I*

	<u>Hourly</u>	<u>Annual</u>
Minimum	\$21.40	\$41,730.00
Mid-Point	\$26.75	\$52,162.50
Maximum	\$32.10	\$62,595.00

Date of Job Evaluation Committee Recommendation:

August 22, 2014

## **Champaign County Job Description**

**Job Title:** Problem-Solving Court Coordinator  
**Department:** Circuit Court  
**Reports To:** Court Administrator & Problem-Solving Court Judge  
**FLSA Status:** Exempt  
**Grade/Range:** I  
**Prepared:** August 2014

**SUMMARY** The Problem-Solving Court Coordinator is primarily responsible for planning, organizing, coordinating and monitoring the non-judicial activities of the Problem-Solving Court program. In addition to being the community liaison of the Problem-Solving Court, the Problem-Solving Court Coordinator completes process and outcome evaluation of the Program. The Coordinator also serves as a liaison between each of the members of the Problem-Solving Court Team and the Problem-Solving Court Steering Committee. This position reports to the Court Administrator and the Problem-Solving Court Judge.

**ESSENTIAL DUTIES and RESPONSIBILITIES** include the following. Other duties may be assigned.

Plans, organizes, coordinates and monitors the activities of the Problem-Solving Court program.

Serves as a link between each of the members of the Problem-Solving Court Team as well as the Problem-Solving Court Steering Committee.

Schedules and meets with participants to discuss program details.

Attends pre-hearing staffings and hearings in order to evaluate and direct Problem-Solving Court operations, case management, and Problem-Solving Court team cohesiveness and understanding of Problem-Solving Court concepts.

Prepares and updates policy and procedure manuals and documents used by the Problem-Solving Court Team.

Analyzes operational procedures, implementing changes in policies and procedures, as necessary.

Ensures that Problem-Solving Court team members, and service and treatment providers, adhere to program policies and protocols, as well as to 42 C.F.R. Part 2, HIPAA, and other state and local confidentiality laws.

Attends case staffing and court hearings to report participant compliance/noncompliance and recommending incentives and sanctions.

Assists with drug testing (if necessary) and completion of home visits.

Manages the Problem-Solving Court Team's development and maintenance of a Problem-Solving Court alumni program.

Participates on related boards, community coalitions, committees and/or task forces.

Identifies sources of funding, and participates in activities, such as grant writing, to secure such funding.

Collaborates with government and community agencies in order to meet programmatic goals, funding requirements, and provide effective programming and ancillary services.

Develops and maintains working relationships with community-based organizations, such as health care, housing, education/vocational training and employees for Problem-Solving Court participants.

Enters data into the Management Information System (MIS), maintains the MIS, creates and disseminates data reports to the Judge and Steering Committee members, and participates in evaluation for the development and growth of the Problem-Solving Court.

Organizes and coordinates training for adult Problem-Solving Court team members.

Attends Problem-Solving Court trainings and other court-related in-services, as recommended by the Circuit Court.

Participates in handling of requests for information and media inquiries.

Maintains an awareness of current local, state, and national issues related to Problem-Solving Courts.

Maintains regular communication with supervisor regarding Problem-Solving Court issues.

Aids in upkeep of the Champaign County Problem-Solving Court website.

Understands and complies with all Champaign County policies, procedures, and relevant state, federal, and local provisions of substance abuse and employment law. Abides by ethical standards of practice and professional responsibility relevant to the position.

Other duties and responsibilities as deemed necessary.

**QUALIFICATIONS** To perform this job successfully, and individual must be able to accomplish each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill and/or ability required.

**EDUCATION and/or EXPERIENCE** Minimum of either a Bachelor's Degree from an accredited institution of higher learning with a major emphasis of study in Public Administration, Business Administration, Public Health, Health Administration, Criminal

Justice, Sociology, Behavioral Science, Social Work, Psychology or related field with three to five years related experience and/or training and demonstrate increasing responsibilities and leadership; or a minimum of five years of work experience in any of the fields listed above. Experience with Microsoft Access is strongly preferred.

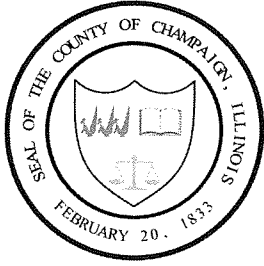
**LANGUAGE SKILLS** Ability to read, analyze and interpret general periodicals, professional journals, or governmental regulations. Ability to write reports & business correspondence. Ability to effectively present information and respond to questions from groups of managers, clients and the general public. Communicates clearly and concisely, both orally and in writing.

**REASONING ABILITY** Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists. Ability to provide administrative and professional leadership and direction for Problem-Solving Court Team. Identify and respond to other agency administrators' issues, concerns, and needs. Interpret and apply Federal, State and County policies, procedures, laws and regulations. Problem-Solving Court Grants, and Problem-Solving Court Programs.

**CERTIFICATES, LICENSES, REGISTRATIONS** Must possess a valid driver's license.

**PHYSICAL DEMANDS** The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. While performing the duties of this job, the employee is regularly required to talk or hear; is occasionally required to stand; walk; sit; use hands & fingers to handle or feel; and reach with hands and arms. Specific vision abilities required by this job include close vision, distance vision, peripheral vision, depth perception and ability to adjust focus.

**WORK ENVIRONMENT** The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. The noise level in the work environment is usually quiet.



## **CHAMPAIGN COUNTY ADMINISTRATIVE SERVICES**

1776 East Washington Street, Urbana, Illinois 61802-4581

*ADMINISTRATIVE, BUDGETING, PURCHASING, & HUMAN RESOURCE  
MANAGEMENT SERVICES*

**Deb Busey, County Administrator**

### MEMORANDUM

**TO:** James Quisenberry, Deputy Chair of Policy, Personnel & Appointments;  
Christopher Alix, Deputy Chair of Finance;  
And MEMBERS of the CHAMPAIGN COUNTY BOARD

**FROM:** Deb Busey, County Administrator, and Job Content Evaluation Committee

**DATE:** August 25, 2014

**RE:** REVIEW and RECOMMENDATION for PLANNER in PLANNING & ZONING

Pursuant to direction from the Policy, Personnel & Appointments Committee of the Whole on August 12, 2014, the Job Content Evaluation Committee has met to review and re-evaluate the Associate Planner position in the Office of Planning and Zoning.

#### ***REPORT:***

The Job Content Evaluation Committee reviewed the submitted position analysis questionnaire that had been completed by the John Hall, Director of Planning and Zoning. There is currently no incumbent in the position. The Committee was also provided with the proposed position description. The Committee met with Mr. Hall and reviewed the proposed changes in parameter and scope for this position. It was noted that the previous evaluation of this position did not take into consideration the total scope and impact this position has on the development and implementation of long term planning and zoning issues and initiatives for Champaign County. This position also has full responsibility for the Office and its daily operations at any time the Director is absent. Based upon the information received, the Job Content Evaluation Committee recommends the re-evaluation of position of Associate Planner to Senior Planner, classified as an FLSA Exempt position in Grade K. The Committee also approved adoption of the Senior Planner position description as presented (included as an attachment to this Memorandum).

This is a non-bargaining unit position which is currently vacant since the previous Associate Planner resigned as of November 2013.

**REQUESTED ACTION for POLICY, PERSONNEL & APPOINTMENTS:**

*The Policy, Personnel & Appointments Committee recommends to the Finance Committee approval of the re-evaluation of the Associate Planner position in the Office of Planning and Zoning to a Senior Planner position assigned to Grade Range K.*

**REQUESTED ACTION for FINANCE:**

*The Finance Committee recommends to the County Board approval of the re-evaluation of the Associate Planner position in the Office of Planning and Zoning to a Senior Planner position assigned to Grade Range K, said change to be reflected in the Office of Planning and Zoning staffing budget, effective upon approval by the County Board.*

Thank you for your consideration of these recommendations.

*attachments*

cc: John Hall, Director of Planning and Zoning



**CHAMPAIGN COUNTY SALARY ADMINISTRATION PROGRAM  
JOB CONTENT EVALUATION COMMITTEE REPORT**

Date of Request:

August 12, 2014

**RE-EVALUATION OF EXISTING POSITION**

Department Requesting:	<b>Planning &amp; Zoning</b>	
Position Title:	<b>Associate Planner</b>	
Current Job Points:	<b>609</b>	
FLSA Status:	<b>Exempt</b>	
Current Salary Range:	<b>GradeH</b>	
*Ranges effective for FY2014	Minimum:	\$18.38
	Mid-Point:	\$22.97
	Maximum:	\$27.57

Job Evaluation Committee Recommendation: **Re-evaluation**

Re-Evaluated Job Points:	<b>826</b>	
Recommended Title:	<b>Senior Planner</b>	
FLSA Status:	<b>Exempt</b>	
Recommended Salary Range:	<b>Grade K</b>	
*Ranges effective for FY2013	Minimum:	\$27.49
	Mid-Point:	\$34.36
	Maximum:	\$41.24

Date of Job Evaluation Committee Recommendation:

August 22, 2014

## **Champaign County Job Description**

**Job Title:** Senior Planner  
**Department:** Planning & Zoning  
**Reports To:** Director of Planning & Zoning  
**FLSA Status:** Exempt  
**Grade Range:** K  
**Prepared Date:** August 2014

**SUMMARY** Responsible for day to day management and evaluation of zoning cases (including Flood Hazard variances) and subdivision cases and assisting with permitting and enforcement.

**ESSENTIAL DUTIES and RESPONSIBILITIES** include the following.

At the direction of the Zoning Administrator (the Director), the Senior Planner is responsible for day to day coordination and management of matters related to the Zoning Board of Appeals and attends all ZBA meetings and is responsible for all zoning cases (including Flood Hazard variances) and related staff memoranda, the ZBA calendar, agendas, correspondence, records (including minutes), and by-laws; and reports to ELUC and to the County Board on all Ordinance amendments.

At the direction of the Subdivision Officer (the Director), the Senior Planner is responsible for day to day coordination of subdivision plat approval cases and is responsible for preparation of staff memoranda and general oversight of all required subdivision improvements; and reports to ELUC and to the County Board on subdivisions.

Assists other staff with permit intake and review including Floodplain Development applications.

Responds to zoning and subdivision inquiries.

Assists other staff with the initial determination regarding storm water management requirements and coordinates storm water reviews with the County's consulting engineer.

Evaluates proposed site plans, and proposed subdivisions for compliance with regulations, adopted policies, and best practice standards; and when necessary, proposes an alternative plan or subdivision that more closely complies with the regulations or policies.

Assists with Special Projects and enforcement cases as required.

Serves in place of the Director as needed.

**SUPERVISORY RESPONSIBILITIES** Directs the work of other staff as delegated in the absence of the Director.

**QUALIFICATIONS** To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required.

**EDUCATION and/or EXPERIENCE** Master's Degree in Urban Planning, Architecture, Engineering or closely related field plus three years of experience, or equivalent combination of experience and education.

**LANGUAGE SKILLS** Ability to read, analyze, and interpret plans and grant and contract requests for proposals, professional journals, technical procedures, or governmental regulations. Ability to write reports business correspondence, and procedure manuals. Ability to read property legal descriptions. Ability to effectively present information and respond to questions from groups of managers, employees, and the general public.

**MATHEMATICAL SKILLS** Ability to calculate figures and amounts such as statistical measures (i.e. mean, median, and mode standard deviations), discounts, interest, commissions, proportions, percentages, area, circumference, and volume. Ability to apply concepts of basic algebra and geometry.

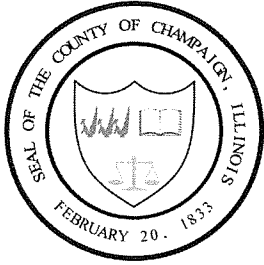
**REASONING ABILITY** Ability to define problems, collect data, establish facts, and draw valid conclusions. Ability to interpret an extensive variety of technical instructions in mathematical or diagram form and deal with abstract and concrete variables.

**DESIGN and PLANNING SKILLS** Ability to apply County land use regulations, County Land use policies, and best practice standards in the evaluation of a proposed land use or site plan and ability to formulate alternative plans or alternative developments that more closely comply with the regulations or more closely conform to the policies.

**CERTIFICATES, LICENSES, REGISTRATIONS** As required.

**PHYSICAL DEMANDS** The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. While performing the duties of this job, the employee is frequently required to walk; sit; use hands to finger, handle, or feel; reach with hands and arms; and talk; or hear. The employee is occasionally required to stand. The employee must occasionally lift and/or move up to 25 pounds. Specific vision abilities required by this job include close vision and distance vision.

**WORK ENVIRONMENT** The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Normal office conditions with frequent interactions with others. The noise level in the work environment is moderate.



## **CHAMPAIGN COUNTY ADMINISTRATIVE SERVICES**

1776 East Washington Street, Urbana, Illinois 61802-4581

*ADMINISTRATIVE, BUDGETING, PURCHASING, & HUMAN RESOURCE  
MANAGEMENT SERVICES*

**Deb Busey, County Administrator**

### MEMORANDUM

**TO: James Quisenberry, Deputy Chair of Policy, Personnel & Appointments;  
Christopher Alix, Deputy Chair of Finance;  
And MEMBERS of the CHAMPAIGN COUNTY BOARD**

**FROM: Deb Busey, County Administrator**

**DATE: August 28, 2014**

**RE: RECOMMENDATION for DIRECTOR of PLANNING & ZONING**

Pursuant to direction from the Policy, Personnel & Appointments Committee of the Whole on August 12, 2014, the Job Content Evaluation Committee has met to review and re-evaluate the Associate Planner position in the Office of Planning and Zoning. In the review of that position, the Committee noted a discrepancy in the currently documented evaluation of the Director of Planning and Zoning.

The Committee concurred with the recommendation from John Hall, Director of Planning and Zoning that the Senior Planner educational requirements are at a Master's level, and also concurred that the duties of this position require a level of analytical ability that is more complex because of required interpretations in the fields of legal and engineering applications. However, it was noted that the current classification of the Director of Planning and Zoning is evaluated at lower levels in these Knowledge/Skill requirements.

It is the recommendation of the Committee that the County Board consider re-assignment of the Director of Planning and Zoning position to Grade Range L, which is the appropriate classification if the Knowledge/Skill requirements for that position are updated to match those of the Senior Planner. This also provides appropriate classification of positions within the Department, in that the Director would be assigned to Grade Range L, and the Senior Planner to Grade Range K – directly below the Grade L designation. The amended job description reflecting these changes is also attached for your review.

The Personnel Policy provides for an increase when a position is re-evaluated and the result is placement in a higher grade range. This is an issue that will be left to the County Board's discretion when the annual performance evaluation of the Director of Planning

and Zoning is considered by the Board later this year. The current salary for the Director of Planning and Zoning is within the recommended Grade Range L salary range.

**REQUESTED ACTION for POLICY, PERSONNEL & APPOINTMENTS:**

*The Policy, Personnel & Appointments Committee recommends to the Finance Committee approval of the re-evaluation of the Director of Planning and Zoning position to Grade Range L.*

**REQUESTED ACTION for FINANCE:**

*The Finance Committee recommends to the County Board approval of the re-evaluation of the Director of Planning and Zoning position to Grade Range L.*

Thank you for your consideration of this recommendation.

*attachments*

cc: John Hall, Director of Planning and Zoning

**CHAMPAIGN COUNTY SALARY ADMINISTRATION PROGRAM  
JOB CONTENT EVALUATION COMMITTEE REPORT**

Date of Request:

August 22, 2014

**RE-EVALUATION OF EXISTING POSITION**

Department:	Planning & Zoning	
Position Title:	Director of Planning & Zoning	
Current Job Points:	845	
FLSA Status:	Exempt	
Current Salary Range:	Grade K	
Current Incumbent Rate:		\$38.70
*Ranges effective for FY2014	Minimum:	\$27.49
	Mid-Point:	\$34.36
	Maximum:	\$41.24

Job Evaluation Committee Recommendation:      **Re-evaluation**

Re-Evaluated Job Points:	893	
Recommended Title:	Director of Planning and Zoning	
FLSA Status:	Exempt	
Recommended Salary Range:	Grade L	
*Ranges effective for FY2013	Minimum:	\$30.95
	Mid-Point:	\$38.69
	Maximum:	\$46.43

Date of Job Evaluation Committee Recommendation:

August 22, 2014

## **Champaign County Job Description**

**Job Title:** Director of Planning & Zoning  
**Department:** Planning & Zoning  
**Reports To:** County Administrator  
**FLSA Status:** Exempt  
**Grade Range:** L  
**Prepared Date:** August, 2014

**SUMMARY** Responsible for the administration of all County land use regulations including the Zoning Ordinance, the Subdivision Regulations, the Special Flood Hazard Area Ordinance and the Nuisance Ordinance.

**ESSENTIAL DUTIES AND RESPONSIBILITIES** include the following.

Serves as the County Zoning Administrator and Subdivision Officer.

Responsible for maintaining compliance with the Federal Flood Insurance Program.

Supervises the Department's Planning & Zoning staff in the day-to-day administration and enforcement of County land use regulations.

Responsible for the implementation and administration of the County's Personnel Policy including hiring, firing and performance evaluations of employees.

Responsible for preparation and administration of the department budget, including salary recommendations.

Ensures that departmental operations occur within the budget constraints and are in conformance with County purchasing policies and procedures.

Interprets regulatory requirements and advises the County Board regarding changes to any regulations.

Coordinates activity with the Regional Planning Commission to achieve the land use planning and regulatory needs of the Champaign County Board.

Interprets and enforces the Zoning Ordinance of Champaign County.

Investigates or initiates investigation of alleged violations of the Zoning Ordinance.

Administers Federal Floodplain Regulations, County Subdivision Regulations and County Land Nuisance Ordinance.

Issues or supervises the issuance of Zoning Use and Zoning Use Compliance Permits.

May perform other related duties as assigned by the County Board.

**SUPERVISORY RESPONSIBILITIES** Directly supervises employees in the department. Carries out supervisory responsibilities in accordance with the County's policies and applicable laws. Responsibilities include interviewing, hiring, and training employees; planning, assigning and directing work; appraising performance; rewarding and disciplining employees; addressing complaints and resolving problems.

**QUALIFICATIONS** To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required.

**EDUCATION and/or EXPERIENCE** Master's Degree in Public Administration or related field plus a minimum of five (5) years experience in zoning enforcement or building construction field.

**LANGUAGE SKILLS** Ability to read, analyze, and interpret specific real estate data such as property and building sizes and use, professional journals, technical procedures, legislative information or governmental regulations. Ability to write reports, business correspondence, and procedure manuals. Ability to effectively present information and respond to questions from groups of managers, employees and the general public.

**MATHEMATICAL SKILLS** Ability to work with mathematical concepts such as probability and statistical inference, and fundamentals of plane and solid geometry. Ability to apply concepts such as fractions, percentages, ratios, and proportions to practical situations.

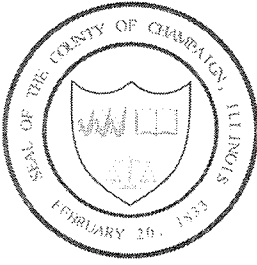
**REASONING ABILITY** Ability to solve practical problems and deal with a variety of concrete variables in situations where limited standardization exists. Ability to interpret a variety of instructions furnished in written, oral or diagram form.

**CERTIFICATES, LICENSES, REGISTRATIONS** As required.

**PHYSICAL DEMANDS** The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. While performing the duties of this job, the employee is frequently required to walk; sit; reach with hands and arms; and talk; or hear. The employee is occasionally required to stand and use hands to finger, handle, or feel. The employee must occasionally lift and/or move up to 35 pounds. Specific vision abilities required by this job include close vision and distance vision.

**WORK ENVIRONMENT** The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Normal office conditions. The noise level in the work environment is usually quiet.





