



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

Champaign County Mental Health Board (CCMHB)

WEDNESDAY, APRIL 20, 2011

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

4:30 p.m.

1. Call to Order - Deborah Townsend, President
2. Roll Call
3. Citizen Input
4. CCDDDB Information
5. Approval of CCMHB Minutes
 - A. 3/23/11 Board meeting*
Minutes are included in the packet. Action is requested.
6. President's Comments
7. Executive Director's Comments
8. Staff Reports
Please refer to the Program Summaries. Oral reports on additional activities may be provided at the meeting.
9. Board to Board Reports
10. Agency Information
11. Financial Information
 - A. Acceptance of Claims

12. New Business

A. Program Summaries

Discussion of agencies requests for funding. A Briefing Memo, list of CCMHB, Quarter Cent and Access Initiative applications received, copies of the program summaries, and a glossary of terms is included in the Board packet.

B. Cultural and Linguistic Competence Plans Review
Included in the Board packet for information only.

13. Old Business

A. Anti-Stigma Alliance Event Update

A report from Barb Bressner is included in the packet.

B. Developmental Disabilities Expo Update

A report from Barb Bressner is included in the packet.

14. Board Announcements

15. Adjournment

****Board action***

5.A.

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
MONTHLY BOARD MEETING**

Minutes—March 23, 2011

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

4:30 p.m.

MEMBERS PRESENT: Jan Anderson, Aillinn Dannave, Bill Gleason, Ernie Gullerud, Deloris Henry, Mike McClellan, Mary Ann Midden, Deborah Townsend

MEMBERS EXCUSED: Thom Moore

STAFF PRESENT: Peter Tracy, Executive Director; Lynn Canfield, Nancy Crawford, Stephanie Howard-Gallo, Shawn Lampkins, Shandra Summerville, Julia Thomas

STAFF EXCUSED: Mark Driscoll, Karen Simms, Adrienne Spires, Jonte Rollins, Tracy Parsons

OTHERS PRESENT: Andre Arrington, Natasha Nunoo-Ponder, Don Moyer Boys & Girls Club (DMBGC); Juli Kartel, Community Elements; Mary Vita Rosmarino, Mahomet Area Youth Club (MAYC); Danielle Mathews, Laura Bennett, Developmental Services Center (DSC); Bruce Suardini, Prairie Center Health Systems (PCHS); Hope Makil, Isaiah Williams, ACCESS Initiative; Ann Russell, NAMI; Pat Henry, Champaign County Regional Planning Commission (RPC); Walt Blumenshine, GROW; Patricia Avery, C-U Area Project; Reverend Troy Burks, NAACP; Mary Kay Pleck, League of Women Voters (LWV); Mike Williams, Children's Advocacy Center (CAC)

CALL TO ORDER:

Dr. Townsend, Board President, called the meeting to order at 4:30 p.m.

ROLL CALL:

Roll call was taken, and a quorum was present.

ADDITIONS TO AGENDA:

None.

CITIZEN INPUT:

Ms. Anne Russell announced the National Association of Social Workers (NASW) will be holding an event in July. They will be will be hosting the 15th Annual Tri-City Exchange from July 10–23, 2011. This volunteer-run exchange program offers NASW Illinois members an opportunity to learn and share professional knowledge with social workers from Birmingham, England, and Hamburg, Germany. More information will be forthcoming.

CCDDB INFORMATION:

None.

APPROVAL OF MINUTES:

Minutes from the February 23, 2011 Board meeting were included in the packet for review.

MOTION: Ms. Anderson moved to approve the minutes from the February 23, 2011 Board meeting. Dr. Gullerud seconded the motion. A vote was taken and the motion passed unanimously.

PRESIDENT'S COMMENTS:

Dr. Townsend provided Board members with a copy of the resolution passed by the CCMHB urging the Governor of Illinois to rescind the cuts to mental health, substance abuse, and developmental disability services.

EXECUTIVE DIRECTOR'S COMMENTS:

Mr. Tracy reviewed the allocation cycle with CCMHB members. Program summaries will be distributed to the Board in April. Funding decisions will be made at the May Board meeting

STAFF REPORTS:

Written reports from Mark Driscoll, Lynn Canfield, and Tracy Parsons were included in the Board packet.

BOARD TO BOARD:

Dr. Ernie Gullerud attended the monthly meeting of Prairie Center Health Systems (PCHS).

AGENCY INFORMATION:

Ms. Patricia Avery, executive director at Champaign Urbana Area Project (CUAP) announced the agency received notice they will receive an additional 5% cut in funding from the state. CUAP will be moving to Huntington Towers in Champaign in order to save money on office rental costs.

Ms. Deborah McFarland represented Don Moyer Boys and Girls Club (DMBGC) and announced summer camp planning is underway.

Ms. Mary Vita Rosmarino, executive director of Mahomet Area Youth Club (MAYC) thanked Ms. Shandra Summerville from the ACCESS Initiative for attending the Club's annual dinner.

FINANCIAL INFORMATION:

Approval of Claims:

A copy of the expenditure approval list was included in the Board packet for review.

MOTION: Mr. Gleason moved to accept the claims report as presented in the Board packet. Ms. Anderson seconded the motion. The motion passed unanimously.

NEW BUSINESS:

CCMHB Annual Report:

A draft FY10 CCMHB Annual Report was included in the Board packet for review and approval.

MOTION: Mr. McClellan moved to approve the FY10 CCMHB Annual Report as presented. Ms. Dannave seconded the motion. A voice vote was taken and the motion passed unanimously.

Application Funding Requests:

A list of applicants and amounts requested was included in the Board packet for information only.

OLD BUSINESS:

ACCESS Initiative Financial Policy Manual:

A Decision Memorandum and a draft of the ACCESS Initiative Financial Policy Manual was included in the Board packet for review and action. The purpose of the policy manual is to

provide guidance on a variety of subjects specific to the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Illinois Department of Human Services Agreement. The manual provides a course of action and guiding principles for financial management, contracting and spending related to accomplishing project goals and objectives. Ms. Dannave requested the "Participation Regulations" in Article 2; Item D. be rewritten in order for the content to be clearer. Dr. Henry requested that a policy be added to the manual regarding "discretionary conferences". Discussion ensued and Board members generally agreed on the corrections to the policy manual. The policy will be reviewed on an "as needed" basis.

MOTION: Mr. McClellan moved to approve the draft ACCESS Initiative Policy Manual with the rewrites requested. Mr. Gleason seconded. A voice vote was taken. All members voted aye and the motion passed unanimously.

Anti-Stigma Alliance:

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

Developmental Disabilities Expo Update:

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

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The business meeting adjourned at 6:10 p.m.

Respectfully

Submitted by: _____ Approved by: _____
Stephanie Howard-Gallo Deborah Townsend
CCMHB/CCDDB Staff CCMHB President

Date: _____ Date: _____

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

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

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VENDOR NO	VENDOR NAME	TRN DTE	B N CD	TR NO	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
*** DEPT NO. 053 MENTAL HEALTH BOARD												
25	CHAMPAIGN COUNTY TREASURER	3/09/11	02 VR	53-	98		449569	3/10/11	090-053-533.50-00	RENT-GENERAL CORP FACILITY/OFFICE RENTALS	MAR OFFICE RENTAL	1,975.28
											VENDOR TOTAL	1,975.28 *
41	CHAMPAIGN COUNTY TREASURER	3/30/11	03 VR	620-	52		450641	3/31/11	090-053-513.06-00	HEALTH INSUR FND 620 EMPLOYEE HEALTH/LIFE INS	MAR H1 & L1	2,753.00
											VENDOR TOTAL	2,753.00 *
88	CHAMPAIGN COUNTY TREASURER	3/07/11	01 VR	88-	20		449574	3/10/11	090-053-513.02-00	I.M.R.F. FUND 088 IMRF - EMPLOYER COST	IMRF 2/25 P/R	1,285.21
		3/22/11	07 VR	88-	22		450340	3/24/11	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 3/11 P/R	1,285.21
											VENDOR TOTAL	2,570.42 *
161	CHAMPAIGN COUNTY TREASURER	3/09/11	02 VR	53-	116		449579	3/10/11	090-053-533.92-00	REG PLAN COMM FND075 CONTRIBUTIONS & GRANTS	MAR SENIOR SERVICES	2,169.00
		4/04/11	05 VR	53-	150		450997	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR SENIOR SERVICE	2,169.00
											VENDOR TOTAL	4,338.00 *
176	CHAMPAIGN COUNTY TREASURER	3/14/11	04 VR	119-	27		449978	3/18/11	090-053-513.04-00	SELF-FUND INS FND476 WORKERS' COMPENSATION	INSWORK COMP 2/11,25 P	115.58
											VENDOR TOTAL	115.58 *
179	CHAMPAIGN COUNTY TREASURER	3/09/11	02 VR	53-	103		449581	3/10/11	090-053-533.92-00	CHLD ADVC CTR FND679 CONTRIBUTIONS & GRANTS	MAR CHILD ADVOCACY	3,090.00
		4/04/11	05 VR	53-	138		450998	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR CHILD ADVOCACY	3,090.00
											VENDOR TOTAL	6,180.00 *
188	CHAMPAIGN COUNTY TREASURER	3/07/11	01 VR	188-	27		449582	3/10/11	090-053-513.01-00	SOCIAL SECUR FUND188 SOCIAL SECURITY-EMPLOYER	FICA 2/25 P/R	944.44
		3/22/11	07 VR	188-	31		450343	3/24/11	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 3/11 P/R	944.46
											VENDOR TOTAL	1,888.90 *

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*** FUND NO. 090 MENTAL HEALTH											
572	ABSOPURE WATER										
		3/15/11	05 VR	53- 123		449982	3/18/11	090-053-533.51-00	EQUIPMENT RENTALS	805308-52705181 2/2	9.00
										VENDOR TOTAL	9.00 *
4990	ASSN OF COMMUNITY MENTAL HLTH AUTH OF IL ACMHAI										
		3/22/11	03 VR	53- 130		450358	3/24/11	090-053-533.95-00	CONFERENCES & TRAINING	P.TRACY 3/30SPRNGFL	75.00
		3/22/11	03 VR	53- 130		450358	3/24/11	090-053-533.95-00	CONFERENCES & TRAINING	GULLERUD 3/30 SPRNG	75.00
		3/22/11	03 VR	53- 130		450358	3/24/11	090-053-533.95-00	CONFERENCES & TRAINING	D.HENRY 3/30 SPRNGF	75.00
		3/22/11	03 VR	53- 130		450358	3/24/11	090-053-533.95-00	CONFERENCES & TRAINING	H-GALLO 3/30 SPRNGF	75.00
										VENDOR TOTAL	300.00 *
7982	BEST INTEREST OF CHILDREN, INC.										
		3/09/11	02 VR	53- 101		449597	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR PEER AMBASSADOR	9,167.00
		3/09/11	02 VR	53- 101		449597	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR PSYCH-ADVOCACY	7,196.00
		3/09/11	02 VR	53- 101		449597	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR PSYCH-PARENT ED	1,333.00
		3/09/11	02 VR	53- 101		449597	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR FAMILY LINK	5,858.00
		4/04/11	05 VR	53- 135		451015	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR PEER AMBASSADOR	9,167.00
		4/04/11	05 VR	53- 135		451015	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR PSYCH SVCS APR	7,196.00
		4/04/11	05 VR	53- 135		451015	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR PSYCH SVCS EDU	1,333.00
		4/04/11	05 VR	53- 135		451015	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR FAMILY LINK	5,858.00
										VENDOR TOTAL	47,108.00 *
12986	CATHOLIC CHARITIES								SPALDING PASTORAL CR		
		3/15/11	05 VR	53- 124		450008	3/18/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN COUNSELING	667.00
		3/30/11	05 VR	53- 153		450685	3/31/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB COUNSELING	667.00
										VENDOR TOTAL	1,334.00 *
13375	CENTER FOR WOMEN IN TRANSITION										
		3/09/11	02 VR	53- 102		449608	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR WOMEN IN TRANSI	5,579.00
		4/04/11	05 VR	53- 136		451024	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR WOMEN IN TRANSI	5,579.00
										VENDOR TOTAL	11,158.00 *

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*** FUND NO. 090 MENTAL HEALTH											
15500	CHAMPAIGN-URBANA AREA PROJECT										
		3/09/11	02 VR	53- 105		449613	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR FAMILY ADVOCACY	4,034.00
		4/04/11	05 VR	53- 137		451029	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR FAMILY ADVOCACY	4,034.00
										VENDOR TOTAL	8,068.00 *
17128	CLASSIC EVENTS										
		3/15/11	05 VR	53- 126		450018	3/18/11	090-053-533.95-00	CONFERENCES & TRAINING	200135 2/23 BD MTNG	170.05
										VENDOR TOTAL	170.05 *
18046	COMCAST CABLE										
		3/22/11	03 VR	53- 128		450384	3/24/11	090-053-533.29-00	COMPUTER SERVICES	8771403010088314 3/	84.90
										VENDOR TOTAL	84.90 *
18203	COMMUNITY CHOICE										
		3/09/11	02 VR	53- 104		449622	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR SELF-DETERMINAT	1,666.00
		4/04/11	05 VR	53- 139		451036	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR SELF DETERMINAT	1,666.00
										VENDOR TOTAL	3,332.00 *
18230	COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY										
		3/09/11	02 VR	53- 106		449623	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR 1ST CALL	6,705.00
		4/04/11	05 VR	53- 140		451037	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR 1ST CALL	6,705.00
										VENDOR TOTAL	13,410.00 *
19346	CRISIS NURSERY										
		3/09/11	02 VR	53- 107		449628	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR BEYOND BLUE RUR	4,189.00
		4/04/11	05 VR	53- 141		451040	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR BEYOND BLUE	4,189.00
										VENDOR TOTAL	8,378.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC										
		3/09/11	02 VR	53- 108		449633	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR FAM DEVELOP CTR	17,498.00
		3/09/11	02 VR	53- 108		449633	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR DVLOP TRAIN/EMP	23,912.00
		4/04/11	05 VR	53- 142		451042	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR FAM DEVELOMT CT	17,498.00

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*** FUND NO. 090 MENTAL HEALTH											
		4/04/11	05 VR	53- 142		451042	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR DEVELOP TRAININ	23,912.00
										VENDOR TOTAL	82,820.00 *
22730	DON MOYER BOYS & GIRLS CLUB										
		3/09/11	02 VR	53- 109		449636	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR SMART MOVES	3,333.00
		4/04/11	05 VR	53- 143		451045	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR SMART MOVES	3,333.00
										VENDOR TOTAL	6,666.00 *
24095	EMK DATA SYSTEMS LLC								% ALEX CAMPBELL		
		3/09/11	02 VR	53- 120		449642	3/10/11	090-053-533.07-00	PROFESSIONAL SERVICES	INV 1157 3/2 #11-03	675.00
										VENDOR TOTAL	675.00 *
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY								GRANTS		
		3/09/11	02 VR	53- 110		449648	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR 1ST CALL	5,045.00
		3/09/11	02 VR	53- 110		449648	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR SENIOR COUSELIN	11,861.00
		3/09/11	02 VR	53- 110		449648	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR SELF HELP	2,411.00
		3/30/11	05 VR	53- 154		450718	3/31/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB FAM COUNSELING	2,595.26
		4/04/11	05 VR	53- 144		451052	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR 1ST CALL	5,045.00
		4/04/11	05 VR	53- 144		451052	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR SNR COUNSELING	11,861.00
		4/04/11	05 VR	53- 144		451052	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR SELF-HELP	2,411.00
										VENDOR TOTAL	41,229.26 *
27922	FRANCES NELSON HEALTH CENTER								MENTAL HLTH GRANTS		
		3/09/11	02 VR	53- 111		449658	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR COUNSELING	15,370.00
		4/04/11	05 VR	53- 145		451060	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR MNTL HLTH COUNS	15,370.00
										VENDOR TOTAL	30,740.00 *
44570	MAHOMET AREA YOUTH CLUB								601 EAST FRANKLIN		
		3/09/11	02 VR	53- 112		449697	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR TEEN SUCCEED	1,417.00
		4/04/11	05 VR	53- 146		451088	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR TEEN SUCCEED	1,417.00
										VENDOR TOTAL	2,834.00 *

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*** FUND NO. 090 MENTAL HEALTH												
47262	MENTAL HEALTH CENTER OF CHAMPAIGN COUNTY	GRANTS										
		3/09/11	02	VR	53- 113		449700	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR PARENT LOVE LMT	16,667.00
		3/09/11	02	VR	53- 113		449700	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR EARLY CHILDHOOD	5,942.00
		3/09/11	02	VR	53- 113		449700	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR SCHOOL OUTREACH	8,833.00
		3/09/11	02	VR	53- 113		449700	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR ACCESS/BENEFITS	3,953.00
		3/09/11	02	VR	53- 113		449700	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR ADULT RECOVERY	1,630.00
		3/09/11	02	VR	53- 113		449700	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR PSYCHIATRIC SVC	3,333.00
		3/09/11	02	VR	53- 113		449700	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR CRSS LN/CRM JST	18,127.00
		3/15/11	05	VR	53- 125		450105	3/18/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB TIMES CENTER	4,000.00
		4/04/11	05	VR	53- 147		451094	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR PARENT LOVE LMT	16,667.00
		4/04/11	05	VR	53- 147		451094	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR EARLY CHMH DVLP	5,942.00
		4/04/11	05	VR	53- 147		451094	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR SCHOOL OUTREACH	8,833.00
		4/04/11	05	VR	53- 147		451094	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR ACCESS BENEFITS	3,953.00
		4/04/11	05	VR	53- 147		451094	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR ADLT REC/DRG CR	1,630.00
		4/04/11	05	VR	53- 147		451094	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR PSYCHIATRIC SVC	3,333.00
		4/04/11	05	VR	53- 147		451094	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR CRISIS LN/JUSTI	18,127.00
											VENDOR TOTAL	120,970.00 *
56750	PRAIRIE CENTER HEALTH SYSTEMS	GRANTS										
		3/09/11	02	VR	53- 114		449712	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR OPERATN SNOWBAL	2,222.00
		3/09/11	02	VR	53- 114		449712	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR DRUG COURT	13,350.00
		3/09/11	02	VR	53- 114		449712	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR PREVENTION	4,587.00
		3/09/11	02	VR	53- 114		449712	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR PARENT LOVE LMT	17,500.00
		3/30/11	05	VR	53- 155		450787	3/31/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB FAMILY THERAPY	4,406.00
		3/30/11	05	VR	53- 155		450787	3/31/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB RESIDENTIAL	4,900.86
		4/04/11	05	VR	53- 148		451105	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR OPERATN SNOWBAL	2,222.00
		4/04/11	05	VR	53- 148		451105	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR DRUG COURT	13,350.00
		4/04/11	05	VR	53- 148		451105	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR PREVENTION	4,587.00
		4/04/11	05	VR	53- 148		451105	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR PARENT LOVE LIM	17,500.00
											VENDOR TOTAL	84,624.86 *
59900	REFUGEE ASSISTANCE CENTER											
		3/09/11	02	VR	53- 115		449718	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR REFUGEE SUPPORT	1,000.00

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*** FUND NO. 090 MENTAL HEALTH												
		4/04/11	05	VR	53- 149		451113	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR REFUGEE SUPPORT	1,000.00
											VENDOR TOTAL	2,000.00 *
62674	SAVANNAH FAMILY INSTITUTE, INC.	3/30/11	05	VR	53- 133		450805	3/31/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR CTR OF EXCEL Q4	32,000.00
											VENDOR TOTAL	32,000.00 *
67867	SPOC LLC									D/B/A CHAMPAIGN TEL		
		3/08/11	01	VR	16- 57		449728	3/10/11	090-053-533.33-00	TELEPHONE SERVICE	INV 1073897 2/15	35.57
		3/29/11	03	VR	16- 80		450812	3/31/11	090-053-533.33-00	TELEPHONE SERVICE	INV 1074788 3/11	29.18
											VENDOR TOTAL	64.75 *
71626	TALKS YOUTH DEVELOPMENT INC NFP									TALKS MENTORING		
		3/09/11	02	VR	53- 117		449732	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR TALKS MENTORING	5,353.00
		4/04/11	05	VR	53- 151		451131	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	TALK MENTORING APR	5,353.00
											VENDOR TOTAL	10,706.00 *
76921	UNIVERSITY OF ILLINOIS - PSYCHOLOGICAL SERVICES											
		3/09/11	02	VR	53- 118		449741	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR OUTRCH INITIATI	6,567.00
		3/09/11	02	VR	53- 118		449741	3/10/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR BLACK PARENTING	899.00
		4/04/11	05	VR	53- 152		451140	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR OUTREACH INITIA	6,567.00
		4/04/11	05	VR	53- 152		451140	4/07/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR PARENT EDUCATIO	899.00
											VENDOR TOTAL	14,932.00 *
78550	VERIZON WIRELESS-MENTAL HEALTH BOARD									AC 386356887-00001		
		3/09/11	02	VR	53- 121		449746	3/10/11	090-053-533.29-00	COMPUTER SERVICES	AC 386356887-01 2/2	120.14
		3/09/11	02	VR	53- 121		449746	3/10/11	090-053-533.33-00	TELEPHONE SERVICE	AC 386356887-01 2/2	101.58
		3/09/11	02	VR	53- 121		449746	3/10/11	090-053-533.29-00	COMPUTER SERVICES	AC 386356887-01 2/2	50.00-
											VENDOR TOTAL	171.72 *
78873	VISA CARDMEMBER SERVICES	3/09/11	02	VR	53- 122		449752	3/10/11	090-053-533.84-00	BUSINESS MEALS/EXPENSES	7790 JIM GOULD 1/28	27.83

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*** FUND NO. 090 MENTAL HEALTH												
		3/09/11	02	VR	53- 122		449752	3/10/11	090-053-533.84-00	BUSINESS MEALS/EXPENSES	7790 GRT IMPASTA1/3	54.07
		3/30/11	05	VR	53- 156		450830	3/31/11	090-053-533.84-00	BUSINESS MEALS/EXPENSES	7790 BARNES &NBL2/2	7.76
		3/30/11	05	VR	53- 156		450830	3/31/11	090-053-533.84-00	BUSINESS MEALS/EXPENSES	7790 SCHNUCK'S 3/21	105.81
											VENDOR TOTAL	195.47 *
81610	XEROX CORPORATION											
		3/22/11	03	VR	53- 129		450519	3/24/11	090-053-533.85-00	PHOTOCOPY SERVICES	INV 113721813 3/3	264.63
											VENDOR TOTAL	264.63 *
602880	BRESSNER, BARBARA J.											
		3/09/11	02	VR	53- 100		449765	3/10/11	090-053-533.07-00	PROFESSIONAL SERVICES	MAR CONSULTING FEE	2,625.00
		4/04/11	05	VR	53- 134		451165	4/07/11	090-053-533.07-00	PROFESSIONAL SERVICES	APR CONSULTING FEE	2,625.00
											VENDOR TOTAL	5,250.00 *
609500	CRAWFORD, NANCY K											
		3/09/11	02	VR	53- 99		449775	3/10/11	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	27 MILE 1/6-2/24	29.07
											VENDOR TOTAL	29.07 *
644010	TRACY, PETER											
		3/09/11	02	VR	53- 119		449822	3/10/11	090-053-533.84-00	BUSINESS MEALS/EXPENSES	GULLERUD/TRACY 1/27	21.30
		3/09/11	02	VR	53- 119		449822	3/10/11	090-053-533.84-00	BUSINESS MEALS/EXPENSES	HNRY, TWNSND, TRCY2/1	36.32
		3/09/11	02	VR	53- 119		449822	3/10/11	090-053-533.84-00	BUSINESS MEALS/EXPENSES	JRDN, CNFLD, TRCY 1/1	26.85
		3/09/11	02	VR	53- 119		449822	3/10/11	090-053-533.84-00	BUSINESS MEALS/EXPENSES	TWNSND, HNRY, TRCY2/2	33.41
		3/09/11	02	VR	53- 119		449822	3/10/11	090-053-533.95-00	CONFERENCES & TRAINING	RFRSHMT-DDB MTNG2/2	10.97
		3/09/11	02	VR	53- 119		449822	3/10/11	090-053-533.95-00	CONFERENCES & TRAINING	RFRSHMT-MHAC MTG1/2	10.90
		3/09/11	02	VR	53- 119		449822	3/10/11	090-053-533.95-00	CONFERENCES & TRAINING	RFRSHMT-DDB MTG 1/1	17.45
		3/30/11	05	VR	53- 132		450877	3/31/11	090-053-533.95-00	CONFERENCES & TRAINING	1430 MILE 3/2-4 DC	729.30
		3/30/11	05	VR	53- 132		450877	3/31/11	090-053-533.95-00	CONFERENCES & TRAINING	PARKING 3/2,3 DC	80.00
		3/30/11	05	VR	53- 132		450877	3/31/11	090-053-533.95-00	CONFERENCES & TRAINING	LODGE 3/2,3 DC	515.24
		3/30/11	05	VR	53- 132		450877	3/31/11	090-053-533.95-00	CONFERENCES & TRAINING	DINNER 3/2-4 DC	96.00
											VENDOR TOTAL	1,577.74 *
										MENTAL HEALTH BOARD	DEPARTMENT TOTAL	550,923.63 *
										MENTAL HEALTH	FUND TOTAL	550,923.63 *

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*** FUND NO. 109 DELINQ PREVENTN GRNT FUND													
*** DEPT NO. 053 MENTAL HEALTH BOARD													
161	CHAMPAIGN COUNTY TREASURER								REG PLAN COMM FND075				
		3/09/11	02	VR	109-		8	449579	3/10/11	109-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR COURT DIVERSION	11,775.00
		4/04/11	05	VR	109-		10	450997	4/07/11	109-053-533.92-00	CONTRIBUTIONS & GRANTS	APR COURT DIVERSION	11,775.00
												VENDOR TOTAL	23,550.00 *
22730	DON MOYER BOYS & GIRLS CLUB												
		3/09/11	02	VR	109-		9	449636	3/10/11	109-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR JUMP PROGRAM	5,833.00
		4/04/11	05	VR	109-		11	451045	4/07/11	109-053-533.92-00	CONTRIBUTIONS & GRANTS	APR JUMP PROGRAM	5,833.00
												VENDOR TOTAL	11,666.00 *
										MENTAL HEALTH BOARD		DEPARTMENT TOTAL	35,216.00 *
										DELINQ PREVENTN GRNT FUND		FUND TOTAL	35,216.00 *

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*** FUND NO. 641 ACCESS INITIATIVE GRANT												
*** DEPT NO. 053 MENTAL HEALTH BOARD												
25	CHAMPAIGN COUNTY TREASURER									RENT-GENERAL CORP		
		3/09/11	02 VR	641-	57		449569	3/10/11	641-053-533.50-00	FACILITY/OFFICE RENTALS	MAR OFFICE RENTAL	1,574.08
		4/04/11	05 VR	641-	79		450983	4/07/11	641-053-533.50-00	FACILITY/OFFICE RENTALS	APR OFFICE RENTAL	1,574.08
											VENDOR TOTAL	3,148.16 *
41	CHAMPAIGN COUNTY TREASURER									HEALTH INSUR FND 620		
		3/30/11	03 VR	620-	52		450641	3/31/11	641-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	MAR H1 & L1	3,854.20
											VENDOR TOTAL	3,854.20 *
88	CHAMPAIGN COUNTY TREASURER									I.M.R.F. FUND 088		
		3/07/11	01 VR	88-	20		449574	3/10/11	641-053-513.02-00	IMRF - EMPLOYER COST	IMRF 2/25 P/R	1,369.14
		3/22/11	07 VR	88-	22		450340	3/24/11	641-053-513.02-00	IMRF - EMPLOYER COST	IMRF 3/11 P/R	1,369.14
											VENDOR TOTAL	2,738.28 *
96	CHAMPAIGN COUNTY TREASURER									T & A ADVANCES		
		3/15/11	05 VR	641-	45		449974	3/18/11	641-053-533.95-00	CONFERENCES & TRAINING	TD1342 ROLLINS, JONT	245.00
		3/15/11	05 VR	641-	46		449974	3/18/11	641-053-533.18-00	NON-EMPLOYEE TRAINING, SEMTD1343	CARTER, ROTIS	315.00
											VENDOR TOTAL	560.00 *
176	CHAMPAIGN COUNTY TREASURER									SELF-FUND INS FND476		
		3/14/11	04 VR	119-	27		449978	3/18/11	641-053-513.04-00	WORKERS' COMPENSATION INSWORK	COMP 2/11, 25 P	118.99
											VENDOR TOTAL	118.99 *
188	CHAMPAIGN COUNTY TREASURER									SOCIAL SECUR FUND188		
		3/07/11	01 VR	188-	27		449582	3/10/11	641-053-513.01-00	SOCIAL SECURITY-EMPLOYER FICA	2/25 P/R	1,006.17
		3/22/11	07 VR	188-	31		450343	3/24/11	641-053-513.01-00	SOCIAL SECURITY-EMPLOYER FICA	3/11 P/R	1,006.15
											VENDOR TOTAL	2,012.32 *
572	ABSOPURE WATER											
		3/22/11	03 VR	641-	73		450346	3/24/11	641-053-522.02-00	OFFICE SUPPLIES	927471-81869096 2/2	13.40