## CHAMPAIGN COUNTY ADMINISTRATIVE SERVICES

1776 East Washington Street, Urbana, Illinois 61802-4581

ADMINISTRATIVE, BUDGETING, PURCHASING, & HUMAN RESOURCE  
MANAGEMENT SERVICES

Debra Busey, County Administrator

### ADMINISTRATIVE SERVICES – MONTHLY HR REPORT AUGUST 2014

#### VACANT POSITIONS LISTING

FUND	DEPT	POSITION TITLE	HOURLY RATE	REG HRS	REGULAR SALARY	FY 2014 HRS	FY 2014 SALARY
80	30	PT Legal Clerk	\$11.86	1040	\$12,334.40	1132	\$13,425.52
80	40	Clerk	\$11.86	1950	\$23,127.00	2122.5	\$25,172.85
80	40	Clerk	\$11.86	1950	\$23,127.00	2122.5	\$25,172.85
80	41	Admin Legal Secretary	\$14.97	1950	\$29,191.50	2122.5	\$31,773.83
80	51	Court Services Officer	\$19.47	1950	\$37,966.50	2122.5	\$41,325.08
80	77	Associate Planner	\$18.38	1950	\$35,841.00	2122.5	\$39,011.55
80	140	Correctional Officer	\$18.85	2080	\$39,208.00	2264	\$42,676.40
80	140	Correctional Officer	\$18.85	2080	\$39,208.00	2264	\$42,676.40
80	140	Correctional Officer	\$18.85	2080	\$39,208.00	2264	\$42,676.40
80	140	Correctional Officer	\$18.85	2080	\$39,208.00	2264	\$42,676.40
80	140	Master Control Officer	\$11.86	2080	\$24,668.80	2264	\$26,851.04
80	140	PT Master Control Officer	\$11.86	1040	\$12,334.40	1132	\$13,425.52
80	140	PT Master Control Officer	\$11.86	1040	\$12,334.40	1132	\$13,425.52
83	60	Senior Engineer	\$24.45	2080	\$50,856.00	2264	\$55,354.80
850	111	Business System Analyst	\$24.45	1950	\$47,677.50	2122.5	\$51,895.13
-- TOTAL --			\$248.28		\$466,290.50		\$507,539.28

#### UNEMPLOYMENT REPORT

##### Notice of Claims received – 7 total

Nursing Home – 2

RPC – 1

Head Start – 4

##### Employer Protests Filed – 6 total

Nursing Home - 3

RPC - 1

Head Start – 2

##### Benefit Determinations

Nursing Home – 1 approved

RPC – 1 approved

RPC – 1 denied

#### PAYROLL REPORT

##### AUGUST PAYROLL INFORMATION

	8/8/2014		8/15/14 ANH, FSC RETRO	
Pay Group	EE's Paid	Total Payroll \$\$	EE's Paid	Total Payroll \$\$
General Corp	506	\$902,882.44	8	\$12,684.55
Nursing Home	197	\$233,540.94	158	\$79,395.63
RPC/Head Start	325	\$253,865.88		
Total	1028	\$1,390,289.26	166	\$92,080.18

	8/22/2014	
Pay Group	EE's Paid	Total Payroll \$\$
General Corp	508	\$890,192.34
Nursing Home	197	\$244,337.93
RPC/Head Start	212	\$237,209.76
Total	917	\$1,371,740.03

### **HEALTH INSURANCE/BENEFITS REPORT**

**August, 2014**

Total Number of Employees Enrolled: 685

General County Union:

Single 203; EE+spouse 23; EE+child(ren) 62; Family 35; waived 26

Nursing Home Union:

Single 66; EE+spouse 7; EE+child(ren) 7; Family 1; waived 7

Non-bargaining employees:

Single 113; EE+spouse 33; EE+child(ren) 35; Family 17; waived 50

Life Insurance Premium paid by County: \$1,758.25

Health Insurance Premium paid by County: \$341,679.10

Health Reimbursement Account contribution paid by County: \$19,508.00

### **TURNOVER REPORT**

Turnover is the rate at which an employer gains and loses employees. To get the best picture for turnover the calculations are based on rolling year averages.

General County

August 2014 : 7.14%

August 2014 : 3 out of 587 Employees left Champaign County

### **WORKERS' COMPENSATION REPORT**

Entire County Report	August 2014	August 2013
New Claims 8/1 – 8/31	6	0
Closed Claims 8/1 – 8/31	10	8
Open Claims	12	3

(Ongoing #, total number of open claims as of 8/31)

Year to Date Total (Ongoing #, total number of open claims)

August 2013                50

August 2014                50

**EEO REPORT**

Information provided based on EEO Tracking forms submitted by Applicant. Figures are for General County only.

July & August EEO Report General County Only	Clerk (Sheriff)	Administrative Assistant ASD	Legal Secretary ( State's Attorney)	Master Control Officer (Sheriff)	Deputy Sheriff (Sheriff)	TOTALS
Total Applicants Applied	391	258	360	334	515	1,858
Male	67	31	28	147	439	712
Female	320	225	329	186	73	1,133
Undisclosed	4	2	3	1	3	13
Caucasian	234	187	259	213	367	1,260
African-American	115	45	64	94	78	396
Asian or Pacific Islander	7	6	6	3	5	27
Hispanic	18	10	15	10	40	93
Native American or Alaskan Native	1	0	2	1	2	6
Two of more races	10	7	10	11	20	58
Undisclosed	6	3	4	2	3	18

**ADMINISTRATIVE SUPPORT to COUNTY BOARD REPORT**

Agendas Posted	14	Meetings Staffed	11	Minutes Posted	11
Appointments Posted	17	Notification of Appointment	32	Contracts Posted	8
Calendars Posted	5	Resolutions Prepared	50	Ordinances Prepared	1

## ***CHAMPAIGN COUNTY BOARD STRATEGIC PLAN***

### **GOALS**

#### **GOAL 1 – Champaign County is a High Performing Local Government Organization Committed to Open, Transparent Governance**

##### ***County Board Initiatives:***

- Upgrade and maintain technology systems:
  - Financial management and accounting
  - Technology communication
  - Real estate tax cycle
  - Integrated justice information
- Make intergovernmental cooperation a goal in projects (e.g. – Mahomet Aquifer)
- County Board contracts – allow for timely review by Board members; ensure that contracts are enforceable and written to protect and benefit the County
- Succession planning for County Administration

#### **GOAL 2 – Champaign County Maintains High Quality Public Facilities**

##### ***County Board Initiatives:***

- Development of comprehensive plan for county facilities and campuses, establishing goals and objectives; documenting maintenance repair and replacement with an emphasis on sustainable solutions and “orgreenic” concepts; developing annual appropriation for implementation of plan
- Study and plan to document long-term solutions for county jail facilities and operations through:
  - Assistance and planning from the criminal justice system officials
  - Potential establishment of Citizens Advisory Committee

#### **GOAL 3 – Champaign County Promotes a Safe and Healthy Community**

##### ***County Board Initiatives:***

- Focus on quality of service and financial stability at the Nursing Home
- Ongoing commitment to improving health insurance – through education, evaluation of benefits, and management of cost
- Delinquency prevention through funding of programming and appropriate services

#### **GOAL 4 – Champaign County is a County that Supports Balanced Growth**

##### ***County Board Initiatives:***

- Ongoing monitoring and review of the County Economic Development Policy

**RESOLUTION NO.**

**RESOLUTION REGARDING CHARGES FOR SERVICES AT THE CHAMPAIGN  
COUNTY NURSING HOME**

**WHEREAS**, the basic charge established December 1, 2013 is not adequate to cover increased costs of operation for Champaign County Nursing Home; and

**WHEREAS**, the Champaign County Nursing Home Operating Board has duly noted and studied the impact upon the services provided and has determined that to continue to maintain the services now provided the following rate structure be established:

Skilled Nursing Care	\$191.00 per day
Dementia Care	\$221.00 per day
Dementia Care, Advanced	\$236.19 per day
Private Suite Premium	\$46.00 per day
Nursing Home Transportation	\$36.75 + mileage
Adult Day Services	\$81.00 per day
Adult Day Services ½ Day	\$54.00 per day
Adult Day Transportation	\$11.00 each way

**NOW, THEREFORE, BE IT RESOLVED** that:

**Section 1.** All residents of Champaign County Nursing Home shall be charged the basic rate according to placement in the building and services received to become effective December 1, 2014.

**Section 2.** Third party payors will be billed for covered services with residents or their responsible party or/and their guardian being billed for the Medicare deductible and coinsurance. Separate charges shall be billed for all special therapy services provided.

**Section 3.** Separate charges shall be billed for Beauty and Barber Shop services provided.

**Section 4.** Separate charges shall be billed for medical and personal supplies as provided to the resident.

**Section 5.** The Champaign County Nursing Home Operating Board recommends that the Champaign County Board approve the rates.

**PRESENTED, ADOPTED, APPROVED, AND RECORDED** this \_\_\_\_\_<sup>th</sup> day of September 2014.

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Alan Kurtz, Chairman  
Champaign County Board

ATTEST:

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

To: Board of Directors  
Champaign County Nursing Home

From: Scott Gima  
Manager

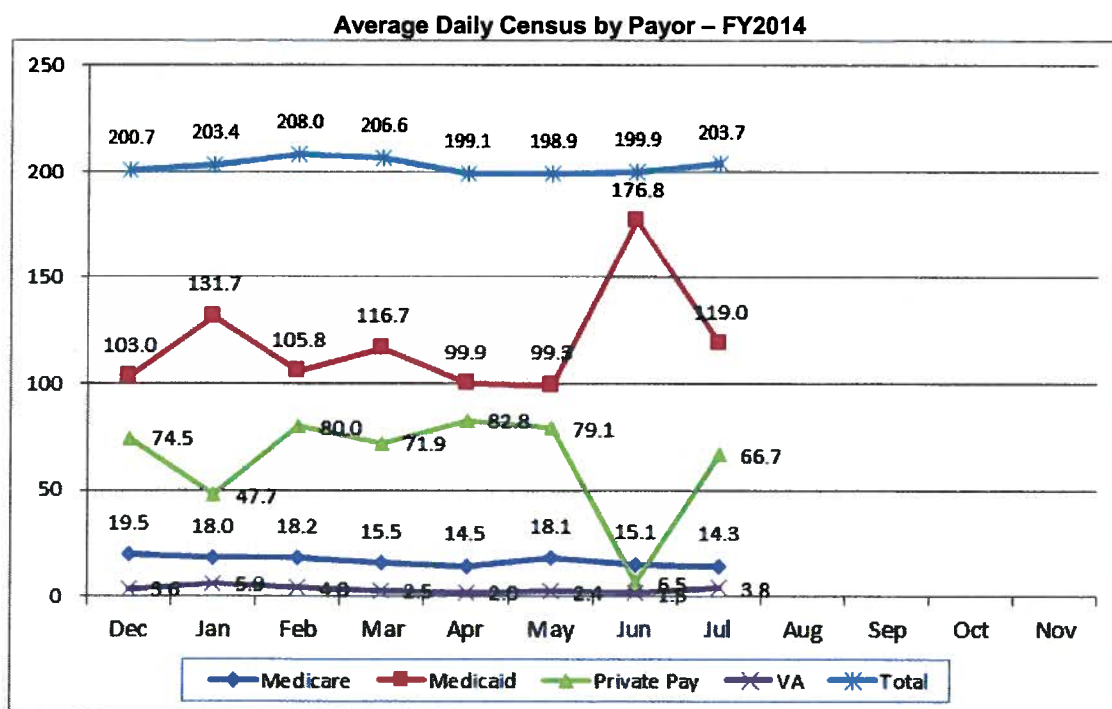
Date: September 3, 2014

Re: July 2014 Financial Management Report

The average daily census increased from 199.9 to 203.7 between June and July. Medicare in July totaled 14.3. Medicaid pending days totaled 578 for July, still a high monthly total, but nothing compared to the 2,139 seen in June. Census in August will be around 205 with just under 14 Medicare. Net income in July was \$20,187. Net income for the year is \$382,781. Cash flow from operations for the month was \$81,387. The YTD cash flow from operations is \$875,446.

### Statistics

The overall census is showing positive growth in July, the first positive movement since April. Medicare has shown a slow declining trend since the beginning of the year, but this has been more due to discharges than a decrease in admissions. Medicaid and private pay census show sharp changes that are due to a drop in conversion days from 2,139 in June to 573 in July. Despite the sharp drop, 573 conversion days is still a significant number that skews the monthly stats by about 18.4 residents. In absence of the conversion days, Medicaid census would be just above 100 and private pay would be a little more than 85.

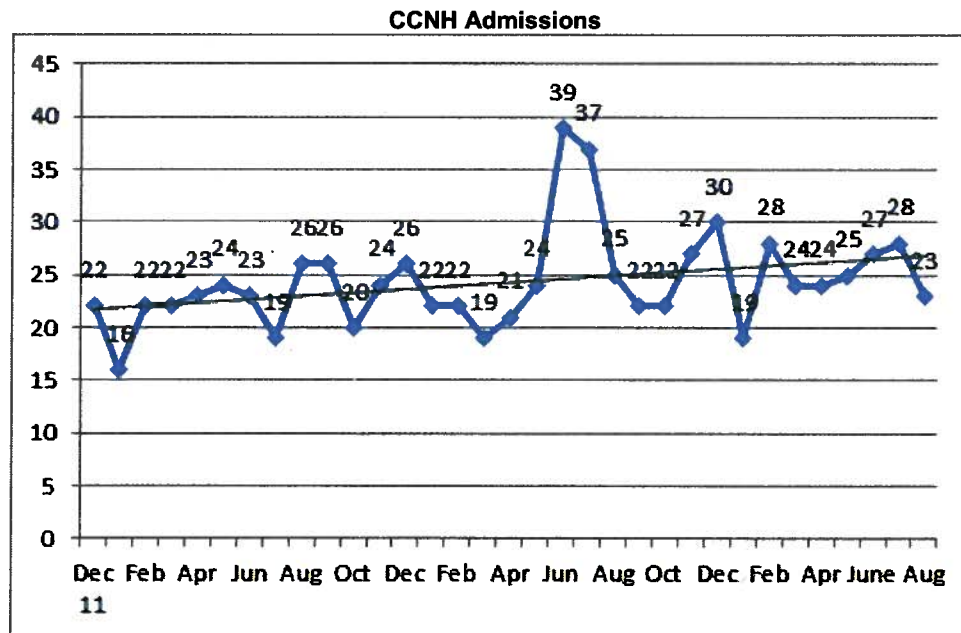


Admissions were down in August, totaling 23. Medicare admissions was down to 10. Total discharges and expirations dropped from 27 in July to 24 in August.

**Admissions and Discharges  
July 2013 to August 2014**

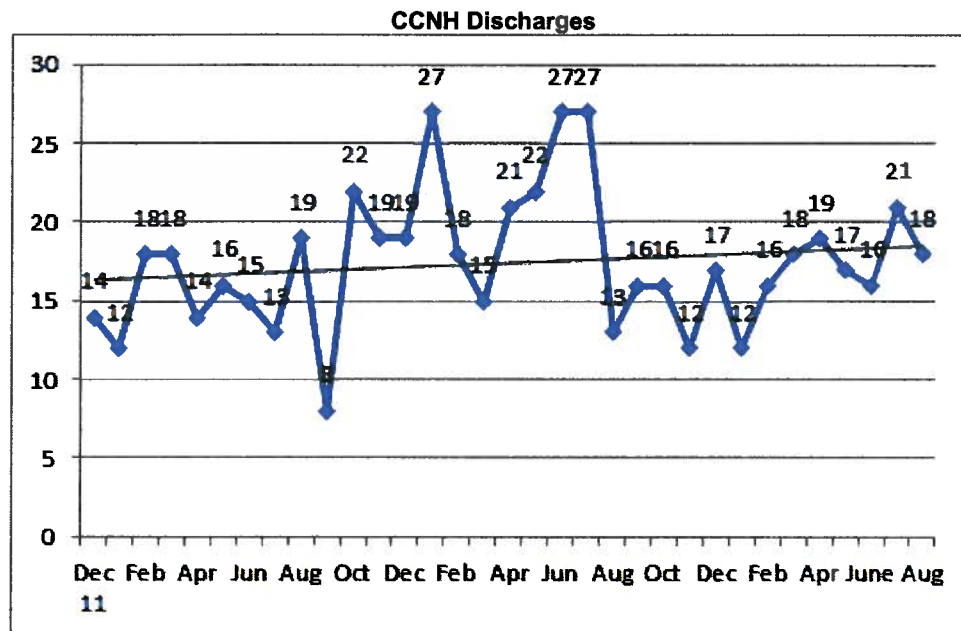
	Medicare Admits	Non-Medicare Admits	Total Admits	Discharges	Expirations	Total Discharges/Expirations
July	18	19	37	27	9	36
August	11	14	25	13	4	17
Sept	11	14	25	16	4	20
Oct	13	9	22	16	10	26
Nov	16	11	27	12	9	21
Dec	16	14	30	17	7	24
Jan 14	9	10	19	12	8	20
Feb	16	12	28	16	6	22
Mar	10	14	24	18	8	26
Apr	18	6	24	19	11	30
May	13	12	25	17	4	21
June	12	15	27	16	10	26
July	16	12	28	21	5	27
Aug	10	13	23	18	6	24

In FY2012, monthly admissions averaged 22.2 per month. FY2013 admissions averaged 25.5 per month, a 15 percent increase. So far in 2014, the monthly average is 25.3.

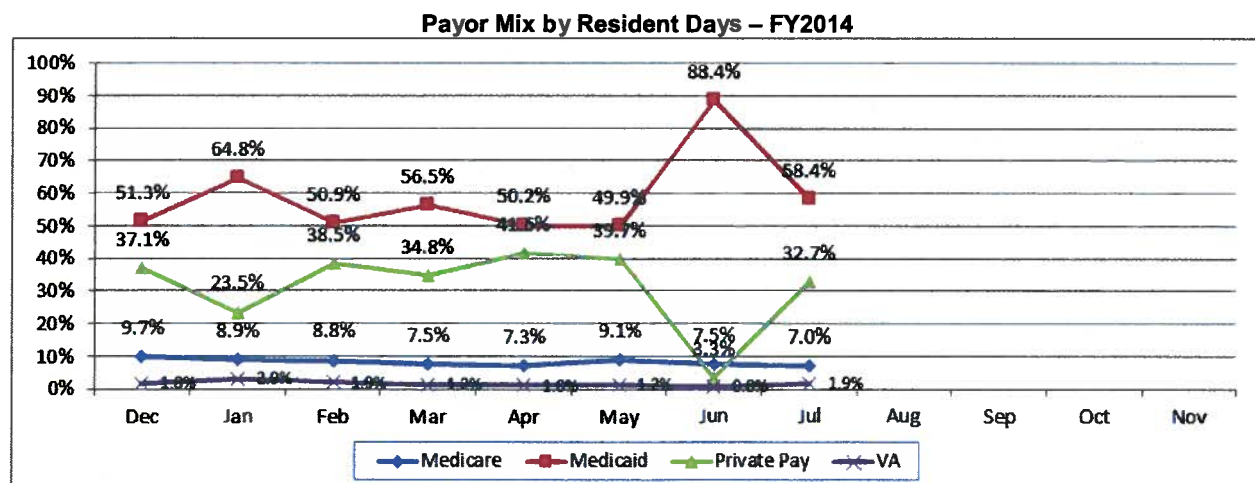




Discharges occurred at a higher pace in 2013 compared to 2012. In FY2012, the average monthly discharges was 15.7, ranging between 8 and 22. The monthly average for FY2013 is 19.4, a 24 percent increase from 2012. So far in 2014, the monthly average is 17.1.



The FY2013 payor mix was Medicare – 8.7%, Medicaid – 56.3% and Private pay 35.0%. FY2014 conversion days totaled as follows: December – 87, January – 970, February, 112, and March – 437, April – 70, May – 160, June – 2,139. The 2014 YTD payor mix through July is Medicare – 8.2%, Medicaid – 58.8%, Private pay – 31.4%, and VA – 1.6%.



### Net Income/(Loss)/Cash from Operations

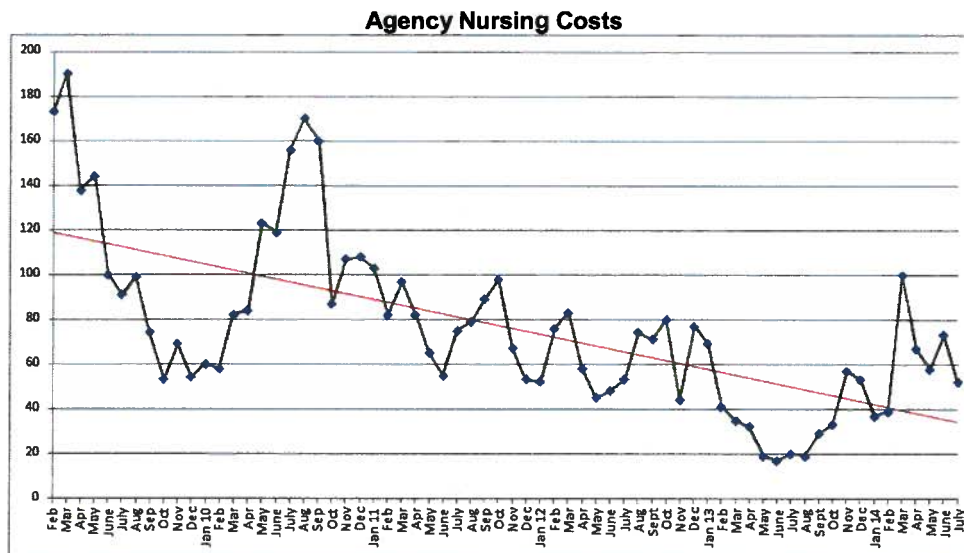
Net income in July was \$20,187. Net income for the year is \$382,781. Cash flow from operations for the month is \$81,387, bringing the YTD cash flow from operations to \$875,446.

### Revenues

- Operating revenues increased from \$1.119 million to \$1.306 million from June to July. The 573 Medicaid conversion days decreased revenue by \$27k. Medicare revenue was up slightly and VA revenue was also up in July.

### Expenses

- Expenses increased from \$1.303 million in June to \$1.378 million in July, an increase of \$74,875. Expenses per day increased from \$217.29 to \$218.20. The average cost per day in FY2013 was \$220.81 per day. YTD cost per day is \$209.11.
- Wages increased from \$468,989 to \$537,451. Wages per day increased from \$78.22 to \$85.12. The average for the year is \$80.94. This reflects the normal summer increase in wages due to benefit time being taken.
- Non-labor expenses fell slightly from \$669,065 in June to \$665,964 in July. Expenses per day fell from \$111.59 to \$105.47. One expense item of note is a \$45k expense for general liability claims.
- Agency expenses declined from \$73,131 in June to \$51,639 in July.