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*** FUND NO. 641 ACCESS INITIATIVE GRANT												
		3/22/11	03	VR	641-	73	450346	3/24/11	641-053-533.51-00	EQUIPMENT RENTALS	927471-52706384 2/2	9.00
											VENDOR TOTAL	22.40 *
5070	ATLANTA BREAD	3/15/11	05	VR	641-	63	449993	3/18/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	YAB MEETING-4 2/14	26.96
											VENDOR TOTAL	26.96 *
7982	BEST INTEREST OF CHILDREN, INC.	3/22/11	03	VR	641-	78	450363	3/24/11	641-053-533.92-00	CONTRIBUTIONS & GRANTS	FAM & YTH 3/8 #11-4	15,000.00
											VENDOR TOTAL	15,000.00 *
11920	CAPITAL PIZZA INC D/B/A PAPA JOHNS	3/23/11	70	VR	641-	75	450367	3/24/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	3603635 1/19 PILOT	25.93
		3/23/11	70	VR	641-	75	450367	3/24/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	3603639 1/21 YAB MT	52.65
		3/23/11	70	VR	641-	75	450367	3/24/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	7403852 11/24/10 PL	82.76
		3/23/11	70	VR	641-	75	450367	3/24/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	7403949 12/8 PILOT	39.86
		3/23/11	70	VR	641-	75	450367	3/24/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	7403949 12/8 PILOT	55.46
		3/23/11	70	VR	641-	75	450367	3/24/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	7404048 12/29/10 PL	64.54
		3/23/11	70	VR	641-	75	450367	3/24/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	7404071 1/12 PILOT	56.84
											VENDOR TOTAL	378.04 *
12290	CARIBBEAN GRILL	3/22/11	03	VR	641-	72	450368	3/24/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	INV138 3/8 YAB MTNG	117.56
											VENDOR TOTAL	117.56 *
16930	CHRISP MEDIA, LLC	3/15/11	05	VR	641-	69	450015	3/18/11	641-053-533.29-00	COMPUTER SERVICES	INV 35 2/28 WEBSITE	250.00
											VENDOR TOTAL	250.00 *
18046	COMCAST CABLE	3/15/11	05	VR	641-	62	450019	3/18/11	641-053-533.29-00	COMPUTER SERVICES	8771403010217756 MA	74.90
											VENDOR TOTAL	74.90 *

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*** FUND NO. 641 ACCESS INITIATIVE GRANT												
20925	D & D CAB SERVICE									ATTN WILLIE DAVIS		
		3/15/11	05 VR	641-	61		450026	3/18/11	641-053-533.07-00	PROFESSIONAL SERVICES	TRANSPRT 2/15-25 YA	180.00
		3/15/11	05 VR	641-	61		450026	3/18/11	641-053-533.95-00	CONFERENCES & TRAINING	TRANSPRT 2/15,18 BL	97.50
		3/15/11	05 VR	641-	61		450026	3/18/11	641-053-533.18-00	NON-EMPLOYEE TRAINING, SEM	TRANSPRT 2/15,18 BL	97.50
											VENDOR TOTAL	375.00 *
58118	QUILL CORPORATION											
		3/15/11	05 VR	641-	58		450125	3/18/11	641-053-522.02-00	OFFICE SUPPLIES	INV 2639146 2/28	29.99
		3/15/11	05 VR	641-	58		450125	3/18/11	641-053-522.02-00	OFFICE SUPPLIES	INV 2591601 2/24	40.45
		3/15/11	05 VR	641-	58		450125	3/18/11	641-053-522.02-00	OFFICE SUPPLIES	INV 2585774 2/24	27.96
											VENDOR TOTAL	98.40 *
63561	THE SEABOAT INC											
		3/22/11	03 VR	641-	76		450477	3/24/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	TA SRVC/SPPT MTG 2/	46.95
		3/22/11	03 VR	641-	76		450477	3/24/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	FAM ADV BRD MTG 2/8	89.50
											VENDOR TOTAL	136.45 *
67867	SPOC LLC									D/B/A CHAMPAIGN TEL		
		3/08/11	01 VR	16-	57		449728	3/10/11	641-053-533.33-00	TELEPHONE SERVICE	INV 1073897 2/15	60.12
		3/29/11	03 VR	16-	80		450812	3/31/11	641-053-533.33-00	TELEPHONE SERVICE	INV 1074788 3/11	46.44
											VENDOR TOTAL	106.56 *
78552	VERIZON WIRELESS-MNTL HLTH BD/ACCESS INT AC 286369166-00001											
		3/22/11	03 VR	641-	74		450501	3/24/11	641-053-533.33-00	TELEPHONE SERVICE	AC 28636916601 3/2	708.70
											VENDOR TOTAL	708.70 *
78873	VISA CARDMEMBER SERVICES											
		3/22/11	03 VR	641-	77		450507	3/24/11	641-053-533.95-00	CONFERENCES & TRAINING	1939 TRIPRES.COM 2/	122.62-
		3/22/11	03 VR	641-	77		450507	3/24/11	641-053-522.06-00	POSTAGE, UPS, FED EXPRESS	1939 USPS 2/24	7.30
		3/22/11	03 VR	641-	77		450507	3/24/11	641-053-533.29-00	COMPUTER SERVICES	1939 DREAMHOST 2/6	10.95
		3/22/11	03 VR	641-	77		450507	3/24/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	1939 SCHNUCK'S 2/15	14.75
		3/22/11	03 VR	641-	77		450507	3/24/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	1939 LATTE DA 2/15	12.72

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*** FUND NO. 641 ACCESS INITIATIVE GRANT												
		3/22/11	03	VR	641-77		450507	3/24/11	641-053-533.89-00	PUBLIC RELATIONS	1939 URB PRK DIS2/1	347.50
		3/22/11	03	VR	641-77		450507	3/24/11	641-053-533.95-00	CONFERENCES & TRAINING	1939 EMBASSY SD 2/1	648.46
		3/22/11	03	VR	641-77		450507	3/24/11	641-053-533.18-00	NON-EMPLOYEE TRAINING, SEM	1939 EMBASSY SD 2/1	648.46
		3/22/11	03	VR	641-77		450507	3/24/11	641-053-522.02-00	OFFICE SUPPLIES	1939 WALMART 2/21	9.00
		3/22/11	03	VR	641-77		450507	3/24/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	1939 WALMART 2/21	44.62
		3/22/11	03	VR	641-77		450507	3/24/11	641-053-533.95-00	CONFERENCES & TRAINING	1939 HILTN COCOA2/1	449.55
		3/22/11	03	VR	641-77		450507	3/24/11	641-053-533.18-00	NON-EMPLOYEE TRAINING, SEM	1939 HILTN COCOA2/1	449.55
		3/22/11	03	VR	641-77		450507	3/24/11	641-053-533.95-00	CONFERENCES & TRAINING	1939 EMBASSY SD 2/2	38.87
		3/22/11	03	VR	641-77		450507	3/24/11	641-053-533.18-00	NON-EMPLOYEE TRAINING, SEM	1939 ACTEVA EVNT2/2	690.00
		3/22/11	03	VR	641-77		450507	3/24/11	641-053-533.95-00	CONFERENCES & TRAINING	1939 ACTEVA EVNT2/2	75.00
		3/22/11	03	VR	641-77		450507	3/24/11	641-053-533.95-00	CONFERENCES & TRAINING	1939 HAMPTN INN 2/2	89.00
		3/22/11	03	VR	641-77		450507	3/24/11	641-053-533.95-00	CONFERENCES & TRAINING	1939 DELTA AIR 2/28	603.80
		3/22/11	03	VR	641-77		450507	3/24/11	641-053-522.04-00	COPIER SUPPLIES	1939 STAPLES 3/1	234.95
		3/22/11	03	VR	641-77		450507	3/24/11	641-053-522.02-00	OFFICE SUPPLIES	1939 STAPLES 3/1	62.97
		3/22/11	03	VR	641-77		450507	3/24/11	641-053-533.18-00	NON-EMPLOYEE TRAINING, SEM	1939 DELTA AIR 3/1	560.60
		3/22/11	03	VR	641-77		450507	3/24/11	641-053-533.95-00	CONFERENCES & TRAINING	1939 DELTA AIR 3/2	852.20
		3/22/11	03	VR	641-77		450507	3/24/11	641-053-533.18-00	NON-EMPLOYEE TRAINING, SEM	1939 DELTA AIR 3/2	426.10
		3/22/11	03	VR	641-77		450507	3/24/11	641-053-533.95-00	CONFERENCES & TRAINING	1939 AIRTRAN AIR 3/	294.40
		3/22/11	03	VR	641-77		450508	3/24/11	641-053-533.95-00	CONFERENCES & TRAINING	1939 ACTEVA EVNT2/2	1,380.00
											VENDOR TOTAL	7,828.13 *
81610	XEROX CORPORATION											
		3/15/11	05	VR	641-64		450183	3/18/11	641-053-533.85-00	PHOTOCOPY SERVICES	INV 053748388 3/3	1,107.75
											VENDOR TOTAL	1,107.75 *
627418	LAMPKINS, SHAWN											
											ACCESS INITIATIVE	
		3/15/11	05	VR	641-70		450212	3/18/11	641-053-533.12-00	JOB-REQUIRED TRAVEL EXP	216 MILE 2/1-24	110.16
		3/15/11	05	VR	641-70		450212	3/18/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	RFRSHMNT 2/24 FILM	131.27
											VENDOR TOTAL	241.43 *
637820	ROLLINS, JONTE											
											ACCESS INITIATIVE	
		3/22/11	03	VR	641-71		450541	3/24/11	641-053-533.12-00	JOB-REQUIRED TRAVEL EXP	128 MILES 2/7-26	65.28

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VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 641 ACCESS INITIATIVE GRANT												
		3/22/11	03	VR	641-71		450541	3/24/11	641-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARKING 2/14	.50
		3/22/11	03	VR	641-71		450541	3/24/11	641-053-533.95-00	CONFERENCES & TRAINING	18ML 2/22,26 SAVOY	9.18
		3/22/11	03	VR	641-71		450541	3/24/11	641-053-533.95-00	CONFERENCES & TRAINING	TAXI 2/26 SAN DIEGO	20.00
		3/22/11	03	VR	641-71		450541	3/24/11	641-053-533.95-00	CONFERENCES & TRAINING	PARKNG 2/22-26AIRPR	25.00
		3/22/11	03	VR	641-71		450541	3/24/11	641-053-533.95-00	CONFERENCES & TRAINING	AA BAGGAGE 2/22,26	50.00
		3/22/11	03	VR	641-71		450541	3/24/11	641-053-533.18-00	NON-EMPLOYEE TRAINING,SEMPARKNG	2/22-26AIRPR	25.00
											VENDOR TOTAL	194.96 *
										MENTAL HEALTH BOARD	DEPARTMENT TOTAL	39,099.19 *
										ACCESS INITIATIVE GRANT	FUND TOTAL	39,099.19 *
											REPORT TOTAL *****	1,211,906.72 *



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

BRIEFING MEMORANDUM

DATE: April 20, 2011
MEMO TO: Members, Champaign County Mental Health Board
FROM: Peter Tracy
SUBJECT: Program Summaries – FY12 Allocation Cycle

Traditionally, our April meeting is used to fully vet all applications for funding with final decisions made at our May meeting. To facilitate this process staff have completed Program Summaries on all applications for funding. These summaries glean salient information and provide opinions concerning alignment with our stated priorities and defined decision support criteria. In addition, all applicant agencies are invited to attend the April meeting for the twofold purposes of (1) providing additional information directly to the Champaign County Mental Health Board (CCMHB) during the “Agency Information” portion of the agenda, and (2) answering direct questions from CCMHB members concerning their application. CCMHB members have full and direct access to all applications through our online application system, and may at their discretion raise questions not addressed in the summaries.

In order to address the specific requirements of the cooperative agreement with the Illinois Department of Human Services and the Substance Abuse and Mental Health Services Administration (SAMHSA), it was necessary to create a bifurcated process. All ACCESS Initiative applications were evaluated for alignment with components of the original application and the Funding Priorities Agency Meeting. The composite ratings of the twenty (20) items included in the Program Summaries represent the collective judgment and opinion of all ACCESS Initiative staff. These ratings along with other factors described in the FY12 Allocation Decision Support Criteria for the Quarter Cent for Public Safety Juvenile Justice Funding and CCMHB Funding (November 2010) will be used to formulate funding recommendations. Final funding decision authority rests with the CCMHB.

All applicants for CCMHB funding have received a copy of their program summary and have been invited to notify us in writing if there are factual errors which should be corrected prior to completion of the FY12 award process. Written comments from providers will be shared with CCMHB members and errors will be corrected. Differences of opinion concerning alignment with decision support criteria and ratings will not result in changes unless directly related to a corrected factual error.

CCMHB AGENCY PROGRAM ALLOCATION REQUEST AMOUNTS FY12 (DRAFT)

July 1, 2011- June 30, 2012

Agency	Program	PY12 Request
Catholic Charities	Family Counseling	8,000
Center for Women in Transistion	A Woman's Place	66,948
CC Children's Advocacy Center	Child Advocacy Center	37,080
Champaign County Regional Planning	Senior Services	26,026
Community Service Center	1st Call for Help	82,474
Community Choices	Self-Determination Support	22,500
Community Elements	Adult Recovery Crimlnal Justice/Specialty Courts	150,930
	Crisis, Access, Benefits & Engagement	203,025
	Early CH MH & Development	138,340
	Non-Medicaid MH Initiative	30,132
	Psychiatric Svcs	41,200
	TIMES Center (Screening MI/SA)	49,440
Community Elements Total		613,067
Crisis Nursery	Beyond Blue - Perinatal Depression	70,000
Developmental Services Center	Children's/FDC	216,279
	Developmental Training/Employment Services	295,557
Developmental Services Center Total		511,836
Family Service	1st Call for Help	60,540
	Senior Counseling/Advocacy	142,337
	Self-Help Center	28,428
	Family Counseling	50,000
Family Service Total		281,305
Frances Nelson (CHIC)	Mental Health Services	148,774
Prairie Center Health Systems	Drug Court	165,000
	Prevention	56,550
	Operation Snowball	25,750
	Youth Services	100,000
Prairie Center Health Systems Total		347,300
Rape Advocacy, Counseling & Ed. Svcs	Counseling & Crisis Services	15,152
Refugee Assistance Center	Refugee Support	13,000
U of I Psychological Services	Parole/Probation Assess & Treatment (PAT)	48,555
	CCMHB GRAND TOTAL	2,292,017

JYPD AGENCY PROGRAM ALLOCATION REQUEST AMOUNTS - PY12		DRAFT
July 1, 2011- June 30, 2012		
Agency	Program	PY12 Request
Champaign County Regional Planning	Court Diversion-ACCESS Initiative Intake	168,807
Don Moyer Boys & Girls Club	Smart Moves-ACCESS initiative	82,163
	JUMP-ACCESS Initiative	115,684
		197,847
TALKS Mentoring of Champaign County	ACCESS Initiative Men of Force	54,000
	ACCESS Initiative Women of Wisdom	44,000
TALKS Mentoring Total		98,000
	QUARTER CENT GRAND TOTAL	464,654

ACCESS Initiative AGENCY PROGRAM ALLOCATION REQUEST AMOUNTS - PY12

ACCESS Initiative AGENCY PROGRAM ALLOCATION REQUEST AMOUNTS - PY12		DRAFT
July 1, 2011- June 30, 2012		
Agency	Program	PY12 Request
Best Interest of Children	Family Conference of Champaign County	54,862
	Family Link and Support	70,291
	Youth MOVE (Formerly Peer Ambassadors)	110,000
	PSC - Effective Black Parenting	13,457
Best Interest of Children Total		248,610
Champaign County Regional Planning	ACCESS Initiative PLL Front End	219,594
CU Area Project	ACCESS Community Exchange Time Bank	71,585
	ACCESS Restorative Justice Network	111,275
	Emotional Fitness Quotient System (EFQ)	76,015
CU Area Project Total		258,875
Community Elements	ACCESS Initiative Too Good to Do Drugs & Violence	55,935
	ACCESS Initiative PLL	533,486
	ACCESS Initiative School Outreach	165,580
Community Elements Total		755,001
Don Moyer Boys & Girls Club	ACCESS Initiative Clinical Coordinator	78,342
	ACCESS Initiative PLL	272,336
	ACCESS Initiative Infrastructure	114,283
Don Moyer B & G Club Total		464,961
Family Advocacy in Champaign County	ACCESS Initiative The ACCESS POINT	582,705
	ACCESS Initiative Why We Can't Wait-Therapeutic	9,100
Family Advocacy in CC Total		591,805
Mahomet Area Youth Club	Teen Succeed	17,000
Prairie Center Health Systems	ACCESS Initiative Youth Case Management	50,000
SOAR Youth Programs	ACCESS Initiative SOAR	61,637
U of I Psychological Services Center	ACCESS Initiative Effective Black Parenting	-
	ACCESS Initiative Advocacy Program	129,458
	ACCESS Initiative Restorative Circles Program	36,851
U of I Psychological Svcs Total		166,309
TALKS	Talks Mentoring	64,233
Urbana Neighborhood Connections Center	ACCESS Initiative Community Study Center	25,000
	ACCESS Initiative POWER	25,000
	ACCESS Initiative UNCC-HUB/Community HOME	25,000
Urbana Neighborhood CC Total		75,000
	ACCESS INITIATIVE GRAND TOTAL	2,973,025
CCMHB/JYPD/ACCESS PY11 Agency Requests - nkc 3/16/11		

Glossary of Terms and Acronyms – CCMHB Program Summaries

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

ASD – Autism Spectrum Disorder

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

CILA – Community Integrated Living Arrangement

CC – Champaign County

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

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

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

DD – Developmental Disabilities

DFI – Donated Funds Initiative, source of matching funds for some CCMHB funded contracts. The Illinois Department of Human Services administers the DFI Program funded with federal Title XX Social Services Block Grant. The DFI is a “match” program meaning community based agencies must match the DFI funding with locally generated funds. The required local match is 25 percent of the total DFI award.

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

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

FY – Fiscal Year, for the county runs from December to following November. For example, FY07 is December 1, 2006 to November 30, 2007.

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ICJA - Illinois Criminal Justice Authority

I&R – Information and Referral

ISP – Individual Service Plan

JJ – Juvenile Justice

JJPD – Juvenile Justice Post Detention

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

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

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

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

MH – Mental Health.

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

PCI – Parent Child Interaction groups.

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

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

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

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

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

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

SA – Substance Abuse

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

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

SFI – Savannah Family Institute.

TPCs - Treatment Plan Clients – This is the number of service recipients with case records and treatment plans. It is a category of service measurement providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II utilization form and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section.

Continuing Treatment Plan Clients – These are clients with treatment plans written prior to the first day of July and actively receiving services within the first quarter of the new program year. The first quarter of the program year is the only quarter in which this data is reported. Essentially it is a case carried from one

program year into the next. It is a category of service measurement providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II utilization form and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section.

New Treatment Plan Clients – This is the number of new clients with treatment plans written in a given quarter of the program year. It is a category of service measurement providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II utilization form and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section.

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

Agency and Program acronyms

AWF - A Woman's Fund

AWP – A Woman's Place, a program of AWF

BIOC - Best Interest of Children

CCBoH – Champaign County Board of Health

CAC - Children's Advocacy Center

CAP – Community Advocacy Project, a program component of the Psychological Service Center.

CCDDB – Champaign County Developmental Disabilities Board

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

CCMHB – Champaign County Mental Health Board

CCOS - Champaign County Operation Snowball, also referred to as Operation Snowball

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

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

CN - Crisis Nursery

CUAP – Champaign Urbana Area Project

DHS – Illinois Department of Human Services

DMBGC - Don Moyer Boys & Girls Club

DPS – Delinquency Prevention Specialist, a position at CUAP responsible for monitoring and providing technical assistance to the Quarter Cent contracts.

DSC - Developmental Services Center

EBP – Effective Black Parenting

ECMHD - Early Childhood Mental Health and Development, a program of the Mental Health Center

FCCC – Family Conference of Champaign County, a program of BIOC

FGDM – Family Group Decision Making, a process used by BIOC in its program

FS - Family Service of Champaign County

FNHC - Frances Nelson Health Center

IDOC – Illinois Department of Corrections

JDC – Juvenile Detention Center

JUMP – Juvenile Upward Mobility Program, a program of DMBGC.

MAYC - Mahomet Area Youth Club

MHC or MHCCC - Mental Health Center of Champaign County

PCHS - Prairie Center Health Systems

PSC - Psychological Services Center

RAC or ECIRMAC – East Central Illinois Refugee Mutual Assistance Center

RCS - Rape Crisis Services, a program of AWF

RPC or CCRPC – Champaign County Regional Planning Commission

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

SEL – Social Emotional Learning

TALKS - TALKS Mentoring (Transferring A Little Knowledge Systematically)

TIMES Center – Transitional Initiative Men’s Emergency Shelter Center, a program of the MHCCC

UMS – Urbana Middle School. Note other schools may be named with the Middle School or High School abbreviated as MS or HS.

UW – United Way of Champaign County

Draft CCMHB PY12 PROGRAM SUMMARY

AGENCY: Catholic Charities of the Diocese of Peoria

Program Name: Family Counseling Program

Focus of Application: MH SA DD

Type of Contract: Fee For Service

Financial Information:

PY12 CCMHB Funding Request: \$8,000

PY12 Total Program Budget: \$373,862

Current Year Funding (PY11): \$8,000

Proposed Change in Funding - PY11 vs. PY12: \$0

Program Staff – CCMHB Funds: .17 FTE

Total Program Staff: 6.8 FTE

Budget Narrative: CCMHB funds account for just over 2% of the total program budget. Other revenue is from multiple sources. The largest source of revenue listed is private agency fees (67%). A DCFS contract is the only state revenue listed for 4% of revenue. CCMHB funds are cost allocated with 90% applied to salaries and benefits. Of the CCMHB funds allocated to personnel costs, 88% is for direct service.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	26%
Administrative costs	% Not Calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance _____
Adverse Finding _____

Target Population: Primarily low- and very low-income individuals, couples, and families that would be eligible for Medicaid who are experiencing relationship problems, emotional/mental health problems, or problems in daily living that are severe enough to disrupt a significant area of their life.

Service Locations(s)/Demographics: Services are offered on- and off-site. The Catholic Charities office is located in a residential neighborhood and is near an MTD bus stop. Counselors will also meet clients at other locations including at the client's home, school or other location. Appointments can be scheduled for the evening. For 2010, all ten clients served were white, of various ages and about half were women and were from the three major population centers – Urbana (50%), Champaign (30%) and Rantoul (20%).

Service Description/Type: Outpatient counseling. Licensed Masters level therapists provide strength based, client centered, goal driven counseling services to individuals, couples and families using a family systems perspective.

An increase in the rates paid is requested. Sliding scale fees are waived for CCMHB clients.

Access to Services for Rural Residents: Therapist may conduct home visits or use of office space in rural Catholic parishes (Philo, Tolono, Mahomet, Rantoul, Seymour).

Program Performance Measures

ACCESS: Agency tracks access through a log of initial phone intake and case opening information. Clients are then waitlisted until therapist can be assigned and contact initiated to schedule first appointment. Clients in crisis are either seen same day or referred to other emergency service. Agency reports waitlist of 3 months. Information on other counseling services is shared with clients on the waitlist.

CONSUMER OUTCOMES: Program uses the Outcome Rating Scale (ORS) and Session Rating Scale (SRS) to assess client outcomes. Clients use the ORS to evaluate four areas of life functioning known to change as a result of therapeutic intervention. Clients use the SRS to assess the effectiveness of the therapeutic relationship. A third tool, Therapist Assessment of Outcome, is completed by the therapist to assess the client's progress during the course of treatment. Catholic Charities sets targets for the ORS and SRS at 80%. No results are reported in relation to the target.

UTILIZATION: Program projects serving 10 unduplicated clients per year. For PY10 program served 12 unduplicated clients and through the first half of PY11 has served 14. Many clients are carried over from one year to the next. Program is close to billing out the current contract for the year.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No

ACCESS Initiative: No

Developmental Disabilities: No

Specialty Courts: No

Behavioral Health/Physical Health Integration: No

Gaps in Core Services: No

Overarching Decision Support Criteria:

Underserved Populations: No

Countywide Access: Yes

Medicaid Reimbursement: Yes

Budget-Program Connectedness: Yes

Technical Criteria:

Responsiveness/Eligibility: Yes

Approach/Methods/Innovation: Yes

Staff Credentials: Yes

Application Quality: Moderate compliance

Draft CCMHB PY12 PROGRAM SUMMARY

AGENCY: The Center for Women in Transition

Program Name: A Woman's Place

Focus of Application: MH X SA DD

Type of Contract: Grant

Financial Information:

PY12 CCMHB Funding Request: \$66,948

PY12 Total Program Budget: \$790,995

Current Year Funding (PY11): \$66,948

Proposed Change in Funding - PY11 vs. PY12: \$0

Program Staff – CCMHB Funds: 1.89 FTE

Total Program Staff: 12.75 FTE

Budget Narrative: CCMHB revenue accounts for 8% of total program revenue. Over 50% of program funds come from one state contract with other smaller state contracts adding another 13% of total program revenue. Program allocates 100% of CCMHB funds to salaries and benefits. Of the 1.89 FTE supported with CCMHB funds, .27 FTE are indirect staff and 1.62 FTE are direct service staff. Personnel supported include direct service - two Case Manager I grade positions (.71 FTE and .31 FTE) and six Case Manager II position (at .1 FTE each) and indirect staff - .27 FTE Fiscal Manager.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	25%
Administrative costs	% Not Calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable
Audit Requirement Waived
Audit in Compliance X
Adverse Finding

Target Population: Adults and their children who are or have been victims of, or threatened with domestic violence either physical or mental violence as defined by the Illinois Domestic Violence Act.

Service Locations(s)/Demographics: Shelter is in Urbana, serving multiple counties, with CCMHB funds targeted to residents of Champaign County. Adults were 84% of those served at AWP, 5% were seniors and 11% children. Of those served, 54% were white, 43% African American and 3% Latino. Prior to entering the shelter, 46% were from Champaign, 19% from Urbana, 17% from Rantoul and 18% from the other areas of Champaign County.

Service Description/Type: Counseling/Case Management. At the end of FY 2010 The Center for Women in Transition acquired AWF-AWP and now operates the domestic violence emergency shelter and transitional housing program. CWT-AWP offers range of services including 24 hour domestic violence hotline, emergency shelter and transitional housing, individual and group counseling, case management, court advocacy and community education on domestic violence.

All counselors (classified as Case Manager I) and direct service staff meets state standards for provision of domestic violence services.

Access to Services for Rural Residents: Program has a 24 hour hotline and can transport clients. AWP is doing outreach distributing information to communities with population of 500 or more.

Program Performance Measures

ACCESS: State standard is access to emergency shelter within 72 hours, AWP policy is to provide access within 24 hours. Initial contact with client can occur through the 24 hour hotline, as a walk-in, referral by other agency or from other CWT service, or contact with court advocate. Program is staffed 24 hours a day by ICADV trained staff.

CONSUMER OUTCOMES: Program defines measures and establishes targets for clients receiving counseling. Pre- and post-test questionnaires and Goal Attainment Scale will be used to evaluate client progress and effectiveness of therapy.

UTILIZATION: Program defines and sets clear targets for all services. Treatment Plan Clients (TPC) will engage in counseling for more than three sessions and have a plan completed by the third session. Non-Treatment Plan Clients (NTPC) receive three or less sessions and will not have a plan completed. Screening contacts represent information and referral contacts and crisis contacts. Community service events are activities to promote the program and educate the community. Productivity for PY 2010 was below targets due to the financial crisis at AWF-AWP. For PY 2011 program is projected to underperform due to management transition. For PY 2012 targets indicate program expects to be more successful engaging clients in counseling and increased projection for TPCs while reducing the projection for NTPCs.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No

ACCESS Initiative: No

Developmental Disabilities: No

Specialty Courts: No

Behavioral Health/Physical Health Integration: No

Gaps in Core Services: No

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: Yes, 24 hour hotline and transportation to shelter

Medicaid Reimbursement: No

Budget-Program Connectedness: Yes

Technical Criteria:

Responsiveness/Eligibility: Yes

Approach/Methods/Innovation: Yes, meets state standards

Staff Credentials: Yes

Application Quality: High compliance

Draft CCMHB PY12 PROGRAM SUMMARY

AGENCY: Champaign County Children's Advocacy Center (CAC)

Program Name: Champaign County Children's Advocacy Center

Focus of Application: MH SA DD

Type of Contract: Grant

Financial Information:

PY12 CCMHB Funding Request: \$37,080

PY12 Total Program Budget: \$213,410

Current Year Funding (PY11): \$37,080

Proposed Change in Funding - PY11 vs. PY12: \$0

Program Staff – CCMHB Funds: .45 FTE

Total Program Staff: 2 FTE

Budget Narrative: CCMHB funds account for 17% of the total agency revenue. State contracts represent 73% of agency revenue. The CAC employs 2 staff. All but \$500 of the \$37,080 requested from CCMHB is applied to salary and benefits of the executive director position. Percentage of funds allocated to salary is lower than the percentage allocated for benefits. The remaining \$500 is used to pay the membership fee to the National Children’s Alliance. Membership in and accreditation by the Alliance qualifies the agency to receive state contracts as well as receive a grant from the Alliance.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 63% (See Budget Narrative)

Administrative costs % Not Calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____

Audit Requirement Waived _____

Audit in Compliance _____

Adverse Finding _____

Target Population: Children and youth under age 18 that are victims of sexual abuse and/or serious physical abuse.

Service Locations(s)/Demographics: Agency is located in Champaign adjacent to the C-U Public Health District offices. All interviews and multi-disciplinary team meetings occur on-site. For PY2010, program served 170 clients from throughout Champaign County. Client ages were equally distributed across the three age groups tracked for those 18 and under. A breakout by race/origin finds 51% white, 31% black, 15% other (includes bi-racial/multi-racial) and 3% Latino. Three quarters of the clients were girls.

Service Description/Type: Assessment. The CAC facilitates multi-disciplinary team interviews by law enforcement and/or DCFS personnel designated for the investigation and coordination of services for alleged victims of child abuse or neglect. The CAC provides a safe agency neutral space in which to conduct such interviews and minimize anxiety and trauma for the alleged victim. Agency has total of two staff. Both have Bachelor's degrees and extensive experience and training in the justice system and social services field.

The CAC also provides comprehensive case management services for victims, maintains a comprehensive tracking system on child sexual abuse and physical abuse cases, conducts Multidisciplinary Team Case review meetings, coordinates community education and prevention services and specialized training for all professionals involved with victims and their families. The CAC also contracts with two licensed therapists for crisis intervention counseling.

Access to Services for Rural Residents: Referring agencies typically ensure that families have transportation to the Center for the initial interview. The CAC Case Manager attempts to link families with services in or near their areas of residence and with access to transportation for follow-up services.

Program Performance Measures

ACCESS: Various agencies investigating allegations initiate cases using the CAC as the interview site for the multidisciplinary team. Access and use follows the CAC protocol. CAC staff is on call 24/7. Efforts to maximize referrals through liaison work with the investigating agencies are well documented. Site and services are handicapped accessible and CAC has made provisions for meeting the needs of non-English speaking children and families through cooperative service agreements.

CONSUMER OUTCOMES: The Case Manager assesses needs at intake, engages and refers client/family as appropriate to identified needs, tracks client progress and evaluates services accessed at case closure. Database has capacity to track status of legal proceedings and assess outcomes for cases using the CAC. Program surveys clients as well as multidisciplinary team members on CAC services. Responses indicate high positive ratings/satisfaction with the CAC.

UTILIZATION: Program provides a trends analysis of utilization of the CAC and services provided for PY2010 and for the first half of PY2011 compared to historical data. Utilization has been lower in 2010 and so far in 2011 than in prior years. Additional analysis included comparison of CAC utilization to DCFS data as part of its service planning process. The agency adjusted targets for PY2012 as a result. Program tracks and reports referral sources as supplement to utilization data submitted to CCMHB. Service categories are well defined.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No
ACCESS Initiative: No
Developmental Disabilities: No
Specialty Courts: No
Behavioral Health/Physical Health Integration: No
Gaps in Core Services: No

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: Yes
Medicaid Reimbursement: Yes
Budget-Program Connectedness: Yes

Technical Criteria:

Responsiveness/Eligibility: Yes
Approach/Methods/Innovation: No
Staff Credentials: Yes
Application Quality: High compliance

Draft CCMHB PY12 PROGRAM SUMMARY

AGENCY: Champaign County Regional Planning Commission - Social Services

Program Name: Senior Services

Focus of Application: MH X SA DD

Type of Contract: Grant

Financial Information:

PY12 CCMHB Funding Request: \$ 26,026

PY12 Total Program Budget: \$ 181,638

Current Year Funding (PY11): \$26,026

Proposed Change in Funding - PY11 vs. PY12: \$0

Program Staff – CCMHB Funds: .45 FTE

Total Program Staff: 2.35 FTE

Budget Narrative: CCMHB funds account for 14% of total revenue. Revenue listed does not include any state funding. The single largest source of revenue is the federal Community Service Block Grant at 54% followed by contributions at 20%. Remaining revenue is from other local sources including Champaign County with a small amount from fees and in kind donations. Salary and benefits account for 83% of CCMHB expenses. No indirect staff is identified on the personnel form. The Administration/Indirect Cost rate cited is 45% of salaries and is approved by the Illinois Department of Commerce and Economic Opportunity. However, the Administration/Indirect Cost rate applied to CCMHB funding is said to be held to 20% of charged salaries. Budget forms do not include required agency information.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	45%
Administrative costs	% Not Calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____

Audit in Compliance X
Adverse Finding _____

Target Population: Seniors aged 60+ and Medicare recipients of all ages, with specific outreach targeted to seniors in rural areas, to those living alone without other supports, and to minority seniors. Assistance may also include caregivers.

Service Locations(s)/Demographics: Clients may be seen in their home or at the RPC office. Appointments/events may be scheduled for times outside of regular business hours. All of those served were 60 years or older, 74% were women, 30% were from Champaign, 37% from Urbana, 9% from Rantoul and 24% from rural Champaign County, 75% were white, 21% African American, 2% Asian and 2% other or unknown and of all races 1% was of Latino origin.

Service Description/Type: Information and Advocacy. Program provides seniors, caregivers, and other professionals information about community resources that enable seniors to continue living in the home. Assistance with Medicare and other assistance applications is provided. The program will prepare an information packet for the individual senior based on their assessed needs. Many cases involve multiple contacts with the client to address their needs, complete applications and advocate on their behalf for services. Unmet needs are tracked. The program publishes the Senior Mini-Resource Guide and other materials of interest to the target population and community at large and participates in various community events. Program manager is an LCSW. Staff includes CIRS-A (Certified Information and Referral Specialists – Aging) and Senior Health Insurance Program (SHIP) certified counselors. All program staff have Bachelor's degrees and over 20 years experience working with seniors.

Access to Services for Rural Residents: Approximately 50% of all services are delivered in the home. Outreach includes dissemination of information to rural townships and rural community liaisons. The majority of senior services advisory board members live outside Champaign and Urbana.

Program Performance Measures

ACCESS: Clients may access services by visiting the office or requesting a home visit. Program materials are prepared and distributed in a variety of ways. Client data and unmet needs are used to assess services and adjust outreach. An annual outreach plan targets populations known to have barriers to services. Use of community liaisons is an example of the outreach strategy.

CONSUMER OUTCOMES: Client satisfaction survey results of 100% satisfaction and high rate of repeat clients are cited as evidence of program performance. Client comments are used as part of the program improvement process. Staff attends various trainings and workshops to maintain knowledge base and professional credentials.

UTILIZATION: Large volume of contacts associated with Medicare and prescription benefits and changes with other health services. As a State Health Insurance Program site, program staff can spend 2 – 3 hours assisting a client with a Medicare application, appeals process and advocacy. Staff also fields a large number of inquiries from seniors on employment that has led to creation of an employment guide. Program states it has revised the assessment used due to the complexity of cases and to ensure benefits are received. Targets for 2012 are reduced from 2011.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No
ACCESS Initiative: No
Developmental Disabilities: No
Specialty Courts: No
Behavioral Health/Physical Health Integration: No
Gaps in Core Services: No

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: Yes
Medicaid Reimbursement: No
Budget-Program Connectedness: Yes although total agency information is not provided.

Technical Criteria:

Responsiveness/Eligibility: Yes
Approach/Methods/Innovation: No
Staff Credentials: Yes
Application Quality: Moderate compliance

Draft CCMHB PY12 PROGRAM SUMMARY

AGENCY: Community Service Center of Northern Champaign County (CSCNCC)

Program Name: First Call for Help

Focus of Application: MH __X__ SA __X__ DD __X__

Type of Contract: Grant

Financial Information:

PY12 CCMHB Funding Request: \$82,474

PY12 Total Program Budget: \$255,545

Current Year Funding (PY11): \$80,462

Proposed Change in Funding - PY11 vs. PY12: \$2,012 (2.5%)

Program Staff – CCMHB Funds: 2.16 FTE

Total Program Staff: 2.96 FTE

Budget Narrative: CCMHB funds account for 32% of total program revenue and is the largest single funder of the program and agency followed closely by United Way. State funding represents about 12% of the total agency budget but no state funds are allocated to the First Call for Help program. 99% of CCMHB funds support salary and benefits for direct service staff. The remaining 1% is charged to occupancy. Of the 2.16 FTE supported with CCMHB funds, .35 FTE is indirect staff and 1.81 FTE is direct service staff. The service coordinator (.85 FTE) and intake coordinator (.6 FTE) are the primary direct service positions funded. Agency requests a 2.5% increase over FY2011 funding. Beyond the request to CCMHB, the program has an operating deficit of 2.5% (expenses over revenue) that would be covered from agency reserves.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	25%
Administrative costs	% Not Calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____

Audit Requirement Waived _____

Audit in Compliance _____

Adverse Finding _____

Target Population: Program serves residents of nine northern most Champaign County townships. Typical consumer is described as female, under employed, single head of household with young children, living at or below the poverty level.

Service Locations(s)/Demographics: Agency is based in Rantoul. It also serves as a satellite site for other providers. Virtually all of households served last year were from the Rantoul area. Adults represent 87% of all households with the remaining 13% being seniors. White households represented 49% of those served, African Americans 23%, Latinos 26% and the remaining 2 % split equally between Asian and Other groups.

Service Description/Type: Information and referral. Staff responds to telephone and walk-ins seeking information and assistance. Bilingual staff member and service information in Spanish is available. Other agency services include a food pantry, transportation and limited financial assistance. Agency also offers office/meeting space to other providers. Space is available for use by the ACCESS Initiative and Parenting with Love and Limits. Staff qualifications are identified for the primary staff positions. None of the staff are Certified Information and Referral Specialists (CIRS).

Access to Services for Rural Residents: Rantoul is the largest community in the service area. The remaining area is rural. Consumers may access services by telephone or as walk-ins. Program reports a decline of 8% in contacts and 2.7% decline in unduplicated households compared to peak levels experienced the last two years. Use of office space by other providers increases consumers' access to those services. Transportation to services not available in Rantoul is also provided by the agency.

Program Performance Measures

ACCESS: Program tracks the number of information and referral contacts and number of unduplicated households as the primary access measures. Agency also tracks utilization of agencies using CSCNCC as satellite site and for PY 2010 saw about a 14% decline for these services that is attributed to a number of causes including reduced funding for the programs/services provided. Use by Latino families accounts for 26% of all contacts. Program also tracks unmet needs reported as being primarily basic needs (food and shelter) and transportation.

CONSUMER OUTCOMES: Outcomes are the access measures. A recent client satisfaction survey, English and Spanish, found high levels of satisfaction with services with a few exceptions. The staffing pattern has been reconfigured so that the bilingual staff manages most intake work.

UTILIZATION: Demand for services appears to have peaked in 2009 but continues at very high levels. Program tracks service contacts and unduplicated households (classified as NTPCs for CCMHB reports). Use of the facility by RPC staff working with station adjusted youth from Rantoul will be reported in the other category.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): Yes but only as potential service site

ACCESS Initiative: Yes, again, only as potential service site

Developmental Disabilities: No

Specialty Courts: No
Behavioral Health/Physical Health Integration: No
Gaps in Core Services: No

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: No although does meet need for northern Champaign County
Medicaid Reimbursement: No
Budget-Program Connectedness: Yes

Technical Criteria:

Responsiveness/Eligibility: Yes
Approach/Methods/Innovation: No
Staff Credentials: Yes but staff is not Certified Information and Referral Specialists
Application Quality:

Draft CCMHB PY12 PROGRAM SUMMARY

AGENCY: Community Choices, Inc.

Program Name: Self-Determination Support

Focus of Application: MH SA DD

Type of Contract: Grant format requested

Financial Information:

PY12 CCMHB Funding Request: \$22,500

PY12 Total Program Budget: \$33,140

Current Year Funding - PY11: \$20,000

Proposed Change in Funding – PY11 vs. PY12: \$2,500

Program Staff – CCMHB Funds: 0.49 FTE

Total Program Staff: 0.75 FTE

Budget Narrative: Total request of \$22,500 (68% of program’s total operating revenue). Other revenue sources are one third of anticipated total agency contributions (\$2000 or 6% of program budget) and Program Service Fees – State of Illinois (\$8640 or 26%). Salaries plus Benefits comprise 71% of the total request, supporting identifiable positions; the next largest expense items are General Operating and Occupancy (11% combined) and Professional Fees/Consultants (13%), including audit cost. Small amounts for consumables and travel to meetings with those served (at state mileage rate). Although percentages on Personnel Form appear not to match calculations, costs of direct and indirect staff are assigned appropriately: 13.7% of half-time director’s total salary (14.7% charged to State for this program), 60% of half-time Community Life Coordinator and all of a 5 hr/wk Social Coordinator. Budget Narrative includes detail on all items. Program relies heavily on volunteer efforts of parent and self-advocacy group members.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 7.6%

Administrative costs % not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance _____
Adverse Finding _____

Comments: \$2,500 for cost of audit is included in budget; total agency budget does not reach the State's threshold for audit requirement.

Target Population: Teens and adults who have disabilities, especially individuals no longer in school, and their family members.

Staff Comment: CCMHB funding is to be used exclusively for the benefit of individuals with developmental disabilities.

Service Location/Demographics: Some social events are staged in rural CC. Of those participating in the first half of PY11, 47 were from Champaign, 12 Urbana, 1 Rantoul, 21 Mahomet, 9 Other CC, and 4 not CC. 1 was between 7 and 12 years of age, 14 were 13-18, 71 were 19-59, and 8 over 60. 89 were white, 1 black, 4 Asian/PI. 2 were of Hispanic origin, 92 not. 44 were male.

Service Description/Type: Family support and Self-Advocacy. Person-Centered Planning - using Planning Alternative Tomorrows with Hope (PATH), a visual process for describing needs, desires, goals, strategies, and support; staff are involved with completion of plan and progress toward its goals. Self-Advocacy - through monthly support group emphasis on teamwork and group action. Social Engagement - family events, recreational events for (and planned by) group members. Parent Support - meetings feature speakers, discussions, and networking opportunities.

Access to Services for Rural Residents: Approximately 25% of families involved reside outside C/U. Outreach through the Transition Planning Committee to include rural school districts; a volunteer network of carpoolers is emerging; concurrent scheduling of parent meetings and events w/ self-advocacy meetings reduces travel and respite costs.

Program Performance Measures

ACCESS: Collaboration with The Autism Program, RPC's Pre-Admission Screening/Independent Service Coordination unit, and PACE to identify those potentially served, and with CU Autism Network and Down Syndrome Network to connect with parents seeking support/network opportunities. Information distributed at community events and presentations. There is no waiting list, and intake process is noted. A specific measure of access does not appear to be included. Agency has submitted an updated Cultural Competency Plan. Will collect zip code data.

CONSUMER OUTCOMES: Specific, detailed measures for Person-centered planning, Self-advocacy, Social Engagement, and Parent support include: self-advocates' outcomes from the PATH process, completion of projects, attendance at Speak Out meetings and social events, and parent attendance at informational meetings and gatherings.

UTILIZATION: Good detail. PY12 targets, some adjusted upward: 8 continuing and 4 new TPCs - self-advocates working on PATHs; 56 continuing and 10 new NTPCs - family members and individuals focusing on self-advocacy and social engagement; 416 Service Contacts, which include all meetings and planning sessions; and 10 CSEs. Program anticipates meeting or exceeding PY11 targets of 8 new TPCs,

40 continuing and 30 new NTPCs, 412 service contacts, and 10 CSEs. Additional individuals are served through DHS Home Based Services funding, with associated SCs not counted here.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No

ACCESS Initiative: No

Developmental Disabilities: Yes

Specialty Courts: No

Behavioral Health/Physical Health Integration: No

Gaps in Core Services: No

Overarching Decision Support Criteria:

Underserved Populations: Yes - detailed Cultural Competence Plan

Countywide Access: Yes

Medicaid Reimbursement: No, but total program budget includes reimbursement through the Medicaid-waiver funded HBSS program, at risk for reduction in State budget.

Budget-Program Connectedness: Yes

Technical Criteria:

Responsiveness/Eligibility: Yes

Approach/Methods/Innovation: Yes

Staff Credentials: Yes wrt specialized training

Application Quality: High Compliance

Draft CCMHB PY12 PROGRAM SUMMARY

AGENCY: Community Elements, Inc.

Program Name: Adult Recovery: CJ & Specialty Courts

Focus of Application: MH X SA X DD

Type of Contract: Grant

Financial Information:

PY12 CCMHB Funding Request: \$150,930

PY12 Total Program Budget: \$150,930

Current Year Funding (PY11): PY10 Criminal Justice contract plus Drug Court contract = \$52,540*

Proposed Change in Funding - PY11 vs. PY12: \$98,390*

*To calculate past funding for comparison, amounts used are from PY2010 when both programs were funded individually as opposed to combined with another service as was the case for Criminal Justice in PY 2011. The \$98,390 increase is presumed to be for implementation of Mental Health Court.

Program Staff – CCMHB Funds: 2.3 FTE

Total Program Staff: 2.3 FTE

Budget Narrative: CCMHB is the sole funder for the program at 100% of total program revenue. Salaries and benefits are 81% of total expenses. Specific assistance to be used to purchase other services such as respite care, housing in a group home and/or specialized clinical services represents another 15% of expenses. The remaining 4% is spread across five other expense lines including local transportation. Of the 2.3 FTE supported with CCMHB funds, .18 FTE is classified as indirect staff and 2.12 FTE are classified as direct service staff. The direct service staff includes a fulltime coordinator and fulltime clinician, 10% of the Community Support Manager's time and 2% of the Adult Services Director's time.

This application realigns some services. For the 2011 program year, Crisis and Criminal Justice services were part of the same contract and separate from the Drug Court Integrated Services contract. For the 2012 program year, the Criminal Justice application provides services to Drug Court plus Mental Health Court while Crisis is linked to Access services in a separate application.

Reasonable Cost Standards:

"Reasonable costs" are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a "reasonable cost" limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 22%

Administrative costs

% Not Calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance _____
Adverse Finding _____

Target Population: Adults involved with either Champaign County Drug Court or Champaign County Mental Health Court.

Service Locations(s)/Demographics: Champaign County court system and jail, at Community Elements locations, and client's home/place of residence. Of those served by the Drug Court Integrated Services program last year, 78% were adult men, 46% were white, 48% were African American, and 6% were from another racial group, 66% were from Champaign, 18% were from Urbana, 11% from the Rantoul area and 5% from rural Champaign County.

Service Description/Type: Assessments, Outpatient Counseling and Support Services. All Mental Health Court clients and any client referred by Drug Court are screened followed by an assessment if warranted. Results of the assessment determine level of care and services appropriate to the diagnosis. Services may include case management, individual and group counseling, medication monitoring, psychosocial rehabilitation, and psychiatric services. Respite, supportive living, and specialized clinical services are available as specific assistance. Service coordination and collaboration occurs through the Specialty Court Teams and the Specialty Court Steering Committee. Collaboration with other providers is not addressed. Staff credentials are identified for the primary staff positions and supervisors. Clients with open cases prior to Specialty Court involvement would continue to be served by that staff member and coordinated with the Community Elements Specialty Court staff.

Access to Services for Rural Residents: Depending on the service, clients may be served in the home or be provided assistance with transportation if needed. All clients are required by the Court to attend a weekly hearing.

Program Performance Measures

ACCESS: Clients referred from the Specialty Courts will have immediate access to services.

Measure for clients not participating in Specialty Courts is described. However, such clients are not identified as a target population or in services. All references to services and clients are made in relation to the two Specialty Courts.

CONSUMER OUTCOMES: Measures are specific to how quickly clients referred to Drug Court and to Mental Health Court will be screened and that collaboration will occur with Prairie Center.

Graduation from either court or other gauge of client progress/success is not listed as an outcome measure.

Separate measure on length of engagement of "criminal justice" clients is included. This measure does not fit within the context of the proposed target population or service description.

UTILIZATION: Program provides overview of past performance and explanation for underperforming due to delay in program start-up and potential redirection of funds in response to state budget cuts. Targets for the reconfigured program are identified but contingent on the number of clients participating in Mental Health Court.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No
ACCESS Initiative: No
Developmental Disabilities: No
Specialty Courts: Yes
Behavioral Health/Physical Health Integration: No
Gaps in Core Services: No

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: No, access to services is contingent on involvement with the Specialty Courts
Medicaid Reimbursement: No
Budget-Program Connectedness: Yes

Technical Criteria:

Responsiveness/Eligibility: Yes
Approach/Methods/Innovation: Yes
Staff Credentials: Yes
Application Quality: Moderate compliance, although outcome measures need some clarification.

Draft CCMHB PY12 PROGRAM SUMMARY

AGENCY: Community Elements, Inc.

Program Name: Crisis, Access, Benefits, & Engagement

Focus of Application: MH X SA DD

Type of Contract: Grant

Financial Information:

PY12 CCMHB Funding Request: \$203,025

PY12 Total Program Budget: \$735,384

Current Year Funding (PY11): PY10 Crisis contract plus Access contract = \$188,985*

Proposed Change in Funding - PY11 vs. PY12: \$14,040* (7%)

*To calculate past funding for comparison, amounts used are from PY 2010 when both programs were funded individually as opposed to in conjunction with another service as Crisis was in PY 2011.

Program Staff – CCMHB Funds: 4.55 FTE

Total Program Staff: 13.48 FTE

Budget Narrative: CCMHB funds account for 28% of total program revenue. Other local sources including insurance represent another 18% of total revenue. State funding, including Medicaid, amounts to 54% of program revenue. Program has a surplus with revenue exceeding expenses by \$56,279 (8%). Salaries and benefits are 99% of expenses allotted to CCMHB. These funds support 4.55 FTE of which .3 FTE is for staff classified as indirect including administration and 4.25 FTE for staff classified as direct service. Four direct service positions (2 Benefits Case Managers, 1 Clinician and 1 Coordinator) are funded entirely by CCMHB. The remaining .25 FTE is divided between the Emergency Services Manager (.1 FTE), the Crisis Supervisor (.1 FTE) and the Adult Services Director (.05 FTE).

This application realigns some services. For the 2011 program year, Crisis and Criminal Justice services were in the same contract and separate from the Access and Benefits Acquisition Services contract. For the 2012 program year, Crisis is linked to Access and Benefits.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	22%
Administrative costs	% Not Calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X _____
Adverse Finding _____

Target Population: Crisis services are provided to any adult in crisis and to any child or youth determined to be ineligible for SASS by the CARES Line (state funded crisis services for youth). Access will serve children, adolescents and adults with social/emotional or behavioral health needs that meet the admission criteria of Community Elements.

Service Locations(s)/Demographics: Initial contact may be by telephone, or on designated days as a walk-in. The crisis team will complete an assessment if warranted based on the initial screening. No demographic data is available for crisis or access contacts. Of those assisted with benefit applications, 44% were from Champaign, 28% from Urbana, 9% from the Rantoul area, 14% from rural Champaign County and 5% from outside the county, 55% were women, 95% were adults and 5% were seniors, 67% were white, 28% were African American, and 5% were from other racial groups. Less than 3% of the total served was Latino.

Service Description/Type: Crisis, Access and Support Services. Community Elements states reason for linking Crisis and Access services is to address state created gaps for persons without Medicaid by enabling the agency to engage the consumer until they are referred to another program and/or are assisted with applying for entitlement programs such as Medicaid. Services provided by Crisis and Access represent initial contact points providing engagement and assistance to consumers seeking help with a crisis or other urgent mental health issue. Crisis services include support for the 24 hour crisis line, short term interventions by the crisis team and community education. Access engages clients at intake providing support, screening and linkage to appropriate care. Access services include “walk-in” days where clients can be served without having an appointment. Assistance with applying for benefits/entitlement programs (Medicaid, Supplemental Security Income, Social Security Disability Insurance) to receive behavioral health care and to other programs helping to meet basic needs is provided by the Benefits Case Manager and Access Clinician. Regarding benefits assistance, of particular interest to CCMHB are the applications to entitlement programs.

Staff credentials are identified for the primary staff positions. The Emergency Services Manager is responsible for the operation of both the crisis and access programs.

Access to Services for Rural Residents: Crisis line services are available 24 hours a day. An initial screening by Access staff can be completed over the telephone. Transportation may be provided depending on need. Case management may be provided in the client’s home or community setting.

Program Performance Measures

ACCESS: Access services reference 85% of initial contacts by telephone are answered by an Access Clinician and those not answered live are to receive a call back within 24 hours. Access offers “walk-in” appointments for assessments twice a week. The 85% of calls answered live, call backs within 24 hours for all other calls and the availability of walk-in appointments two days per week can be considered

measures for access services. For Crisis Line calls no clear measure is described. In the past 90% of calls would be answered or a call back made within 15 minutes.

CONSUMER OUTCOMES: Program states will use the standardized consumer satisfaction survey “Client Writes” to evaluate outcomes for the 2012 program. Local results will be compared to state and national benchmarks.

Wait time for Access clients to receive services will be 7 days or less. This measure may be more appropriate as an access performance measure.

Reference is made to establishing a benchmark for engagement in non-Medicaid group services. This type of service has not been described anywhere else in the application.

A target of 90% of consumers eligible for some type of benefit will receive assistance with an application. It is not clear if the applications are for entitlement programs or for any type of application. CCMHB interests lie with entitlement benefit applications.