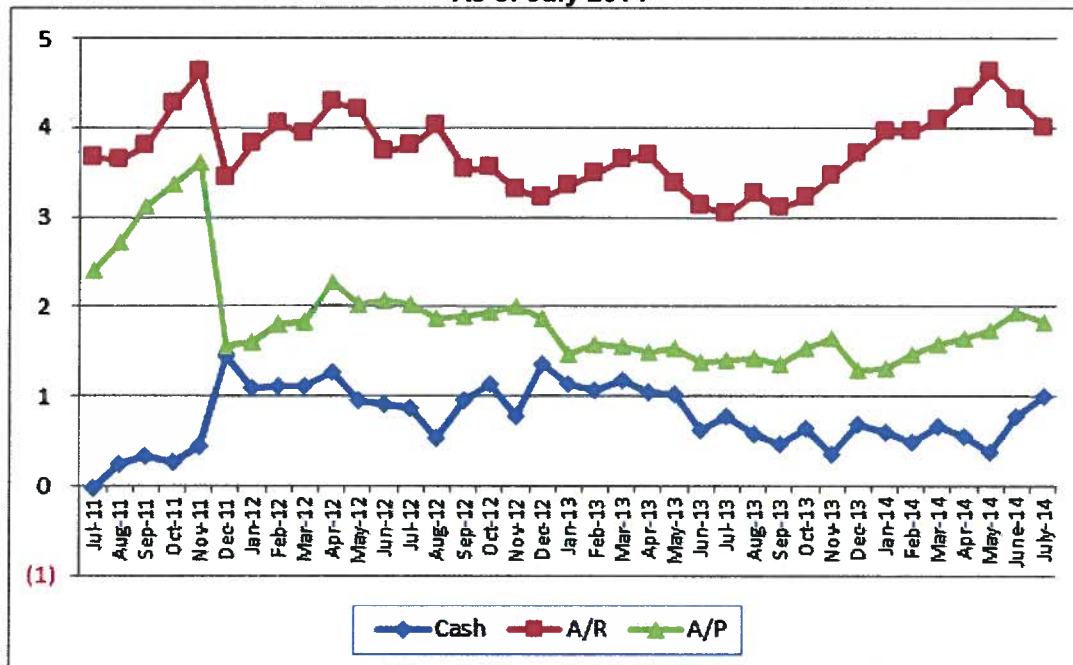


### Cash Position

Cash increased from \$778,419 to \$997,666 between June and July. A/R is down for the third month in a row. July's A/R balance is just under \$4 million. Accounts payable is down from \$1.950 million to \$1.830 million. The State "Medicaid loan" totaling \$438k is reflected in the cash balance. Without the "loan," the cash balance is \$560k. In July of 2013, the cash balance was \$784k.

So why is the cash balance stagnant in 2014? The primary culprit is lagging IGT payments. IGT receivables have more than doubled since September 2013, where the balance totaled \$406k. As of July 2014, the IGT receivables is up to \$865k, more than double from the previous year. Medicaid pending cases is other contributing factor. Every paying Medicaid resident generates about \$4,500 per month.

**Cash, Accounts Receivable & Accounts Payable  
As of July 2014**



07/31/14

**Champaign County Nursing Home**  
**Actual vs Budget Statement of Operations**

1

Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
<b>Operating Income</b>						
Miscellaneous Revenue	961.54	2,038.00	(1,076.46)	19,578.35	16,304.00	3,274.35
Medicare A Revenue	217,261.31	250,040.00	(32,778.69)	1,823,128.96	2,000,320.00	(177,191.04)
Medicare B Revenue	36,805.84	28,462.00	8,343.84	287,742.07	227,696.00	60,046.07
Medicaid Revenue	567,257.00	460,442.00	106,815.00	4,295,471.05	3,683,536.00	611,935.05
Private Pay Revenue	456,720.85	387,557.00	69,163.85	3,347,649.99	3,100,456.00	247,193.99
Adult Day Care Revenue	26,789.32	15,467.00	11,322.32	155,934.72	123,736.00	32,198.72
<b>Total Income</b>	<b>1,305,795.86</b>	<b>1,144,006.00</b>	<b>161,789.86</b>	<b>9,929,505.14</b>	<b>9,152,048.00</b>	<b>777,457.14</b>
<b>Operating Expenses</b>						
Administration	311,382.16	236,216.00	(75,166.16)	2,178,316.89	1,889,728.00	(288,588.89)
Environmental Services	98,092.40	90,544.00	(7,548.40)	724,906.20	724,352.00	(554.20)
Laundry	19,377.43	16,287.00	(3,090.43)	135,179.58	130,296.00	(4,883.58)
Maintenance	23,123.80	31,255.00	8,131.20	193,531.43	250,040.00	56,508.57
Nursing Services	538,675.21	455,596.00	(83,079.21)	4,117,814.09	3,644,768.00	(473,046.09)
Activities	18,301.74	26,859.00	8,557.26	151,670.64	214,872.00	63,201.36
Social Services	30,695.70	18,980.00	(11,715.70)	137,836.31	151,840.00	14,003.69
Physical Therapy	43,089.86	30,059.00	(13,030.86)	339,960.84	240,472.00	(99,488.84)
Occupational Therapy	30,526.58	26,283.00	(4,243.58)	255,334.41	210,264.00	(45,070.41)
Speech Therapy	12,576.76	7,705.00	(4,871.76)	89,674.15	61,640.00	(28,034.15)
Respiratory Therapy	9,831.25	8,000.00	(1,831.25)	73,342.50	64,000.00	(9,342.50)
<b>Total This Department</b>	<b>22,408.01</b>	<b>15,705.00</b>	<b>(6,703.01)</b>	<b>163,016.65</b>	<b>125,640.00</b>	<b>(37,376.65)</b>
Food Services	132,480.86	128,235.00	(4,245.86)	952,242.24	1,025,880.00	73,637.76
Barber & Beauty	8,113.90	6,372.00	(1,741.90)	54,055.10	50,976.00	(3,079.10)
Adult Day Care	17,128.92	23,450.00	6,321.08	153,960.11	187,600.00	33,639.89
Alzheimers and Related Disorders	84,326.94	135,748.00	51,421.06	728,146.94	1,085,984.00	357,837.06
<b>Total Expenses</b>	<b>1,377,723.51</b>	<b>1,241,589.00</b>	<b>(136,134.51)</b>	<b>10,285,971.43</b>	<b>9,932,712.00</b>	<b>(353,259.43)</b>
<b>Net Operating Income</b>	<b>(71,927.65)</b>	<b>(97,583.00)</b>	<b>25,655.35</b>	<b>(356,466.29)</b>	<b>(780,664.00)</b>	<b>424,197.71</b>
<b>NonOperating Income</b>						
Local Taxes	91,949.17	79,877.00	12,072.17	735,594.93	639,016.00	96,578.93
Miscellaneous NI Revenue	165.24	211.00	(45.76)	3,652.25	1,688.00	1,964.25
<b>Total NonOperating Income</b>	<b>92,114.41</b>	<b>80,088.00</b>	<b>12,026.41</b>	<b>739,247.18</b>	<b>640,704.00</b>	<b>98,543.18</b>
<b>Net Income (Loss)</b>	<b>20,186.76</b>	<b>(17,495.00)</b>	<b>37,681.76</b>	<b>382,780.89</b>	<b>(139,960.00)</b>	<b>522,740.89</b>

07/31/14

**Champaign County Nursing Home**  
**Actual vs Budget Statement of Operations**

1

Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
<b>Operating Income</b>						
<b>Miscellaneous Revenue</b>						
Lunch Reimbursement	687.00	385.00	302.00	3,333.00	3,080.00	253.00
Late Charge, NSF Check Charge	144.34	1,538.00	(1,393.66)	10,639.90	12,304.00	(1,664.10)
Other Miscellaneous Revenue	130.20	115.00	15.20	5,605.45	920.00	4,685.45
Total Miscellaneous Revenue	961.54	2,038.00	(1,076.46)	19,578.35	16,304.00	3,274.35
<b>Medicare A Revenue</b>						
Medicare A	89,358.80	192,794.00	(103,435.20)	995,143.60	1,542,352.00	(547,208.40)
ARD - Medicare A	27,807.35	17,552.00	10,255.35	166,017.31	140,416.00	25,601.31
NH Pt Care - Medicare Advantage/ Hmo	98,815.07	39,042.00	59,773.07	619,564.37	312,336.00	307,228.37
ARD Pt Care - Medicare Advantage/ HMO	1,280.09	652.00	628.09	42,403.68	5,216.00	37,187.68
Total Medicare A Revenue	217,261.31	250,040.00	(32,778.69)	1,823,128.96	2,000,320.00	(177,191.04)
<b>Medicare B Revenue</b>						
Medicare B	36,805.84	28,462.00	8,343.84	287,742.07	227,696.00	60,046.07
Total Medicare B Revenue	36,805.84	28,462.00	8,343.84	287,742.07	227,696.00	60,046.07
<b>Medicaid Revenue</b>						
Medicaid Title XIX (IDHFS)	409,126.46	291,809.00	117,317.46	2,929,225.79	2,334,472.00	594,753.79
ARD - Medicaid Title XIX (IDHFS)	131,437.52	117,509.00	13,928.52	1,050,092.88	940,072.00	110,020.88
Patient Care-Hospice	12,787.19	30,241.00	(17,453.81)	208,455.08	241,928.00	(33,472.92)
ARD Patient Care - Hospice	13,905.83	20,883.00	(6,977.17)	107,697.30	167,064.00	(59,366.70)
Total Medicaid Revenue	567,257.00	460,442.00	106,815.00	4,295,471.05	3,683,536.00	611,935.05
<b>Private Pay Revenue</b>						
VA-Veterans Nursing Home Care	30,985.00	12,947.00	18,038.00	189,180.19	103,576.00	85,604.19
ARD - VA - Veterans Care		439.00	(439.00)	10,546.84	3,512.00	7,034.84
Nursing Home Patient Care - Private Pay	291,854.78	270,974.00	20,880.78	2,169,668.27	2,167,792.00	1,876.27
Nursing Home Beauty Shop Revenue	3,367.40	3,141.00	226.40	25,895.40	25,128.00	767.40
Medical Supplies Revenue	5,657.95	5,273.00	384.95	49,637.59	42,184.00	7,453.59
Patient Transportation Charges	1,522.37	1,631.00	(108.63)	11,796.14	13,048.00	(1,251.86)
ARD Patient Care- Private Pay	123,333.35	93,152.00	30,181.35	890,925.56	745,216.00	145,709.56
Total Private Pay Revenue	456,720.85	387,557.00	69,163.85	3,347,649.99	3,100,456.00	247,193.99
<b>Adult Day Care Revenue</b>						
VA-Veterans Adult Daycare	8,898.94	3,728.00	5,170.94	45,357.53	29,824.00	15,533.53
IL Department Of Aging-Day Care Grant (Title XX)	13,810.68	10,258.00	3,552.68	87,189.57	82,064.00	5,125.57
Adult Day Care Charges-Private Pay	4,079.70	1,481.00	2,598.70	23,387.62	11,848.00	11,539.62
Total Adult Day Care Revenue	26,789.32	15,467.00	11,322.32	155,934.72	123,736.00	32,198.72
Total Income	1,305,795.86	1,144,006.00	161,789.86	9,929,505.14	9,152,048.00	777,457.14

**Operating Expenses****Administration**

Reg. Full-Time Employees	28,271.03	25,081.00	(3,210.03)	210,368.08	200,488.00	(9,880.08)
Temp. Salaries & Wages	1,379.57	1,120.00	(259.57)	14,774.84	8,960.00	(5,814.84)
Per Diem	225.00	203.00	(22.00)	1,485.00	1,624.00	139.00
Overtime	405.07	230.00	(175.07)	2,714.57	1,840.00	(874.57)
TOPS - Balances	(16.17)	199.00	215.17	4,342.32	1,592.00	(2,750.32)
TOPS - FICA	(1.24)	15.00	16.24	332.18	120.00	(212.18)
Social Security - Employer	2,176.45	1,894.00	(282.45)	16,549.56	15,152.00	(1,397.56)
IMRF - Employer Cost	2,669.83	2,352.00	(317.83)	20,348.78	18,816.00	(1,532.78)
Workers' Compensation Insurance	526.97	1,589.00	1,062.03	6,742.00	12,712.00	5,970.00
Unemployment Insurance	368.23	910.00	541.77	6,740.18	7,280.00	539.82

Thursday, August 28, 2014

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07/31/14

**Champaign County Nursing Home**  
**Actual vs Budget Statement of Operations**

2

Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
Employee Health/Life Insurance	4,276.20	4,319.00	42.80	33,814.00	34,552.00	738.00
Employee Development/Recognition	66.76	25.00	(41.76)	496.20	200.00	(296.20)
Employee Physicals/Lab	3,851.20	1,923.00	(1,928.20)	17,844.00	15,384.00	(2,460.00)
Stationary & Printing		78.00	78.00	1,228.44	624.00	(604.44)
Books, Periodicals & Manuals		41.00	41.00	69.00	328.00	259.00
Copier Supplies	747.99	631.00	(116.99)	4,946.06	5,048.00	101.94
Postage, UPS, Federal Express	461.46	515.00	53.54	4,835.42	4,120.00	(715.42)
Equipment < \$2,500				122.48		(122.48)
Operational Supplies	424.53	845.00	420.47	5,092.89	6,760.00	1,667.11
Audit & Accounting Fees	4,179.00	4,308.00	129.00	33,432.00	34,464.00	1,032.00
Attorney Fees	(2,100.30)	4,615.00	6,715.30	33,802.95	36,920.00	3,117.05
Professional Services	45,786.91	33,004.00	(12,782.91)	324,621.58	264,032.00	(60,589.58)
Job Required Travel Expense	83.96	257.00	173.04	1,708.54	2,056.00	347.46
Insurance	23,167.00	22,124.00	(1,043.00)	185,736.00	176,992.00	(8,744.00)
Property Loss & Liability Claims				1,321.29		(1,321.29)
Computer Services	6,278.27	4,922.00	(1,356.27)	53,374.13	39,376.00	(13,998.13)
Telephone Services	1,745.62	1,370.00	(375.62)	12,232.19	10,960.00	(1,272.19)
Rental	165.90		(165.90)	165.90		(165.90)
Legal Notices, Advertising	3,543.46	2,633.00	(910.46)	32,916.06	21,064.00	(11,852.06)
Photocopy Services	1,499.68	1,025.00	(474.68)	11,238.66	8,200.00	(3,038.66)
Public Relations	228.51	66.00	(162.51)	802.68	528.00	(274.68)
Dues & Licenses	1,625.08	1,617.00	(8.08)	13,250.64	12,936.00	(314.64)
Conferences & Training	442.36	962.00	519.64	6,569.58	7,696.00	1,126.42
Finance Charges, Bank Fees		192.00	192.00	0.66	1,536.00	1,535.34
Cable/Satellite TV Expense	2,234.84	2,147.00	(87.84)	18,476.50	17,176.00	(1,300.50)
IPA Licensing Fee	47,573.50	40,612.00	(6,961.50)	369,402.50	324,896.00	(44,506.50)
Fines & Penalties		2,308.00	2,308.00		18,464.00	18,464.00
General Liability Claims	45,000.00		(45,000.00)	45,000.00		(45,000.00)
Furnishings, Office Equipment		5,769.00	5,769.00		46,152.00	46,152.00
Depreciation Expense	61,200.43	56,361.00	(4,839.43)	492,665.27	450,888.00	(41,777.27)
Miscellaneous Expense	9,380.89		(9,380.89)	103,685.03		(103,685.03)
Interest-Tax Anticipation Notes Payable	3,292.09	538.00	(2,754.09)	3,292.09	4,304.00	1,011.91
Interest- Bonds Payable	10,222.08	9,436.00	(786.08)	81,776.64	75,488.00	(6,288.64)
<b>Total Administration</b>	<b>311,382.16</b>	<b>236,216.00</b>	<b>(75,166.16)</b>	<b>2,178,316.89</b>	<b>1,889,728.00</b>	<b>(288,588.89)</b>
<b>Environmental Services</b>						
Reg. Full-Time Employees	27,737.18	32,327.00	4,589.82	213,964.10	258,616.00	44,651.90
Reg. Part-Time Employees	836.76		(836.76)	6,256.79		(6,256.79)
Overtime	1,384.13	462.00	(922.13)	13,718.88	3,696.00	(10,022.88)
TOPS - Balances	(530.64)		530.64	6,753.03		(6,753.03)
TOPS- FICA	(40.60)		40.60	516.61		(516.61)
Social Security - Employer	2,226.37	2,394.00	167.63	17,507.95	19,152.00	1,644.05
IMRF - Employer Cost	2,892.32	3,315.00	422.68	22,820.88	26,520.00	3,699.12
Workers' Compensation Insurance	484.32	1,957.00	1,472.68	6,584.72	15,656.00	9,071.28
Unemployment Insurance	1,120.48	1,452.00	331.52	10,026.91	11,616.00	1,589.09
Employee Health/Life Insurance	7,449.18	6,772.00	(677.18)	59,991.26	54,176.00	(5,815.26)
Operational Supplies	4,869.16	5,089.00	219.84	37,182.31	40,712.00	3,529.69
Gas Service	11,386.70	9,938.00	(1,448.70)	111,418.48	79,504.00	(31,914.48)
Electric Service	29,046.09	19,889.00	(9,157.09)	151,724.99	159,112.00	7,387.01
Water Service	2,839.73	2,401.00	(438.73)	20,164.19	19,208.00	(956.19)
Pest Control Service	482.00	449.00	(33.00)	3,856.00	3,592.00	(264.00)
Waste Disposal & Recycling	4,056.95	2,627.00	(1,429.95)	27,801.60	21,016.00	(6,785.60)
Equipment Rentals	258.00	222.00	(36.00)	2,064.00	1,776.00	(288.00)
Conferences & Training				30.00		(30.00)
Sewer Service & Tax	1,594.27	1,250.00	(344.27)	12,523.50	10,000.00	(2,523.50)
<b>Total Environmental Services</b>	<b>98,092.40</b>	<b>90,544.00</b>	<b>(7,548.40)</b>	<b>724,906.20</b>	<b>724,352.00</b>	<b>(554.20)</b>

07/31/14

**Champaign County Nursing Home**  
**Actual vs Budget Statement of Operations**

3

Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
<b>Laundry</b>						
Reg. Full-Time Employees	10,533.09	8,763.00	(1,770.09)	76,990.78	70,104.00	(6,886.78)
Overtime	322.56	243.00	(79.56)	2,841.82	1,944.00	(897.82)
TOPS Balances	(213.21)	425.00	638.21	556.08	3,400.00	2,843.92
TOPS - FICA	(16.31)	33.00	49.31	42.54	264.00	221.46
Social Security - Employer	765.95	675.00	(90.95)	5,939.24	5,400.00	(539.24)
IMRF - Employer Cost	995.03	905.00	(90.03)	7,742.10	7,240.00	(502.10)
Workers' Compensation Insurance	189.84	538.00	368.16	2,302.08	4,304.00	2,001.92
Unemployment Insurance	365.88	415.00	49.12	3,435.10	3,320.00	(115.10)
Employee Health/Life Insurance	2,459.40	1,683.00	(776.40)	19,807.20	13,464.00	(6,343.20)
Laundry Supplies	473.34	1,463.00	989.66	3,633.48	11,704.00	8,070.52
Linen & Bedding	3,060.10	1,144.00	(1,916.10)	9,346.12	9,152.00	(194.12)
Laundry & Cleaning Service	461.76		(461.76)	2,543.04		(2,543.04)
<b>Total Laundry</b>	<b>19,377.43</b>	<b>16,287.00</b>	<b>(3,090.43)</b>	<b>135,179.58</b>	<b>130,296.00</b>	<b>(4,883.58)</b>
<b>Maintenance</b>						
Reg. Full-Time Employees	6,334.60	9,870.00	3,535.40	45,895.62	78,960.00	33,064.38
Overtime		49.00	49.00	833.13	392.00	(441.13)
TOPS - Balances	(207.89)	77.00	284.89	1,547.31	616.00	(931.31)
TOPS - FICA	(15.91)	6.00	21.91	118.37	48.00	(70.37)
Social Security - Employer	448.06	756.00	307.94	3,342.71	6,048.00	2,705.29
IMRF - Employer Cost	582.17	1,013.00	430.83	4,356.02	8,104.00	3,747.98
Workers' Compensation Insurance	107.54	592.00	484.46	1,372.26	4,736.00	3,363.74
Unemployment Insurance	234.24	465.00	230.76	2,246.53	3,720.00	1,473.47
Employee Health/Life Insurance	1,864.80	609.00	(1,255.80)	13,763.20	4,872.00	(8,891.20)
Gasoline & Oil		406.00	406.00	1,380.72	3,248.00	1,867.28
Ground Supplies	49.93		(49.93)	467.14		(467.14)
Maintenance Supplies	1,142.30	3,097.00	1,954.70	16,678.42	24,778.00	8,099.58
Equipment < \$2,500				985.33		(985.33)
Operational Supplies				61.61		(61.61)
Professional Services				350.00		(350.00)
Automobile Maintenance	496.33	270.00	(226.33)	8,120.10	2,160.00	(5,960.10)
Equipment Maintenance	3,357.73	2,201.00	(1,156.73)	24,294.93	17,608.00	(6,686.93)
Equipment Rentals	4.40	95.00	90.60	315.20	760.00	444.80
Nursing Home Building Repair/Maintenance	8,608.50	7,051.00	(1,557.50)	53,221.29	56,408.00	3,186.71
Landscaping Services				500.00		(500.00)
Parking Lot/Sidewalk Maintenance	117.00	852.00	735.00	13,683.54	6,816.00	(6,867.54)
Nursing Home Building Construction/Improvements		3,846.00	3,846.00		30,768.00	30,768.00
<b>Total Maintenance</b>	<b>23,123.80</b>	<b>31,255.00</b>	<b>8,131.20</b>	<b>193,531.43</b>	<b>250,040.00</b>	<b>56,508.57</b>
<b>Nursing Services</b>						
Reg. Full-Time Employees	137,945.61	105,916.00	(32,029.61)	1,028,872.08	847,328.00	(181,544.08)
Reg. Part-Time Employees	4,532.17		(4,532.17)	33,853.61		(33,853.61)
Temp. Salaries & Wages	12,142.10	10,479.00	(1,663.10)	99,748.50	83,832.00	(15,916.50)
Overtime	46,057.82	33,988.00	(12,069.82)	332,399.67	271,904.00	(60,495.67)
TOPS - Balances	3,758.04	(355.00)	(4,113.04)	13,930.92	(2,840.00)	(16,770.92)
No Benefit Full-Time Employees	59,747.93	67,719.00	7,971.07	497,365.90	541,752.00	44,386.10
No Benefit Part-Time Employees	36,110.47	33,548.00	(2,562.47)	222,362.32	268,384.00	46,021.68
TOPS - FICA	287.49	125.00	(162.49)	1,065.71	1,000.00	(65.71)
Social Security - Employer	21,880.69	18,881.00	(2,999.69)	166,102.84	151,048.00	(15,054.84)
IMRF - Employer Cost	26,950.17	24,203.00	(2,747.17)	204,718.46	193,624.00	(11,094.46)
Workers' Compensation Insurance	4,122.83	15,024.00	10,901.17	56,278.21	120,192.00	63,913.79
Unemployment Insurance	4,062.20	9,502.00	5,439.80	68,623.83	76,016.00	7,392.17
Employee Health/Life Insurance	22,416.99	20,522.00	(1,894.99)	181,820.34	164,176.00	(17,644.34)
Books, Periodicals & Manuals		79.00	79.00		632.00	632.00