UTILIZATION: Program provides overview of past performance and explanation for underperforming on benefit applications. Targets for the 2012 program are identified for access as number of screens and benefits applications completed, and for crisis services it is crisis line calls and community education events. This information helps to define the services being purchased with CCMHB funds.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No

ACCESS Initiative: No

Developmental Disabilities: No

Specialty Courts: No

Behavioral Health/Physical Health Integration: No

Gaps in Core Services: Yes, services are realigned in response to state funding reductions.

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: Yes

Medicaid Reimbursement: No

Budget-Program Connectedness: Yes

Technical Criteria:

Responsiveness/Eligibility: Yes

Approach/Methods/Innovation: Yes

Staff Credentials: Yes

Application Quality: Moderate compliance although outcome measures for Crisis services need improvement.

Draft CCMHB PY12 PROGRAM SUMMARY

AGENCY: Community Elements, Inc.

Program Name: Early Childhood Mental Health & Dev. (ECMHD)

Focus of Application: MH X SA DD

Type of Contract: Grant

Financial Information:

PY12 CCMHB Funding Request: \$138,340

PY12 Total Program Budget: \$882,425

Current Year Funding (PY11): \$114,500 (mid-year \$18,000 redirected to support Mental Health Court)

Proposed Change in Funding - PY11 vs. PY12: \$23,400 (21%)

Program Staff – CCMHB Funds: 2.62 FTE

Total Program Staff: 16.56 FTE

Budget Narrative: CCMHB funds account for 16% of total program revenue. The Ounce of Prevention (28%), Illinois State Board of Education (26%), and Illinois Department of Human Services (30%) account for all remaining revenue. Of expenses allocated to CCMHB, salaries and benefits is 84% of total expenses. The next largest expense charged to CCMHB is local transportation at 3%. The balance of CCMHB funds are allocated across seven other expense lines. Community Elements includes description of how costs are allocated as an administrative expense, indirect program expense or direct program expense. Of the 2.62 FTE supported with CCMHB funds, .28 FTE are indirect staff including administration and 2.34 FTE are direct service staff. The direct service staff includes 13 positions; most are clinicians who have 13% of their time charged to CCMHB. A new .5 FTE therapist position focusing on maternal depression is proposed.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	22%
Administrative costs	% Not Calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X _____
Adverse Finding _____

Target Population: Children birth to 5 and their families. Program is comprised of three distinct program components whose eligibility criteria fall within this range. All 3 programs include consideration of parent and/or child risk factors.

Service Locations(s)/Demographics: Services are delivered in client homes and community locations such as schools and churches. Last year, 48% of the clients served were from Champaign, 28% from Urbana, 18% from the Rantoul area and 6% from rural Champaign County. A breakout by race finds 58% were African American, 40% were white, and 2% were of other racial groups. Of the total served 25% was Latino. Racial data was not available for a large number of clients. Adults were 76% of the clients with the balance (24%) being teen parents age 18 or under. Most clients were women (82%).

Service Description/Type: Prevention/Early Intervention. The ECMHD program is actually three interrelated programs - Healthy Families, Healthy Young Families and the Prevention Initiative. The ECMHD applies a research based Infant Mental Health model. Program goals are to prevent abuse/neglect, increase positive parent-child relationships and promote family development, functioning and independence. Services include assessments using standardized tools, home visits with frequency tied to family needs, case management, parenting groups and parent education, and child developmental screening. Staff also collaborates with other providers including C-UPHD and FNHC. All ECMHD staff has Associate, Bachelors or Masters Degrees and receives extensive specialized training. Some staff members are bi-lingual increasing access to services by the Latino community.

For the 2012 program, ECMHD requests an increase of \$23,400 to add a half-time position to work specifically on maternal depression.

Access to Services for Rural Residents: Program provides home based services and transportation to groups. Demographic data indicates only 6% of the clients served are from rural Champaign County.

Program Performance Measures

ACCESS: Program engages clients in services for long periods. Referral and collaboration with multiple healthcare providers is referenced. Program goal is within 48 hours of referral the client will be contacted by a member of ECMHD staff. Due to the length of engagement, a limited number of openings are available and a waitlist is maintained.

CONSUMER OUTCOMES: The three measures used are defined by state funders and establish benchmarks for program effectiveness. The measures are associated with program capacity, immunization rates and developmental screenings. Program identifies targets for each measure and reports results.

UTILIZATION: Program defines how services will be classified and reported. Program compares performance for 2011 program with targets and provides an explanation for underperforming. Targets are essentially unchanged from 2011 to 2012.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No

ACCESS Initiative: No

Developmental Disabilities: No

Specialty Courts: No

Behavioral Health/Physical Health Integration: Yes, collaborates with primary care providers.

Gaps in Core Services: No

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: Yes although rural participation appears low.

Medicaid Reimbursement: No

Budget-Program Connectedness: Yes

Technical Criteria:

Responsiveness/Eligibility: Yes

Approach/Methods/Innovation: Yes

Staff Credentials: Yes

Application Quality: High compliance

Draft CCMHB PY12 PROGRAM SUMMARY

AGENCY: Community Elements, Inc.

Program Name: Non-Medicaid Mental Health Initiative

Focus of Application: MH X SA DD

Type of Contract: Grant

Financial Information:

PY12 CCMHB Funding Request: \$30,132

PY12 Total Program Budget: \$30,132

Current Year Funding (PY11): \$0

Proposed Change in Funding - PY11 vs. PY12: N/A

Program Staff – CCMHB Funds: 0 FTE

Total Program Staff: 0 FTE

Budget Narrative: This is a new program proposal submitted in response to state funding cuts. CCMHB would be the sole funder for the program (100% of program revenue). All CCMHB funds are allocated to the professional fees/consultants line. The funds would pay for 3 interns at \$4,000 each plus 150 hours of supervision at \$100 an hour. The balance remaining is cost allocated to administration. Some aspects of services (assessments and group counseling) are not supported by the budget documents.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	0%
Administrative costs	% Not Calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X _____
Adverse Finding _____

Target Population: Non-Medicaid eligible adults with social/emotional or behavioral health needs.

Service Locations(s)/Demographics: Client homes and community locations. As a new program demographics are not available.

Service Description/Type: Outpatient Counseling. Changes made in state eligibility criteria limit services to assessments for the target population. Assessments are provided by the Emergency Services Manager, an LCSW, and the Crisis Team. Based on the assessment, clients may receive individual and/or group counseling and case management. This new program would use University of Illinois School of Social Work interns under supervision to provide individual counseling and case management. Groups are mentioned in the broader context but not in the specific reference to the interns' activities. Supervision would be provided by part-time staff or by contract. Internships would be structured to ensure services are available year-round. Program will identify and implement best practice models appropriate to the client services. Some clients may be asked to pay a fee and proceeds would be reinvested in the program.

Access to Services for Rural Residents: Initial contacts can occur over the telephone. Case management would be provided in the clients' home or other community based setting.

Program Performance Measures

ACCESS: Changes to state eligibility criteria has restricted access to services. Community Elements attempts through this proposal to provide a creative solution to maximize clients' access to services beyond an assessment.

The narrative seeks to justify the program rather than present a specific measure for access, such as 90% of consumers determined not to be eligible for Medicaid will be contacted for an appointment within three days of referral and the first appointment held within two weeks of the referral.

CONSUMER OUTCOMES: Program states will use the standardized consumer satisfaction survey "Client Writes" to evaluate outcomes for the 2012 program. Local results will be compared to state and national benchmarks. Program will track client engagement and length of service too.

UTILIZATION: Program identifies targets by service category. A total of 150 consumers will be served: 130 Treatment Plan Clients and 20 Non-treatment Plan Clients (educational group participants).

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No
ACCESS Initiative: No
Developmental Disabilities: No
Specialty Courts: No
Behavioral Health/Physical Health Integration: No
Gaps in Core Services: Yes

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: Yes
Medicaid Reimbursement: No
Budget-Program Connectedness: Yes

Technical Criteria:

Responsiveness/Eligibility: Yes

Approach/Methods/Innovation: Yes

Staff Credentials: Yes

Application Quality: Moderate compliance, although access measurement needs improvement

Draft CCMHB PY12 PROGRAM SUMMARY

AGENCY: Community Elements, Inc.

Program Name: Psychiatric Services

Focus of Application: MH X SA DD

Type of Contract: Grant

Financial Information:

PY12 CCMHB Funding Request: \$41,200

PY12 Total Program Budget: \$1,041,387

Current Year Funding (PY11): \$40,000

Proposed Change in Funding - PY11 vs. PY12: \$1,200 (3%)

Program Staff – CCMHB Funds: .44 FTE

Total Program Staff: 10.6 FTE

Budget Narrative: CCMHB funds account for 4% of total program revenue. The single largest source is a state grant that represents 67% of total revenue. Remaining sources include a state fee for service contract, Medicaid, Medicare, insurance and client fees. Of expenses allocated to CCMHB, salaries and benefits are 66% of total expenses. Community Elements includes description of how costs are allocated as an administrative expense, indirect program expense or direct program expense. Of the .44 FTE charged to CCMHB, .23 is indirect staff and .21 is direct service staff. The .21 FTE direct service staff includes 4% of each of the two psychiatrists' time, 4% of three RNs' time and 1% of the Emergency Services Coordinators' time. Why indirect staff exceeds direct staff is not explained.

While the agency as a whole has a budget surplus, this program has an operating deficit of 24% (expenses over revenue). Community Elements assigns the deficit through cost allocation based on share of revenue. The result is total expenses allocated to CCMHB exceed the grant request. However, a greater share of the deficit spending is allocated to CCMHB (7.7%) than is appropriate for CCMHB share of revenue (4%).

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	22%
Administrative costs	% Not Calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X _____
Adverse Finding _____

Target Population: Children, adolescents and adults with mild to severe psychiatric disturbances who do not have the resources such as insurance to pay for care but may qualify for Medicaid or Non-Medicaid services.

Service Locations(s)/Demographics: Services are delivered on-site at Community Elements. Last year, 39% of those served were from Champaign, 23.5% from Urbana, 11% from the Rantoul area, 14% from rural Champaign County and 12.5% from outside Champaign County. The vast majority of those served were white at 70%, African Americans were 28% of those served and 2% were other races. Of the total, 2.5% were Latino. By age group, 15% were 12 or under, 13% were age 13 to 18, 63% were adults and 9% were seniors age 60 or older, and over half - 55% - were women.

Service Description/Type: Outpatient psychiatric care. Services include psychiatric evaluation, medication monitoring and education, and as appropriate consultation, for Medicaid and Non-Medicaid clients. Psychiatrists are board certified and licensed by the State of Illinois.

Access to Services for Rural Residents: Services are delivered in Champaign at Community Elements.

Program Performance Measures

ACCESS: For residents without insurance or the ability to self-pay access to psychiatric services in Champaign County and the state is limited. Community Elements has 2 fulltime psychiatrists serving those with limited resources. Program has a waitlist.

CONSUMER OUTCOMES: Program states will use the standardized consumer satisfaction survey "Client Writes" to evaluate outcomes for the 2012 program. Local results will be compared to state and national benchmarks.

UTILIZATION: Program is expected to exceed target for number of clients served in the 2011 program. Although it appears in the consumer outcomes section, program does describe how services will be counted and adjusts upward target for the coming 2012 program year to 2300 TPCs based on 2011 performance.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No
ACCESS Initiative: No
Developmental Disabilities: No
Specialty Courts: No
Behavioral Health/Physical Health Integration: No
Gaps in Core Services: Yes

Overarching Decision Support Criteria:

Underserved Populations: No

Countywide Access: No

Medicaid Reimbursement: Yes

Budget-Program Connectedness: Yes, however program has deficit and indirect staff exceeds direct staff.

Technical Criteria:

Responsiveness/Eligibility: Yes

Approach/Methods/Innovation: Yes

Staff Credentials: Yes

Application Quality: Moderate compliance

Draft CCMHB PY12 PROGRAM SUMMARY

AGENCY: Community Elements, Inc.

Program Name: TIMES Center (Screening MI/SA)

Focus of Application: MH X SA X DD

Type of Contract: Fee For Service

Financial Information:

PY12 CCMHB Funding Request: \$49,440

PY12 Total Program Budget: \$420,086

Current Year Funding (PY11): \$48,000

Proposed Change in Funding - PY11 vs. PY12: \$1,440 (3%)

Program Staff – CCMHB Funds: 1.28 FTE

Total Program Staff: 9.8 FTE

Budget Narrative: CCMHB funds account for 12% of total program revenue. Grants from other local funders plus contributions and fees are an additional 36% of revenue. State funding from various agencies is 36% and federal funding is 13% of total program revenue. All, 100%, of CCMHB funding is allocated to the salaries and benefits expense lines. Community Elements includes description of how costs are allocated as an administrative expense, indirect program expense or direct program expense. Of the 1.28 FTE funded by CCMHB, .02 FTE are indirect personnel and reflect cost for administrative staff, and 1.26 FTE are classified as direct personnel. Direct service staff charged off to CCMHB includes a fulltime Intake Case Manager (1 FTE) responsible for client screenings, referrals and linkage, .24 FTE of the TIMES Center Supervisor and .02 FTE of the Adult Services Director.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	22%
Administrative costs	% Not Calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____

Audit Requirement Waived _____
Audit in Compliance ___X_____
Adverse Finding _____

Target Population: Men who are homeless.

Service Locations(s)/Demographics: TIMES Center. Results of screenings may generate referral to services off-site. As one might expect, 100% of those served last year were adult men of which 3% were age 60 or older, 44% were white, 49% were African-American, 7% were of other races. Latinos were 6% of the total served. A large number of residents did not provide information on residency prior to entering the TIMES Center. Of those that did, 30% were from Champaign, 18% from Urbana, 9% from the Rantoul area, 3% from rural Champaign County and 40% from outside of Champaign County.

Service Description/Type: Screening. Anyone engaging in services at TIMES Center is screened for mental health and substance abuse issues by the Intake Clinician (Intake Case Manager per Budget Narrative). When the screening identifies a mental health and/or substance abuse issue the clinician will assist the client with linking to services. Residents with substance abuse issues are referred to Prairie Center. For mental health issues, residents are referred within Community Elements or to another provider at the preference of the client. Services provided are based on SAMHSA research and guidelines for this population. The Intake Clinician (Case Manager) responsible for completing the screenings and referrals is a Certified Alcohol and Drug Counselor (CADC) with additional training on co-occurring disorders.

The Relapse Prevention Group (engagement group) service description used in past applications is absent from the services section of this application. Passing reference is made to a substance abuse group without further details. A group rate is included in the rates section of the program plan. Staff responsible for group counseling (engagement groups) is not identified. The updated services section and personnel description implies the program does not intend to offer group services although a group rate is listed.

Access to Services for Rural Residents: TIMES Center is located in Champaign. Effort is made to educate other providers and community based organizations about the TIMES Center.

Program Performance Measures

ACCESS: TIMES Center is open 24 hours a day, 365 days a year. Staff participates in a number of collaborative organizations to coordinate and promote services to the homeless population.

CONSUMER OUTCOMES: Clear measures are identified for screenings and linkage/referral services. Use of the standardized consumer satisfaction survey "Client Writes" is planned.

Reference is made to the high rate of participation in the Relapse Prevention Groups during the 2010 program. For the current year billings submitted to CCMHB find group size averages 27 clients per session. If engagement groups are to be offered in PY 2012 the maximum number of participants per group and number of groups should be defined.

UTILIZATION: The volume of screening to residents is almost 100%. No details on groups provided or planned is included.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No
ACCESS Initiative: No
Developmental Disabilities: No
Specialty Courts: No
Behavioral Health/Physical Health Integration: No
Gaps in Core Services: No

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: No
Medicaid Reimbursement: No
Budget-Program Connectedness: Yes. Description of group services and assigned staff is omitted.

Technical Criteria:

Responsiveness/Eligibility: Yes
Approach/Methods/Innovation: Yes for screening
Staff Credentials: Yes for screening
Application Quality: Needs improvement.

Draft CCMHB PY12 PROGRAM SUMMARY

AGENCY: Crisis Nursery

Program Name: Beyond Blue Champaign County

Focus of Application: MH SA DD

Type of Contract: Grant

Financial Information:

PY12 CCMHB Funding Request: \$70,000

PY12 Total Program Budget: \$170,507

Current Year Funding (PY11): \$50,250 (consolidated three Crisis Nursery contracts by amendment)

Proposed Change in Funding - PY11 vs. PY12: \$19,750 (39%)

Program Staff – CCMHB Funds: 1.33 FTE

Total Program Staff: 3.17 FTE

Budget Narrative: CCMHB funds account for 41% of total program revenue. Contributions and fundraising combined is 50% of total program revenue. And state funding is 9%. Salaries and benefits are 91% of costs charged to CCMHB. Seven other line items account for the balance of expenses charged to CCMHB of which transportation is the largest at 3.5% of funding. Direct service personnel in 1 FTE Family Specialist, a second Family Specialist at .24 FTE and 5% of the Program Directors time. Seven other line items account for the balance of expenses charged to CCMHB of which transportation is the largest at 3.5% of funding.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	28%
Administrative costs	% Not Calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance _____

Adverse Finding _____

Target Population: Mothers identified as “at risk” of perinatal depression who reside in Champaign County and have a child or children less than one year of age. “At risk” is defined as low-income and/or a family history of depression or who experienced depression during pregnancy. Methods for identifying “at-risk” mothers are described. Seventy percent of clients would be from rural Champaign County i.e. not residents of Champaign or Urbana.

Service Locations(s)/Demographics: Clients home, Crisis Nursery, and other neutral sites. Of the 29 mothers (clients) served by Beyond Blue-Rural Champaign County in PY 10, 62% were from Rantoul and the remainder from rural areas, all but 2 were adults 19 or older. Whites were 55%, African Americans were 31%, Latinos were 7% and other populations 7% of the total served.

Service Description/Type: Screening, Assessment, Individual and Group Counseling. Program uses a mix of home visits and participation in Parent-Child Interaction (PCI) Groups to reduce mothers feeling of isolation, provide education and counseling about perinatal depression, child development and parenting skills. Central to the program’s services are an intake and screening using the Edinburgh Postnatal Depression Scale (EPDS), home visits to complete assessment, provide counseling and education, participation in Parent-Child Interaction groups, participation in perinatal support groups, and referral and linkage to other services appropriate to the needs of the mother and child.

Access to Services for Rural Residents: Program establishes a target of 70% of mothers served will be from rural Champaign County. Program commits to holding 3 of 5 PCI groups outside of C-U.

Program Performance Measures

ACCESS: Program cites established relationships and protocols for referrals with healthcare providers and describes on-going outreach at various providers’ locations.

CONSUMER OUTCOMES: Program cites tools established to measure outcomes for general operations of crisis nurseries around the state. These same tools will also be applied to participants in Beyond Blue to measure parent efficacy, parent support, and parent networks. Also to be evaluated are changes related to the mother’s symptoms of perinatal depression, its effect on a child’s development, the mother’s understanding of child development and how to promote positive development, and understanding how to reduce stress. The EPDS is used at intake and then quarterly to track progress of the client. The Ages and Stages Questionnaire is used to track the child’s development.

UTILIZATION: Program defines how services will be classified and reported. Of the total mothers to be served, 70% (25 of 35) will reside outside Champaign and Urbana. For PY 10 number of mothers/children served exceeded target and half way through PY11 program has already met the target.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No

ACCESS Initiative: No

Developmental Disabilities: No

Specialty Courts: No

Behavioral Health/Physical Health Integration: Yes, program cites established relationship with medical community.

Gaps in Core Services: No

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: Yes, 70% of clients would be from outside Champaign and Urbana.

Medicaid Reimbursement: No

Budget-Program Connectedness: Yes

Technical Criteria:

Responsiveness/Eligibility: Yes

Approach/Methods/Innovation: Yes

Staff Credentials: No

Application Quality: High compliance

Draft CCMHB PY12 PROGRAM SUMMARY

AGENCY: Developmental Services Center (DSC)

Program Name: Family Development Center (FDC)

Focus of Application: MH ___ SA ___ DD X

Type of Contract: Grant format requested

Financial Information:

PY12 CCMHB Funding Request: \$216,279

PY12 Total Program Budget: \$767,560 program surplus \$19,535

Current Year Funding – PY11: \$209,980

Proposed Change in Funding - PY11 vs. PY12: \$6,299

Program Staff – CCMHB Funds: 5.37 FTE (error on Part I form)
By Personnel form, 3.01 FTE (2.4 Direct plus 0.61 Indirect)

Total Program Staff: 10.49 FTE (8.23 Direct plus 2.26 Indirect)

Budget Narrative: CCMHB funding request to support 28% of total program budget and CCDDDB, 49% (as in PY11). Other **revenue** sources are estimates, some allocated: United Way, DHS training reimbursements, Early Intervention (EI) reimbursements (16%), Interest Income; Third Party Payments and Misc not explained in Budget Narrative. **Personnel** form shows those portions of indirect staff (from 1% to 6% of 22 positions) and 11 direct staff servicing FDC contract: 29% of 4 Child Development Specialists, a Screening Coordinator, Office Manager, and Program Director, 22% of a Speech/Language Pathologist, 3% of 2 RNs, and 9% of Vice President. **Expenses** include: Payroll taxes/benefits and Salaries (72% of total request), Professional Fees (6.2%), Consumables, General Operating, Occupancy (5.7%), Staff Development, Transportation (3.7%), Specific Assistance, Equipment Purchases, Lease/Rental (5.3%), Membership Dues, Interest Expense, Misc, and Depreciation. Budget Narrative describes each and relates changes from PY11 levels to 3% wage increase, 10% benefits cost increase, increase in interest expense due to borrowing on line of credit. Allocation method included. Total agency has \$493,856 deficit (4%), total program a projected surplus of \$19,535. Program plan does not specify how many of total individuals served are supported by CCMHB funds alone, though some have EI funding (16% of total program revenue).

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 24%

Administrative costs: % not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance XX
Adverse Finding _____

Target Population: Children birth to five, with or at risk of developmental disabilities/delays, and their families. Statewide and regionally, 3-4% of children 0-3 are enrolled in Early Intervention (those with a 30% delay in one or more areas or an identified disability or prematurity); estimates of underserved/unidentified children much higher. Emphasis on early identification, family-directed intervention, preserving range of services and coordination across providers. Service enhancements of family support/education, child care consultation, and filling gaps for underserved populations.

Service Location/Demographics: All of Champaign County: center is in Champaign; home based services, including rural communities. Of 850 total served in PY10, 41.6% were from Champaign, 22.7% Urbana, 11.9% Rantoul, 23% other Champaign County, and 0.7% not CC. (In PY09, total program served 28% rural CC.) Of CC residents, 45% were white, 26% African American, 5.3% Asian/PI, 7.9% Hispanic/Latino, and 15.4% Other. 59% were male.

Service Description/Type: Comprehensive Services for young children. Coordinated, home-based, family centered array of services, evidence-based/best practices. For children and families to experience uninterrupted, comprehensive services, the FDC maximizes state funds for comprehensive assessment services, developmental, occupational, and physical therapies, and parent-child developmental play groups. CCDDDB/CCMHB funding supports all of screening, child care consultation, PLAY Project home consultation, and Family Resource Center (books, toys, and sensory materials lending libraries). Family-driven intervention plans build on strengths and resources of child, family, and community. Detail on education, specialized training, certification, and/or licensure of staff.

Access to Services for Rural Residents: County-wide. Comprehensive screening and travel reimbursement for therapists (geographic areas assigned to each) permit service to over 20 rural communities. School and community screening events held with rural school coops, child care centers, and churches.

Program Performance Measures

ACCESS: Initial assessments completed within 15 days of evaluation - actual outcomes of 83% in PY10 and 98% mid-year PY11 against targets of 90%. Referrals come from a variety of sources, are responded to immediately, assessment within two weeks. Natural supports (extended family, medical and faith-based community resources, and peer groups), culturally appropriate toys and materials, translation services, and family input in service planning contribute to culturally appropriate services. All are informed of PUNS. Zip code data will be collected. An updated agency cultural competence plan submitted.

CONSUMER OUTCOMES: Consumer satisfaction (agency-wide) target 90% was exceeded in PY10, no data for current year; satisfaction surveys mailed to current families at random and to exiting families; feedback sought on child-centered, family-focused intervention, culturally responsive interactions. Developmental outcomes (program-specific) target 90% exceeded in PY10 and PY11; child progress is

evaluated using standardized tests, repeated at specific intervals, not more than six months. Each individual service plan includes goals and strategies for services plus outcome measures.

UTILIZATION: Continued increase in numbers of children/families receiving services, particularly in child care center consultations and PLAY Project. Collaborations with other agencies for screening and assessment increased as well. In PY10, there were 850 total TPCs (879 in PY09, 927 in PY08), exceeding the target of 700; PY11 target of 700 against projected actual of 681; PY12 target will again be 700. Zeroes are reported for NTPCs each year, although they are described in plan narrative as children served in child care settings which receive consultations. SC target of 80 (developmental evaluations) was exceeded in PY10 (241 actual) and increased to 150 for PY11 (projected actual of 138); PY11 target will also be 150. CSE (child care consultation) target of 120 was exceeded in PY10 (actual 589) and again PY11 (projected actual 475) and will be adjusted to 300 for PY12.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No

ACCESS Initiative: No

Developmental Disabilities: Yes

Specialty Courts: No

Behavioral Health/Physical Health Integration: No

Gaps in Core Services: No

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: Yes

Medicaid Reimbursement: No

Budget-Program Connectedness: Yes

Technical Criteria:

Responsiveness/Eligibility: Yes

Approach/Methods/Innovation: Yes

Staff Credentials: Yes

Application Quality: **High Compliance**

Draft CCMHB PY12 PROGRAM SUMMARY

AGENCY: Developmental Services Center (DSC)

Program Name: Developmental Training/Employment Services

Focus of Application: MH ___ SA ___ DD X

Type of Contract: Grant format requested

Financial Information:

PY12 CCMHB Funding Request: \$295,557

PY12 Total Program Budget: \$7,042,763 program deficit \$275,552

Current Year Funding – PY11: \$286,949

Proposed Change in Funding - PY11 vs. PY12: \$8,608

Program Staff – CCMHB Funds: 15.56 FTE (error on Part I form)

By Personnel form, 3.82 FTE (3.36 Direct plus 0.46 Indirect)

Total Program Staff: 96.01 FTE (83.86 Direct plus 12.15 Indirect)

Budget Narrative: Revenue Enhancement. CCMHB funding request to support 4.2% of total program (4.1% in PY11, and in PY10 1.17% of DT and 7% of ES) and CCDDDB 17% (16.7% in PY11, and in PY10 25% of DT and 12% of ES); other **revenue** comes from United Way, contributions, Ford County MHB, DHS FFS (23% of total program and 30% of total agency budget, vulnerable due to state budget), HFS Purchase of Care (smaller share but also vulnerable), Title XX-DFI, DRS Program Service Fees, Sales of Goods & Services (\$2m or 33% total program), Interest Income, Rental Income, Other Third Party Payments, and Misc. Estimated revenue amounts are explained in Budget Narrative. **Personnel** form shows those portions of indirect staff (from 1% to 3% of 24 positions, no vacancies) and 87 direct staff positions servicing this contract: 1% of 1 Vice President, 2% of 2 RNs, 2% of Account Mgr, 4% of Operations Mgr, 3% of Transportation Coordinator, 4% of 7 drivers, 4% of a Program Director, 2% of two other PDs, 4% of Supported Employment Supervisor, 4% of Vocational Evaluator and Vocational Supervisor, 4% of 4 Community Employment Specialists (1 vacant) and of 2 Employment Specialists (1 vacant), 4% of eleven Production Crew Leaders, 4% of 2 Production Workers, 4% of a Residential Instructor, 4% of a Residential Program Administrator, 4% of 34 Developmental Instructors (3 vacant), 4% of 4 DT Mgrs, 4% of 6 Employment Counselors (1 vacant), 4% of 1 Employment Program Mgr, and 4% of 2 COTAs. Budget Narrative relates position responsibilities to this program (though not RPA and RI) and describes allocation method. **Expenses** include: Payroll taxes/benefits and Salaries (52% of total request), Professional Fees, Client Wages (8.3%), Consumables, General Operating, Occupancy (4.8%), Staff Development, Transportation (5.1%), Specific Assistance, Equipment Purchases, Lease/Rental (4.1%), Membership Dues, Interest Expense, Cost of Production (18.5%), Miscellaneous, and Depreciation. Budget Narrative describes each, many similar to PY11 level, and relates changes from PY11 levels to 3% wage increase, 10% benefits cost increase, increase in interest expense due to borrowing on line of credit. Total agency has \$493,856 deficit (4%), total program \$275,552 (4%). Program plan does not specify how many of total served are supported by CCMHB funding alone.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 31.6% (as for total agency)
Administrative costs: % not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance XX _____
Adverse Finding _____

Target Population: Adults with developmental disabilities, with wide ranging abilities and support needs. Increase in health crises and issues related to aging, along with greater prevalence of diagnosis of Autism Spectrum Disorder (ASD), has influenced the types of support offered, including staffing patterns and relationship between DT and vocational settings. Impact on families also noted.