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**Champaign County Nursing Home**  
**Actual vs Budget Statement of Operations**

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Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
Stocked Drugs	1,624.41	1,685.00	60.59	15,079.55	13,480.00	(1,599.55)
Pharmacy Charges-Public Aid	2,747.15	1,004.00	(1,743.15)	15,348.17	8,032.00	(7,316.17)
Oxygen	2,850.05	2,781.00	(69.05)	27,898.20	22,248.00	(5,650.20)
Incontinence Supplies	11,545.13	7,780.00	(3,765.13)	78,169.70	62,240.00	(15,929.70)
Pharmacy Charges - Insurance	8,326.13	3,000.00	(5,326.13)	60,810.54	24,000.00	(36,810.54)
Equipment < \$2,500	1,689.45	1,511.00	(178.45)	14,326.23	12,088.00	(2,238.23)
Operational Supplies	22,116.98	15,396.00	(6,720.98)	129,530.63	123,168.00	(6,362.63)
Pharmacy Charges-Medicare	10,250.50	14,774.00	4,523.50	83,689.87	118,192.00	34,502.13
Medical/Dental/Mental Health	3,400.00	3,170.00	(230.00)	27,800.00	25,360.00	(2,440.00)
Professional Services	39,185.04	31,997.00	(7,188.04)	257,104.55	255,976.00	(1,128.55)
Job Require Travel		28.00	28.00	194.88	224.00	29.12
Laboratory Fees	318.34	2,168.00	1,849.66	17,579.61	17,344.00	(235.61)
Equipment Rentals	2,312.50	4,039.00	1,726.50	25,578.55	32,312.00	6,733.45
Dues & Licenses				150.00		(150.00)
Conferences & Training				1,275.00		(1,275.00)
Contract Nursing Services	51,288.01	23,077.00	(28,211.01)	433,668.27	184,616.00	(249,052.27)
Medicare Medical Services	1,007.01	3,555.00	2,547.99	22,467.95	28,440.00	5,972.05
<b>Total Nursing Services</b>	<b>538,675.21</b>	<b>455,596.00</b>	<b>(83,079.21)</b>	<b>4,117,814.09</b>	<b>3,644,768.00</b>	<b>(473,046.09)</b>
<b>Activities</b>						
Reg. Full-Time Employees	13,278.39	18,447.00	5,168.61	97,450.23	147,576.00	50,125.77
Overtime	133.48	114.00	(19.48)	440.09	912.00	471.91
TOPS - Balances	306.68		(306.68)	(2,459.95)		2,459.95
TOPS - FICA	23.47		(23.47)	(188.18)		188.18
Social Security - Employer	963.83	1,345.00	381.17	7,096.68	10,760.00	3,663.32
IMRF - Employer Cost	1,253.19	1,803.00	549.81	9,247.66	14,424.00	5,176.34
Workers' Compensation Insurance	229.05	1,108.00	878.95	2,741.87	8,864.00	6,122.13
Unemployment Insurance	351.37	844.00	492.63	3,854.15	6,752.00	2,897.85
Employee Health/Life Insurance	1,200.20	2,609.00	1,408.80	27,778.09	20,872.00	(6,906.09)
Books, Periodicals & Manuals	60.00	22.00	(38.00)	60.00	176.00	116.00
Operational Supplies	376.88	424.00	47.12	4,675.82	3,392.00	(1,283.82)
Professional Services	125.20	143.00	17.80	872.90	1,144.00	271.10
Job Required Travel				71.28		(71.28)
Conferences & Training				30.00		(30.00)
<b>Total Activities</b>	<b>18,301.74</b>	<b>26,859.00</b>	<b>8,557.26</b>	<b>151,670.64</b>	<b>214,872.00</b>	<b>63,201.36</b>
<b>Social Services</b>						
Reg. Full-Time Employees	13,088.75	12,827.00	(261.75)	72,252.80	102,616.00	30,363.20
Overtime	35.27	113.00	77.73	1,009.40	904.00	(105.40)
TOPS - Balances	523.43	184.00	(339.43)	1,036.97	1,472.00	435.03
TOPS - FICA	40.04	14.00	(26.04)	79.33	112.00	32.67
Social Security - Employer	988.96	1,167.00	178.04	5,489.58	9,336.00	3,846.42
IMRF - Employer Cost	1,287.07	1,192.00	(95.07)	7,160.80	9,536.00	2,375.20
Workers' Compensation Insurance	450.43	773.00	322.57	2,391.37	6,184.00	3,792.63
Unemployment Insurance	388.26	592.00	203.74	2,879.75	4,736.00	1,856.25
Employee Health/Life Insurance	1,846.39	1,802.00	(44.39)	16,094.14	14,416.00	(1,678.14)
Operational Supplies		8.00	8.00		64.00	64.00
Professional Services	12,047.10	308.00	(11,739.10)	29,442.17	2,464.00	(26,978.17)
<b>Total Social Services</b>	<b>30,695.70</b>	<b>18,980.00</b>	<b>(11,715.70)</b>	<b>137,836.31</b>	<b>151,840.00</b>	<b>14,003.69</b>
<b>Physical Therapy</b>						
Reg. Full-Time Employees	4,692.88	4,015.00	(677.88)	33,888.90	32,120.00	(1,768.90)
Overtime	4.24	22.00	17.76	630.77	176.00	(454.77)
TOPS - Balances	298.18	107.00	(191.18)	(3.50)	856.00	859.50
TOPS - FICA	22.81	8.00	(14.81)	(0.27)	64.00	64.27
Social Security - Employer	338.48	356.00	17.52	2,552.82	2,848.00	295.18



**Champaign County Nursing Home**  
**Actual vs Budget Statement of Operations**

07/31/14

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Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
<b>Physical Therapy</b>						
IMRF - Employer Cost	439.84	478.00	38.16	3,327.39	3,824.00	496.61
Workers' Compensation Ins.	77.94	241.00	163.06	983.57	1,928.00	944.43
Unemployment Insurance	78.87	181.00	102.13	1,421.10	1,448.00	26.90
Employee Health/Life Insurance	1,243.20	1,137.00	(106.20)	10,044.60	9,096.00	(948.60)
Professional Services	35,893.42	23,514.00	(12,379.42)	287,115.46	188,112.00	(99,003.46)
<b>Total Physical Therapy</b>	<b>43,089.86</b>	<b>30,059.00</b>	<b>(13,030.86)</b>	<b>339,960.84</b>	<b>240,472.00</b>	<b>(99,488.84)</b>
<b>Occupational Therapy</b>						
Reg. Full-Time Employees	2,379.60	2,003.00	(376.60)	17,139.61	16,024.00	(1,115.61)
Overtime		21.00	21.00		168.00	168.00
TOPS - Balances	89.00	11.00	(78.00)	68.09	88.00	19.91
TOPS - FICA	6.81	1.00	(5.81)	5.21	8.00	2.79
Social Security - Employer	173.11	154.00	(19.11)	1,301.23	1,232.00	(69.23)
IMRF - Employer Cost	224.93	208.00	(16.93)	1,696.19	1,648.00	(48.19)
Workers' Compensation Ins.	68.21	121.00	52.79	483.02	968.00	484.98
Unemployment Insurance	14.40	92.00	77.60	711.90	736.00	24.10
Employee Health/Life Insurance	621.60	569.00	(52.60)	5,005.80	4,552.00	(453.80)
Professional Services	26,948.92	23,105.00	(3,843.92)	228,923.36	184,840.00	(44,083.36)
<b>Total Occupational Therapy</b>	<b>30,526.58</b>	<b>26,283.00</b>	<b>(4,243.58)</b>	<b>255,334.41</b>	<b>210,264.00</b>	<b>(45,070.41)</b>
<b>Speech Therapy</b>						
Professional Services	12,576.76	7,705.00	(4,871.76)	89,674.15	61,640.00	(28,034.15)
<b>Total Speech Therapy</b>	<b>12,576.76</b>	<b>7,705.00</b>	<b>(4,871.76)</b>	<b>89,674.15</b>	<b>61,640.00</b>	<b>(28,034.15)</b>
<b>Respiratory Therapy</b>						
Professional Services	9,831.25	8,000.00	(1,831.25)	73,342.50	64,000.00	(9,342.50)
<b>Total Respiratory Therapy</b>	<b>9,831.25</b>	<b>8,000.00</b>	<b>(1,831.25)</b>	<b>73,342.50</b>	<b>64,000.00</b>	<b>(9,342.50)</b>
<b>Total This Department</b>	<b>22,408.01</b>	<b>15,705.00</b>	<b>(6,703.01)</b>	<b>163,016.65</b>	<b>125,640.00</b>	<b>(37,376.65)</b>
<b>Food Services</b>						
Reg. Full-Time Employees	39,000.14	52,089.00	13,088.86	255,891.34	416,712.00	160,820.66
Reg. Part-Time Employees	1,571.34	3,648.00	2,076.66	8,889.15	29,184.00	20,294.85
Overtime	5,225.67	1,513.00	(3,712.67)	28,091.16	12,104.00	(15,987.16)
TOPS - Balances	2,963.44		(2,963.44)	(3,248.02)		3,248.02
TOPS - FICA	226.70		(226.70)	(248.48)		248.48
Social Security - Employer	3,392.81	4,333.00	940.19	22,084.80	34,664.00	12,579.20
IMRF - Employer Cost	4,404.50	5,809.00	1,404.50	28,747.48	46,472.00	17,724.52
Workers' Compensation Insurance	1,196.59	3,418.00	2,221.41	7,917.04	27,344.00	19,426.96
Unemployment Insurance	2,797.99	2,695.00	(102.99)	14,553.08	21,560.00	7,006.92
Employee Health/Life Insurance	8,053.80	6,997.00	(1,056.80)	59,277.50	55,976.00	(3,301.50)
Books, Periodicals & Manuals				208.58		(208.58)
Food	32.45	32,817.00	32,784.55	283,012.87	262,536.00	(20,476.87)
Guest Meal Expense	306.00		(306.00)	306.00		(306.00)
Non-Food Supply				2,297.67		(2,297.67)
Nutritional Supplements	2,950.62	3,211.00	260.38	24,978.90	25,688.00	709.10
Equipment < \$2,500				1,432.88		(1,432.88)
Operational Supplies		3,854.00	3,854.00	29,393.64	30,832.00	1,438.36
Professional Services	60,627.27	3,615.00	(57,012.27)	185,503.16	28,920.00	(156,583.16)
Job Required Travel Expense				21.84		(21.84)
Equipment Rentals	(283.46)	378.00	661.46	2,861.65	3,024.00	162.35
Dues & Licenses		12.00	12.00	80.00	96.00	16.00
Conferences & Training	15.00		(15.00)	180.00		(180.00)
Kitchen/ Laundry		3,846.00	3,846.00	10.00	30,768.00	30,758.00
<b>Total Food Services</b>	<b>132,480.86</b>	<b>128,235.00</b>	<b>(4,245.86)</b>	<b>952,242.24</b>	<b>1,025,880.00</b>	<b>73,637.76</b>

**Barber & Beauty**

07/31/14

**Champaign County Nursing Home**  
**Actual vs Budget Statement of Operations**

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Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
Reg. Full-Time Employees	5,795.84	4,010.00	(1,785.84)	34,598.64	32,080.00	(2,518.64)
TOPS - Balances	22.08		(22.08)	700.24		(700.24)
TOPS - FICA	1.69		(1.69)	53.56		(53.56)
Social Security - Employer	304.56	271.00	(33.56)	2,355.93	2,168.00	(187.93)
IMRF - Employer Cost	395.77	364.00	(31.77)	3,070.51	2,912.00	(158.51)
Workers' Compensation Insurance	137.68	239.00	101.32	1,034.56	1,912.00	877.44
Unemployment Insurance	30.53	180.00	149.47	1,423.77	1,440.00	16.23
Employee Health/Life Insurance	1,243.20	1,213.00	(30.20)	10,011.60	9,704.00	(307.60)
Operational Supplies	182.55	70.00	(112.55)	806.29	560.00	(246.29)
Conferences & Training		25.00	25.00		200.00	200.00
Total Barber & Beauty	8,113.90	6,372.00	(1,741.90)	54,055.10	50,976.00	(3,079.10)
<b>Adult Day Care</b>						
Reg. Full-Time Employees	12,012.18	12,515.00	502.82	101,608.37	100,120.00	(1,488.37)
Temp. Salaries & Wages				2,584.32		(2,584.32)
Overtime	70.49	21.00	(49.49)	772.48	168.00	(604.48)
TOPS - Balances	(605.68)		605.68	(7,916.08)		7,916.08
Reg. Part-Time Employees				317.63		(317.63)
TOPS - FICA	(46.34)		46.34	(605.58)		605.58
Social Security - Employer	936.65	939.00	2.35	7,918.83	7,512.00	(406.83)
IMRF - Employer Cost	1,217.21	1,247.00	29.79	10,048.53	9,976.00	(72.53)
Workers' Compensation Insurance	370.99	748.00	377.01	3,124.90	5,984.00	2,859.10
Unemployment Insurance	(1,055.74)	556.00	1,611.74	2,852.68	4,448.00	1,595.32
Employee Health/Life Insurance	2,459.40	2,426.00	(33.40)	22,343.10	19,408.00	(2,935.10)
Books, Periodicals & Manuals		14.00	14.00		112.00	112.00
Gasoline & Oil	1,357.88	1,086.00	(271.88)	8,895.43	8,688.00	(207.43)
Equipment < \$2,500		18.00	18.00		144.00	144.00
Operational Supplies	86.88	23.00	(63.88)	1,118.83	184.00	(934.83)
Professional Services	70.00		(70.00)	116.00		(116.00)
Job Required Travel				282.80		(282.80)
Field Trips/Activities		11.00	11.00	190.87	88.00	(102.87)
Dues & Licenses	255.00		(255.00)	277.00		(277.00)
Conferences & Training				30.00		(30.00)
Furnishings, Office Equipment		3,846.00	3,846.00		30,768.00	30,768.00
Total Adult Day Care	17,128.92	23,450.00	6,321.08	153,960.11	187,600.00	33,639.89
<b>Alzheimers and Related Disord</b>						
Reg. Full-Time Employees	22,816.38	26,821.00	4,004.62	165,086.03	214,568.00	49,481.97
Overtime	9,912.68	12,047.00	2,134.32	68,744.19	96,376.00	27,631.81
TOPS - Balances	(736.10)	308.00	1,044.10	2,817.45	2,464.00	(353.45)
No Benefit Full-Time Employees	21,463.46	27,244.00	5,780.54	174,765.71	217,952.00	43,186.29
No Benefit Part-Time Employees	12,005.34	27,898.00	15,892.66	111,057.45	223,184.00	112,126.55
TOPS - FICA	(56.32)	24.00	80.32	215.53	192.00	(23.53)
Social Security - Employer	4,949.94	7,120.00	2,170.06	39,355.47	56,960.00	17,604.53
IMRF - Employer Cost	6,433.75	9,545.00	3,111.25	51,308.20	76,360.00	25,051.80
Workers' Compensation Insurance	1,656.85	5,612.00	3,955.15	13,482.34	44,896.00	31,413.66
Unemployment Insurance	1,136.30	3,081.00	1,944.70	19,616.59	24,648.00	5,031.41
Employee Health/Life Insurance	4,306.20	4,500.00	193.80	34,664.10	36,000.00	1,335.90
Books, Periodicals & Manuals				233.10		(233.10)
Operational Supplies		1.00	1.00	258.79	8.00	(250.79)
Professional Services	87.26		(87.26)	610.82		(610.82)
Conferences & Training		9.00	9.00	169.00	72.00	(97.00)
ARD - Contract Nursing	351.20	11,538.00	11,186.80	45,762.17	92,304.00	46,541.83
Total Alzheimers and Related Disorders	84,326.94	135,748.00	51,421.06	728,146.94	1,085,984.00	357,837.06
Total Expenses	1,377,723.51	1,241,589.00	(136,134.51)	10,285,971.43	9,932,712.00	(353,259.43)
Net Operating Income	(71,927.65)	(97,583.00)	25,655.35	(356,466.29)	(780,664.00)	424,197.71

07/31/14

**Champaign County Nursing Home**  
**Actual vs Budget Statement of Operations**

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Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
<b>NonOperating Income</b>						
<b>Local Taxes</b>						
Current-Nursing Home Operating	91,949.17	79,877.00	12,072.17	735,594.93	639,016.00	96,578.93
Total Local Taxes	91,949.17	79,877.00	12,072.17	735,594.93	639,016.00	96,578.93
<b>Miscellaneous NI Revenue</b>						
Investment Interest	25.24	57.00	(31.76)	183.04	456.00	(272.96)
Restricted Donations	140.00	154.00	(14.00)	3,469.21	1,232.00	2,237.21
Total Miscellaneous NI Revenue	165.24	211.00	(45.76)	3,652.25	1,688.00	1,964.25
Total NonOperating Income	92,114.41	80,088.00	12,026.41	739,247.18	640,704.00	98,543.18
Net Income (Loss)	20,186.76	(17,495.00)	37,681.76	382,780.89	(139,960.00)	522,740.89

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Champaign County Nursing Home  
Historical Statement of Operations

1

Description	08/13	09/13	10/13	11/13	12/13	01/14	02/14	03/14	04/14	05/14	06/14	07/14	Total
<b>Operating Income</b>													
Miscellaneous Revenue					1,828	2,486	1,348	2,270	3,364	5,219	2,102	962	19,578
Medicare A Revenue					267,837	245,602	215,221	217,759	170,531	276,413	212,504	217,261	1,823,129
Medicare B Revenue					35,157	37,756	45,663	29,316	31,074	37,491	34,479	36,806	287,742
Medicaid Revenue					459,986	601,386	437,374	538,463	449,094	458,595	783,316	567,257	4,295,471
Private Pay Revenue					493,612	358,642	484,074	460,093	517,836	512,792	64,079	456,721	3,347,650
Adult Day Care Revenue					17,903	13,323	14,550	17,648	22,448	20,805	22,468	26,789	155,935
Total Income					1,276,324	1,259,195	1,198,232	1,265,549	1,194,147	1,311,315	1,118,947	1,305,796	9,929,505
<b>Operating Expenses</b>													
Administration					249,903	258,385	263,618	264,550	261,561	261,778	307,140	311,382	2,178,317
Environmental Services					89,239	91,219	90,808	89,972	88,964	80,865	95,945	98,092	724,906
Laundry					15,239	17,613	16,566	17,341	18,367	15,481	15,195	19,377	135,180
Maintenance					20,574	22,631	29,249	28,258	24,304	17,357	28,035	23,124	193,531
Nursing Services					511,150	523,369	468,410	530,748	514,093	517,066	514,302	538,675	4,117,814
Activities					18,500	19,891	17,504	19,083	20,061	20,621	17,708	18,302	151,671
Social Services					16,433	16,243	14,405	11,226	10,796	17,126	20,912	30,696	137,836
Physical Therapy					42,804	45,374	41,437	40,610	40,677	43,029	42,941	43,090	339,961
Occupational Therapy					33,140	37,567	33,600	29,716	28,643	31,399	30,743	30,527	255,334
Speech Therapy					9,543	10,714	9,459	11,436	12,584	12,197	11,165	12,577	89,674
Respiratory Therapy													
Respiratory Therapy					9,226	8,199	8,525	9,199	9,171	9,419	8,773	9,831	73,343
Total This Department					18,769	19,913	17,984	20,635	21,755	21,615	19,938	22,408	163,017
Food Services					122,660	118,964	101,807	109,938	119,283	135,928	111,202	132,481	952,242
Barber & Beauty					6,316	7,212	5,215	7,036	7,049	7,375	5,739	8,114	54,055
Adult Day Care					18,583	19,543	18,670	24,303	18,800	19,891	17,041	17,129	153,960
Alzheimers and Related Disorders					101,641	105,787	87,614	102,043	85,698	85,029	76,008	84,327	728,147
Total Expenses					1,264,950	1,303,712	1,206,888	1,295,460	1,260,030	1,274,361	1,302,848	1,377,724	10,285,971
Net Operating Income					11,374	(44,517)	(8,656)	(29,911)	(65,883)	36,955	(183,900)	(71,928)	(356,466)
<b>NonOperating Income</b>													
Local Taxes					91,951	91,949	91,947	91,951	91,949	91,949	91,949	91,949	735,595
Miscellaneous NI Revenue					506	111	23	1,446	315	328	758	165	3,652
Total NonOperating Income					92,457	92,060	91,970	93,398	92,264	92,277	92,707	92,114	739,247
Net Income (Loss)					103,831	47,544	83,314	63,487	26,381	129,231	(91,193)	20,187	382,781