Service Location/Demographics: At main and production facilities in Champaign and Rantoul; volunteer, supported, and competitive employment placements in C/U and Rantoul. Of 327 served in PY10, 42% were from Champaign, 23% Urbana, 10% from Rantoul, 20% Other CC, and 5% not CC. Of the 301 CC residents: 90.3% were aged 19 to 59, and 9.6% were 60 and over; 81.7% were white, 13.6% Black/AA, 2.6% Asian/PI, 1% Hispanic/Latino, and 1% Other; 54.5% were male.

Service Description/Type: Adult Day Programming; Vocational. Low to High Intensity. Consumer preference determines location, type, schedule. Range of activities includes individualized exercise, computer lab, art room, Prompting Theater and Parkland Pops, community volunteering, and vocational training to self-advocacy groups, job skills development, autism/social skills support, sign language classes, vocational evaluation, and personalized job development and coaching. Staff training includes 120 hours mandated by DHS plus Crisis Prevention and Intervention, safe lifting, and inservices (e.g., Person-Centered-Planning, Total Communication, Occupational Therapy, Supported Employment, Community Employment, and Community Integration.) Certified Occupational Therapy Assistants attend workshops and inservices for CEUs. Job development staff are certified in community-based employment strategies through Rehabilitation Continuing Education Programs.

Access to Services for Rural Residents: Staff attend IEPs county-wide, participate in transition workshops in these outlying areas, and provide tours of Champaign and Rantoul sites to members of the Rural CC Special Ed Coop and rural residents. Transportation services to Tolono, Philo, St. Joseph, Mahomet, Ludlow, and areas between. **Staff Comment:** of particular interest to the CCMHB is the provision of services as described above, so that IEP support may be best coordinated with RPC’s Pre-Admission Screening/Independent Service Coordination staff, who have a formal role.

Program Performance Measures

ACCESS: Agency intake process and measures included, targets met each year; admissions process affected by limited capacities. A specific access measure related to this program does not appear to be identified. Agency has submitted a revised (annually) cultural competency plan. Zip code data will be collected. Referrals are made for PUNS enrollment.

CONSUMER OUTCOMES: Consumer satisfaction: PY10 target of 90% vs. DT outcome 100% and ES 96%. Target for PY11 is also 90%; satisfaction survey mailed randomly to consumers; input is also requested at individualized annual planning meetings. DT consumer participation in independent community-based vocational or volunteer work setting: PY10 and PY11 target of 45% was exceeded, at 51% PY10 and 54% mid-yr PY11. Community Employment consumers to increased wages, benefits, or responsibilities: PY10 target 20% exceeded at 32%; FY11 target also 20%. DT consumer participation in monthly community-based activity: PY10 target of 90% met, and PY11 of 90% exceeded with mid-year outcome 95%. Emphasis on person-centered planning and consumers' strong interest in community based recreation and employment. In PY10, DT consumers volunteered with 12 organizations and worked in 4 (C-U and Rantoul) community settings, and some marketed their art/crafts.

UTILIZATION: Plan to serve **320** unduplicated TPCs. TPC includes those open with DT, Vocational Evaluation, Vocational Development, Regular Work, or Supported Employment. PY10 target for Continuing TPCs was 326, with actual 314; PY11 target 320, actual ~306; PY12 target lowered to **310**. New TPC target of 14 for PY10 was not met (actual= 8), and of 10 for PY11 will also not be met (actual 4) but will remain at **10** for PY12. NTPC are students with school support in DSC site ("Vocational Experience") or individuals in 3-day voc screening or those referred through DRS for temporary support. PY10 target of 2 was exceeded (4) and PY11 target of 4 is also on track (8); NTPC target for PY12 is increased to 5. Service Contact target of 10 and Community Service Events target of 5 were exceeded in PY10 (17 and 14) and continued for PY11, anticipated to achieve 7 and 9 respectively. Both targets are adjusted to 8 for PY12. Staff Comment: Because program responds to varying support needs, an additional measure for total hours of service, as collected for DHS reporting, is desirable.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No

ACCESS Initiative: No

Developmental Disabilities: Yes

Specialty Courts: No

Behavioral Health/Physical Health Integration: No

Gaps in Core Services: Yes

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: Yes

Medicaid Reimbursement: No

Budget-Program Connectedness: Yes. As in PY11, quarterly personnel updates may be used to track shifts as vacancies are filled.

Technical Criteria:

Responsiveness/Eligibility: Yes

Approach/Methods/Innovation: Yes, per CARF review

Staff Credentials: Yes wrt training and COTAs

Application Quality: **High Compliance**

Draft CCMHB PY12 PROGRAM SUMMARY

AGENCY: Family Service of Champaign County

Program Name: Counseling

Focus of Application: MH X SA DD

Type of Contract: Fee For Service

Financial Information:

PY12 CCMHB Funding Request: \$50,000

PY12 Total Program Budget: \$95,800

Current Year Funding (PY11): \$50,000

Proposed Change in Funding - PY11 vs. PY12: \$0

Program Staff – CCMHB Funds: 1.18 FTE

Total Program Staff: 2.45 FTE

Budget Narrative: CCMHB funds account for 52% of total revenue. Client fees are the second highest source of revenue at 27%. A DCFS fee for service contract is the only state funding for the program and is 6% of total revenue. The remaining 15% of revenue is from a small Cunningham Township grant and contributions. Salaries and benefits represent 78% of expenses charged to CCMHB. Occupancy is the next highest expense charged at 12% with the balance spread across eight other expense lines. The budget narrative includes a description of how costs are allocated. Of the 1.18 personnel supported with CCMHB funds, indirect staff is .1 FTE and direct staff is 1.08. The direct staff includes three therapists whose combined time totals .82 FTE and .1 FTE of the Program Directors' time. The remaining .16 FTE is split between an administrative assistant and a bookkeeper. There is no explanation why these two positions are considered direct service staff and not indirect staff which would seem to be the more appropriate classification for these positions. Program as whole projects a deficit of \$6,165 (expenses over revenue).

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	12%
Administrative costs	% Not Calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance _____
Adverse Finding _____

Target Population: Open to children, adolescents and adults. Agency has collaboration contracts with Illinois Department of Children and Family Services (IDCFS), Greater Community Aids Program (GCAP), DSC, Lutheran Social Services, and Catholic Charities to give those agencies' clients priority. Added to the priority groups are referrals from the Champaign County Specialty Courts. Such referrals are anticipated to be non-Medicaid clients.

Service Locations(s)/Demographics: Office based with participation in Specialty Court Team meetings and court hearings as necessary. Last year the program served adults (98%), and primarily women (86%). By race whites were the single largest group served at 86%, African Americans were 8% , Asians 3% and Latinos 3%. Most clients were from Champaign, 56%, and Urbana, 18%, although 23% were rural residents and 3% were from the Rantoul area.

Service Description/Type: Outpatient Counseling. Program offers individual, couple and family counseling to address mental health and substance abuse issues. Following intake, an assessment is completed and treatment plan developed in consultation with the client and reviewed at regular intervals. Counseling addresses wide range of issues and uses creative approaches to engage the client. Staff is Masters level licensed clinicians with experience working with diverse populations.

The Counseling application includes services to Champaign County Specialty Courts. Family Service proposes to develop a therapy group specific to clients referred from the Specialty Courts and would include transition and follow-up services as they exit the Court in addition to general program services that would also be available to these clients. The Program Director and therapists as appropriate would prepare required reports and attend court hearings and Specialty Court Team meetings. Specialty Court clients served will have fees waived if requested by the Court. Time spent on reports and participation in Specialty Court meetings would be a billable activity. (No rates are specified in the rate section of the program plan for Specialty Court related activity)

Access to Services for Rural Residents: Program attempts to keep rural residents aware of the program. Funding and staff size limit options for serving rural clients outside of the Champaign location. Program does offer evening hours.

Program Performance Measures

ACCESS: Office location in Champaign is on an MTD line and program has evening hours available. Clients are seen by therapists within days of initial intake and services are coordinated with other providers for integrated care planning. Sliding fee scale enables low-income families/clients to access services. The fee will be waived for Specialty Court clients on request by the Court.

CONSUMER OUTCOMES: Program identifies, defines and tracks three methods for measuring client outcomes and reports results. Methods include use of Global Assessment of Functioning (GAF) scores, Outcome Rating Scales (ORS) and rating completion of clients' treatment plan goals.

UTILIZATION: Program is fee for service. Staff turnover for the therapist/clinical supervisor position at the end of PY2010 caused some delay in services the program did overbill the contract. Through eight months of PY2011 program is slightly under billed. Program cites efforts to build client base through networking and collaboration with other agencies.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No

ACCESS Initiative: No

Developmental Disabilities: No

Specialty Courts: Yes, describes participation in the Courts as an additional service and target population

Behavioral Health/Physical Health Integration: No

Gaps in Core Services: No

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: No, however there is some access to the services by rural residents

Medicaid Reimbursement: No

Budget-Program Connectedness: Yes

Technical Criteria:

Responsiveness/Eligibility: Yes

Approach/Methods/Innovation: Yes

Staff Credentials: Yes

Application Quality: Moderate compliance

Draft CCMHB PY12 PROGRAM SUMMARY

AGENCY: Family Service of Champaign County

Program Name: Senior Counseling & Advocacy

Focus of Application: MH X SA DD

Type of Contract: Grant

Financial Information:

PY12 CCMHB Funding Request: \$142,337

PY12 Total Program Budget: \$513,694

Current Year Funding (PY11): \$142,337

Proposed Change in Funding - PY11 vs. PY12: \$0

Program Staff – CCMHB Funds: 3.83 FTE

Total Program Staff: 13.49 FTE

Budget Narrative: CCMHB is the single largest contract and accounts for 28% of total program revenue. Multiple state contracts including those through the East Central Illinois Area Agency on Aging represent 57% of total revenue. Remaining 15% of revenue is combination of local funders, foundations, contributions and donations. Salaries and benefits are 85% of expenses charged to CCMHB. General operating is the next largest expense (5%) followed by occupancy (4%). The balance of CCMHB funding is spread across seven other expense lines. The budget narrative includes a description of how costs are allocated. Of the 3.83 FTE funded by CCMHB, .33 FTE are personnel classified as indirect and 3.5 FTE are classified as direct service. There are 20 direct service personnel whose combined time equals the 3.5 FTE. No position is greater than .29 FTE and some may be more appropriately listed as indirect. The budget narrative does not provide a description of the relationship of these positions to services.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	19%
Administrative costs	% Not Calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X _____
Adverse Finding _____

Target Population: Adults age 60 and older living at home and need for assistance with anxiety, depression or other mental health issue, isolation, family issues, abuse or neglect including self neglect and/or need to access services or benefits. Caregivers, typically an adult family member assisting an elderly parent, may also be assisted. Emphasis is placed on serving those 75 and older, those living alone, living in rural areas or are people of color.

Service Locations(s)/Demographics: Initial screening by telephone and followed up with home visit(s) as necessary for assessment and services. Staff may also assist clients with attending meetings with other providers or attend on the clients' behalf. For the 2010 program, 67% were between the ages of 60 and 74, 25% were over age 75 or older, and 8% were caregivers, 40% lived in Champaign, 34% in Urbana, 6% in the Rantoul area and 20% in rural Champaign County, 76% were white, 22% were African American and 2% were other races or Latino, and 76% of clients were women.

Service Description/Type: Information and Referral, Outpatient Counseling and Support Services. Services may be short-term with two to three contacts total to long-term with an assessment and treatment plan followed by counseling and/or referral and advocacy. Many elderly lack the ability to meet basic needs that results in stress, anxiety, and/or depression. The program is intended to mitigate the causes by connecting clients to the appropriate resource to meet their needs and build trust to engage clients in counseling. Clients with chronic mental illness are referred to Community Elements.

All caseworkers have a minimum of a Bachelor's degree with some having or pursuing Master's degrees. Program supervisor has a Master's degree and considerable work experience in the field. Six staff are Certified Information and Referral Specialists – Aging (CIRS-A) and three are pursuing certification.

Access to Services for Rural Residents: Program delivers services over the telephone and in the clients' home. Transportation may be provided to assist client with accessing services in Champaign and Urbana.

Program Performance Measures

ACCESS: Initial contacts, usually by telephone, are used to gauge need and those with the most immediate health or welfare need given priority. Program has the capacity to “warm-transfer” a call live to another provider. First contact by case workers for short-term cases averaged 3 days and for long-term cases averaged 4 days. A target, based on past program experience or other benchmark, to compare these averages is not provided.

CONSUMER OUTCOMES: Program sets measures associated with improving social connectedness, increased feelings of empowerment and satisfaction, increased access to resources to meet basic needs and unmet needs will decrease or stabilize. Program reports results and met or exceeded target for each measure except one. The unmet needs measure was not met and was said to be a result of a high number of self-neglect cases.

UTILIZATION: Categories are defined in the service section of the application. Results are compared to targets for each service category used. Program reports periodic reviews of service mix and reallocates resources to adjust to fluctuations.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No
ACCESS Initiative: No
Developmental Disabilities: No
Specialty Courts: No
Behavioral Health/Physical Health Integration: No
Gaps in Core Services: No

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: Yes
Medicaid Reimbursement: No
Budget-Program Connectedness: Yes but narrative needs more detail regarding personnel.

Technical Criteria:

Responsiveness/Eligibility: Yes
Approach/Methods/Innovation: No
Staff Credentials: Yes although reference to counseling credentials not provided.
Application Quality: Moderate compliance

Draft CCMHB PY12 PROGRAM SUMMARY

AGENCY: Family Service of Champaign County

Program Name: Self-Help Center

Focus of Application: MH X SA X DD X

Type of Contract: Grant

Financial Information:

PY12 CCMHB Funding Request: \$28,428

PY12 Total Program Budget: \$34,778

Current Year Funding (PY11): \$28,928

Proposed Change in Funding - PY11 vs. PY12: -\$500

Program Staff – CCMHB Funds: .63 FTE

Total Program Staff: .77 FTE

Budget Narrative: Requested funding is \$500 less because the 2012 program plan does not include the bi-annual conference. CCMHB funds account for 82% of total program revenue. All remaining revenue is from other local sources (17%) or contributions/fees (1%). Salaries and benefits is 71% of expenses charged to CCMHB. The next biggest expense line is Miscellaneous at 17%. Within that line, printing is the single largest expense that is more appropriately classified as a general operating expense. The balance of CCMHB funds is allocated across eight other expense lines. The budget narrative includes a description of how costs are allocated. Of the .63 FTE personnel funded by CCMHB, indirect personnel are .07 FTE and direct personnel are .53 FTE. Direct personnel include the program coordinator at .43 FTE, the Director at .08 FTE and an Administrative Assistant at .05 FTE. An explanation of why the Administrative Assistant is classified as direct service is not provided.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	14%
Administrative costs	% Not Calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance ___X_____
Adverse Finding _____

Target Population: Individuals seeking a self help/support group or who are interested in forming a group when none exists, group leaders and members, and professionals seeking to assist a group or make a referral.

Service Locations(s)/Demographics: Program operates out of Family Service in Champaign. Workshops organized by the program may be at Family Service or in the community. Groups themselves meet at locations of their choosing and function independent of the Self-Help Center. Demographic data is not collected on contacts.

Service Description/Type: Support Services. The Self Help Center provides a wide range of services to assist with start-up and support of groups and raise community awareness of the groups available. Staff maintains a database of all support groups in Champaign County, provides consultation and educational materials for those wanting to start a self help group, publishes and distributes a self help directory and specialized lists by general topic, maintains online web presence with information on groups, publishes newsletter for group leaders and professionals, conducts workshops and participates in community events.

The Self-Help Coordinator has a Master's degree in Public Health (MPH) and extensive experience.

Access to Services for Rural Residents: Information on self-help groups is accessible by telephone, online and by e-mail. Program also sends libraries and churches the Self-Help Newsletter, directories and other meeting information.

Program Performance Measures

ACCESS: Program maintains a log to track volume of contacts and responses to inquiries. All contacts by telephone or e-mail are responded to within 24 hours. Use of the online database provides immediate access.

CONSUMER OUTCOMES: Limited information is collected on contacts but does include if the contact is from a professional or lay person and the topic/group associated with the inquiry. Events organized by the Self-Help Center include evaluations by participants and results are compared to benchmarks.

UTILIZATION: Program measures activities as community service events. For PY 2010 program did not meet projected target and adjusted target for 2011. Program is on track to meet the 2011 target.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No

ACCESS Initiative: No

Developmental Disabilities: No

Specialty Courts: No

Behavioral Health/Physical Health Integration: No

Gaps in Core Services: No

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: Yes

Medicaid Reimbursement: No

Budget-Program Connectedness: Yes

Technical Criteria:

Responsiveness/Eligibility: Yes

Approach/Methods/Innovation: Yes

Staff Credentials: Yes

Application Quality: Moderate compliance

Draft CCMHB PY12 PROGRAM SUMMARY

AGENCY: Family Service of Champaign County

Program Name: First Call for Help

Focus of Application: MH X SA X DD X

Type of Contract: Grant

Financial Information:

PY12 CCMHB Funding Request: \$60,540

PY12 Total Program Budget: \$107,926

Current Year Funding (PY11): \$60,540

Proposed Change in Funding - PY11 vs. PY12: \$0

Program Staff – CCMHB Funds: 1.72 FTE

Total Program Staff: 2.98 FTE

Budget Narrative: CCMHB funds account for 56% of total program revenue. United Way funding including designations is the second largest funder at 29%. All funding for the program is from local funding organizations or from fundraising/contributions/donations. Salary and benefits is 86% of expenses charged to CCMHB. The next biggest expense is Miscellaneous at 5.5% with the majority of these funds tied to publication of the HelpBook. The balance of CCMHB funds is allocated across nine other expense lines. The budget narrative includes a description of how costs are allocated. Of the 1.72 personnel supported with CCMHB funds .12 FTE are indirect staff and 1.08 direct staff. Direct service staff includes a portion of the 2 Information and Referral Specialists time for a combined total of 1.04 FTE, the part-time Coordinator at .19 FTE and the Program Director at .29 FTE and an Administrative Assistant at .08 FTE. An explanation of why the Administrative Assistant is classified as direct service is not provided.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	22%
Administrative costs	% Not Calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X _____
Adverse Finding _____

Target Population: Any resident of Champaign County may contact the program for information on services available including services for mental health, substance abuse and developmental disabilities. Specific reference is made to assisting clients of the Champaign County Specialty Courts.

Service Locations(s)/Demographics: Service is provided by phone or to walk-in clients at the Family Service office in Champaign. Many clients choose not to provide demographic data when contacting First Call For Help. Of those that did provide this information 66% were from Champaign, 31% from Urbana and the remaining 3% from Rantoul or rural Champaign County, 90% were adults, 9% were seniors and 1% were 18 or under, three quarters were women, 61% were African American, 38% white and 1% various racial groups.

Service Description/Type: Information and Referral. Program provides information and referral on services available in Champaign County to meet wide range of needs. Follow-up contacts may occur on some cases to be sure service was accessed. Maintenance of the information and referral database used in publication of the HelpBook and content of the online HelpSource is part of the service. Publication and distribution of the HelpBook is a collaborative project. The Program Director and one of the Information and Referral Specialists are Certified Information and Referral Specialists. The other specialist will pursue certification once eligible.

Program services include participation in Champaign County Specialty Court Team meetings to provide information on community resources and client advocacy with service providers as needed to expedite their access to services.

Access to Services for Rural Residents: Rural residents can access First Call For Help by telephone. Clients can request a copy of the HelpBook or access the online database through the Family Service website or through HelpSource.

Program Performance Measures

ACCESS: Telephone calls not answered live are responded to within 24 hours during business hours. Online database is accessible 24 hours a day.

CONSUMER OUTCOMES: Client satisfaction surveys are used to assess program effectiveness. Surveys returned are very positive of the services provided. Program also references collaboration with C-UPHD in publishing the HelpBook. Program does track type of service/assistance requested and unmet needs.

UTILIZATION: Program tracks all contacts as service contacts. For PY 2010, program was just under the projected target. For PY 2011 program is projected to surpass annual target and has adjusted upward the target for PY 2012 as a result.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No

ACCESS Initiative: No

Developmental Disabilities: No

Specialty Courts: Yes, includes information and referral services targeted to the Courts' clients.

Behavioral Health/Physical Health Integration: No

Gaps in Core Services: No

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: Yes

Medicaid Reimbursement: No

Budget-Program Connectedness: Yes

Technical Criteria:

Responsiveness/Eligibility: Yes

Approach/Methods/Innovation: No

Staff Credentials: Yes

Application Quality: Moderate compliance

Draft CCMHB PY12 PROGRAM SUMMARY

AGENCY: Community Health Improvement Center, Frances Nelson Health Center Satellite (FNHC)

Program Name: Mental Health Services at Frances Nelson

Focus of Application: MH X SA DD

Type of Contract: Grant

Financial Information:

PY12 CCMHB Funding Request: \$148,774

PY12 Total Program Budget: \$300,132

Current Year Funding (PY11): \$148,774

Proposed Change in Funding - PY11 vs. PY12: \$0

Program Staff – CCMHB Funds: 1.8 FTE

Total Program Staff: 4.5 FTE

Budget Narrative: CCMHB funds account for 49% of total program revenue. A federal grant and direct billing to Medicaid account for 49% of total revenue with the remaining 2% from self-pay and insurance. All CCMHB funds (100%) are applied to direct staff salaries equal to 1.8 FTE. The Mental Health Counselor position is divided between two .5 FTE LCPC. The Bilingual Mental Health Counselor position is .5 FTE MSW. The psychiatrist is .3 FTE.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 0% (100% of CCMHB funding is for salaries)

Administrative costs % Not Calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable

Audit Requirement Waived

Audit in Compliance X

Adverse Finding

Target Population: To receive services the individual must be a medical patient at FNHC. Referrals for counseling and psychiatric services are made by physicians. FNHC has 8,148 patients.

Service Locations(s)/Demographics: On-site at FNHC. The program serves clients from throughout the county (Urbana 33%, Champaign 38%, Rantoul 15% and rural Champaign County 14%). Adults account for 91% of clients served. Only two racial groups are reported – 72% are white and 28% are African American. Over two thirds of clients are women.

Service Description/Type: Counseling and Psychiatric services delivered in a primary health care environment. On-site mental health services enable integration of mental health services with physical health care. The Mental Health Services Program has three distinct service elements. Counseling and case management for adult clients is provided by two .5 FTE counselors (LCPCs). Clients are assessed within 3 weeks of a medical provider's referral and a treatment plan is completed at the second session with the counselor. Crisis contacts are handled the same day. The second element is psychiatric services provided by a .3 FTE psychiatrist. Medication management/monitoring are provided to patients with acute or chronic/serious mental illness and consultation with medical staff about specific patients and/or diagnosis and treatment. The third element is counseling services for Spanish speaking patients provided by a .5 FTE bilingual counselor (MSW). The FNHC and Community Elements are discussing options for collaboration on mental health services including psychiatric care.

Access to Services for Rural Residents: Access is tied to patient status at FNHC.

Program Performance Measures

ACCESS: Program defines measures for each of the three service components and reports results. Depending on the service, 75% to 80% of referrals will be seen within a set period of time. Results reported met or exceeded targets. Measures for PY12 are described.

CONSUMER OUTCOMES: Program identifies measures associated with timeframes for completion of GAF scale for adults. Results reported found one measure was met while another was not. Changes in GAF scores are reported for adults. Measures for PY12 are described.

UTILIZATION: Program sets clear targets for all services. Activity reported for the current contract indicate psychiatric services is on track to hit at least 90% of client service targets. Counseling services is projected to not meet the target for PY11 in part due to staff turnover. Targets for PY12 are identified with adjustments based on past performance.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No

ACCESS Initiative: No

Developmental Disabilities: No

Specialty Courts: No

Behavioral Health/Physical Health Integration: Yes

Gaps in Core Services: No

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: Yes

Medicaid Reimbursement: No
Budget-Program Connectedness: Yes

Technical Criteria:

Responsiveness/Eligibility: Yes
Approach/Methods/Innovation: Yes
Staff Credentials: Yes
Application Quality: High compliance

Draft CCMHB PY12 PROGRAM SUMMARY

AGENCY: Prairie Center Health Systems, Inc. (PCHS)

Program Name: Drug Court

Focus of Application: MH ___ SA X DD ___

Type of Contract: Grant

Financial Information:

PY12 CCMHB Funding Request: \$165,000

PY12 Total Program Budget: \$276,300

Current Year Funding (PY11): \$160,200

Proposed Change in Funding - PY11 vs. PY12: \$4,800 (3%)

Program Staff – CCMHB Funds: 3.79 FTE

Total Program Staff: 5.8 FTE

Budget Narrative: CCMHB funds account for 60% of total program revenue. Other revenue sources include state support from DASA at 29% and Medicaid at 4% of total revenue. Client fees and private insurance make up the remaining 11%. The DASA funds are at risk of being cut or eliminated by the state and rates paid by Medicaid may be reduced. Salaries and benefits represent 85% of costs charged to CCMHB. Out of the total CCMHB supported staff of 3.79 FTE, direct service staff total 3.23 FTE and indirect staff total .56 FTE. Direct service personnel include 1.85 FTE counselors and 1 FTE case manager with primary responsibility for the program with other staff providing support and back-up to these positions. Agency includes a description of cost allocation in the budget narrative.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	23%
Administrative costs	% Not Calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____

Audit in Compliance X
Adverse Finding _____

Target Population: Adults are referred by Champaign County Court and Treatment Alternatives for Safer Communities (TASC). All referred clients have felony convictions, have been incarcerated in the past and have a history of attempted treatment for substance abuse.

Service Locations(s)/Demographics: Champaign County Drug Court, PCHS Urbana location for outpatient care and Champaign location for residential treatment. All clients served were adults with one client age 60 or older and most were men (61%). Of those participating in Drug Court in PY2010, 56% were white, 42% were African American, 1% Latino and 1% Other. By residency, 51% were from Champaign, 28% from Urbana, 9% from Rantoul and 12% from other areas of Champaign County.

Service Description/Type: Counseling. Range of services includes assessments, individual and group counseling and intensive case management. Curriculum includes sessions on substance abuse, cross-addiction, relapse prevention, corrective thinking and family dynamics. A minimum of one year of sobriety is required before a client may graduate from drug court.

Program staff is licensed and/or certified addictions counselors (CADC) with Masters or Bachelors level degrees. Clinical supervision provided by experienced and licensed staff (LCPC or LCSW). Staff is diverse and representative of the clients served. Program staff training is on-going and includes drug court specific events. Staff works closely with other members of the Drug Court Team and other community partners. Weekly reports are provided to the Team by PCHS staff.

Access to Services for Rural Residents: Participation is tied to involvement with Drug Court. Counseling is provided at PCHS Urbana location. Program will assist with transportation.

Program Performance Measures

ACCESS: Any Drug Court participant referred to PCHS will be assessed within 3 days of referral and engage in treatment within three days after the intensive assessment is completed. No results to the measures are reported.

Counseling sessions are available days and most weeknights. Residential and Detox services operate 24 hours a day. The Drug Court Case Manager assists clients with barriers such transportation, housing and child care. PCHS uses interpreters as needed.