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**Champaign County Nursing Home  
Historical Statement of Operations**

Description	08/13	09/13	10/13	11/13	12/13	01/14	02/14	03/14	04/14	05/14	06/14	07/14	Total
<b>Operating Income</b>													
<b>Miscellaneous Revenue</b>													
Lunch Reimbursement					180		171	1,131	177	606	381	687	3,333
Late Charge, NSF Check Charge					1,648	2,476	1,059	1,116	629	1,967	1,800	144	10,640
Other Miscellaneous Revenue						10	118	22	2,558	2,646	120	130	5,805
Total Miscellaneous Revenue					1,828	2,486	1,348	2,270	3,364	5,219	2,102	962	19,578
<b>Medicare A Revenue</b>													
Medicare A					146,013	168,901	130,033	142,128	65,455	147,368	105,887	89,359	995,144
ARD - Medicare A					45,056	14,465	25,253	14,775	6,365	6,188	26,108	27,807	166,017
NH Pt Care - Medicare Advantage/ H					56,134	58,715	52,895	60,857	88,782	122,857	80,510	98,815	619,564
ARD Pt Care - Medicare Advantage/					20,635	3,520	7,040		9,928			1,280	42,404
Total Medicare A Revenue					267,837	245,602	215,221	217,759	170,531	276,413	212,504	217,261	1,823,129
<b>Medicare B Revenue</b>													
Medicare B					35,157	37,756	45,663	29,316	31,074	37,491	34,479	36,806	287,742
Total Medicare B Revenue					35,157	37,756	45,663	29,316	31,074	37,491	34,479	36,806	287,742
<b>Medicaid Revenue</b>													
Medicaid Title XIX (IDHFS)					277,188	431,022	282,473	371,984	303,291	317,367	536,775	409,126	2,929,226
ARD - Medicaid Title XIX (IDHFS)					126,822	129,179	109,666	133,616	117,740	112,146	189,487	131,438	1,050,093
Patient Care-Hospice					39,930	30,703	35,788	24,840	21,221	17,701	25,486	12,787	208,455
ARD Patient Care - Hospice					16,047	10,482	9,447	8,023	6,843	11,381	31,568	13,906	107,697
Total Medicaid Revenue					459,988	601,386	437,374	538,463	448,094	458,595	783,316	567,257	4,295,471
<b>Private Pay Revenue</b>													
VA-Veterans Nursing Home Care					25,726	34,966	33,123	20,466	17,017	18,238	8,659	30,985	189,180
ARD - VA - Veterans Care					2,187	8,360							10,547
Nursing Home Patient Care - Private					355,996	199,863	311,187	292,298	342,531	311,779	64,161	291,855	2,169,668
Nursing Home Beauty Shop Revenue					3,074	3,429	3,092	3,112	3,345	3,291	3,185	3,367	25,895
Medical Supplies Revenue					6,717	4,748	7,767	8,541	8,098	7,518	591	5,658	49,638
Patient Transportation Charges					2,780	453	2,416	1,000	1,113	1,689	822	1,522	11,796
ARD Patient Care- Private Pay					97,132	106,824	126,489	134,677	145,532	170,276	(13,338)	123,333	890,926
Total Private Pay Revenue					493,612	358,642	484,074	480,093	517,636	512,792	64,079	456,721	3,347,650
<b>Adult Day Care Revenue</b>													
VA-Veterans Adult Daycare					3,572	4,270	5,586	5,658	6,054	4,592	6,726	8,899	45,358
IL Department Of Aging-Day Care Gra					10,258	7,283	6,821	9,215	13,184	13,376	13,243	13,811	87,190
Adult Day Care Charges-Private Pay					4,073	1,770	2,143	2,775	3,210	2,838	2,499	4,080	23,388

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**Champaign County Nursing Home  
Historical Statement of Operations**

Description	08/13	09/13	10/13	11/13	12/13	01/14	02/14	03/14	04/14	05/14	06/14	07/14	Total
Total Adult Day Care Revenue					17,903	13,323	14,550	17,648	22,448	20,805	22,468	26,789	155,935
Total Income					1,276,324	1,259,195	1,198,232	1,265,549	1,194,147	1,311,315	1,118,947	1,305,796	9,929,505

**Operating Expenses****Administration**

Reg. Full-Time Employees					25,469	24,513	25,345	25,978	27,839	27,565	25,387	28,271	210,368
Temp. Salaries & Wages					1,852	1,884	2,353	3,351	1,894	1,126	935	1,380	14,775
Per Diem					180	225	225	135	180	180	135	225	1,485
Overtime					140	1,093	199	91	314	263	210	405	2,715
TOPS - Balances					(1,100)	1,674	626	1,568	350		1,241	(16)	4,342
TOPS - FICA					(84)	128	48	120	27		95	(1)	332
Social Security - Employer					1,963	1,992	2,041	2,138	2,179	2,151	1,909	2,176	16,550
IMRF - Employer Cost					2,429	2,376	2,491	2,643	2,706	2,661	2,373	2,670	20,349
Workers' Compensation Insurance					1,026	875	768	613	923	859	1,151	527	6,742
Unemployment Insurance					116	1,766	1,403	1,158	812	680	436	368	6,740
Employee Health/Life Insurance					4,292	4,249	4,381	3,655	4,276	4,408	4,276	4,276	33,814
Employee Development/Recognition					30		78	22	16		284	67	496
Employee Physicals/Lab					100	312	4,094	3,279	5,214	(400)	1,394	3,851	17,844
Stationary & Printing					212		47	718	254				1,228
Books, Periodicals & Manuals					69								69
Copier Supplies					518	536	548	731	914	366	586	748	4,946
Postage, UPS, Federal Express					391	667	534	827	453	955	545	461	4,835
Equipment < \$2,500							160	(37)					122
Operational Supplies					1,081	585	701	853	758	178	513	425	5,093
Audit & Accounting Fees					4,179	4,179	4,179	4,179	4,179	4,179	4,179	4,179	33,432
Attorney Fees					3,281	1,862	7,323	8,064	4,933	8,690	1,752	(2,100)	33,803
Professional Services					41,722	40,781	38,590	37,939	37,523	38,034	44,245	45,787	324,622
Job Required Travel Expense					123	109	506	204	130	369	183	84	1,709
Insurance					23,167	23,167	23,167	23,167	23,167	23,167	23,567	23,167	185,736
Property Loss & Liability Claims								950		371			1,321
Computer Services					10,271	6,116	6,052	6,179	5,785	6,543	6,150	6,278	53,374
Telephone Services					1,872	1,255	1,280	1,705	1,314	1,701	1,360	1,746	12,232
Rental												166	166
Legal Notices, Advertising					3,008	2,866	4,892	2,918	4,867	5,483	5,338	3,543	32,916
Photocopy Services					1,591	1,025	1,774	1,075	1,025	1,000	2,249	1,500	11,239
Public Relations					70	(55)	5	10	221	248	76	229	803
Dues & Licenses					1,725	1,725	1,675	1,625	1,625	1,625	1,625	1,625	13,251
Conferences & Training					99	1,029	1,228	(137)	1,662	1,502	745	442	6,570
Finance Charges, Bank Fees									1				1
Cable/Satellite TV Expense					2,534	2,534	2,235	2,235	2,235	2,235	2,235	2,235	18,477
IPA Licensing Fee					46,385	46,591	43,093	47,872	45,595	46,069	46,226	47,574	369,403

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Champaign County Nursing Home Historical Statement of Operations													:
07/31/14	08/13	09/13	10/13	11/13	12/13	01/14	02/14	03/14	04/14	05/14	06/14	07/14	Total
General Liability Claims												45,000	45,000
Furnishings, Office Equipment													
Depreciation Expense					60,971	60,683	62,193	62,472	61,920	61,608	61,608	61,200	492,665
Bad Debt Expense													
Miscellaneous Expense						11,412	9,163	6,030	6,048	7,741	53,909	9,381	103,685
Interest-Tax Anticipation Notes Payabl												3,292	3,292
Interest- Bonds Payable					10,222	10,222	10,222	10,222	10,222	10,222	10,222	10,222	81,777
Total Administration					249,903	258,385	263,618	264,550	261,561	281,778	307,140	311,382	2,178,317
<b>Environmental Services</b>													
Reg. Full-Time Employees					27,568	25,755	25,244	27,155	27,162	26,845	26,497	27,737	213,964
Reg. Part-Time Employees					766	709	738	796	818	847	746	837	6,257
Overtime					3,624	6,739	331	240	67	1,334		1,384	13,719
TOPS - Balances					1,584	1,274	877	1,787	701	(1,053)	2,115	(531)	6,753
TOPS- FICA					121	97	67	137	54	(81)	162	(41)	517
Social Security - Employer					2,392	2,486	1,966	2,105	2,094	2,192	2,047	2,226	17,508
IMRF - Employer Cost					3,218	3,228	2,547	2,714	2,719	2,814	2,688	2,892	22,821
Workers' Compensation Insurance					1,050	885	753	607	793	828	1,185	484	6,585
Unemployment Insurance					209	2,102	1,376	1,481	1,239	1,290	1,209	1,120	10,027
Employee Health/Life Insurance					7,450	7,450	7,647	7,449	7,449	7,647	7,449	7,449	59,991
Operational Supplies					4,662	5,616	4,078	4,716	3,796	4,913	4,631	4,869	37,182
Gas Service					11,372	16,339	20,970	18,818	16,584	4,037	9,910	11,387	111,418
Electric Service					15,517	11,077	13,640	14,346	17,378	21,238	29,483	29,046	151,725
Water Service					2,631	(766)	4,728	2,384	2,856	2,622	2,869	2,840	20,164
Pest Control Service					482	482	482	482	482	482	482	482	3,856
Waste Disposal & Recycling					5,036	2,738	3,766	3,159	3,294	3,031	2,722	4,057	27,802
Equipment Rentals					258	258	258	258	258	258	258	258	2,064
Conferences & Training							30						30
Sewer Service & Tax					1,300	2,751	1,311	1,337	1,219	1,419	1,592	1,594	12,524
Total Environmental Services					89,239	91,219	90,808	88,972	88,964	80,665	95,945	98,092	724,906
<b>Laundry</b>													
Reg. Full-Time Employees					9,465	9,158	9,382	9,989	9,786	9,707	8,970	10,533	76,991
Overtime					509	1,129		643		238		323	2,842
TOPS Balances					(494)	846	273	539	305	(535)	(165)	(213)	556
TOPS - FICA					(38)	65	21	41	23	(41)	(13)	(16)	43
Social Security - Employer					744	764	697	791	726	748	704	766	5,939
IMRF - Employer Cost					1,004	993	904	1,019	942	964	922	995	7,742
Workers' Compensation Insurance					336	324	261	203	305	290	413	170	2,302
Unemployment Insurance						668	485	567	498	479	372	366	3,435
Employee Health/Life Insurance					2,462	2,457	2,525	2,459	2,459	2,525	2,459	2,459	19,807
Laundry Supplies					1,029		226	254	226	1,297	128	473	3,633

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Champaign County Nursing Home Historical Statement of Operations													
07/31/14	08/13	09/13	10/13	11/13	12/13	01/14	02/14	03/14	04/14	05/14	06/14	07/14	Total
Description													
Linen & Bedding					222	1,210	1,792	415	1,254	579	815	3,080	9,348
Professional Services								421	1,754	(1,192)	(984)		
Laundry & Cleaning Service									88	421	1,572	482	2,543
Furnishings, Office Equipment													
Total Laundry					15,239	17,613	16,566	17,341	18,367	15,481	15,195	19,377	135,180
<b>Maintenance</b>													
Reg. Full-Time Employees					5,557	5,585	5,095	5,540	6,018	6,021	5,744	6,335	45,896
Overtime					63	573	197						833
TOPS - Balances					(120)	44	126	2,113	518	(756)	(169)	(208)	1,547
TOPS - FICA					(8)	3	10	162	40	(58)	(13)	(16)	118
Social Security - Employer					420	437	373	391	426	442	406	448	3,343
IMRF - Employer Cost					564	568	485	503	553	573	528	582	4,356
Workers' Compensation Insurance					208	190	147	115	172	180	254	108	1,372
Unemployment Insurance					174	331	274	305	305	317	305	234	2,247
Employee Health/Life Insurance					622	1,865	1,903	1,865	1,865	1,914	1,865	1,865	13,783
Gasoline & Oil					1,365		15						1,381
Ground Supplies					258	26		17			116	50	467
Maintenance Supplies					2,144	2,508	1,339	1,330	3,663	804	3,747	1,142	16,676
Equipment < \$2,500								985					985
Operational Supplies						45	16						62
Professional Services					(653)	1,003							350
Automobile Maintenance					1,227	764	128	1,195	1,319	1,559	1,431	496	8,120
Equipment Maintenance					673	1,765	4,225	6,024	1,082	1,197	5,972	3,358	24,295
Equipment Rentals					262	4	9	9	9	9	9	4	315
Nursing Home Building Repair/Mainte					6,318	1,718	9,740	6,005	8,336	5,155	7,340	8,609	53,221
Landscaping Services											500		500
Parking Lot/Sidewalk Maintenance					1,500	5,200	5,167	1,700				117	13,684
Nursing Home Building Construction/I													
Total Maintenance					20,574	22,631	29,249	28,258	24,304	17,357	28,035	23,124	193,531
<b>Nursing Services</b>													
Reg. Full-Time Employees					124,975	114,312	116,157	131,433	136,769	135,773	131,508	137,946	1,028,872
Reg. Part-Time Employees					5,299	4,239	3,687	4,566	3,945	3,437	4,148	4,532	33,854
Temp. Salaries & Wages					14,897	15,079	9,722	9,777	11,149	16,057	10,926	12,142	99,749
Overtime					59,507	75,128	28,578	26,220	27,500	42,909	26,499	46,068	332,400
TOPS - Balances					912	1,132	3,302	5,816	3,945	(6,042)	1,107	3,758	13,931
No Benefit Full-Time Employees					71,239	61,996	55,680	61,488	64,172	61,591	61,452	59,748	497,366
No Benefit Part-Time Employees					17,794	23,177	26,352	29,650	27,915	28,814	32,549	36,110	222,362
TOPS - FICA					70	87	253	445	302	(462)	85	287	1,066
Social Security - Employer					22,083	22,059	17,940	19,678	20,307	21,806	20,349	21,881	186,103
IMRF - Employer Cost					27,870	26,450	22,092	24,417	25,137	26,573	26,230	26,950	204,718

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**Champaign County Nursing Home  
Historical Statement of Operations**

Description	08/13	09/13	10/13	11/13	12/13	01/14	02/14	03/14	04/14	05/14	06/14	07/14	Total
Workers' Compensation Insurance					8,716	7,335	6,289	5,010	6,901	7,329	10,575	4,123	58,278
Unemployment Insurance					2,046	19,086	12,058	11,513	7,973	6,665	5,221	4,062	68,624
Employee Health/Life Insurance					21,821	22,439	23,638	23,654	23,654	23,648	20,552	22,417	181,820
Stocked Drugs					2,480	985	2,470	1,969	1,840	1,335	2,396	1,624	15,080
Pharmacy Charges-Public Aid					1,082	2,278	1,845	1,931	1,775	1,642	2,247	2,747	15,348
Oxygen					3,808	1,576	5,424	4,040	3,148	3,294	3,757	2,850	27,898
Incontinence Supplies					11,735	7,767	11,821	8,435	8,276	11,164	7,426	11,545	78,170
Pharmacy Charges - Insurance					6,385	10,492	12,466	3,530	8,428	6,181	5,003	8,326	60,811
Equipment < \$2,500					2,471	328	2,414	2,053	1,256	3,658	458	1,689	14,326
Operational Supplies					9,278	17,837	19,899	14,165	15,209	15,801	15,426	22,117	129,531
Pharmacy Charges-Medicare					8,754	12,236	9,250	9,401	9,858	10,869	13,072	10,251	83,690
Medical/Dental/Mental Health					3,400	3,600	3,600	3,800	3,400	3,400	3,400	3,400	27,800
Professional Services					30,149	28,388	34,549	35,432	29,140	27,219	33,042	39,185	257,105
Job Require Travel							195						195
Laboratory Fees					3,770	2,795	2,369	2,051	2,760	2,051	1,486	318	17,580
Equipment Rentals					3,077	5,437	3,567	2,749	4,045	1,990	2,402	2,313	25,579
Dues & Licenses								150					150
Conferences & Training					120		120	1,035					1,275
Contract Nursing Services					45,410	33,095	32,154	84,875	57,819	57,052	71,976	51,288	433,668
Medicare Medical Services					2,022	4,038	720	1,665	7,470	3,516	2,031	1,007	22,468
Furnishings, Office Equipment													
Medical/ Health Equipment													
<b>Total Nursing Services</b>					<b>511,150</b>	<b>523,369</b>	<b>468,410</b>	<b>530,748</b>	<b>514,093</b>	<b>517,066</b>	<b>514,302</b>	<b>538,675</b>	<b>4,117,814</b>
<b>Activities</b>													
Reg. Full-Time Employees					12,573	12,951	10,365	12,656	12,512	12,798	10,317	13,278	97,450
Overtime					6	40	103	7	63	4	84	133	440
TOPS - Balances					(799)	(921)	(519)	46	(461)	(128)	15	307	(2,460)
TOPS - FICA					(61)	(70)	(40)	4	(35)	(10)	1	23	(188)
Social Security - Employer					897	917	751	917	921	953	776	984	7,097
IMRF - Employer Cost					1,206	1,192	974	1,182	1,196	1,259	986	1,253	9,248
Workers' Compensation Insurance					477	426	322	237	364	211	477	229	2,742
Unemployment Insurance					146	803	544	678	620	456	255	351	3,854
Employee Health/Life Insurance					3,687	3,687	3,785	3,065	4,279	4,389	3,687	1,200	27,778
Books, Periodicals & Manuals												60	60
Operational Supplies					244	741	1,064	166	478	507	1,099	377	4,676
Professional Services					125	125	125	125	125	124		125	873
Job Required Travel										58	13		71
Conferences & Training							30						30
<b>Total Activities</b>					<b>18,500</b>	<b>19,891</b>	<b>17,504</b>	<b>19,083</b>	<b>20,061</b>	<b>20,621</b>	<b>17,708</b>	<b>18,302</b>	<b>151,671</b>

**Social Services**

Thursday, August 28, 2014

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**Champaign County Nursing Home  
Historical Statement of Operations**

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Description	08/13	09/13	10/13	11/13	12/13	01/14	02/14	03/14	04/14	05/14	06/14	07/14	Total
<b>Reg. Full-Time Employees</b>					10,896	10,736	9,670	6,956	6,838	7,048	7,018	13,089	72,253
<b>Overtime</b>					84	602	29	76	73	59	52	35	1,009
<b>TOPS - Balances</b>					575	(957)	401	562	170	(626)	389	523	1,037
<b>TOPS - FICA</b>					(33)	3	31	43	13	(48)	30	40	79
<b>Social Security - Employer</b>					823	848	728	524	514	536	527	989	5,490
<b>IMRF - Employer Cost</b>					1,107	1,102	941	676	668	706	673	1,287	7,161
<b>Workers' Compensation Insurance</b>					413	354	340	47	193	383	210	450	2,391
<b>Unemployment Insurance</b>						862	353	370	356	305	246	388	2,880
<b>Employee Health/Life Insurance</b>					2,442	2,442	1,912	1,846	1,846	1,912	1,846	1,846	16,094
<b>Operational Supplies</b>						125	(125)						
<b>Professional Services</b>					125	125	125	125	125	6,851	9,921	12,047	29,442
<b>Total Social Services</b>					16,433	16,243	14,405	11,226	10,796	17,126	20,912	30,696	137,836
<b>Physical Therapy</b>													
<b>Reg. Full-Time Employees</b>					4,351	4,098	3,940	4,153	4,331	4,301	4,022	4,693	33,889
<b>Overtime</b>					8	610	4		4			4	631
<b>TOPS - Balances</b>					(42)	351	(14)	87	24	(1,093)	386	298	(4)
<b>TOPS - FICA</b>					(3)	27	(1)	7	2	(84)	30	23	
<b>Social Security - Employer</b>					323	348	291	306	320	322	305	338	2,553
<b>IMRF - Employer Cost</b>					435	452	377	395	415	408	406	440	3,327
<b>Workers' Compensation Ins.</b>					165	167	59	139	124	129	124	78	984
<b>Unemployment Insurance</b>						308	204	226	218	222	184	79	1,421
<b>Employee Health/Life Insurance</b>					1,243	1,243	1,309	1,243	1,243	1,276	1,243	1,243	10,045
<b>Professional Services</b>					36,324	37,772	35,268	34,054	33,996	37,546	36,263	35,893	287,115
<b>Total Physical Therapy</b>					42,804	45,374	41,437	40,610	40,677	43,029	42,941	43,090	339,961
<b>Occupational Therapy</b>													
<b>Reg. Full-Time Employees</b>					2,165	2,263	1,968	2,066	2,165	2,165	1,968	2,380	17,140
<b>TOPS - Balances</b>					(324)	(10)	227	(103)	30	64	94	89	68
<b>TOPS - FICA</b>					(25)	(1)	17	(8)	2	5	7	7	5
<b>Social Security - Employer</b>					164	172	149	157	164	165	157	173	1,301
<b>IMRF - Employer Cost</b>					222	223	194	202	213	214	203	225	1,696
<b>Workers' Compensation Ins.</b>					82	46	29	69	62	65	62	68	483
<b>Unemployment Insurance</b>						151	103	114	111	114	103	14	712
<b>Employee Health/Life Insurance</b>					622	622	638	622	622	638	622	622	5,006
<b>Professional Services</b>					30,235	34,101	30,274	26,596	25,275	27,969	27,526	26,949	228,923
<b>Total Occupational Therapy</b>					33,140	37,567	33,600	29,716	28,643	31,399	30,743	30,527	255,334
<b>Speech Therapy</b>													
<b>Professional Services</b>					9,543	10,714	9,459	11,436	12,584	12,197	11,165	12,577	89,674
<b>Total Speech Therapy</b>					9,543	10,714	9,459	11,436	12,584	12,197	11,165	12,577	89,674

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Champaign County Nursing Home Historical Statement of Operations													
07/31/14	08/13	09/13	10/13	11/13	12/13	01/14	02/14	03/14	04/14	05/14	06/14	07/14	Total
<b>Respiratory Therapy</b>													
Professional Services					9,226	9,199	8,525	9,199	9,171	9,419	8,773	9,831	73,343
Total Respiratory Therapy					9,226	9,199	8,525	9,199	9,171	9,419	8,773	9,831	73,343
Total This Department					18,769	19,913	17,984	20,835	21,755	21,615	19,938	22,408	163,017
<b>Food Services</b>													
Reg. Full-Time Employees					24,375	28,723	29,998	33,630	32,594	34,247	33,323	39,000	255,891
Reg. Part-Time Employees						63	709	1,114	2,381	1,176	1,875	1,571	8,889
Overtime					4,675	5,538	1,070	1,559	2,836	4,715	2,472	5,226	28,091
TOPS - Balances					646	210	32	2,227	(908)	(192)	(8,227)	2,963	(3,248)
TOPS - FICA					49	16	2	170	(69)	(15)	(629)	227	(248)
Social Security - Employer					2,199	2,598	2,403	2,732	2,840	3,042	2,878	3,393	22,085
IMRF - Employer Cost					2,955	3,375	3,118	3,524	3,687	3,994	3,691	4,405	28,747
Workers' Compensation Insurance					885	1,021	396	1,296	994	1,059	1,069	1,197	7,917
Unemployment Insurance					716	1,911	1,887	1,895	1,952	1,831	1,783	2,798	14,553
Employee Health/Life Insurance					5,594	6,189	6,992	8,648	8,673	7,694	7,432	8,054	59,278
Books, Periodicals & Manuals									209				209
Food					49,016	43,855	40,960	34,606	46,275	53,740	14,529	32	283,013
Guest Meal Expense												306	306
Non-Food Supply								1,039	(103)	975	386		2,298
Nutritional Supplements					2,538	4,239	3,072	2,642	3,444	4,886	1,206	2,951	24,979
Equipment < \$2,500							173		76		1,184		1,433
Operational Supplies					5,484	6,881	6,007	2,755	4,128	3,705	433		29,394
Professional Services					22,810	13,939	4,724	11,630	9,819	14,582	47,371	60,627	185,503
Job Required Travel Expense										7	15		22
Equipment Rentals					715	405	405	405	405	405	405	(283)	2,862
Dues & Licenses								80					80
Conferences & Training							60	(15)	30	75	15	15	180
Kitchen/ Laundry											10		10
Total Food Services					122,660	118,964	101,807	109,938	119,263	135,928	111,202	132,481	952,242
<b>Barber &amp; Beauty</b>													
Reg. Full-Time Employees					6,611	2,328	3,973	7,244	1,297	4,370	2,980	5,796	34,599
TOPS - Balances					(2,389)	2,225	285	(2,510)	3,256	(557)	369	22	700
TOPS - FICA					(11)	(1)	22	43	14	(43)	28	2	54
Social Security - Employer					297	320	278	283	289	309	276	305	2,356
IMRF - Employer Cost					400	415	360	365	375	402	358	396	3,071
Workers' Compensation Insurance					166	152	59	139	125	131	125	138	1,035
Unemployment Insurance						301	206	228	220	229	209	31	1,424
Employee Health/Life Insurance					1,243	1,243	33	1,243	1,243	2,519	1,243	1,243	10,012
Operational Supplies						229			229	13	152	183	806

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**Champaign County Nursing Home  
Historical Statement of Operations**

Description	08/13	09/13	10/13	11/13	12/13	01/14	02/14	03/14	04/14	05/14	06/14	07/14	Total
Total Barber & Beauty					6,316	7,212	5,215	7,036	7,049	7,375	5,739	8,114	54,055
<b>Adult Day Care</b>													
Reg. Full-Time Employees					12,615	12,798	10,856	19,976	10,168	11,596	11,587	12,012	101,808
Temp. Salaries & Wages								695	1,202	688			2,584
Overtime					183	59	136	56	139	32	97	70	772
TOPS - Balances					(985)	(600)	365	(5,440)	(136)	(487)	(29)	(606)	(7,916)
Reg. Part-Time Employees										318			318
TOPS - FICA					(75)	(46)	28	(416)	(10)	(37)	(2)	(46)	(606)
Social Security - Employer					961	962	823	1,568	864	957	848	937	7,919
IMRF - Employer Cost					1,292	1,239	1,066	1,957	1,002	1,176	1,099	1,217	10,049
Workers' Compensation Insurance					475	427	168	649	322	377	335	371	3,125
Unemployment Insurance					265	771	580	999	523	459	311	(1,056)	2,853
Employee Health/Life Insurance					3,081	3,081	3,164	3,081	3,081	3,180	1,216	2,459	22,343
Gasoline & Oil					314	961	1,045	1,169	1,211	1,406	1,431	1,358	8,895
Operational Supplies					456	(110)	396	(56)	165	180		87	1,119
Professional Services										46		70	116
Job Required Travel									195		88		283
Field Trips/Activities							12	65	75		39		191
Dues & Licenses											22	255	277
Conferences & Training							30						30
Total Adult Day Care					18,583	19,543	18,670	24,303	18,800	19,891	17,041	17,129	153,960
<b>Alzheimers and Related Disord</b>													
Reg. Full-Time Employees					20,160	21,601	19,817	19,285	20,367	21,358	19,682	22,816	165,086
Overtime					12,787	14,469	6,152	6,049	4,843	8,343	6,188	9,913	68,744
TOPS - Balances					72	2,050	(131)	758	27	(336)	1,114	(736)	2,817
No Benefit Full-Time Employees					27,237	23,091	22,762	22,864	19,039	19,884	18,424	21,463	174,766
No Benefit Part-Time Employees					13,494	14,731	13,202	16,147	13,532	14,754	13,192	12,005	111,057
TOPS - FICA					5	157	(10)	58	2	(26)	85	(56)	216
Social Security - Employer					5,581	5,583	4,684	4,865	4,374	4,896	4,421	4,950	39,355
IMRF - Employer Cost					7,507	7,251	6,070	6,273	5,678	6,426	5,669	6,434	51,308
Workers' Compensation Insurance					2,225	2,047	838	2,053	1,428	1,674	1,560	1,657	13,482
Unemployment Insurance					892	4,733	3,214	3,085	2,459	2,299	1,797	1,136	19,617
Employee Health/Life Insurance					4,306	4,306	4,389	4,928	4,928	5,060	2,441	4,306	34,664
Books, Periodicals & Manuals									233				233
Operational Supplies					39			72		44	104		259
Professional Services					87	87		175			175	87	611
Conferences & Training									99	70			169
ARD - Contract Nursing					7,247	5,680	6,626	15,431	8,688	583	1,155	351	45,762
Total Alzheimers and Related Disorde					101,641	105,787	87,614	102,043	85,698	85,029	76,008	84,327	728,147
Total Expenses					1,264,950	1,303,712	1,206,888	1,295,460	1,260,030	1,274,361	1,302,848	1,377,724	10,285,971

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Champaign County Nursing Home Historical Statement of Operations													
07/31/14	08/13	09/13	10/13	11/13	12/13	01/14	02/14	03/14	04/14	05/14	06/14	07/14	Total
Description													
Net Operating Income					11,374	(44,517)	(8,656)	(29,911)	(65,883)	36,955	(183,900)	(71,928)	(356,486)
<b>NonOperating Income</b>													
<b>Local Taxes</b>													
Current-Nursing Home Operating					91,951	91,949	91,947	91,951	91,949	91,949	91,949	91,949	735,595
Total Local Taxes					91,951	91,949	91,947	91,951	91,949	91,949	91,949	91,949	735,595
<b>Miscellaneous NI Revenue</b>													
Investment Interest					25	36	23	16	25	15	18	25	183
Restricted Donations					481	75		1,430	290	313	740	140	3,489
Total Miscellaneous NI Revenue					506	111	23	1,446	315	328	758	165	3,652
Total NonOperating Income					92,457	92,060	91,970	93,398	92,264	92,277	92,707	92,114	739,247
Net Income (Loss)					103,831	47,544	83,314	63,487	26,381	129,231	(91,193)	20,187	382,781

07/31/14

**Champaign County Nursing Home  
Balance Sheet**

1

**ASSETS****Current Assets****Cash**

Cash	\$997,366.24
Petty Cash	\$300.00
Total Cash	\$997,666.24

**Rec., Net of Uncollectible Amounts**

Accts Rec-Nursing Home Private Pay	\$1,244,046.75
Accts Rec-Nursing Home Med Adv/ HMO/ Ins	\$755,932.26
Total Rec., Net of Uncollectible Amounts	\$1,999,979.01

**Rec., Net of Uncollectible Amounts**

Accts Rec-Nursing Home Hospice	\$151,483.73
Allowance for Uncollectible Accts-Private Pay	(\$42,520.00)
Allowance for Uncollectible Accts-Patient Care P	(\$35,031.77)
Allowance for Uncollectible Accts-Patient Care H	(\$3,258.00)
Total Rec., Net of Uncollectible Amounts	\$70,673.96

**Accrued Interest**

Property Tax Revenue Receivable	\$142,461.05
Total Accrued Interest	\$142,461.05

**Intergvt. Rec., Net of Uncollectibl**

Due from Collector Funds	\$985.42
Due from Other Governmental Units	\$863,931.58
Due from IL Public Aid	\$490,623.45
Due from IL Department of Aging-Title XX	\$39,263.24
Due from US Treasury-Medicare	\$305,072.38
Due From VA-Adult Daycare	\$39,929.44
Due From VA-Nursing Home Care	\$139,270.76
Allowance for Uncollectible Accts-IPA	(\$63,244.00)
Allow For Uncollectible Accts-IL Dept Of Aging	(\$1,630.00)
Allowance for Uncollectible Accts-Medicare	(\$26,119.00)
Allowance For Uncollectible Accts-VA Adult Day C	(\$362.00)
Allowance for Uncollectible Accts-VA Veterans Nu	(\$1,734.00)
Total Intergvt. Rec., Net of Uncollectibl	\$1,785,987.27

**Prepaid Expenses**

Prepaid Expenses	\$57,399.05
Stores Inventory	\$11,739.41
Total Prepaid Expenses	\$69,138.46

**Long-Term Investments**

Patient Trust Cash, Invested	\$17,582.97
Total Long-Term Investments	\$17,582.97
Total Current Assets	\$5,083,488.96

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07/31/14

Champaign County Nursing Home  
Balance Sheet

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2

**Fixed Assets**

Nursing Home Buildings	\$23,291,270.61
Improvements not Buildings	\$489,743.52
Equipment, Furniture & Autos	\$1,428,674.45
Construction in Progress	\$0.00
Accumulated Depreciation-Land Improvements	(\$278,595.70)
Accumulated Depreciation-Equipment, Furniture, &	(\$981,776.36)
Accumulated Depreciation-Buildings	(\$4,357,599.66)
Total Fixed Assets	<u>\$19,591,716.86</u>
Total ASSETS	<u><u>\$24,675,205.82</u></u>

07/31/14

Champaign County Nursing Home  
Balance Sheet

3

**LIABILITIES & EQUITY****Current Liabilities**

A/R Refunds	\$0.00
Accounts Payable	\$1,830,376.16
Salaries & Wages Payable	\$201,748.95
TOPS & TOPS FICA Payable	\$0.00
Interest Payable - Bonds	\$20,444.13
Due To Accounts Payable Fund	(\$131.27)
Tax Anticipation Notes Payable	\$344,752.79
Notes Payable	\$438,053.10
Total Current Liabilities	\$2,835,243.86

**Non-Current Liabilities**

Nursing Home Patient Trust Fund	\$17,582.97
Bonds Payable	\$2,885,000.00
Accrued Compensated Absences	\$336,442.44
Total Non-Current Liabilities	\$3,239,025.41
Total Current Liabilities	\$6,074,269.27

**Equity**

Revenues	\$0.00
Retained Earnings-Unreserved	\$18,218,155.66
Year To Date Earnings	\$0.00
Contributed Capital	\$0.00
Year To Date Earnings	\$382,780.89
Total Equity	\$18,600,936.55
Total LIABILITIES & EQUITY	\$24,675,205.82



**Statement of Cash Flows (Indirect Method)**  
**8 Months**  
**November 30, 2013 through July 31, 2014**

**CASH FLOW FROM OPERATING ACTIVITIES:**

<b>Net Income (Loss) - YTD</b>	<b>\$ 382,781</b>
Depreciation Expense	492,665
(Incr.)/Decr. in Accounts Receivable	(544,798)
(Incr.)/Decr. in Prepaid Expenses	(57,622)
(Incr.)/Decr. in Inventory	(463)
(Incr.)/Decr. in Patient Trust	(8,619)
Incr./(Decr.) in Accounts Payable	184,206
Incr./(Decr.) in Salaries and Wages Payable	44,368
Incr./(Decr.) in Interest Payable	(44,601)
Incr./(Decr.) in Accrued Com. Absences	22,471
Incr./(Decr.) in Other Liabilities	8,488
<b>Net Cash Provided by Operating Activities</b>	<b>478,876</b>

**CASH FLOW FROM INVESTING ACTIVITIES:**

Purchase of Equipment	(73,453)
Improvements / (CIP)	(7,690)
<b>Net Cash Provided by Investing Activities</b>	<b>(81,143)</b>

**CASH FLOW FROM FINANCING ACTIVITIES:**

Increase in Tax Anticipation Note	344,763
Notes Payable - Medicaid	438,053
(Decrease) Due to General Corp. Fund	-
(Decrease) in Bonds Payable	(180,000)
Increase in Equity Adjustment	(369,676)
<b>Net Cash Provided by Financing Activities</b>	<b>233,140</b>

<b>Total Cash Flow</b>	<b>630,873</b>
<b>Beginning Cash Flow - 11/30/2013</b>	<b>366,793</b>
<b>ENDING CASH - 7/31/2014</b>	<b>\$ 997,666</b>

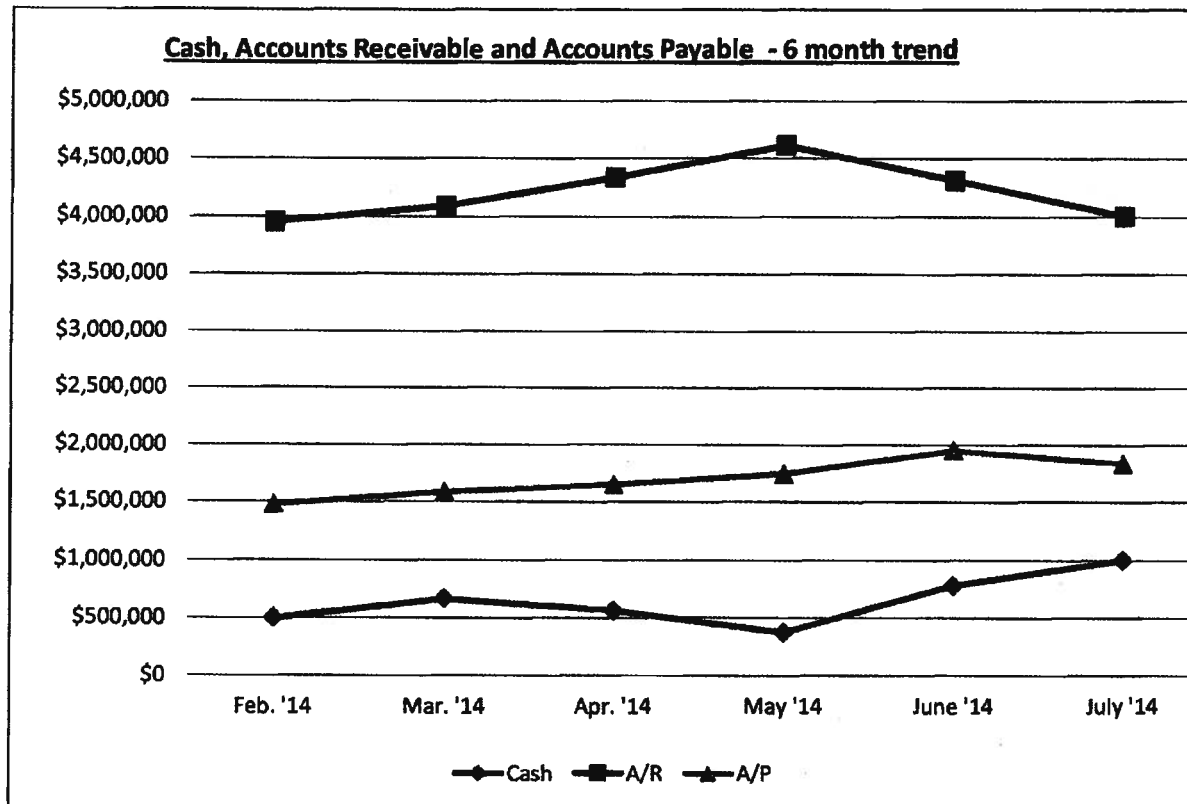
**Champaign County Nursing Home**  
**Monthly Statements of Cash Flow (Indirect Method)**  
**February 28, 2014 through July 31, 2014**

	<u>Feb. '14</u>	<u>Mar. '14</u>	<u>Apr. '14</u>	<u>May '14</u>	<u>June '14</u>	<u>July '14</u>
<b><u>CASH FLOW FROM OPERATING ACTIVITIES:</u></b>						
Net Income (Loss) - Monthly	\$ 83,314	\$ 63,487	\$ 26,381	\$ 129,231	\$ (91,193)	\$ 20,187
Depreciation Expense	62,193	62,472	61,920	61,607	61,608	61,200
(Incr.)/Decr. in Accounts Receivable	5,397	(137,718)	(242,861)	(281,792)	303,327	307,375
(Incr.)/Decr. in Prepaid Expenses	(10,022)	16,283	(64,753)	(5,756)	16,284	16,283
(Incr.)/Decr. in Inventory	(463)	-	-	-	-	-
(Incr.)/Decr. in Patient Trust	325	(661)	1,303	(482)	(3,292)	(2,464)
Incr./(Decr.) in Accounts Payable	151,676	103,365	68,463	93,107	209,540	(119,831)
Incr./(Decr.) in Salaries and Wages Payable	(18,231)	46,330	38,798	(173,163)	13,129	72,807
Incr./(Decr.) in Interest Payable	(54,823)	10,222	10,222	10,222	(51,110)	10,222
Incr./(Decr.) in Accrued Com. Absences	9,257	11,330	5,111	(12,640)	(1,895)	6,083
Incr./(Decr.) in Other Liabilities	(456)	661	(1,303)	482	3,292	2,464
Net Cash Provided (Used) by Operating Activities	228,167	175,771	(96,719)	(179,184)	459,690	374,326
<b><u>CASH FLOW FROM INVESTING ACTIVITIES:</u></b>						
Purchase of Equipment	(1,141)	(6,934)	(6,654)	(7,674)	(51,050)	-
Improvements / (CIP)	(5,143)	(2,547)	-	-	-	-
Net Cash Provided (Used) by Investing Activities	(6,284)	(9,481)	(6,654)	(7,674)	(51,050)	-
<b><u>CASH FLOW FROM FINANCING ACTIVITIES:</u></b>						
Incr./(Decr.) in Tax Anticipation Note	10	-	-	-	-	(593,132)
Incr./(Decr.) Notes Payable - Medicaid	-	-	-	-	-	438,053
Incr./(Decr.) in Due to General Corp. Fund	-	-	-	-	-	-
Incr./(Decr.) in Bonds Payable	-	-	-	-	-	-
Incr./(Decr.) in Equity Adjustment	(341,437)	-	-	-	-	-
Net Cash Provided (Used) by Financing Activities	(341,427)	-	-	-	-	(155,079)
Total Cash Flow	(119,544)	166,290	(103,373)	(186,858)	408,640	219,247
Beginning Cash Balance (Prior Month's)	613,264	493,720	660,010	556,637	369,779	778,419
MONTH ENDING CASH BALANCE	\$ 493,720	\$ 660,010	\$ 556,637	\$ 369,779	\$ 778,419	\$ 997,666

**Champaign County Nursing Home**  
**February 28, 2014 through July 31, 2014**

**Key Balance Sheet Items Charted Below:**

	<u>Feb. '14</u>	<u>Mar. '14</u>	<u>Apr. '14</u>	<u>May '14</u>	<u>June '14</u>	<u>July '14</u>
<b>Cash</b>	493,720	660,010	556,637	369,779	778,419	997,666
<b>A/R</b>	3,947,430	4,085,148	4,328,009	4,609,804	4,306,475	3,999,101
<b>A/P</b>	1,475,732	1,579,097	1,647,560	1,740,667	1,950,207	1,830,376





## **CHAMPAIGN COUNTY ADMINISTRATIVE SERVICES**

1776 East Washington Street, Urbana, Illinois 61802-4581

*ADMINISTRATIVE, BUDGETING, PURCHASING, & HUMAN RESOURCE  
MANAGEMENT SERVICES*

**Deb Busey, County Administrator**

### **MEMORANDUM**

**TO: Christopher Alix, Deputy Chair - Finance and MEMBERS of the  
CHAMPAIGN COUNTY BOARD COMMITTEE of the WHOLE**

**FROM: Angela Lusk, Co-Chair & Deb Busey, Co-Chair, and  
Members of the Champaign County Labor Management Health  
Insurance Committee**

**DATE: September 2, 2014**

**RE: Recommendation for Employee Health Insurance and Related Benefit  
Plans for FY2015**

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After review and analysis of health insurance plan proposals brought to us through our broker John Malachowski – Gallagher Benefit Services, the Champaign County Labor Management Health Insurance Committee submits the following recommendations for employee health insurance and related benefits plans for FY2015:

#### **HEALTH INSURANCE PLAN RECOMMENDATION**

##### **Health Alliance POS-C2000 80/50 Premium Plan with 6-Tier Pharmacy Benefits Plan**

The recommended plan is identical to the Plan provided for County Employees in FY2014, and covers the FY2015 budget year from January 1, 2015 through December 31, 2015.