CONSUMER OUTCOMES: Program cites measurement tool, Mental Health Statistics Improvement Program (MHSIP) Consumer Satisfaction Survey, used to collect client feedback on services. Results for the agency are compared to Midwest and national averages for the survey. PCHS is outperforming other providers on all measures – access, quality of care, outcomes and general client satisfaction.

Drug Court graduation rate is not cited as an outcome measure.

UTILIZATION: Service totals reported in the application do not match numbers reported to CCMHB. Results on file indicate program essentially met target (107 served out of projected 110) rather than exceeding targets by a significant amount as indicated in the application.

No service definitions are provided in the narrative. Targets on the Part II Utilization Form for PY2012 are unchanged.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No
ACCESS Initiative: No
Developmental Disabilities: No
Specialty Courts: Yes
Behavioral Health/Physical Health Integration: No
Gaps in Core Services: No

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: No, access to services is contingent on involvement with Drug Court
Medicaid Reimbursement: No
Budget-Program Connectedness: Yes

Technical Criteria:

Responsiveness/Eligibility: Yes
Approach/Methods/Innovation: Yes
Staff Credentials: Yes
Application Quality: Moderate compliance, although utilization narrative needs work.

Draft CCMHB PY12 PROGRAM SUMMARY

AGENCY: Prairie Center Health Systems, Inc.

Program Name: Prevention Program

Focus of Application: MH ___ SA X DD ___

Type of Contract: Grant

Financial Information:

PY12 CCMHB Funding Request: \$56,550

PY12 Total Program Budget: \$185,849

Current Year Funding (PY11): \$54,902

Proposed Change in Funding - PY11 vs. PY12: \$1,648 (3%)

Program Staff – CCMHB Funds: 1.14 FTE

Total Program Staff: 3.33 FTE

Budget Narrative: CCMHB funds account for 30% of total program revenue. State funding from DASA accounts for 62% of program revenue and is at risk cuts or elimination for FY 2012 and has been cut by a yet undetermined amount for FY 2011. The Ford County Mental Health Board represents the balance of program revenue at 8%. Salaries and benefits are 78% of CCMHB charged expenses and account for a lower percentage of CCMHB allocated expenses than most programs. The remaining CCMHB funds are allocated across eight expense lines with no single line greater than 5%. Of the 1.14 FTE supported with CCMHB funds, .14 FTE is indirect staff and 1 FTE is direct service staff. Direct service staff includes allocated time of 2 prevention specialists totaling .85 FTE and .15 FTE of the Prevention Director's time. Agency includes a description of cost allocation in the budget narrative.

Reasonable Cost Standards:

"Reasonable costs" are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a "reasonable cost" limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	22%
Administrative costs	% Not Calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____

Audit Requirement Waived _____
Audit in Compliance X
Adverse Finding _____

Target Population: Three groups are listed, youth primarily 4th through 8th grade, parents of school age children and the community at large.

Service Locations(s)/Demographics: At schools and other community sites throughout the county. Of the students and adults engaged by the program 37% were from Urbana, 30% from Champaign and another 30% from rural Champaign County, and 3% from Rantoul. Whites (47%) and African Americans (48%) are the dominant racial groups exposed to the program with Latinos at 4% and Asians at 1%. Students (children and youth) account for 80% of those participating.

Service Description/Type: Prevention. Services are designed to fit the audience – youth, parents and community. Youth focused services use the Too Good for Drugs and Too Good for Violence curricula that address alcohol, tobacco and other drugs (ATOD), life skills and violence prevention. This is a research/evidence based curricula that has proven effective with diverse populations and are recognized by SAMHSA as model programs. Parent education occurs through materials shared with students and parent workshops held when requested by schools/community organizations or parent groups. The session(s) are designed to meet the needs of the requesting organization, with an emphasis on increasing parental knowledge of ATOD and parenting skills when dealing with ATOD issues. Community oriented activities include participation in events to increase awareness of the dangers associated with ATOD. The annual Red Ribbon campaign led by the Prevention program is a prime example of this type of work.

Access to Services for Rural Residents: Services are promoted throughout the county. Program will deliver services at the requesting organization's location.

Program Performance Measures

ACCESS: Curricula used were selected for proven effectiveness with diverse populations and settings. Staff is trained in the curricula.

CONSUMER OUTCOMES: Pre-and Post-Tests from the two curriculums are used to assess youth. Positive results reported for various schools/grades. Teacher and parent feedback is positive noting changes in student behavior. Community events enjoy broad support through coalition building efforts.

UTILIZATION: Program measures activity as community service events and has met established targets. Target remains the same for the new program year.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No

ACCESS Initiative: No

Developmental Disabilities: No

Specialty Courts: No

Behavioral Health/Physical Health Integration: No

Gaps in Core Services: No, however program is targeted for cuts this year and proposed for FY 2012.

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: Yes
Medicaid Reimbursement: No
Budget-Program Connectedness: Yes

Technical Criteria:

Responsiveness/Eligibility: No
Approach/Methods/Innovation: Yes
Staff Credentials: No
Application Quality: Moderate compliance

Draft CCMHB PY12 PROGRAM SUMMARY

AGENCY: Prairie Center Health Systems, Inc.

Program Name: Operation Snowball

Focus of Application: MH ___ SA X DD ___

Type of Contract: Grant

Financial Information:

PY12 CCMHB Funding Request: \$25,750

PY12 Total Program Budget: \$25,750

Current Year Funding (PY11): \$25,000 (pro-rated amount was \$20,833 - see Budget Narrative)

Proposed Change in Funding - PY11 vs. PY12: \$750 (3%)

Program Staff – CCMHB Funds: .38 FTE

Total Program Staff: .38 FTE

Budget Narrative: CCMHB is the sole source of revenue for the program. Salaries and benefits represent only 60% of total expenses although contained in the professional fees/consultants line is another 10% for a graduate student stipend. The entire Professional Fees/Consultants line is 12% of expenses followed by Miscellaneous at 11% that is to pay for expenses associated with the program's retreats. The remaining funds are allocated across seven other expense lines. Staffing includes 3% of indirect staff time and 35% of time for direct service staff primarily for a portion of a Prevention Specialist. Agency includes a description of cost allocation in the budget narrative.

The program amount for the current year was pro-rated due to Champaign County Operation Snowball entering into negotiations with Prairie Center to take responsibility for management of the program. Negotiations delayed Prairie Centers' start-up by two months resulting in an adjustment to the contract amount for PY11.

Reasonable Cost Standards:

"Reasonable costs" are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a "reasonable cost" limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	22%
Administrative costs	% Not Calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance _____X_____
Adverse Finding _____

Target Population: Any youth age 13 to 18 regardless of circumstance, in need of a support network and/or lack life skills associated with good decision-making.

Service Locations(s)/Demographics: Weekly meetings are held in Champaign and retreats or other special events are held twice a year. Due to management issues and staff turnover at Champaign County Operation Snowball in PY2010 demographic data is not available. Data referenced by Prairie Center for PY11 finds youth to be residents of Champaign and Urbana and predominantly white.

Service Description/Type: Prevention. Program structure includes weekly meetings, retreats/special events and teen leadership development. The weekly meetings use a support group oriented structure to develop four core skills for positive growth: self awareness, self expression, responsible decision making and leadership skills. Aspects of the meetings are led by prevention program staff and trained volunteers including teens. Retreats are designed to build on lessons and teen raised issues from the weekly meetings and include special presentations and other activities planned and organized by the teens to develop life skills and good decision-making. Teen Leadership prepares youth involved in Operation Snowball to become “teen staff” and includes skills to co-facilitate small groups at weekly meetings and to be positive role models within Snowball and their schools and community.

Access to Services for Rural Residents: Effort is being made to recruit students from rural schools/communities. Marketing materials are distributed to schools, youth groups/clubs and social service organizations serving teens followed by individual contacts.

Program Performance Measures

ACCESS: Program is committed to providing age appropriate and culturally diverse programming. Outreach to rural areas is underway.

CONSUMER OUTCOMES: Program is implementing a program survey to evaluate students’ attitudes, knowledge and behavior and is based on an Illinois Alcoholism and Drug Dependence Association (IADDA) survey instrument. Survey will be implemented in Spring 2011 to establish benchmarks. A youth satisfaction survey is also planned. Program also intends to increase youth attendance at weekly meetings.

UTILIZATION: Program identifies community service events as the primary measure and establishes a target of 150. A second measure regarding number of participants is described as part of consumer outcomes and on the Part II Utilization Form sets a target of 50 youth (Non-Treatment Plan Clients) to be served. For 2010 and 2011 the program has had low attendance/participation by youth.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No

ACCESS Initiative: No
Developmental Disabilities: No
Specialty Courts: No
Behavioral Health/Physical Health Integration: No
Gaps in Core Services: No

Overarching Decision Support Criteria:

Underserved Populations: No
Countywide Access: No
Medicaid Reimbursement: No
Budget-Program Connectedness: Yes

Technical Criteria:

Responsiveness/Eligibility: Yes
Approach/Methods/Innovation: Yes
Staff Credentials: No
Application Quality: Moderate compliance

Draft CCMHB PY12 PROGRAM SUMMARY

AGENCY: Prairie Center Health Systems, Inc.

Program Name: Youth Services

Focus of Application: MH ___ SA X DD ___

Type of Contract: Grant

Financial Information:

PY12 CCMHB Funding Request: \$100,000

PY12 Total Program Budget: \$100,500

Current Year Funding (PY11): See Budget Narrative

Proposed Change in Funding - PY11 vs. PY12: See Budget Narrative

Program Staff – CCMHB Funds: 2.26 FTE

Total Program Staff: 2.26 FTE

Budget Narrative: CCMHB is the sole funder for the program with the exception of \$500 in estimated donations. Salaries and benefits account for over 85% of expenses charged to CCMHB. The remaining amount is spread across ten other expense lines four of which are at 2% and the rest at 1% or less. The equipment line at 2% is for the purchase of laptop computers to be used to do assessments in the field (at schools) and for office work. Personnel totals 2.26 FTE of which .26 are indirect staff and 2 are direct service staff. The two youth counselor positions are currently vacant. Agency includes a description of cost allocation in the budget narrative.

Prairie Center proposes to redirect CCMHB funds from Residential Treatment and Family Therapy to the Youth Services program. At \$100,000 the funding request for Youth Services is \$14,137 over the amount to be redirected. Last year, CCMHB awarded \$32,995 to Residential Treatment and \$52,868 to Family Therapy for a combined total of \$85,863. Both of these programs are fee for service and currently under billed.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	22%
Administrative costs	% Not Calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X _____
Adverse Finding _____

Target Population: Youth age 12 to 18 and report use, abuse or dependence with alcohol and/or other drugs. Referrals sources identified include ACCESS Initiative partners, PLL and schools. Family members as defined by the consumer may be engaged in services as part of the youths' treatment.

Service Locations(s)/Demographics: At school and on-site at Prairie Center-Killarney St. office. As a new program demographics are not available.

Service Description/Type: Outpatient Counseling. Youth will be screened, assessed, treatment plan developed and range of evidence based services provided including individual and group counseling. Level of services may be outpatient or intensive outpatient depending on assessment. The various screening and assessment instruments are identified as are details regarding the treatment modules. Sessions may include various configurations of family members. Services will be provided by clinicians with Masters or Bachelors' degrees, licensed and/or Certified Alcohol and Drug Counselor (CADC) with supervision provided by experienced and licensed staff (LCPC or LCSW).

There is a demonstrated need for youth outpatient treatment services in Champaign County.

Access to Services for Rural Residents: Program proposes to serve Champaign and Urbana initially and expand to the balance of the county in spring 2012.

Program Performance Measures

ACCESS: Any youth referred to PCHS will be assessed within 1 to 5 days of referral and engage in treatment within 1 to 5 days after an appropriate service array is decided upon with the youth. Counseling sessions are available days and most weeknights to accommodate youth and family members. Youth may also be seen at school. Assistance with transportation is available. Home visits may be conducted as part of the process of building trust with youth and family. PCHS uses interpreters as needed.

CONSUMER OUTCOMES: Program identifies various methods for assessing treatment outcomes. Tools to be used include the Adolescent Relapse Coping Questionnaire (ARCO), the Children's Global Assessment Scale (CGAS), and the Mental Health Statistics Improvement Program (MHSIP) Client Satisfaction Survey.

UTILIZATION: No service definitions or targets are provided in the narrative. Targets on the Part II Utilization Form for PY2012 project 80 new Treatment Plan Clients to be served and the program will hold 3 community service events. No target for service contacts is listed. Service contacts would be useful as an indicator of number assessed but not engaged or as an indicator of number of times youth has received services.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No
ACCESS Initiative: No
Developmental Disabilities: No
Specialty Courts: No
Behavioral Health/Physical Health Integration: No
Gaps in Core Services: Yes

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: No, not initially.
Medicaid Reimbursement: No
Budget-Program Connectedness: Yes

Technical Criteria:

Responsiveness/Eligibility: Yes
Approach/Methods/Innovation: Yes
Staff Credentials: Yes
Application Quality: Moderate compliance, although utilization narrative needs work.

Draft CCMHB PY12 PROGRAM SUMMARY

AGENCY: Rape Advocacy, Counseling, & Education Services

Program Name: Counseling & Crisis Services

Focus of Application: MH SA DD

Type of Contract: Grant

Financial Information:

PY12 CCMHB Funding Request: \$15,152

PY12 Total Program Budget: \$ 68,690

Current Year Funding (PY11): N/A

Proposed Change in Funding - PY11 vs. PY12: N/A

Program Staff – CCMHB Funds: .3 FTE

Total Program Staff: 1.65 FTE

Budget Narrative: Agency is new applicant. CCMHB funds account for 22% of total program revenue. The Illinois Coalition Against Sexual Assault (ICASA) is the primary funder at 64% of total program revenue. The CCMHB funds would be used to offset federal Violence Against Women Act funds provided through the American Recovery and Reconstruction Act that are no longer available. The single largest expense charged to CCMHB is salary and benefits (88%) with the remaining balance applied to professional fees and local transportation. Salary pays 30% of the fulltime therapist position.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	31%
Administrative costs	% Not Calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable
Audit Requirement Waived
Audit in Compliance
Adverse Finding

Target Population: Survivors of sexual assault and non-offending significant others age three and older. The agency reports it serves a disproportionate number of African American clients.

Service Location(s)/Demographics: Office and other secure location that provides space that allows for confidential meetings (separate office or meeting space with door). As a new applicant/program there is no demographic data.

Service Description/Type: Counseling. Services include individual and group counseling. Program also operates the 24 hour Rape Crisis Hotline. Counseling hours include evening hours one night per week. Groups are offered once per week in late afternoon or evening. Counseling services are provided by a full time therapist who is an LPC and has completed all ICASA required training.

Access to Services for Rural Residents: The counselor will meet clients at a neutral location such as a school or social service agency that has space available to conduct a confidential meeting. Program has a toll free crisis hotline.

Program Performance Measures

ACCESS: Initial contact is typically made through the Rape Crisis Hotline. After office hours hotline is managed through an answering service that connects caller to staff or volunteer on call. Anyone staffing the hotline has completed state mandated 40 hour crisis intervention training. Counseling appointments generally follow the day after first contact. Currently there is no waiting list.

CONSUMER OUTCOMES: Program will use an ICASA commissioned survey instrument "Outcome Measures Evaluation." From the description it appears to be a client satisfaction survey.

UTILIZATION: Service categories are well defined. Targets include 40 Treatment Plan Clients (treatment plan completed within 5 sessions) and 25 Non-Treatment Plan Clients (participate in less than 5 sessions), 25 service contacts (crisis intervention contacts by staff), and community service events described as information and referral or professional contacts made by staff.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No

ACCESS Initiative: No

Developmental Disabilities: No

Specialty Courts: No

Behavioral Health/Physical Health Integration: No

Gaps in Core Services: Yes, request is to offset loss of federal funds used for counseling victims of sexual assault

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: Yes, toll free hotline

Medicaid Reimbursement: No

Budget-Program Connectedness: Yes

Technical Criteria:

Responsiveness/Eligibility: Yes

Approach/Methods/Innovation: Yes

Staff Credentials: Yes

Application Quality: Moderate compliance

Draft CCMHB PY12 PROGRAM SUMMARY

AGENCY: East Central Illinois Refugee Mutual Assistance Center

Program Name: Family Support & Strengthening

Focus of Application: MH SA DD

Type of Contract: Grant

Financial Information:

PY12 CCMHB Funding Request: \$13,000

PY12 Total Program Budget: \$161,202

Current Year Funding (PY11): \$12,000

Proposed Change in Funding - PY11 vs. PY12: \$1,000 (8%)

Program Staff – CCMHB Funds: .39 FTE

Total Program Staff: 4.5 FTE

Budget Narrative: CCMHB funds account for 8% of total program revenue. Fundraising is the single largest source of program support at 48% followed by United Way at 20%. While the agency receives state funds none are allocated to this program. Salary and benefits represent 91% of expenses allocated to CCMHB and are spread across 6 direct staff positions. The remaining funds are allocated across six other expense lines.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	16%
Administrative costs	% Not Calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance _____
Adverse Finding _____

Target Population: Legally admitted refugees, former refugees, asylees, immigrants and their families that have relocated to Champaign County. Also assist local agencies with whom the target population interacts.

Service Locations(s)/Demographics: Office in Urbana and various locations in the community for group meetings. The majority of clients are from Champaign (51%) and Urbana (33%), with 11% from Rantoul and the remaining 5% from the balance of the county. Of those served, 47% were Latino/Hispanic, 41% were Asian, 9% were black (African) and 3% were white (not of Hispanic origin). The single largest age group served is adults (71%), seniors represent 7% and the remaining 22% are children and youth 18 or under. Gender of clients is fairly even (women 52%, men 48%).

Service Description/Type: Prevention. Building on the natural support networks within the different ethnic communities, the program assist client's transition to a new culture. Program activities include: ongoing assistance to mutual support groups; linkages with mainstream service providers; counseling for families in crisis; Peer to Peer Workshops, educational programs and bi-annual newsletter. Services are provided in nine different languages. Staff is bi-lingual/multi-lingual and is knowledgeable of social services.

Access to Services for Rural Residents: Program is open to any refugee/client.

Program Performance Measures

ACCESS: Program conducts outreach with and accepts referrals from multiple sources. Native language counseling provided by bi-lingual/multi-lingual staff is available. Appointments for families in crisis are a priority. Program also assists with interpretive services for clients medical/mental health appointments. Newsletter published in multiple languages and widely distributed in the refugee community and community at large.

CONSUMER OUTCOMES: Program solicits direct feedback from families served as well as through exit surveys. Agency describes various methods of collecting feedback and summarizes results.

UTILIZATION: Program describes current level of activities and compares to targets. Program will meet or exceed targets for current year. Records used to document services is referenced.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No
ACCESS Initiative: No
Developmental Disabilities: No
Specialty Courts: No
Behavioral Health/Physical Health Integration: No
Gaps in Core Services: No

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: No
Medicaid Reimbursement: No
Budget-Program Connectedness: Yes

Technical Criteria:

Responsiveness/Eligibility: Yes

Approach/Methods/Innovation: Yes

Staff Credentials: Yes

Application Quality: Moderate compliance

Draft CCMHB PY12 PROGRAM SUMMARY

AGENCY: University of Illinois Psychological Services Center

Program Name: Parole/Probation Assess and Treat (PAT)

Focus of Application: MH X SA DD

Type of Contract: Grant

Financial Information:

PY12 CCMHB Funding Request: \$48,555

PY12 Total Program Budget: \$48,930

Current Year Funding (PY11): N/A

Proposed Change in Funding - PY11 vs. PY12: N/A

Program Staff – CCMHB Funds: 1FTE

Total Program Staff: 1FTE

Budget Narrative: CCMHB accounts for over 99% of total program revenue. The remaining amount of less than 1% is an estimate of revenue to come from client fees charged on a sliding scale by PSC. Salaries and benefits are over 89% of total expense charged to CCMHB. An administrative expense of 10% is charged by the University. The remaining funds are incorrectly listed as specific assistance rather than local transportation and general operating. Personnel charged to program are two .5 FTE doctoral students that will provide direct service as well as supervise a team of graduate students. Program will operate for 11 months. Program has operated since late 2007 without CCMHB support.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	6.6%
Administrative costs	% Not Calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable
Audit Requirement Waived
Audit in Compliance X

Adverse Finding _____

Target Population: Adults and youth involved with the criminal justice system (parole, probation and detention). Referrals are accepted from parole and probation (county, federal, and state-affiliated agencies) in Champaign County. Interest in coordinating services with the Mental Health Court and Drug Court is expressed.

Service Locations(s)/Demographics: At the Psychological Service Center, parole/probation offices and the juvenile detention center. Program cites statistics for population served since late 2007 – 76% were from Champaign County, 9% were homeless (no permanent address), and 60% were African Americans.

Service Description/Type: Assessment and Counseling. Assessments will evaluate clients' needs and strengths, symptoms of clinical disorders, and personality traits. Outcome of assessment will be reviewed with the client and treatment options discussed. Service options available from PSC are Dialectical Behavior Therapy in group or individual sessions with clients engaging for a period of six months and Motivational Interviewing, four sessions, to aid the client in evaluating choices in relation to personal goals. Clients needing service not available within PSC will be referred elsewhere and provided assistance with accessing those services.

The staff (doctoral students) is trained to work with the target population and the assessment and treatment options. They would coordinate student trainees providing some services. Supervision of the program staff is provided by Dr. Edelyn Verona.

Access to Services for Rural Residents: Access to program services is contingent upon involvement with the criminal justice system.

Program Performance Measures

ACCESS: No specific measure is identified, for example, how quickly a referral would result in client being assessed. Program would collaborate with criminal justice system on referrals as well as accept self-referrals. Interest in working with Mental Health and Drug Court is expressed.

CONSUMER OUTCOMES: Program will track engagement in services and changes in behavior as a result of treatment as outcome measures. Recidivism will also be assessed six months after completion of treatment.

UTILIZATION: Service Contacts and Treatment Plan Clients will be used to track utilization. Targets are established for both measures. Additional data will be collected on the nature of the service provided, for example participation in DBT or treatment by another provider, the number of sessions and length of engagement.

CCMHB Priorities:

Primary Decision Support Considerations:

Parenting with Love and Limits (PLL): No

ACCESS Initiative: No

Developmental Disabilities: No

Specialty Courts: Yes but is limited to a brief reference in target population and the access outcome section expressing interest in working with the Specialty Courts. Service section does not include any description of how the program would participate in the Specialty Courts.

Behavioral Health/Physical Health Integration: No
Gaps in Core Services: No

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: No, access is contingent on court involvement
Medicaid Reimbursement: No
Budget-Program Connectedness: Yes

Technical Criteria:

Responsiveness/Eligibility: Yes
Approach/Methods/Innovation: Yes
Staff Credentials: Yes
Application Quality: Moderate compliance

FINAL CCMHB-ACCESS INITIATIVE **DRAFT**
PY12 PROGRAM SUMMARY

AGENCY: REGIONAL PLANNING COMMISSION –
SOCIAL SERVICES

Program Name: Court Diversion - ACCESS Initiative Intake

Focus of Application: Mental Health – SAMHSA/IDHS Cooperative Agreement

Type of Contract: GRANT – QUARTER CENT FOR PUBLIC SAFETY

Financial Information:

PY12 CCMHB Funding Request: \$ 168,807

PY12 Total Program Budget: \$ 213,111

Current Year Funding (PY11): \$ 141,302

Proposed Change in Funding - PY11 vs. PY12: \$27,505 (Increase)

Program Staff – CCMHB Funds:	FTE	2.7
Total Program Staff:	FTE	4.33

Budget Narrative: The budget narrative explains most lines adequately.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	45%
Administrative costs	Not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance __Yes__

Adverse Finding _____

Not Applicable _____

Target Population Alignment: The population of interest is aligned with ACCESS Initiative.

Description of Services/Type/Location: This program is funded with Quarter Cent (sales tax) revenue through a MOU with Champaign County. The system is administered by the "Quarter Cent Administrative Team" comprised of stakeholders from court services, the states' attorney and the Juvenile Detention Center with significant input from the various law enforcement jurisdictions in Champaign County. The program is also aligned with the SAMHSA/IDHS cooperative agreement and is required to be fully integrated with the System of Care.

This program is the designated entry point for station adjusted youth (i.e., the front end of the juvenile justice system). Program screens, assesses and refers youth to either (1) Parenting with Love and Limits, (2) Mediation, or (3) Peer Court programming. The YASI is the instrument used to determine referral paths. Access locations are provided in a variety of community locations convenient for law enforcement and other referral sources. Will use the "Community Home" when established.

Description of Staff Credentials: Academic qualifications not defined. Staff and volunteers receive continuing education from BARJ and agency sponsored in service training events.

Emphasis on Evidence Based/Trauma Informed: Linkage with PLL an evidence based practice was cited along with other evidence based approaches and trauma informed practices.

Availability of Services for Rural Residents: Yes – the program is responsive to police jurisdictions in the entire county.

Consumer Service Fees: None

Program Performance Measures

- **ACKNOWLEDGMENT OF SAMHSA EVALUATION REQUIREMENTS:** The applicant acknowledges compliance with requirements from PLL (i.e., the Savannah Institute) and the SAMHSA evaluations. Participation in the local and national evaluation is critical to the ACCESS Initiative and commitments made concerning the population of interest as it relates to SAMHSA expectations.
- **ACCESS:** Strong emphasis on how program will engage underserved populations was cited. Access strategies are designed to address specific cultural factors which limit participation. Engagement strategies include using community based sites for

#17 Descriptive clarity and completeness of the application

1 2 3 (4) 5
Low Average High

#18 Appropriateness of staff credentials

1 2 (3) 4 5
Low Average High

#19 Reasonableness of pricing and affordability

1 2 (3) 4 5
Low Average High

#20 Budget program connectedness

1 2 3 4 (5)
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

DRAFT

**FINAL CCMHB-ACCESS INITIATIVE
PY12 PROGRAM SUMMARY**

AGENCY: DON MOYER BOYS AND GIRLS CLUB

Program Name: ACCESS Initiative – Smart Moves

Focus of Application: Mental Health – SAMHSA/IDHS Cooperative Agreement

Type of Contract: GRANT – QUARTER CENT FOR PUBLIC SAFETY*

*This an incumbent program currently funded with CCMHB funds.

Financial Information:

PY12 CCMHB Funding Request: \$ 82,163

PY12 Total Program Budget: \$ 82,163

Current Year Funding (PY11): \$ 40,000

Proposed Change in Funding - PY11 vs. PY12: \$42,163 (Increase)

Program Staff – CCMHB Funds: FTE 1.7
Total Program Staff: FTE 1.7

Budget Narrative: The budget narrative explains most lines adequately.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 24.7%
Administrative costs: Not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance __Yes__

Adverse Finding _____

Not Applicable _____

Target Population Alignment: The population of interest is Partially aligned with ACCESS Initiative.

Description of Services/Type/Location: SMART Moves (Skills and Mastery Resistance Training) has specific curricula for 6-9 year olds (SMART Kids), 10 to 12 year olds (Start SMART), and 13-15 year olds Stay SMART). It is a universal prevention program adapted from a school based setting. The program is designed to teach skills necessary to resist alcohol, drugs and early sexual activity. There is also a parent training called SMART Parents. Modified case management will be provided for targeted youth who are at-risk.

Description of Staff Credentials: Academic qualifications not defined. Staff will be trained in the program components listed above.

Emphasis on Evidence Based/Trauma Informed: Not cited.

Availability of Services for Rural Residents: Yes, all youth from Champaign County are eligible, but due to limitations youth can't be more than 20 miles from the facility.

Consumer Service Fees: None

Program Performance Measures

- **ACKNOWLEDGMENT OF SAMHSA EVALUATION REQUIREMENTS:** ACCESS Initiative data base participation was cited. Participation in the local and national evaluation is critical to the ACCESS Initiative and commitments made concerning the population of interest as it relates to SAMHSA expectations.
- **ACCESS:** 150 youth will participate in this program. Must be a DMBGC member.
- **CONSUMER OUTCOMES:** focused on increasing knowledge in the following areas: drugs, alcohol, tobacco, sexual abstinence.
- **UTILIZATION:** 150 youth, 1250 service contacts and 10 community service events.

CCMHB/ACCESS Initiative Priorities and Decision Criteria: All items listed below will be used to rate and compare applications and differentiate between

applications with a similar focus or area of interest. These elements were gleaned from the CCMHB funding guidelines, the decision criteria memorandum and the mandatory ACCESS Initiative funding priorities agency meeting held on January 24, 2011.

Primary Decision Support Process Considerations:

This application was thoroughly reviewed and discussed by the ACCESS Initiative review team and the composite ratings represent the collective judgment and opinion of this group. The application's alignment with core review criteria and additional review criteria as applicable for the application, along with other factors described in the Decision Memorandum, will be used to formulate funding recommendations.

#1 Emphasis on the Mission of the ACCESS Initiative

1	2	(3)	4	5
Weak Alignment				Strong Alignment

#2 Inclusion of System of Care Principles and Values

1	2	(3)	4	5
Weak Alignment				Strong Alignment

#3 Completeness of the Cultural Competence Plan

1	(2)	3	4	5
Weak Alignment				Strong Alignment

#4 Acknowledgement of Family and Youth Participation with the application

1	(2)	3	4	5
Weak Alignment				Strong Alignment

#5 ACCESS Initiative Population of Interest

1	(2)	3	4	5
Weak Alignment				Strong Alignment

#19 Reasonableness of pricing and affordability

1 2 (3) 4 5
Low Average High

#20 Budget program connectedness

1 2 3 (4) 5
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

FINAL CCMHB-ACCESS INITIATIVE **DRAFT**
PY12 PROGRAM SUMMARY

AGENCY: DON MOYER BOYS AND GIRLS CLUB

Program Name: JUMP

Focus of Application: Mental Health – SAMHSA/IDHS Cooperative Agreement

Type of Contract: GRANT – QUARTER CENT FOR PUBLIC SAFETY

Financial Information:

PY12 CCMHB Funding Request: \$ 115,684

PY12 Total Program Budget: \$ 115,684

Current Year Funding (PY11): \$ 70,000

Proposed Change in Funding - PY11 vs. PY12: \$45,684 (Increase)

Program Staff – CCMHB Funds: FTE 3.1

Total Program Staff: FTE 3.1

Budget Narrative: The budget narrative explains most lines adequately.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	24.3%
Administrative costs	Not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance Yes
Adverse Finding _____
Not Applicable _____

Target Population Alignment: The population of interest is aligned with ACCESS Initiative.

Description of Services/Type/Location: This program is funded with Quarter Cent (sales tax) revenue through a MOU with Champaign County. The system is administered by the "Quarter Cent Administrative Team" comprised of stakeholders from court services, the states' attorney and the Juvenile Detention Center with significant input from the various law enforcement jurisdictions in Champaign County. The program is also aligned with the SAMHSA/IDHS cooperative agreement and is required to be fully integrated with the system of care.

JUMP provides screening, assessment, group counseling, anger management, life skills sessions in the context of day-evening reporting, cognitive behavior therapy, intensive case management. In addition, they also will use restorative circle techniques to restore and maintain peace (evidence based practice OJJDP and NREPP). An aftercare plan will also be developed. There are 3 levels with length of stays of 30 days, 60 days, and 90 days depending on the seriousness of the presenting problem.

Description of Staff Credentials: Academic qualifications not defined. Staff will be trained in the program components listed above.

Emphasis on Evidence Based/Trauma Informed: Yes. Evidence based practices are cited in the narrative.

Availability of Services for Rural Residents: Yes, all youth from Champaign County are eligible, but due to limitations youth can't be more than 20 miles from the facility.

Consumer Service Fees: None

Program Performance Measures

- **ACKNOWLEDGMENT OF SAMHSA EVALUATION REQUIREMENTS:** Not cited. Participation in the local and national evaluation is critical to the ACCESS Initiative and commitments made concerning the population of interest as it relates to SAMHSA expectations.
- **ACCESS:** Will serve 45 youth annually. Will work with a wide range of community stakeholders included ACCESS Initiative to build awareness about this program. JDC and station adjusted youth have first priority to services.

- **CONSUMER OUTCOMES:** There is a wide range of outcomes including behavioral improvement and successful discharge from the program and/or linkages with other services including PLL. Improvement in school performance is also cited.
- **UTILIZATION:** Program plans to serve 45 treatment plan clients including a group of 10 carry over youth.

CCMHB/ACCESS Initiative Priorities and Decision Criteria: All items listed below will be used to rate and compare applications and differentiate between applications with a similar focus or area of interest. These elements were gleaned from the CCMHB funding guidelines, the decision criteria memorandum and the mandatory ACCESS Initiative funding priorities agency meeting held on January 24, 2011.

Primary Decision Support Process Considerations:

This application was thoroughly reviewed and discussed by the ACCESS Initiative review team and the composite ratings represent the collective judgment and opinion of this group. The application’s alignment with core review criteria and additional review criteria as applicable for the application, along with other factors described in the Decision Memorandum, will be used to formulate funding recommendations.

#1 Emphasis on the Mission of the ACCESS Initiative

1	2	3	(4)	5
Weak Alignment				Strong Alignment

#2 Inclusion of System of Care Principles and Values

1	2	(3)	4	5
Weak Alignment				Strong Alignment

#3 Completeness of the Cultural Competence Plan

1	(2)	3	4	5
Weak Alignment				Strong Alignment

#17 Descriptive clarity and completeness of the application

1 2 3 (4) 5
Low Average High

#18 Appropriateness of staff credentials

1 2 (3) 4 5
Low Average High

#19 Reasonableness of pricing and affordability

1 2 (3) 4 5
Low Average High

#20 Budget program connectedness

1 2 3 4 (5)
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

DRAFT

**FINAL CCMHB-ACCESS INITIATIVE
PY12 PROGRAM SUMMARY**

AGENCY: TALKS MENTORING OF
CHAMPAIGN COUNTY

Program Name: ACCESS Initiative Men of Force

Focus of Application: Mental Health – SAMHSA/IDHS Cooperative Agreement

Type of Contract: GRANT –QUARTER CENT FOR PUBLIC SAFETY

Financial Information:

PY12 CCMHB Funding Request: \$ 54,000

PY12 Total Program Budget: \$ 54,000

Current Year Funding (PY11): N/A

Proposed Change in Funding - PY11 vs. PY12: N/A

Program Staff – CCMHB Funds: FTE 1.25
Total Program Staff: FTE 1.25

Budget Narrative: The budget narrative explains most lines adequately.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 7.6%
Administrative costs: Not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance Yes

Adverse Finding _____

Not Applicable _____

Target Population Alignment: The population of interest is aligned with ACCESS Initiative.

Description of Services/Type/Location: The Men of Force program is a mentoring program which is initiated with group meetings at the Juvenile Detention Center while youth are still incarcerated. Post JDC services continue at the Illinois Terminal Building. Staff provide home visit follow up and linkage to Wraparound planning and the System of Care. Program requires reading and writing (at the youth's level) as a method of challenging academic skills/improvement.

Description of Staff Credentials: The full time Men of Force Coordinator will be training in the TALKS program. Dr. Davis is the author of TALKS manuals.

Emphasis on Evidence Based/Trauma Informed: Not cited.

Availability of Services for Rural Residents: Yes, but transportation is a problem. Meetings at Illinois Terminal are accessible via public transportation.

Consumer Service Fees: None

Program Performance Measures

- **ACKNOWLEDGMENT OF SAMHSA EVALUATION REQUIREMENTS:** Not cited. Participation in the local and national evaluation is critical to the ACCESS Initiative and commitments made concerning the population of interest as it relates to SAMHSA expectations.
- **ACCESS:** Participation is predicated on juvenile detention involvement. Linkage with other community partners is cited.
- **CONSUMER OUTCOMES:** Reduced involvement with the juvenile/criminal justice system, working hard in school, and finding employment.
- **UTILIZATION:** 116 youth will participate at JDC with 24 projected to engage in the post-incarceration phase of the program.

CCMHB/ACCESS Initiative Priorities and Decision Criteria: All items listed below will be used to rate and compare applications and differentiate between applications with a similar focus or area of interest. These elements were gleaned from the CCMHB funding guidelines, the

#7 Integration with the ACCESS Initiative Service Array expansion/gap filling

1 2 (3) 4 5
 Weak Alignment Strong Alignment

#8 Acknowledgement and planning related to the SAMHSA Evaluations

(1) 2 3 4 5
 Weak Alignment Strong Alignment

#9 Alignment with ACCESS Initiative anticipated outcomes

1 2 (3) 4 5
 Weak Alignment Strong Alignment

#10 Emphasis on Interagency and Cross System Collaboration/Partnerships

1 2 (3) 4 5
 Weak Alignment Strong Alignment

#11 Alignment with Required Mental Health Supports and Services

1 2 3 (4) 5
 Weak Alignment Strong Alignment

#12 Emphasis on Evidence based and high fidelity services

1 (2) 3 4 5
 Weak Alignment Strong Alignment

#13 Alignment with trauma and justice informed values/principles

1 (2) 3 4 5
 Weak Alignment Strong Alignment

#14 Evidence of linkages with Parenting with Love and Limits (PLL)

1 (2) 3 4 5
Weak Alignment Strong Alignment

#15 Support and participation with Social Marketing Efforts

1 (2) 3 4 5
Weak Alignment Strong Alignment

Technical and Administrative Considerations:

#16 Compliance with application instructions

1 2 3 4 (5)
Low Average High

#17 Descriptive clarity and completeness of the application

1 2 3 (4) 5
Low Average High

#18 Appropriateness of staff credentials

1 2 3 (4) 5
Low Average High

#19 Reasonableness of pricing and affordability

1 2 (3) 4 5
Low Average High

#20 Budget program connectedness

1 2 (3) 4 5
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

DRAFT

**FINAL CCMHB-ACCESS INITIATIVE
PY12 PROGRAM SUMMARY**

AGENCY: TALKS MENTORING OF
CHAMPAIGN COUNTY

Program Name: ACCESS Initiative Women of Wisdom

Focus of Application: Mental Health – SAMHSA/IDHS Cooperative Agreement

Type of Contract: GRANT –QUARTER CENT FOR PUBLIC SAFETY

Financial Information:

PY12 CCMHB Funding Request: \$ 54,000

PY12 Total Program Budget: \$ 54,000

Current Year Funding (PY11): N/A

Proposed Change in Funding - PY11 vs. PY12: N/A

Program Staff – CCMHB Funds: FTE 1.25
Total Program Staff: FTE 1.25

Budget Narrative: The budget narrative explains most lines adequately.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 7.6%
Administrative costs: Not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance Yes

Adverse Finding _____

Not Applicable _____

Target Population Alignment: The population of interest is aligned with ACCESS Initiative.

Description of Services/Type/Location: Women of Wisdom is a mentoring program designed for young women incarcerated at the Juvenile Detention Center. Female mentors will be recruited and the program will also include linkage with other services needed by the youth. There will be quarterly dinners for participants. The focus will be on current issues, but there will be time spent exploring future plan/goals with professional women serving as role models. This program is similar to the companion program for young men.

Description of Staff Credentials: The full time Women of Wisdom Coordinator will be trained in the TALKS program. Dr. Davis is the author of TALKS manuals.

Emphasis on Evidence Based/Trauma Informed: Not cited.

Availability of Services for Rural Residents: Yes, but transport is a problem. Meetings at Illinois Terminal are accessible via public transportation.

Consumer Service Fees: None

Program Performance Measures

- **ACKNOWLEDGMENT OF SAMHSA EVALUATION REQUIREMENTS:** Not cited. Participation in the local and national evaluation is critical to the ACCESS Initiative and commitments made concerning the population of interest as it relates to SAMHSA expectations.
- **ACCESS:** Participation is predicated on juvenile detention involvement. Linkage with other community partners is cited (e.g., Don Moyer Boys and Girls Club; Frances Nelson Health Center).
- **CONSUMER OUTCOMES:** Linkage with ACCESS Initiative partner agency services to meet the needs of participants based on assessment. Goals are to help the young women become more resilient, resourceful, responsible, and restored. Recidivism will also be reduced.
- **UTILIZATION:** 45 youth will be served with 15 ultimately becoming fully engaged and completing the program.

#6 Congruence with SAMHSA Mental Health Restrictions and Expectations

1 (2) 3 4 5
Weak Alignment Strong Alignment

#7 Integration with the ACCESS Initiative Service Array expansion/gap filling

1 2 (3) 4 5
Weak Alignment Strong Alignment

#8 Acknowledgement and planning related to the SAMHSA Evaluations

(1) 2 3 4 5
Weak Alignment Strong Alignment

#9 Alignment with ACCESS Initiative anticipated outcomes

1 2 (3) 4 5
Weak Alignment Strong Alignment

#10 Emphasis on Interagency and Cross System Collaboration/Partnerships

1 2 (3) 4 5
Weak Alignment Strong Alignment

#11 Alignment with Required Mental Health Supports and Services

1 2 3 (4) 5
Weak Alignment Strong Alignment

#12 Emphasis on Evidence based and high fidelity services

1 (2) 3 4 5
Weak Alignment Strong Alignment

#13 Alignment with trauma and justice informed values/principles

1 (2) 3 4 5
Weak Alignment Strong Alignment

#14 Evidence of linkages with Parenting with Love and Limits (PLL)

1 (2) 3 4 5
Weak Alignment Strong Alignment

#15 Support and participation with Social Marketing Efforts

1 (2) 3 4 5
Weak Alignment Strong Alignment

Technical and Administrative Considerations:

#16 Compliance with application instructions

1 2 3 (4) 5
Low Average High

#17 Descriptive clarity and completeness of the application

1 2 3 (4) 5
Low Average High

#18 Appropriateness of staff credentials

1 2 3 (4) 5
Low Average High

#19 Reasonableness of pricing and affordability

1 2 (3) 4 5
Low Average High

#20 Budget program connectedness

1 2 (3) 4 5
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

FINAL CCMHB-ACCESS INITIATIVE **DRAFT**
PY12 PROGRAM SUMMARY

AGENCY: **BEST INTEREST OF CHILDREN OF
CHAMPAIGN COUNTY**

Program Name: **Family Conference of Champaign County**

Focus of Application: **Mental Health – SAMHSA/IDHS Cooperative Agreement**

Type of Contract: **GRANT**

Financial Information:

PY12 CCMHB Funding Request: \$ 54,862

PY12 Total Program Budget: \$ 54,862

Current Year Funding (PY11): \$ 70,291

Proposed Change in Funding - PY11 vs. PY12: (\$15,429) decrease

Program Staff – CCMHB Funds: FTE 1.0
Total Program Staff: FTE 1.0

Budget Narrative: The budget narrative explains most lines adequately. Some minor mistakes in the expense budget.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 19.9%

Administrative costs

Not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance Yes

Adverse Finding _____

Not Applicable _____

Target Population Alignment: The population of interest is partially aligned with ACCESS Initiative. Most focus appears to be on school behavior.

Description of Services/Type/Location: This program plans to serve 35 youth/families from a variety of referral sources including ACCESS Initiative partners. Family Conference has been funded in the past and is essentially the same. From referral to orientation to case opening and ultimately Family Group Decision Making (FGDM) Mediation meetings and case management. The applicant has a long history of providing this program in Champaign County.

Description of Staff Credentials: Academic qualifications not defined. Primary staff has a master's degree in counseling.

Emphasis on Evidence Based/Trauma Informed: Not cited or referenced.

Availability of Services for Rural Residents: Available to Champaign County residents.

Consumer Service Fees: None

Program Performance Measures

- **ACKNOWLEDGMENT OF SAMHSA EVALUATION REQUIREMENTS:** Not cited. Participation in the local and national evaluation is critical to the ACCESS Initiative and commitments made concerning the population of interest as it relates to SAMHSA expectations.
- **ACCESS:** Strong emphasis on how program will engage underserved populations was cited. Access strategies are designed to address specific cultural factors which limit participation. Length of stay is 6 months or less.
- **CONSUMER OUTCOMES:** Outcome information tracked in applicants database. Use of evaluation tools is tied to completion of the FGDM meetings. Other elements tracked include participation in program, completion of program, improvement in school behavior, and family reports of stable behavior. Tools used to measure do not appear to be cited.

#12 Emphasis on Evidence based and high fidelity services

1 (2) 3 4 5
Weak Alignment Strong Alignment

#13 Alignment with trauma and justice informed values/principles

1 (2) 3 4 5
Weak Alignment Strong Alignment

#14 Evidence of linkages with Parenting with Love and Limits (PLL)

(1) 2 3 4 5
Weak Alignment Strong Alignment

#15 Support and participation with Social Marketing Efforts

(1) 2 3 4 5
Weak Alignment Strong Alignment

Technical and Administrative Considerations:

#16 Compliance with application instructions

1 2 3 4 (5)
Low Average High

#17 Descriptive clarity and completeness of the application

1 2 (3) 4 5
Low Average High

#18 Appropriateness of staff credentials

1 2 (3) 4 5
Low Average High

#19 Reasonableness of pricing and affordability

1 2 (3) 4 5
Low Average High

#20 Budget program connectedness

1 2 3 (4) 5
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

DRAFT

**FINAL CCMHB-ACCESS INITIATIVE
PY12 PROGRAM SUMMARY**

AGENCY: BEST INTEREST OF CHILDREN OF
CHAMPAIGN COUNTY

Program Name: Family Link and Support

Focus of Application: Mental Health – SAMHSA/IDHS Cooperative Agreement

Type of Contract: GRANT

Financial Information:

PY12 CCMHB Funding Request: \$ 70,291

PY12 Total Program Budget: \$ 70,291

Current Year Funding (PY11): \$ N/A

Proposed Change in Funding - PY11 vs. PY12: N/A

Program Staff – CCMHB Funds: FTE 1.5
Total Program Staff: FTE 1.5

Budget Narrative: The budget narrative explains most lines adequately.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 19.9%
Administrative costs: Not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance Yes

Adverse Finding _____

Not Applicable _____

Target Population Alignment: The population of interest is aligned with ACCESS Initiative.

Description of Services/Type/Location: Program will provide 3 social marketing events to support pro social efforts of youth and families. Will also provide linkage of PLL graduates with community services and resources. Strong cultural competence emphasis.

Description of Staff Credentials: Academic qualifications not defined. Staff will have 1-3 years experience working with youth in a relevant setting.

Emphasis on Evidence Based/Trauma Informed: Linkage with PLL an evidence based practice was cited.

Availability of Services for Rural Residents: Yes – all PLL graduates for Champaign County are eligible.

Consumer Service Fees: None

Program Performance Measures

- **ACKNOWLEDGMENT OF SAMHSA EVALUATION REQUIREMENTS:** Not cited. Participation in the local and national evaluation is critical to the ACCESS Initiative and commitments made concerning the population of interest as it relates to SAMHSA expectations.
- **ACCESS:** Strong emphasis on how program will engage underserved populations was cited. Access strategies are designed to address specific cultural factors which limit participation.
- **CONSUMER OUTCOMES:** Social marketing events receive a participant survey. Specific outcome goals are cited, but measurement is not spelled out clearly.
- **UTILIZATION:** Program plans to serve 35 treatment plan clients (PLL linkages) and 500 youth and family contacts.

CCMHB/ACCESS Initiative Priorities and Decision Criteria: All items listed below will be used to rate and compare applications and differentiate between

#19 Reasonableness of pricing and affordability

1 2 (3) 4 5
Low Average High

#20 Budget program connectedness

1 2 3 4 (5)
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

DRAFT

**FINAL CCMHB-ACCESS INITIATIVE
PY12 PROGRAM SUMMARY**

AGENCY: BEST INTEREST OF CHILDREN OF
CHAMPAIGN COUNTY

Program Name: Youth MOVE

Focus of Application: Mental Health – SAMHSA/IDHS Cooperative Agreement

Type of Contract: GRANT

Financial Information:

PY12 CCMHB Funding Request: \$ 110,000

PY12 Total Program Budget: \$ 110,000

Current Year Funding (PY11): \$ N/A

Proposed Change in Funding - PY11 vs. PY12: N/A

Program Staff – CCMHB Funds: FTE 2.0
Total Program Staff: FTE 2.0

Staff Note: \$8,165 is charged for the executive director, but this is not reflected in the personnel matrix. The FTE percentage is not clear.

Budget Narrative: The budget narrative explains most lines adequately. The office space costs were not clearly defined. Local transportation expenses do not match in narrative and budget.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on

fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	19.9%
Administrative costs	Not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance Yes
Adverse Finding _____
Not Applicable _____

Target Population Alignment: The population of interest is aligned with ACCESS Initiative. Application presents a summary of the Youth MOVE organization and desire to affiliate.

Description of Services/Type/Location: Program is looking to affiliate with Youth MOVE national and state organizations. Will provide intervention and leadership development, participation in trainings to prepare youth for active System of Care involvement. Will focus on helping youth gain vocational, academic and life skills. Bi-weekly meetings with restorative justice perspective and peer-to-peer accountability. Will work with ACCESS Initiative and system partners. Most services take place in the office.

Description of Staff Credentials: Academic qualifications not defined. Staff will have 1-3 years experience working with youth in a relevant setting.

Emphasis on Evidence Based/Trauma Informed: Not cited.

Availability of Services for Rural Residents: Rantoul included – looking at options to address transportation from other areas.

Consumer Service Fees: None

Program Performance Measures

- **ACKNOWLEDGMENT OF SAMHSA EVALUATION REQUIREMENTS:** Not cited. Participation in the local and national evaluation is critical to the ACCESS Initiative and commitments made concerning the population of interest as it relates to SAMHSA expectations.
- **ACCESS:** About 50% of referrals from PLL. Plan to continue focus groups at JDC. 30% of participants are from alternative schools.
- **CONSUMER OUTCOMES:** There are two tracks. One is intervention and the other leadership development. Desired outcomes include improved school performance,

#11 Alignment with Required Mental Health Supports and Services

1 (2) 3 4 5
Weak Alignment Strong Alignment

#12 Emphasis on Evidence based and high fidelity services

1 2 3 (4) 5
Weak Alignment Strong Alignment

#13 Alignment with trauma and justice informed values/principles

1 2 3 (4) 5
Weak Alignment Strong Alignment

#14 Evidence of linkages with Parenting with Love and Limits (PLL)

1 2 3 4 (5)
Weak Alignment Strong Alignment

#15 Support and participation with Social Marketing Efforts

1 2 (3) 4 5
Weak Alignment Strong Alignment

Technical and Administrative Considerations:

#16 Compliance with application instructions

1 2 3 4 (5)
Low Average High

#17 Descriptive clarity and completeness of the application

1 2 3 (4) 5
Low Average High

#18 Appropriateness of staff credentials

1 2 (3) 4 5
Low Average High

#19 Reasonableness of pricing and affordability

1 2 (3) 4 5
Low Average High

#20 Budget program connectedness

1 2 3 4 (5)
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

**FINAL CCMHB-ACCESS INITIATIVE
PY12 PROGRAM SUMMARY**

DRAFT

AGENCY: **BEST INTEREST OF CHILDREN OF
CHAMPAIGN COUNTY**

Program Name: **Psychological Services Center - Effective Black Parenting**

Focus of Application: **Mental Health – SAMHSA/IDHS Cooperative Agreement**

Type of Contract: GRANT

Financial Information:

PY12 CCMHB Funding Request: \$ 13,457

PY12 Total Program Budget: \$ 13,457

Current Year Funding (PY11): Not a standalone contract

Proposed Change in Funding - PY11 vs. PY12:

Program Staff – CCMHB Funds: FTE N/A

Total Program Staff: FTE N/A

Budget Narrative: The budget narrative explains most lines adequately. Some minor mistakes in the expense budget.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: N/A

Administrative costs Not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance Yes
Adverse Finding _____
Not Applicable _____

Target Population Alignment: Partially aligned.

Description of Services/Type/Location: This program is operated by the University of Illinois Psychological Services Center and the applicant serves as a financial and administrative services consultant. Most expenses associated with this program are paid through the applicant. This is a long standing arrangement. The applicant explains clearly how funds will be managed from receipt through payment of expenses. The program is subject to audit.

Description of Staff Credentials: Not described.

Emphasis on Evidence Based/Trauma Informed: N/A

Availability of Services for Rural Residents: N/A

Consumer Service Fees: N/A

Program Performance Measures

- **ACKNOWLEDGMENT OF SAMHSA EVALUATION REQUIREMENTS:** Not cited. Participation in the local and national evaluation is critical to the ACCESS Initiative and commitments made concerning the population of interest as it relates to SAMHSA expectations.
- **ACCESS:** Refer to PSC Application
- **CONSUMER OUTCOMES:** Refer to PSC application.
- **UTILIZATION:** Refer to PSC application

CCMHB/ACCESS Initiative Priorities and Decision Criteria: All items listed below will be used to rate and compare applications and differentiate between applications with a similar focus or area of interest. These elements were gleaned from the CCMHB funding guidelines, the decision criteria memorandum and the mandatory ACCESS Initiative funding priorities agency meeting held on January 24, 2011.

Primary Decision Support Process Considerations:

This application was thoroughly reviewed and discussed by the ACCESS Initiative review team and the composite ratings represent the collective judgment and opinion of this group. The application’s alignment with core review criteria and additional review criteria as applicable for the application, along with other factors described in the Decision Memorandum, will be used to formulate funding recommendations.

Staff Note: Funding for this application is contingent on approval of the PSC Effective Black Parenting application. No program ratings were completed.

Technical and Administrative Considerations:

#16 Compliance with application instructions

1 2 3 4 (5)
Low Average High

#17 Descriptive clarity and completeness of the application

1 2 (3) 4 5
Low Average High

#18 Appropriateness of staff credentials

1 2 (3) 4 5
Low Average High

#19 Reasonableness of pricing and affordability

1 2 (3) 4 5
Low Average High

#20 Budget program connectedness

1 2 (3) 4 5
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

DRAFT

**FINAL CCMHB-ACCESS INITIATIVE
PY12 PROGRAM SUMMARY**

AGENCY: **REGIONAL PLANNING COMMISSION –
SOCIAL SERVICES**

Program Name: ACCESS Initiative – PLL Front End

Focus of Application: Mental Health – SAMHSA/IDHS Cooperative Agreement

Type of Contract: GRANT

Financial Information:

PY12 CCMHB Funding Request: \$ 219,594

PY12 Total Program Budget: \$ 262,594

Current Year Funding (PY11): \$ N/A

Proposed Change in Funding - PY11 vs. PY12: N/A

Program Staff – CCMHB Funds: FTE 3.8

Total Program Staff: FTE 3.9

Budget Narrative: The budget narrative explains most lines adequately.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 44.9% - includes paid time off
Administrative costs: Not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance Yes

Adverse Finding

Not Applicable

Target Population Alignment: The population of interest is aligned with ACCESS Initiative.

Description of Services/Type/Location: The applicant is seeking to become the PLL (evidence based practice) front-end provider in Champaign County. Three MA level therapists and a .95 FTE case manager (could be up shared by three part time staff) will be hired and trained as certified PLL therapists. Service description includes most PLL program components.

PLL is subject to supervision and requirements of the Savannah Institute and must be compliant with PLL requirements in order to remain certified. There is little flexibility to vary from program requirements.

Description of Staff Credentials: Master’s level therapists certified by PLL.

Emphasis on Evidence Based/Trauma Informed: PLL is an evidence based practice and is the core evidence based practice for the ACCESS Initiative.

Availability of Services for Rural Residents: Yes – PLL is available to all eligible youth and families regardless of where they live in Champaign County.