The Committee's recommendation with regard to Health Reimbursement Account contributions paid by the County is to include all eligible expenses after the employee has reached the \$1,750.00 maximum for single coverage, or \$3,500 maximum for their dependent coverage plan, and that the following items are eligible for reimbursement, whether they occur before or after the relevant out-of-pocket maximum is reached:

1. The \$1,000 co-payment required for MRI and CT scans,
2. \$1,250 of the \$2,000 co-payment required in-patient hospitalization and out-patient surgery/procedures; and
3. \$25 of the \$50 co-payment for Urgent Care Visits, for up to 2 Urgent Care Visits per year/per enrollee.

The overall premium rate increase from FY2014 to FY2015 is 5%. It should be noted that this premium rate includes approximately 3% of new costs in fees and taxes that are directly attributable to the Affordable Care Act (ACA) and will be required in FY2015.

The four plan tiers to be offered and the change in cost from FY2014 to FY2015 are documented here:

PLAN	FY2014 Monthly Premium	FY2015 Monthly Premium	FY2015 Increase
Employee Only	\$635	\$670	\$35
Employee + Spouse	\$836	\$881	\$45
Employee + Children	\$791	\$834	\$43
Family	\$1,365	\$1,437	\$72

Premium contributions for all County employees will be consistent based on their terms of employment.

The POS-C2000 Benefit Plan Summary is attached to this Memorandum for your information.

**DENTAL PLAN:**

The Labor Management Health Insurance Committee recommends the continued offering of the Delta Dental Plan to County Employees. We recommend accepting the Delta Dental renewal proposal of a 24 month rate lock with 4% increase in premiums. The 24 month rate lock would be for the period January 1, 2015 to December 31, 2017. This is a voluntary, employee paid insurance benefit plan.

	FY2014	FY2015	FY2015 Increase
Network Plan			
Employee	\$15.96	\$16.60	\$0.64
Employee + Spouse	\$31.94	\$33.22	\$1.28
Employee + child(ren)	\$45.34	\$47.16	\$1.82
Employee + family	\$72.22	\$75.12	\$2.90
Premier Plan			
Employee	\$27.64	\$28.76	\$1.12
Employee + Spouse	\$55.28	\$57.50	\$2.22
Employee + child(ren)	\$55.70	\$57.94	\$2.24
Employee + family	\$103.00	\$107.12	\$4.12

The Delta Dental Insurance Plan Summary is attached to this Memorandum for your information.

**VISION PLAN:**

The Labor Management Health Insurance Committee recommends the continued offering of the EyeMed Vision Care Plan. We recommend accepting the Reliance Standard renewal proposal of a 12 month renewal with no rate increase. The 12 month rate lock is for the period January 1, 2015 to December 31, 2015. This is a voluntary, employee paid insurance benefit plan.

The EyeMed Vision Plan Summary is attached to this Memorandum for your information.

**BENEFIT PLANNING CONSULTANTS – HRA & FLEXIBLE SPENDING ACCOUNT ADMINISTRATION:**

The Labor Management Health Insurance Committee recommends the continued relationship with Benefit Planning Consultants for administration of the County's HRA & Flexible Spending Account Plans. We recommend accepting the 12 month renewal of the administrative service with a reduction in administrative fees. The 12 month renewal is for the period January 1, 2015 to December 31, 2015.

	FY2014	FY2015
HRA Administration	\$5.50	\$4.90 10% decrease
Flex Plan Administration	\$4.80	\$3.90 18% decrease

**RECOMMENDED ACTION:**

*The Finance Committee of the Whole recommends to the County Board approval of offering the Health Alliance POS-C2000 80/50 Premium Plan with 6-Tier Premium Pharmacy Benefits for all County Employees for FY2015; and the County will provide HRA reimbursement to employees with single coverage at an annual maximum of up to \$1,250/year to cover the single out-of-pocket maximum in excess of \$1,750 or for the co-pays for MRI/CT scans, outpatient surgery/inpatient hospitalization, maternity care, or a \$25 reimbursement for up to two Urgent Care Visits as those expenses occur throughout the year; and the County will provide HRA reimbursement towards dependent plan coverage at an annual maximum of up to \$2,500/year to cover the dependent plan out-of-pocket maximum in excess of \$3,500 or for the co-pays for MRI/CT scans, outpatient surgery/inpatient hospitalization, maternity care, or a \$25 reimbursement for up to two Urgent Care Visits for each individual covered under the County's Plan, as those expenses occur throughout the year.*

*The Finance Committee of the Whole recommends to the County Board approval of offering the Delta Dental voluntary dental plan for the period of January 1, 2015 to December 31, 2017 with a 4% rate increase over current rates.*

***The Finance Committee of the Whole recommends to the County Board approval of offering the EyeMed Vision Plan as a voluntary plan for the period of January 1, 2015 to December 31, 2015 with 0% rate of increase over current rates.***

***The Finance Committee of the Whole recommends to the County Board approval of Benefit Planning Consultants as the administrator of the County's HRA and Flexible Spending Account Plan for the period of January 1, 2015 to December 31, 2015 with a reduction in the monthly administrative fees.***

Thank you for your consideration of this recommendation.

## POS-C 2000 80/50 Premium

Member Benefits	Member Responsibility	
	In-Network	Out-of-Network
<b>Plan Year Deductible</b>	N/A	Single: \$5,000 Family: \$10,000
<b>Plan Year Out-of-Pocket Maximum</b> <i>Includes deductible expenses</i>	Single: \$3,000 Family: \$6,000	Single: \$10,000 Family: \$20,000
<b>Be Healthy Preventive Services</b> <i>Immunizations, adult and child annual physical exam, mammograms, PAP smears, cancer screenings and more. Age/frequency schedules apply.</i>	\$0 copayment	50% coinsurance
<b>Primary Care Office Visit</b>	\$25 copayment	50% coinsurance
<b>Specialist Office Visit</b>	\$50 copayment	50% coinsurance
<b>Routine Prenatal Care</b>	20% coinsurance	50% coinsurance
<b>Diagnostic Tests and X-rays</b>	20% coinsurance	50% coinsurance
<b>MRI and CT</b>	\$1,000 copayment, then 20% coinsurance	50% coinsurance
<b>Outpatient Surgery/Procedures</b>	\$2,000 copayment, then 20% coinsurance	50% coinsurance
<b>Inpatient Hospitalization</b> <i>Including Maternity Care</i>	\$2,000 copayment, then 20% coinsurance	50% coinsurance
<b>Urgent Care Visit</b>	\$50 copayment	50% coinsurance
<b>Emergency Department Visits</b>	\$200 copayment	\$200 copayment <i>deductible does not apply</i>
<b>Emergency Department Transportation</b>	\$100 copayment	\$100 copayment <i>deductible does not apply</i>
<b>Spinal Manipulations</b>	50% coinsurance	50% coinsurance <i>deductible does not apply</i>
<b>Durable Medical Equipment and Other Prostheses, Orthopedics and Orthopedic Appliances*</b>	20% coinsurance	not covered
<b>Arm, Leg Prostheses and Custom Orthotics</b>	20% coinsurance	not covered
<b>Eye Exams*</b>	\$40 copayment	not covered
<b>Pharmacy Coverage</b>	See Pharmacy Benefit Summary for details.	

\*Copayments and coinsurance payments for these services do not apply to the plan year out-of-pocket maximum.

This is a brief summary of Health Alliance benefits and exclusions, which are subject to change. Please refer to the Health Alliance Policy for detailed information regarding these plans.



## \$7/25/50/100/150/50% Pharmacy Benefits

Member Benefits	Member Responsibility*	
	In-Network	Out-of-Network
<b>Rxtra Drugs</b>	FREE (\$0 copayment)	50% coinsurance
<b>Value-Based Drugs</b>	\$20 copayment	50% coinsurance
<b>Tier 1</b>	\$7 copayment	50% coinsurance
<b>Tier 2</b>	\$25 copayment	50% coinsurance
<b>Tier 3</b>	\$50 copayment	50% coinsurance
<b>Tier 4 (Specialty Pharmacy Preferred/ Specialty Medical Preferred)</b> <i>Preauthorization Required</i>	\$100 copayment	50% coinsurance
<b>Tier 5 (Specialty Pharmacy Non-Preferred/ Specialty Medical Non-Preferred)</b> <i>Preauthorization Required</i>	\$150 copayment	50% coinsurance
<b>Tier 6 (Non-Formulary Specialty Pharmacy)</b> <i>Preauthorization Required</i>	50% coinsurance**	50% coinsurance
<b>Specialty Prescription Drugs</b>		
<i>Individual Plan Year Out-of-Pocket Maximum***</i>	\$2,500	N/A
<i>Family Plan Year Out-of-Pocket Maximum***</i>	\$7,500	N/A

\*Copayments, coinsurance and deductibles do not apply to the medical plan year out-of-pocket maximum.

\*\*Does not apply to the specialty prescription drugs plan year out-of-pocket maximum.

\*\*\*Separate from and in addition to the medical plan year out-of-pocket maximum.

Lifestyle/erectile dysfunction drug coverage is optional. This is a brief summary of Health Alliance benefits and exclusions, which are subject to change. Please refer to the Health Alliance Policy for detailed information regarding these plans.



## COUNTY OF CHAMPAIGN – NETWORK PLAN

### Delta Dental PPO Plan Highlights

Group #10981

#### Introduction

The Delta Dental PPO program allows you to go to any in- or out-of-network general or specialty dentist at the time of treatment. County of Champaign dental enrollees have access to two networks, Delta Dental PPO and Delta Dental Premier managed fee-for-service. When you call your dentist's office to make an appointment, ask if your dentist participates in either Delta Dental PPO or Premier. Your out-of-pocket costs will vary depending on whether he/she participates in Delta Dental PPO, Premier or neither (i.e., "out-of-network"). **You will maximize your benefits by receiving care from a Delta Dental PPO network dentist.** There are 143,000 Delta Dental PPO and 223,000 Delta Dental Premier dentist locations nationwide.

#### Choosing Your Dentist

Under your Dental Plan, you may go to any in- or out-of-network general or specialty dentist. However, it is to your advantage to choose a Delta Dental PPO or Premier network dentist for the following reasons:

1) Payment to Delta Dental PPO dentists is based on reduced fees; payment to Premier dentists is based on Delta Dental's maximum plan allowance (MPA). In both networks, you only have to pay your deductible and coinsurance – *you will not be "balance billed" for charges that exceed the reduced PPO fee if you receive treatment from a Delta Dental PPO dentist or the MPA if you receive treatment from a Premier dentist.\**

For example, if you need a crown, assume the Delta Dental PPO fee allowance is \$500 and the MPA is \$600. If your plan covers crowns at 50% and your dentist normally charges \$700, your out-of-pocket cost (excluding deductible) would be:

**Delta Dental PPO Dentist – \$250**  
(50% of the \$500 PPO fee allowance)

**Delta Dental Premier Dentist – \$300**  
(50% of the \$600 MPA)

**Out-of-Network Dentist – \$400**  
(50% of the \$600 MPA plus \$100 difference between the MPA and the dentist's billed charge)

2) Because we reimburse Delta Dental PPO and Premier dentists directly, they agree to charge you no more than your deductible and coinsurance; in other words, *you do not have to pay the whole bill up-front and wait for reimbursement.*

3) Out-of-network dentists do not accept Delta Dental's MPA as payment-in-full. If an out-of-network dentist's charge exceeds the MPA, you must pay the difference plus your deductible and coinsurance. At the dentist's discretion, *you may also have to pay the entire bill in advance.*

4) Claim forms will be completed and submitted at no charge. Out-of-network dentists may require you to complete forms yourself or to pay a service charge.

*\*If your Delta Dental PPO or Premier dentist inadvertently charges you for amounts payable by Delta Dental, please call our customer service department at 1-800-323-1743.*

#### Non-Covered Services

There are some limitations on the expenses for which the County of Champaign Dental Plan pays. For further information, refer to your certificate of coverage or call our customer service department.

#### Finding a Network Dentist

To verify your dentist's participation status, simply ask him/her if he/she is a Delta Dental PPO or Delta Dental Premier network dentist, call our interactive voice response (IVR) phone system, contact our customer service department or visit our Web site.

Visit Delta Dental of Illinois' Web site at  
[www.deltadentalil.com](http://www.deltadentalil.com)

The County of Champaign Dental Plan utilizes the Delta Dental PPO and Delta Dental Premier networks. To locate a network dentist, click on Dentist Search in the Subscriber section.

You can search by:

- 1) City, state and ZIP code
- 2) Specialty
- 3) Dentist name (optional)

## Summary of Benefits and Covered Services

### Annual Maximum

\$1,000/person

\*\*\*TO GO\*\*\*

**Enrollees may carryover unused portions of their annual maximums to the new year's annual maximum. Maximum amounts eligible for carryover are subject to limitations.**

### Annual Deductible

(applies to Basic/Major only)

\$50/person;

\$150/family

\$100/person;

\$300/family

\$100/person;

\$300/family

### Lifetime Ortho. Maximum

\$1,000

	<u>Delta Dental PPO</u>	<u>Delta Dental Premier</u>	<u>Out-of-Network</u>
<b>Preventive/Diagnostic</b>	100%*	70%**	70%***
♦ oral evaluations (two per benefit year)			
♦ X-rays (bitewings only - two per benefit year)			
♦ prophylaxis (cleaning; two per benefit year)			
♦ fluoride treatment (once per benefit year for children under age 19)			
♦ space maintainers			
♦ sealants			
<b>Basic</b>	80%*	50%**	50%**
♦ fillings			
♦ X-rays (excluding bitewings)			
♦ emergency exams and palliative treatment			
♦ non-surgical periodontics			
<b>Major</b>	50%*	50%**	50%**
♦ crowns, jackets, cast restorations			
♦ fixed/removable bridges			
♦ partial/full dentures			
♦ simple extractions			
♦ surgical periodontics			
♦ endodontics			
♦ oral surgery			
♦ general anesthesia (in conjunction with oral surgery)			
<b>Orthodontia</b>	50% subject to lifetime maximum	50% subject to lifetime maximum	50% subject to lifetime maximum
♦ for dependent children under age 19			

\*Delta Dental PPO dentists accept payment based on the lesser of the submitted fee or the PPO fee schedule, which is established at a level that typically delivers a 15-35% discount off of average billed charges. PPO dentists may not bill you for charges exceeding these fees.

\*\*Delta Dental Premier dentists accept payment based on the lesser of the submitted fee or Delta Dental's maximum plan allowance. Premier dentists may not bill you for charges exceeding these fees.

\*\*\*Non-network dentists are reimbursed at the lesser of the submitted fee or the 50<sup>th</sup> percentile Reasonable and Customary (R&C) fee. These dentists may balance bill you for charges in excess of Delta Dental's reimbursement.

The preceding information is a brief summary of the County of Champaign Dental Plan and the services it covers. If you have specific questions regarding benefit coverage, limitations or exclusions, contact Delta Dental at 1-800-323-1743.

*Note: Delta Dental imposes no restrictions on the method of diagnosis or treatment by a treating dentist. A benefit determination relates only to the level of payment that your group dental plan is required to make.*



## COUNTY OF CHAMPAIGN – PREMIER PLAN

### Delta Dental PPO Plan Highlights

Group #10981

#### Introduction

The Delta Dental PPO program allows you to go to any in- or out-of-network general or specialty dentist at the time of treatment. County of Champaign dental enrollees have access to two networks, Delta Dental PPO and Delta Dental Premier managed fee-for-service. When you call your dentist's office to make an appointment, ask if your dentist participates in either Delta Dental PPO or Premier. Your out-of-pocket costs will vary depending on whether he/she participates in Delta Dental PPO, Premier or neither (i.e., "out-of-network"). **You will maximize your benefits by receiving care from a Delta Dental PPO network dentist.** There are 143,000 Delta Dental PPO and 223,000 Delta Dental Premier dentist locations nationwide.

#### Choosing Your Dentist

Under your Dental Plan, you may go to any in- or out-of-network general or specialty dentist. However, it is to your advantage to choose a Delta Dental PPO or Premier network dentist for the following reasons:

1) Payment to Delta Dental PPO dentists is based on reduced fees; payment to Premier dentists is based on Delta Dental's maximum plan allowance (MPA). In both networks, you only have to pay your deductible and coinsurance – *you will not be "balance billed" for charges that exceed the reduced PPO fee if you receive treatment from a Delta Dental PPO dentist or the MPA if you receive treatment from a Premier dentist.*\*

For example, if you need a crown, assume the Delta Dental PPO fee allowance is \$500 and the MPA is \$600. If your plan covers crowns at 50% and your dentist normally charges \$700, your out-of-pocket cost (excluding deductible) would be:

**Delta Dental PPO Dentist – \$250**  
(50% of the \$500 PPO fee allowance)

**Delta Dental Premier Dentist – \$300**  
(50% of the \$600 MPA)

**Out-of-Network Dentist – \$400**  
(50% of the \$600 MPA plus \$100 difference between the MPA and the dentist's billed charge)

2) Because we reimburse Delta Dental PPO and Premier dentists directly, they agree to charge you no more than your deductible and coinsurance; in other words, *you do not have to pay the whole bill up-front and wait for reimbursement.*

3) Out-of-network dentists do not accept Delta Dental's MPA as payment-in-full. If an out-of-network dentist's charge exceeds the MPA, you must pay the difference plus your deductible and coinsurance. At the dentist's discretion, *you may also have to pay the entire bill in advance.*

4) Claim forms will be completed and submitted at no charge. Out-of-network dentists may require you to complete forms yourself or to pay a service charge.

*\*If your Delta Dental PPO or Premier dentist inadvertently charges you for amounts payable by Delta Dental, please call our customer service department at 1-800-323-1743.*

#### Non-Covered Services

There are some limitations on the expenses for which the County of Champaign Dental Plan pays. For further information, refer to your certificate of coverage or call our customer service department.

#### Finding a Network Dentist

To verify your dentist's participation status, simply ask him/her if he/she is a Delta Dental PPO or Delta Dental Premier network dentist, call our interactive voice response (IVR) phone system, contact our customer service department or visit our Web site.

Visit Delta Dental of Illinois' Web site at  
[www.deltadentalil.com](http://www.deltadentalil.com)

The County of Champaign Dental Plan utilizes the Delta Dental PPO and Delta Dental Premier networks. To locate a network dentist, click on Dentist Search in the Subscriber section.

You can search by:

- 1) City, state and ZIP code
- 2) Specialty
- 3) Dentist name (optional)

## Summary of Benefits and Covered Services

### Annual Maximum

\$1,000/person

\*\*\*TO GO\*\*\*

Enrollees may carryover unused portions of their annual maximums to the new year's annual maximum. Maximum amounts eligible for carryover are subject to limitations.

### Annual Deductible

(applies to Basic/Major only)

\$50/person;

\$150/family

\$50/person;

\$150/family

\$50/person;

\$150/family

### Lifetime Ortho. Maximum

\$1,000

	<u>Delta Dental PPO</u>	<u>Delta Dental Premier</u>	<u>Out-of-Network</u>
<b>Preventive/Diagnostic</b>	100% of reduced fee*	100% of MPA**	100% of MPA***
♦ oral evaluations (two per benefit year)			
♦ X-rays (bitewings only - two per benefit year)			
♦ prophylaxis (cleaning; two per benefit year)			
♦ fluoride treatment (once per benefit year for children under age 19)			
♦ space maintainers			
♦ sealants			
<b>Basic</b>	80% of reduced fee*	80% of MPA**	80% of MPA***
♦ fillings			
♦ X-rays (excluding bitewings)			
♦ emergency exams and palliative treatment			
<b>Major</b>	50% of reduced fee*	50% of MPA**	50% of MPA***
♦ crowns, jackets, cast restorations			
♦ fixed/removable bridges			
♦ partial/full dentures			
♦ simple extractions			
♦ surgical & non-surgical periodontics			
♦ endodontics			
♦ oral surgery			
♦ general anesthesia (in conjunction with oral surgery)			
<b>Orthodontia</b>	50% of reduced fee* subject to lifetime maximum	50% of dentist's usual fee subject to lifetime maximum	50% of dentist's usual fee subject to lifetime maximum
♦ for dependent children under age 19			

\*You will not be "balance billed" for charges exceeding Delta Dental's allowed PPO fee

\*\*You will not be "balance billed" for charges exceeding Delta Dental's maximum plan allowance (MPA)

\*\*\*You are responsible for charges exceeding Delta Dental's maximum plan allowance (MPA)

The preceding information is a brief summary of the County of Champaign Dental Plan and the services it covers. If you have specific questions regarding benefit coverage, limitations or exclusions, contact Delta Dental at 1-800-323-1743.

Note: Delta Dental imposes no restrictions on the method of diagnosis or treatment by a treating dentist. A benefit determination relates only to the level of payment that your group dental plan is required to make.