Consumer Service Fees: None

Program Performance Measures

- **ACKNOWLEDGMENT OF SAMHSA EVALUATION REQUIREMENTS:** The applicant fully acknowledges participation in required PLL and SAMHSA evaluations. Participation in the local and national evaluation is critical to the ACCESS Initiative and commitments made concerning the population of interest as it relates to SAMHSA expectations.
- **ACCESS:** All youth aged 10-17 who meet front end requirements for PLL. Motivational interviews used with youth and families. Outreach oriented approach.
- **CONSUMER OUTCOMES:** Demographic information collected along with national PLL and SAMHSA data. Will participate with the ACCESS Initiative MIS system for the national and local SAMHSA evaluation.
- **UTILIZATION:** Program plans to serve 128 treatment plan clients.

#18 Appropriateness of staff credentials

1 2 3 4 (5)
Low Average High

#19 Reasonableness of pricing and affordability

1 2 3 (4) 5
Low Average High

#20 Budget program connectedness

1 2 3 4 (5)
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

DRAFT

**FINAL CCMHB-ACCESS INITIATIVE
PY12 PROGRAM SUMMARY**

AGENCY: CHAMPAIGN URBANA AREA PROJECT

Program Name: ACCESS Community Exchange Time Bank

Focus of Application: Mental Health – SAMHSA/IDHS Cooperative Agreement

Type of Contract: GRANT

Financial Information:

PY12 CCMHB Funding Request: \$ 71,585

PY12 Total Program Budget: \$ 71,585

Current Year Funding (PY11): N/A

Proposed Change in Funding - PY11 vs. PY12: N/A

Program Staff – CCMHB Funds: FTE 1.0

Total Program Staff: FTE 1.0

Budget Narrative: The budget narrative explains most lines adequately.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	22%
Administrative costs	Not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance _____

Adverse Finding _____

Not Applicable N/A at this time – Audit is in process

Target Population Alignment: The population of interest is aligned with ACCESS Initiative.

Description of Services/Type/Location: Under the direction of the ACCESS Time Bank Coordinator, this program will implement a time bank network. ACCESS Initiative and PLL families and youth are eligible to enlist in the program and thereby link strength and needs with services through “time dollars.” This is an alternative currency system and is a form of volunteerism which can build communities. People’s skills translate into time dollars (one hour of service is equal to one time dollar). It is also documented to be a powerful approach for building infrastructure, social networking, systems change, and sustainability.

Description of Staff Credentials: Person identified for the time bank coordinator position has excellent credentials. The executive director is a member of TimeBanks USA.

Emphasis on Evidence Based/Trauma Informed: Not cited.

Availability of Services for Rural Residents: Available to Champaign County residents through ACCESS Initiative partners.

Consumer Service Fees: None

Program Performance Measures

- **ACKNOWLEDGMENT OF SAMHSA EVALUATION REQUIREMENTS:** Not cited. Participation in the local and national evaluation is critical to the ACCESS Initiative and commitments made concerning the population of interest as it relates to SAMHSA expectations.
- **ACCESS:** Information about the project will be widely distributed through the ACCESS Initiative and a special software will be used to track enrolled members and time dollars.
- **CONSUMER OUTCOMES:** The anticipated outcomes include: Bringing people together in a spirit of equality, improved self esteem, improved confidence and skills, completion of tasks that otherwise would not get done, and increased community participation.
- **UTILIZATION:** 50 non-treatment plan clients, 100 service contact and screening contacts, and 200 community service events.

#12 Emphasis on Evidence based and high fidelity services

1 (2) 3 4 5
Weak Alignment Strong Alignment

#13 Alignment with trauma and justice informed values/principles

(1) 2 3 4 5
Weak Alignment Strong Alignment

#14 Evidence of linkages with Parenting with Love and Limits (PLL)

1 2 3 (4) 5
Weak Alignment Strong Alignment

#15 Support and participation with Social Marketing Efforts

1 2 (3) 4 5
Weak Alignment Strong Alignment

Technical and Administrative Considerations:

#16 Compliance with application instructions

1 2 3 4 (5)
Low Average High

#17 Descriptive clarity and completeness of the application

1 (2) 3 4 5
Low Average High

#18 Appropriateness of staff credentials

1 2 3 (4) 5
Low Average High

#19 Reasonableness of pricing and affordability

1 2 (3) 4 5
Low Average High

#20 Budget program connectedness

1 2 (3) 4 5
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

FINAL CCMHB-ACCESS INITIATIVE **DRAFT**
PY12 PROGRAM SUMMARY

AGENCY: CHAMPAIGN URBANA AREA PROJECT

Program Name: ACCESS Restorative Justice Network

Focus of Application: Mental Health – SAMHSA/IDHS Cooperative Agreement

Type of Contract: GRANT

Financial Information:

PY12 CCMHB Funding Request: \$ 111,275

PY12 Total Program Budget: \$ 111,275

Current Year Funding (PY11): N/A

Proposed Change in Funding - PY11 vs. PY12: N/A

Program Staff – CCMHB Funds:	FTE	1.0
Total Program Staff:	FTE	1.0

Budget Narrative: The budget narrative explains most lines adequately.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	22%
Administrative costs	Not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance _____

Adverse Finding _____

Not Applicable N/A at this time – Audit is in process

Target Population Alignment: The population of interest is aligned with ACCESS Initiative.

Description of Services/Type/Location: The applicant will serve as the ACCESS Restorative Juvenile Justice Community Coordinator (ARJJCC) to assure efficient and effective implementation of restorative justice programs. Working in collaboration with the ACCESS Initiative and PLL, the ARJJCC will: educate the community about restorative justice, host workshops which include relevant consultants at community homes and other locations, develop a small group of volunteers (Art Hosting Model) to serve in advisory capacity, use MIS system to analyze data, work on sustainability other funding sources and foundations (McArthur “Models for Change”).

Description of Staff Credentials: Applicant is fully trained and certified in all restorative practices.

Emphasis on Evidence Based/Trauma Informed: Addressed in narrative.

Availability of Services for Rural Residents: Available to Champaign County residents.

Consumer Service Fees: None

Program Performance Measures

- **ACKNOWLEDGMENT OF SAMHSA EVALUATION REQUIREMENTS:** Not cited. Participation in the local and national evaluation is critical to the ACCESS Initiative and commitments made concerning the population of interest as it relates to SAMHSA expectations.
- **ACCESS:** Will use brochures ,websites, emails and other social marketing activities to make people aware of restorative activities.
- **CONSUMER OUTCOMES:** Community consumer outcomes including youth, family, and provider education to use these techniques in their practice. Offender outcomes include repair of harm, reentry to the community, and decreased use of detention. Client satisfaction will also be measured.
- **UTILIZATION:** 100 service contacts, 250 community service events, and participation in ACCESS Initiative meetings.

#18 Appropriateness of staff credentials

1 2 3 (4) 5
Low Average High

#19 Reasonableness of pricing and affordability

1 2 (3) 4 5
Low Average High

#20 Budget program connectedness

1 2 3 (4) 5
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

FINAL CCMHB-ACCESS INITIATIVE

DRAFT

PY12 PROGRAM SUMMARY

AGENCY: CHAMPAIGN URBANA AREA PROJECT

Program Name: Emotional Fitness Quotient System

Focus of Application: Mental Health – SAMHSA/IDHS Cooperative Agreement

Type of Contract: GRANT

Financial Information:

PY12 CCMHB Funding Request: \$ 76,015

PY12 Total Program Budget: \$ 76,015

Current Year Funding (PY11): N/A

Proposed Change in Funding - PY11 vs. PY12: N/A

Program Staff – CCMHB Funds:	FTE	1.0
Total Program Staff:	FTE	1.0

Budget Narrative: The budget narrative explains most lines adequately. Confusion over \$5,000 amount for fundraising. What is the actual total budget amount? \$76,015 or \$81,015

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	22%
Administrative costs	Not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance _____

Adverse Finding _____

Not Applicable N/A at this time – Audit is in process

Target Population Alignment: The population of interest is aligned with ACCESS Initiative.

Description of Services/Type/Location: This program is identified by the applicant as being a gap in services and a serious need for the African American community. It is a support program focusing on life style choices related to exercise, food choices and quality time (EFQ) which is available to ACCESS Initiative youth and families including PLL. The proposal links inadequate exercise, poor food choices, and other negative life style choices to obesity, physical and behavioral health issues/problems. Further, cultural factors such as high-fat foods (e.g., soul food) and emotional eating in response to stress have a negative impact on health. This program is a culturally competent wellness program with links to fitness centers and a variety of wellness consultants. Participation in the program requires approval by primary care physician.

Description of Staff Credentials: Wellness coach, exercise physiologist, nutrition/dietician will provide consultation under guidance of staff.

Emphasis on Evidence Based/Trauma Informed: Program is identified as evidence based.

Availability of Services for Rural Residents: Available to Champaign County residents in Mahomet, Rantoul and Savoy.

Consumer Service Fees: None

Program Performance Measures

- **ACKNOWLEDGMENT OF SAMHSA EVALUATION REQUIREMENTS:** Not cited. Participation in the local and national evaluation is critical to the ACCESS Initiative and commitments made concerning the population of interest as it relates to SAMHSA expectations.
- **ACCESS:** Open to youth and families served by ACCESS Initiative partners including PLL. This is a holistic wellness approach which requires a central location.
- **CONSUMER OUTCOMES:** Improved physical and emotional health. Reduction of chronic diseases.
- **UTILIZATION:** Program plans to serve 50 treatment plan clients and 104 community service events.

#18 Appropriateness of staff credentials

1 2 3 (4) 5
Low Average High

#19 Reasonableness of pricing and affordability

1 2 (3) 4 5
Low Average High

#20 Budget program connectedness

1 2 3 (4) 5
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

**FINAL CCMHB-ACCESS INITIATIVE
PY12 PROGRAM SUMMARY**

AGENCY: COMMUNITY ELEMENTS, INC.

Program Name: ACCESS Initiative – To Good For Drugs and Violence (TGDV)

Focus of Application: Substance Abuse/ Mental Health – SAMHSA/IDHS
Cooperative Agreement

Type of Contract: GRANT

Financial Information:

PY12 CCMHB Funding Request: \$ 55,935

PY12 Total Program Budget: \$ 55,935

Current Year Funding (PY11): \$ N/A

Proposed Change in Funding - PY11 vs. PY12: N/A

Program Staff – CCMHB Funds: FTE 1.31
Total Program Staff: FTE 1.31

Budget Narrative: The narrative provides adequate explanation for all budget lines, and provides detailed information concerning indirect costs.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	22%
Administrative costs	Not calculated

Staff Comment: The applicant has a very clear method for determining and explaining indirect costs.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance X

Adverse Finding _____

Not Applicable _____

Target Population Alignment: Partially aligns with ACCESS Initiative population of focus.

Description of Services/Type/Location: Prevention program for youth aged 10-17 who participate in after school programs at 4 sites in Champaign County. The sites are the Urbana Neighborhood Connection Center, Don Moyer Boys and Girls Club, Rantoul Youth Center, and Mahomet Area Youth Club. Weekly group meetings at all sites except Don Moyer which will have two. This is an evidence based drug and violence prevention program with a character education component. The program will be tailored to the needs of each site. Monthly parent meetings will be included.

Description of Staff Credentials: The training and experience of the prevention specialist was cited.

Emphasis on Evidence Based/Trauma Informed: TGDV is an evidence based approach.

Availability of Services for Rural Residents: Program will include services to Rantoul and Mahomet.

Consumer Service Fees: No fees

Program Performance Measures

- **ACKNOWLEDGMENT OF SAMHSA EVALUATION REQUIREMENTS:**
Not cited. Participation in the local and national evaluation is critical to the ACCESS Initiative and commitments made concerning the population of interest as it relates to SAMHSA expectations.
- **ACCESS:** Will work with site coordinator to assure involvement of all youth meeting the program requirements. Cultural competence planning was highlighted.
- **CONSUMER OUTCOMES:** Pre and post testing will be used to measure the following outcomes: intent to use alcohol or drugs; intent to engage in violence; assessing risk and protective factors for violence and drug use; personal and social behaviors. In addition, a new client satisfaction survey will be rolled out titled "Client Writes." The goal is for 25% of parents to engage in parent groups.

#5 ACCESS Initiative Population of Interest

1 2 (3) 4 5
Weak Alignment Strong Alignment

#6 Congruence with SAMHSA Mental Health Restrictions and Expectations

1 (2) 3 4 5
Weak Alignment Strong Alignment

#7 Integration with the ACCESS Initiative Service Array expansion/gap filling

1 2 3 (4) 5
Weak Alignment Strong Alignment

#8 Acknowledgement and planning related to the SAMHSA Evaluations

(1) 2 3 4 5
Weak Alignment Strong Alignment

#9 Alignment with ACCESS Initiative anticipated outcomes

1 2 (3) 4 5
Weak Alignment Strong Alignment

#10 Emphasis on Interagency and Cross System Collaboration/Partnerships

1 2 3 (4) 5
Weak Alignment Strong Alignment

#11 Alignment with Required Mental Health Supports and Services

1 2 (3) 4 5
Weak Alignment Strong Alignment

#18 Appropriateness of staff credentials

1 2 3 (4) 5
Low Average High

#19 Reasonableness of pricing and affordability

1 2 3 (4) 5
Low Average High

#20 Budget program connectedness

1 2 (3) 4 5
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

**FINAL CCMHB-ACCESS INITIATIVE
PY12 PROGRAM SUMMARY**

DRAFT

AGENCY: COMMUNITY ELEMENTS, INC.
Program Name: ACCESS Initiative – PLL
Focus of Application: Mental Health – SAMHSA/IDHS Cooperative Agreement
Type of Contract: GRANT

Financial Information:

PY12 CCMHB Funding Request: \$ 533,486
PY12 Total Program Budget: \$ 533,486

Current Year Funding (PY11): \$ 410,000

Proposed Change in Funding - PY11 vs. PY12: \$123,486 increase

Program Staff – CCMHB Funds: FTE 4.56
Total Program Staff: FTE 4.56

Budget Narrative: The budget narrative explains all lines adequately. This application combines the PLL Extended Care and PLL Front End programs and has separate breakouts for both. The application is predicated on the possibility of a merger between Prairie Center (Extended Care) and Community Elements (Front End). Also, the budget includes PLL program materials which were previously purchased directly by the CCMHB.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 22%
Administrative costs: Not calculated

Staff Comment: The applicant has a very clear method for determining and explaining indirect costs.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance Yes

Adverse Finding _____

Not Applicable _____

Target Population Alignment: The population of interest is aligned with ACCESS Initiative.

Description of Services/Type/Location: The applicant is applying to provide front end and extended care PLL. The proposal is a combination of the existing (incumbent) PLL programs operated by the applicant and Prairie Center and is presented in anticipation of the merger of the two agencies. Six master's level PLL therapists and 2 full time family support specialists will operate the program. The service description covers all required PLL components.

PLL is subject to supervision and requirements of the Savannah Institute and must be compliant with PLL requirements in order to remain certified. There is little flexibility to vary from program requirements.

Description of Staff Credentials: Master's level therapists certified by PLL. Licensed LCSW level supervisor and 2 family support specialists.

Emphasis on Evidence Based/Trauma Informed: PLL is an evidence based practice and is the core evidence based practice for the ACCESS Initiative.

Availability of Services for Rural Residents: Yes – PLL is available to all eligible youth and families regardless of where they live in Champaign County.

Consumer Service Fees: None

Program Performance Measures

- **ACKNOWLEDGMENT OF SAMHSA EVALUATION REQUIREMENTS:** The applicant fully acknowledges participation in required PLL and SAMHSA evaluations. Participation in the local and national evaluation is critical to the ACCESS Initiative and commitments made concerning the population of interest as it relates to SAMHSA expectations.
- **ACCESS:** All youth aged 10-17 who meet front end and extended care requirements for PLL. Motivational interviews used with youth and families. Outreach oriented

approach. Family support specialists will assist with families to overcome barriers to services including transportation.

- **CONSUMER OUTCOMES:** Demographic information collected along with national PLL and SAMHSA data. Will participate with the ACCESS Initiative MIS system for the national and local SAMHSA evaluation.
- **UTILIZATION:** Program plans to serve 128 front end youth and families and 100 extended care youth and families.

CCMHB/ACCESS Initiative Priorities and Decision Criteria: All items listed below will be used to rate and compare applications and differentiate between applications with a similar focus or area of interest. These elements were gleaned from the CCMHB funding guidelines, the decision criteria memorandum and the mandatory ACCESS Initiative funding priorities agency meeting held on January 24, 2011.

Primary Decision Support Process Considerations:

This application was thoroughly reviewed and discussed by the ACCESS Initiative review team with input from the Savannah Institute and juvenile justice stakeholders, and the composite ratings represent the collective judgment and opinion of this group. The application’s alignment with core review criteria and additional review criteria as applicable for the application, along with other factors described in the Decision Memorandum, will be used to formulate funding recommendations.

#1 Emphasis on the Mission of the ACCESS Initiative

1	2	3	(4)	5
Weak Alignment				Strong Alignment

#2 Inclusion of System of Care Principles and Values

1	2	3	(4)	5
Weak Alignment				Strong Alignment

#3 Completeness of the Cultural Competence Plan

1	2	3	(4)	5
Weak Alignment				Strong Alignment

#17 Descriptive clarity and completeness of the application

1 2 3 4 (5)
Low Average High

#18 Appropriateness of staff credentials

1 2 3 4 (5)
Low Average High

#19 Reasonableness of pricing and affordability

1 2 3 (4) 5
Low Average High

#20 Budget program connectedness

1 2 3 4 (5)
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

**FINAL CCMHB-ACCESS INITIATIVE
PY12 PROGRAM SUMMARY**

DRAFT

AGENCY: COMMUNITY ELEMENTS, INC.

Program Name: ACCESS Initiative – School Outreach

Focus of Application: Substance Abuse/ Mental Health – SAMHSA/IDHS
Cooperative Agreement

Type of Contract: GRANT

Financial Information:

PY12 CCMHB Funding Request: \$ 165,580

PY12 Total Program Budget: \$ 165,580

Current Year Funding (PY11): \$ 106,000

Proposed Change in Funding - PY11 vs. PY12: \$ 59,580 increase

Program Staff– CCMHB Funds: FTE 3.27

Total Program Staff: FTE 3.27

Budget Narrative: The narrative provides adequate explanation for all budget lines, and provides detailed information concerning indirect costs.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 22%

Administrative costs Not calculated

Staff Comment: The applicant has a very clear method for determining and explaining indirect costs.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance X

Adverse Finding _____

Not Applicable _____

Target Population Alignment: Partially aligns with ACCESS Initiative population of focus.

Description of Services/Type/Location: This program will be a school based group therapy/counseling evidence based model. The evidence based model has not been selected, but under consideration are SPARCS (Structured Psychotherapy for Adolescents Responding to Chronic Stress) or ART (Aggression Replacement Training). This shift was in response to conversations with ACCESS Initiative staff and the final decisions will include input for ACCESS and stakeholders. The plan is to align this program to enhance the developing ACCESS Initiative service array including the data system and evaluation.

Description of Staff Credentials: This program will be staffed by two master's level clinicians who will be training in the selected evidence based practice.

Emphasis on Evidence Based/Trauma Informed: An evidence based approach will be selected based on feedback and input from ACCESS Initiative planning processes including youth and families.

Availability of Services for Rural Residents: Program will work with families to overcome barriers via the family support specialist and flex funds.

Consumer Service Fees: No fees

Program Performance Measures

- **ACKNOWLEDGMENT OF SAMHSA EVALUATION REQUIREMENTS:**
The applicant cites involvement with the ACCESS Initiative evaluation committee and the intent to comply with SAMHSA local and national evaluation requirements. Participation in the local and national evaluation is critical to the ACCESS Initiative and commitments made concerning the population of interest as it relates to SAMHSA expectations.
- **ACCESS:** The program will align with and/or integrate into the intake and client registration process for the ACCESS Initiative.

#17 Descriptive clarity and completeness of the application

1 2 3 4 (5)
Low Average High

#18 Appropriateness of staff credentials

1 2 3 (4) 5
Low Average High

#19 Reasonableness of pricing and affordability

1 2 3 (4) 5
Low Average High

#20 Budget program connectedness

1 2 3 4 (5)
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

DRAFT

**FINAL CCMHB-ACCESS INITIATIVE
PY12 PROGRAM SUMMARY**

AGENCY: DON MOYER BOYS AND GIRLS CLUB

Program Name: ACCESS Initiative - Clinical Coordinator

Focus of Application: Mental Health – SAMHSA/IDHS Cooperative Agreement

Type of Contract: GRANT

Financial Information:

PY12 CCMHB Funding Request: \$ 78,342

PY12 Total Program Budget: \$ 78,342

Current Year Funding (PY11): N/A

Proposed Change in Funding - PY11 vs. PY12: N/A

Program Staff – CCMHB Funds: FTE 1.0
Total Program Staff: FTE 1.0

Budget Narrative: The budget narrative explains most lines adequately.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 30%
Administrative costs: Not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance Yes

Adverse Finding _____

Not Applicable _____

Target Population Alignment: The population of interest is aligned with ACCESS Initiative.

Description of Services/Type/Location: The applicant is applying to hire, supervise and house the clinical director position for the ACCESS Initiative. This position will have responsibility for providing clinical oversight for the System of Care service delivery component and also will provide monitoring fidelity, expanding trauma and justice informed practice and programs, and work closely with information and data management systems.

Description of Staff Credentials: Academic and experience qualifications not defined.

Emphasis on Evidence Based/Trauma Informed: Yes. Evidence based and trauma informed practices are cited in the narrative.

Availability of Services for Rural Residents: Will conform with ACCESS Initiative programming and planning.

Consumer Service Fees: None

Program Performance Measures

- **ACKNOWLEDGMENT OF SAMHSA EVALUATION REQUIREMENTS:** Applicant cites participation with ACCESS Initiative data bases and information systems. Participation in the local and national evaluation is critical to the ACCESS Initiative and commitments made concerning the population of interest as it relates to SAMHSA expectations.
- **ACCESS:** Follows ACCESS Initiative protocols and procedures.
- **CONSUMER OUTCOMES:** Follows ACCESS Initiative protocols and procedures

CCMHB/ACCESS Initiative Priorities and Decision Criteria: All items listed below will be used to rate and compare applications and differentiate between applications with a similar focus or area of interest. These elements were gleaned from the CCMHB funding guidelines, the decision criteria memorandum and the mandatory ACCESS Initiative funding priorities agency meeting held on January 24, 2011.

#19 Reasonableness of pricing and affordability

1 2 (3) 4 5
Low Average High

#20 Budget program connectedness

1 2 3 4 (5)
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

DRAFT

FINAL CCMHB-ACCESS INITIATIVE
PY12 PROGRAM SUMMARY

AGENCY: DON MOYER BOYS AND GIRLS CLUB

Program Name: ACCESS Initiative – PLL

Focus of Application: Mental Health – SAMHSA/IDHS Cooperative Agreement

Type of Contract: GRANT

Financial Information:

PY12 CCMHB Funding Request: \$ 272,336

PY12 Total Program Budget: \$ 272,336

Current Year Funding (PY11): \$ N/A

Proposed Change in Funding - PY11 vs. PY12: N/A

Program Staff – CCMHB Funds: FTE 4.00

Total Program Staff: FTE 4.47

Budget Narrative: The budget narrative addresses all lines, but some items are obviously incorrect. The program description indicates the project will include both the front end and back end, however the budget appears to be structured to support one or the other.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 13%

Administrative costs: Not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance Yes

Adverse Finding _____

Not Applicable _____

Target Population Alignment: The population of interest is aligned with ACCESS Initiative.

Description of Services/Type/Location: The applicant is seeking to become the PLL (evidence based practice) front-end and back-end (intensive) provider in Champaign County. The PLL program director is a master level person. There will be 2 Master's level therapists and a case manager. These staff will be hired and trained as certified PLL therapists. Service description includes most PLL program components.

PLL is subject to supervision and requirements of the Savannah Institute and must be compliant with PLL requirements in order to remain certified. There is little flexibility to vary from program requirements.

Description of Staff Credentials: Master's level therapists who are licensed and certified by the Savannah Institute.

Emphasis on Evidence Based/Trauma Informed: PLL is an evidence based practice and is the core evidence based practice for the ACCESS Initiative.

Availability of Services for Rural Residents: Yes – PLL is available to all eligible youth and families regardless of where they live in Champaign County. Services will be delivered at the Community Resource Center in Rantoul and at other sites in the county.

Consumer Service Fees: None.

Program Performance Measures

- **ACKNOWLEDGMENT OF SAMHSA EVALUATION REQUIREMENTS:** Not cited in the application. Participation in the local and national evaluation is critical to the ACCESS Initiative and commitments made concerning the population of interest as it relates to SAMHSA expectations.
- **ACCESS:** Process is defined for both front end and back end and is consistent with current practice as defined by Dr. Sells. Motivational interviewing will be used to engage youth and families.
- **CONSUMER OUTCOMES:** Graduation rates and outcomes cited by Dr. Sells are included. Fidelity group participation described.
- **UTILIZATION:** Program plans to serve 102 youth and their families.

#12 Emphasis on Evidence based and high fidelity services

1 2 3 4 (5)
 Weak Alignment Strong Alignment

#13 Alignment with trauma and justice informed values/principles

1 2 3 (4) 5
 Weak Alignment Strong Alignment

#14 Evidence of linkages with Parenting with Love and Limits (PLL)

1 2 3 4 (5)
 Weak Alignment Strong Alignment

#15 Support and participation with Social Marketing Efforts

1 (2) 3 4 5
 Weak Alignment Strong Alignment

Technical and Administrative Considerations:

#16 Compliance with application instructions

1 2 3 4 (5)
 Low Average High

#17 Descriptive clarity and completeness of the application

(1) 2 3 4 5
 Low Average High

#18 Appropriateness of staff credentials

1 2 3 4 (5)
Low Average High

#19 Reasonableness of pricing and affordability

1 2 3 (4) 5
Low Average High

#20 Budget program connectedness

(1) 2 3 4 5
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

**FINAL CCMHB-ACCESS INITIATIVE
PY12 PROGRAM SUMMARY**

DRAFT

AGENCY: DON MOYER BOYS AND GIRLS CLUB
Program Name: ACCESS Initiative – Infrastructure
Focus of Application: Mental Health – SAMHSA/IDHS Cooperative Agreement
Type of Contract: GRANT

Financial Information:

PY12 CCMHB Funding Request: \$ 114,283

PY12 Total Program Budget: \$ 114,283

Current Year Funding (PY11): N/A

Proposed Change in Funding - PY11 vs. PY12: N/A

Program Staff – CCMHB Funds: FTE 2.5
Total Program Staff: FTE 2.5

Budget Narrative: The budget narrative explains most lines adequately.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 30.5%
Administrative costs: Not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance __Yes__

Adverse Finding _____

Not Applicable _____

Target Population Alignment: The population of interest is partially aligned with ACCESS Initiative.

Description of Services/Type/Location: This application is to beef up clinical and support capabilities for youth who participate in club participation. A social worker position will focus on determining service needs, case management, collaboration with ACCESS Initiative partners, and dealing with day-to-day member challenges. An Educational Liaison will monitor focus on educational and school performance issues. The Peer Specialist will work directly with youth on problems in living. All three positions will work closely with ACCESS Initiative staff.

Description of Staff Credentials: Academic qualifications not defined. The social worker level (e.g., BSW, MSW, CSW, LCSW) is not defined. The other positions are also not specified.

Emphasis on Evidence Based/Trauma Informed: Not cited.

Availability of Services for Rural Residents: Yes, but youth must attend programming at the agency's facility.

Consumer Service Fees: None

Program Performance Measures

- **ACKNOWLEDGMENT OF SAMHSA EVALUATION REQUIREMENTS:** Not cited. Participation in the local and national evaluation is critical to the ACCESS Initiative and commitments made concerning the population of interest as it relates to SAMHSA expectations.
- **ACCESS:** 1,400 youth served annually. 50 non-treatment plan clients
- **CONSUMER OUTCOMES:** The families and youth will served will be linked to ACCESS Initiative services.
- **UTILIZATION:** 50 youth

CCMHB/ACCESS Initiative Priorities and Decision Criteria: All items listed below will be used to rate and compare applications and differentiate between applications with a similar focus or area of interest. These elements were gleaned from the CCMHB funding guidelines, the decision criteria memorandum and the