# Champaign County

## Plan Design Summary

### Eye Exam, Lenses, Frames, Frequencies

Effective Date: 1/1/2013

Plan 1: TrueView Plan H		
	EyeMed Access Network	Out of Network
Annual Eye Exam	\$10 Co-pay	Up to \$35
Lenses (per pair)		
Single Vision	\$25 Co-pay	Up to \$25
Bifocal	\$25 Co-pay	Up to \$40
Trifocal	\$25 Co-pay	Up to \$55
Lenticular	20% discount	No benefit
Progressive	Standard = \$90 Co-pay Premium = See Reverse	NA
Frames	\$100	Up to \$45
Frequencies		
Exam/Lens/Frames	12/12/12 Based on date of service	12/12/12 Based on date of service

### Deductible, Maximum

Deductibles	\$10 Exam \$25 Eye Glass Lenses	No deductible
Maximum Calendar Year	None	None

### Contact Lenses

Fit & Follow Up Exams	Standard: Member cost up to \$55 Premium: 10% off of retail	No benefit No benefit
Contacts		
Elective	Up to \$115	Up to \$92
Medically Necessary	Covered in full	Up to \$200

### Per Pay Rate

Employee (EE)	\$3.76
EE + Spouse	\$7.90
EE + Children	\$6.36
EE + Spouse & Children	\$10.60
Rates are guaranteed for 24 months following the effective date listed above.	



**John Malachowski, CLU**  
**Gallagher Benefit Services, Inc.**  
 A Subsidiary of Arthur J. Gallagher & Co.  
 101 S. Main Street, Suite 200  
 Decatur, Illinois 62523  
 Phone: 217.233.3342  
 Email: john\_malachowski@ajg.com

**RELIANCE STANDARD**  
 LIFE INSURANCE COMPANY

Confidential proposal for Group Eye Care  
 Prepared for Champaign County  
 August 30, 2012  
 Page 4

# Champaign County

## Plan Design Summary

### Lens Options (member cost)

	Plan 1: TrueView Plan H	
	EyeMed Access Network	Out of Network
<b>Progressive Lenses</b>	Standard: \$65 + lens deductible Premium: lens cost - 20% discount - \$120 allowance + Standard Progressive cost	No benefit
<b>Std. Polycarbonate</b>	\$40	No benefit
<b>Scratch Resistant Coating</b>	\$15	No benefit
<b>Anti-Reflective Coating</b>	\$45	No benefit
<b>Ultraviolet Coating</b>	\$15	No benefit
<b>LASIK or PRK</b>	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No benefit

### Additional TrueView Features (In Network)

<b>Discounts</b>	15% discount on the remaining balance in excess of the conventional contact lens allowance. 20% discount on the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses.
<b>Lens Options (Member Cost)</b>	\$15 - Tint (Solid & Gradient).
<b>Secondary Purchase Plan</b>	Members receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Members receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.
<b>Contact Lens Replacement by Mail Program</b>	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit EyeMedvisioncare.com for details.



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**RELIANCE STANDARD**  
LIFE INSURANCE COMPANY

Confidential proposal for Group Eye Care  
Prepared for Champaign County  
August 30, 2012  
Page 5

**RESOLUTION NO.**

**RESOLUTION AMENDING RESOLUTION NO. 8673 ESTABLISHING HEALTH  
INSURANCE PREMIUM CONTRIBUTIONS FOR NON-BARGAINING EMPLOYEES FOR  
FY2015**

**WHEREAS**, The Champaign County Board has heretofore adopted Resolution No. 8673 establishing the premium contributions for health insurance to be made by non-bargaining employees, with the exception of the non-bargaining employees of the Regional Planning Commission and Nursing Home, for Fiscal Years 2014, 2015, and 2016; and

**WHEREAS**, Resolution No. 8673 established premium contributions for FY2015 for the above-stated non-bargaining employees by stating that employees shall pay 8% of the cost of the single plan premium for health insurance and an additional contribution of \$30/month shall be paid by the County to the cost of dependent coverage in addition to the contribution the County makes to the single plan premium; and

**WHEREAS**, the Finance Committee recommends amendment to Resolution 8673 regarding health insurance contributions for the above-stated non-bargaining employees for FY2015 to the following: the employees shall pay 8% of the cost of the single plan premium for health insurance and an additional contribution of \$50/month shall be paid by the County to the cost of dependent coverage in addition to the contribution the County makes to the single plan premium;

**NOW, THEREFORE, BE IT AND IT IS HEREBY RESOLVED** by the County Board of Champaign County, Illinois that the non-bargaining employees, with the exception of the Regional Planning Commission and Nursing Home employees, will contribute 8% of the cost of the single plan premium for health insurance in FY2015, and the County will contribute \$50/month to the cost of dependent coverage, in addition to the contribution the County makes to the single plan premium, for those employees who enroll in dependent coverage for FY2015.

**PRESENTED, ADOPTED, APPROVED, AND RECORDED** this 18<sup>th</sup> day of September A.D. 2014.

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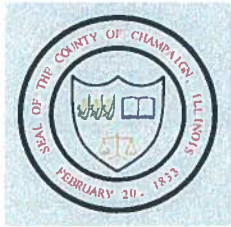
Alan Kurtz, Chair  
Champaign County Board

ATTEST:

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





## **CHAMPAIGN COUNTY BOARD**

### **INTERCOMMITTEE MEMO**

**TO: Christopher Alix, Deputy Chair Finance Committee of the Whole, and Members of the Champaign County Board**

**FROM: Catherine Emanuel, Chair and Members of the Nursing Home Board of Directors**

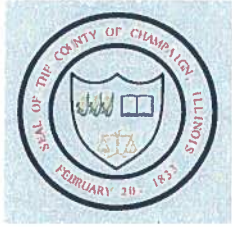
**DATE: August 14, 2014**

**RE: Payment of \$4 Million Debt Service from Nursing Home**

---

Please note the following action taken by the Nursing Home Board of Directors at its August 14, 2014 meeting, which is to be forwarded to the Finance Committee for consideration with the adoption of the FY2015 Budget.

**Motion** by Maxwell, second by Hartke, to recommend to the County Board the adoption of the Champaign County Nursing Home Budget with the request that the Finance Committee of the Whole give consideration to eliminating the ongoing repayment of the bonds (\$4 million General Sales Tax Bonds) from this (Nursing Home) budget. Motion was approved unanimously.



## CHAMPAIGN COUNTY BOARD

### INTERCOMMITTEE MEMO

**TO: Christopher Alix, Deputy Chair Finance Committee of the Whole, and Members of the Champaign County Board**

**FROM: Stan James, Chair and Members of the County Facilities Committee**

**DATE: September 2, 2014**

**RE: Funding of Capital Facilities Projects in FY2015**

---

Please note the following action taken by the County Facilities Committee at its September 2, 2014 meeting, which is to be forwarded to the Finance Committee of the Whole for consideration with the adoption of the FY2015 Budget.

**Motion** by Kibler, second by Hartke, to recommend to the Finance Committee of the Whole the appropriation of \$800,000 in the Capital Asset Replacement Fund FY2015 Facilities Budget. The anticipated projects to be completed include, but are not specifically limited to:

1. Two 1970's Brookens Boilers – estimated at \$101,300 each for a total of \$202,600
2. Two 1987 Brookens Roof Top Units – estimated at \$54,100 each for a total of \$108,200
3. Two 1970's Brookens Air Handling Units – estimated at \$43,300 each for a total of \$86,600
4. 1996 Water Heater at Satellite Jail – estimated at \$56,000
5. Satellite Jail – Repair cracks, seal exterior walls, reseal the joints of the pre-cast concrete panels – estimated at \$304,600
6. Reseal pre-cast concrete panel joints at Juvenile Detention Center – estimated at \$42,000

Motion was approved unanimously.

<b>General Corporate Fund - Expenditure/Revenue Item</b>	<b>In Budget</b>	<b>County Board Decision Point</b>	<b>County Board Decision - Add/Amend</b>	<b>Impact on Deficit</b>
Beginning Deficit				-\$254,564
<b>Facilities Projects</b>				
Facilities Projects Total	\$532,610		\$0	-\$254,564
Facilities Committee Recommendation (Recommended Projects on Attachment)		\$800,000	\$0	-\$254,564
<b>Capital Asset Replacement</b>				
Fully Funded Recommendation	\$485,051		\$0	-\$254,564
Funding Current Only		\$233,044	\$0	-\$254,564
<b>General Corporate New Funding Requests</b>				
VAC Additional Assistance		\$4,000	\$0	-\$254,564
Coroner - Additional Deputy		\$42,033	\$0	-\$254,564
IT - Disaster Recovery System		\$56,925	\$0	-\$254,564
IT - Additional Desktop Support Tech		\$40,556	\$0	-\$254,564
Physical Plant - Add'l Skilled Trades Position		\$50,823	\$0	-\$254,564
Physical Plant - Add'l Maintenance Position		\$36,908	\$0	-\$254,564
Physical Plant - Add'l Part-Time Custodian		\$10,889	\$0	-\$254,564
<b>Revenue</b>				
Transfer from Nursing Home Fund to Cover \$4 Million Debt Service	\$307,490		\$0	-\$254,564
Request from Nursing Home Board of Directors to eliminate transfer to cover Debt Service		-\$307,490	\$0	-\$254,564
				-\$254,564
				-\$254,564
<b>County Board Designation for Contingent Line</b>				
Contingent	\$169,620		\$0	-\$254,564
<b>ENDING DEFICIT/SURPLUS</b>				-\$254,564

<b>Public Safety Sales Tax Fund - Expenditure/Revenue Item</b>	<b>In Budget</b>	<b>County Board Decision Point</b>	<b>County Board Decision - Add/Amend</b>	<b>Impact on Deficit</b>
Beginning Deficit				-\$218,319
<b><i>Capital Asset Replacement</i></b>				
Fully Funded Recommendation	\$185,531			
Funding Current Only		\$76,080	\$0	-\$218,319
<b><i>Delinquency Prevention Grant Funding</i></b>				
Additional \$83,251 of previously unspent revenue set-aside	\$83,251		\$0	-\$218,319
<b>ENDING DEFICIT/SURPLUS</b>				<b>-\$218,319</b>

**FY2015 List of Public Safety Sales Tax Budgeted Items:**

1. \$121,153 is budgeted for software maintenance for the Courts Technology system.
2. \$185,531 is budgeted to be transferred to the Capital Asset Replacement Fund for technology needs of criminal justice system offices.
3. \$230,747 is budgeted as the 5% of FY2014 revenue designated for delinquency prevention grant funding in FY2015. An additional \$83,251 of previously unspent revenues for delinquency prevention grant funding is also appropriated in FY2015 – coming from fund balance.
4. \$2,100 is budgeted for the payment of annual fees on the debt service covered by the Public Safety Sales Tax Fund.
5. \$80,246 is budgeted for transfer to General Corporate Fund/Corrections Budget to offset the salary cost of one lieutenant dedicated to Classification system oversight and development in the Jail.
6. \$8,230 is budgeted for transfer to General Corporate/General County Budget to cover the annual health insurance contributions for the Lieutenant noted in #4 above.
7. \$40,000 is budgeted to pay for the final phase of the Gorski-Reifsteck Sheriff's Operations Master Plan.
8. \$100,000 is budgeted for Transfer to General Corporate Fund for continued funding of the Re-Entry Program contracted by the County to Community Elements.
9. \$59,919 is budgeted for transfer to the Specialty Courts Fund for the salary and benefits of the Specialty Courts Coordinator position.
10. \$441,586 is budgeted for transfer to the General Corporate Fund to offset the utilities costs for the public safety buildings.
11. \$3,551,526 is budgeted for debt service on bonds issued for the construction of the Courthouse and Juvenile Detention Center.

# **Levy/Rate Projection - FY2015**

Based on Estimated 2014  
Equalized Assessed Valuation  
EAV % Change from 2013

**\$ 3,462,193,575**  
-0.50%

	RY13 Extended Levy	RY13 Rate	Projected RY14 Levy	Projected RY14 Rate	FY 2015 Property Tax Increase	RATE LIMIT	% Increase- Levy
General Corp	\$ 8,584,152.31	0.2467	\$ 9,218,910	0.2574	\$ 634,757.75		7.39%
IMRF	\$ 3,225,581.35	0.0927	\$ 3,003,569	0.0887	\$ (222,012.35)		-6.88%
Social Security	\$ 1,732,836.58	0.0498	\$ 1,661,865	0.0491	\$ (70,971.58)		-4.10%
Highway	\$ 2,164,305.93	0.0622	\$ 2,247,106	0.0649	\$ 82,800.57	0.2000	3.83%
County Bridge	\$ 1,085,632.56	0.0312	\$ 1,127,166	0.0326	\$ 41,533.40	0.2500	3.83%
Liability Insurance	\$ 1,228,295.81	0.0353	\$ 1,462,958	0.0432	\$ 234,662.19		19.10%
Highway Fed Match	\$ 86,989.79	0.0025	\$ 90,318	0.0026	\$ 3,328.00	0.0500	3.83%
Extension Education	\$ 417,550.98	0.0120	\$ 422,183	0.0125	\$ 4,632.02	0.0500	1.11%
Nursing Home	\$ 1,103,030.52	0.0317	\$ 1,145,230	0.0331	\$ 42,199.00	0.1000	3.83%
Health	\$ 1,029,959.09	0.0296	\$ 1,069,363	0.0309	\$ 39,403.48	0.1000	3.83%
<b>TOTAL</b>	<b>\$ 20,658,334.92</b>	<b>0.5937</b>	<b>\$ 21,448,667.40</b>	<b>0.6150</b>	<b>\$ 790,332.48</b>		<b>3.83%</b>
Mental Health	\$ 4,050,182.34	0.1153	\$ 4,204,627	0.1208	\$ 154,444.39	0.1500	3.81%
Nursing Home Bonds	\$ 1,478,861.03	0.0421	\$ 1,436,613	0.0424	\$ (42,248.03)		-2.86%
377 Board Levy	\$ 3,512,734.03	0.1000	\$ 3,480,429	0.1000	\$ (32,305.38)	0.1000	-0.92%
<b>TOTAL COUNTY LEVY</b>	<b>\$ 29,700,112.32</b>	<b>0.8511</b>	<b>\$ 30,570,335.79</b>	<b>0.8783</b>	<b>\$ 870,223.47</b>		<b>2.93%</b>
2013 Assessed Valuation		Increase in Total Levy 2013 to 2014					
\$ 3,479,591,533		Increase in Total Rate 2013 to 2014					
		2.93%					
		3.19%					
Prepared by Debra Busey, County Administrator							

\*Mental Health and 377 Board Levy Rates projected on Equalized Assessed Valuation Less TIF Districts  
but not Enterprise Zones \$ 3,480,428,654.75  
New Construction \$ 77,554,356.00  
CPI Increase 1.5%



## **CHAMPAIGN COUNTY MENTAL HEALTH BOARD**

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

# **MEMORANDUM**

**TO:** County Board Finance Committee  
Debra Busey  
Van Anderson

**FROM:** Peter Tracy

**RE:** Budget Amendment 14-32

**DATE:** 9/2/14

This budget amendment involves \$67,269 received into the Champaign County Mental Health Board (CCMHB) Miscellaneous Revenue line to be expended through the CCMHB Contributions and Grants line. An additional \$13,205 is to be transferred from the CCMHB fund balance to the Contributions and Grants line. These two transactions will result in an aggregate increase off \$80,474 to the Contributions and Grants line, which is needed to meet contractual obligations for behavioral health services and supports through December 31, 2014.

All contracts funded through the Contributions and Line have been approved through the Champaign County Mental Health Board's regular allocation process. It should be noted that contracts funded by the CCMHB are coordinated with the State of Illinois' fiscal year (i.e., July 1 through June 30). The rationale for this arrangement is to allow for improved fiscal accountability due to the fact our contracts match up with the annual audit cycle for providers funded by the Illinois Department of Human Services.

This budget amendment is necessary to assure all contracts are funded at the level (i.e., contract maximum) approved by the CCMHB.

REQUEST FOR BUDGET AMENDMENT

BA NO. 14-00032

FUND 090 MENTAL HEALTH

DEPARTMENT 053 MENTAL HEALTH BOARD

INCREASED APPROPRIATIONS:

ACCT. NUMBER & TITLE	BEGINNING BUDGET AS OF 12/1	CURRENT BUDGET	BUDGET IF REQUEST IS APPROVED	INCREASE (DECREASE) REQUESTED
090-053-533.92 CONTRIBUTIONS & GRANTS	3,804,826	3,799,826	3,867,095	67,269
090-053-533.92 CONTRIBUTIONS & GRANTS	3,804,826	3,799,826	3,813,031	13,205
TOTALS	7,609,652	7,599,652	7,680,126	80,474

INCREASED REVENUE BUDGET:

ACCT. NUMBER & TITLE	BEGINNING BUDGET AS OF 12/1	CURRENT BUDGET	BUDGET IF REQUEST IS APPROVED	INCREASE (DECREASE) REQUESTED
None: from Fund Balance				
TOTALS	0	0	0	0

**EXPLANATION:** THE PURPOSE OF THIS AMENDMENT IS TO APPROPRIATE ADDITIONAL EXPENDITURE AUTHORITY OF \$80,474 TO MEET CONTRACTUAL OBLIGATIONS THRU 12/31/14. THIS ADDITIONAL APPROPRIATION IS COVERED BY RESERVES IN THE FUND BALANCE.

DATE SUBMITTED:

9-2-14

AUTHORIZED SIGNATURE

\*\* PLEASE SIGN IN BLUE INK \*\*

*Doreen Crawford*

APPROVED BY BUDGET & FINANCE COMMITTEE:

DATE:



## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

# MEMORANDUM

**TO:** County Board Finance Committee  
Debra Busey  
Van Anderson

**FROM:** Peter Tracy

**RE:** Budget Amendment 14-33

**DATE:** 9/2/14

This budget amendment pertains to the Delinquency Prevention Contract with the Champaign County Regional Planning Commission (CCRPC) for the operation of the Juvenile Assessment Center. This contract was recommended by the Quarter Cent for Public Safety Administration Team and authorized by the Champaign County Mental Health Board. It is the only delinquency prevention contract currently funded with Public Safety Sales Tax funds.

In order to meet our contractual obligations through 12/31/14 to fund the Juvenile Assessment Center, it is necessary to transfer \$44,851 from the Public Safety Sales Tax Fund to the Delinquency Prevention Grant Line. This money (i.e., \$44,581) represents money not spent during previous contract years.

The Juvenile Assessment Center is a positive example of community collaboration and includes funding and in-kind contributions from the City of Champaign, Champaign School District, Champaign County Mental Health Board, Champaign County Regional Planning Commission and other community partners.



REQUEST FOR BUDGET AMENDMENT

BA NO. 14-00033

**FUND 106 PUBL SAFETY SALES TAX FND DEPARTMENT 237 DELINQ PREVENTION GRANTS**

**INCREASED APPROPRIATIONS:**

ACCT. NUMBER & TITLE	BEGINNING BUDGET AS OF 12/1	CURRENT BUDGET	BUDGET IF REQUEST IS APPROVED	INCREASE (DECREASE) REQUESTED
106-237-533.92 CONTRIBUTIONS & GRANTS	230,613	230,613	275,461	44,848
TOTALS	230,613	230,613	275,461	44,848

**INCREASED REVENUE BUDGET:**

ACCT. NUMBER & TITLE	BEGINNING BUDGET AS OF 12/1	CURRENT BUDGET	BUDGET IF REQUEST IS APPROVED	INCREASE (DECREASE) REQUESTED
None: from Fund Balance				
TOTALS	0	0	0	0

**EXPLANATION:** THE PURPOSE OF THIS AMENDMENT IS TO APPROPRIATE ADDITIONAL EXPENDITURE AUTHORITY OF \$44,851 TO MEET CONTRACTUAL OBLIGATIONS THRU 12/31/14. THE REVENUE COMES FROM THE 5% PUBLIC SAFETY SALES TAX DELINQUENCY PREVENTION GRANT DESIGNATED FUNDS, WHICH WERE UNDERSPENT IN PREVIOUS YEARS AND REMAINS IN THE PUBLIC SAFETY SALES TAX FUND BALANCE.

DATE SUBMITTED:

9-2-14

AUTHORIZED SIGNATURE

\*\* PLEASE SIGN IN BLUE INK \*\*

*[Handwritten Signature]*

APPROVED BY BUDGET & FINANCE COMMITTEE:

DATE:


REQUEST FOR BUDGET AMENDMENT

BA NO. 14-00034

FUND 628 ELECTN ASSIST/ACCESSIBLTY DEPARTMENT 022 COUNTY CLERK

**INCREASED APPROPRIATIONS:**

ACCT. NUMBER & TITLE	BEGINNING BUDGET AS OF 12/1	CURRENT BUDGET	BUDGET IF REQUEST IS APPROVED	INCREASE (DECREASE) REQUESTED
628-022-522.94 ELECTION SUPPLIES	0	0	21,112	21,112
TOTALS	0	0	21,112	21,112

**INCREASED REVENUE BUDGET:**

ACCT. NUMBER & TITLE	BEGINNING BUDGET AS OF 12/1	CURRENT BUDGET	BUDGET IF REQUEST IS APPROVED	INCREASE (DECREASE) REQUESTED
628-022-331.97 HHS-VOTING ACCESS/DISABLD	0	0	13,342	13,342
628-022-334.81 IL ST BD ELECTIONS GRANT	20,000	20,000	27,770	7,770
TOTALS	20,000	20,000	41,112	21,112

EXPLANATION: VAD AND VRSG GRANTS

DATE SUBMITTED:

9-2-14

AUTHORIZED SIGNATURE

\*\* PLEASE SIGN IN BLUE INK \*\*

*[Signature]*

APPROVED BY BUDGET & FINANCE COMMITTEE:

DATE:
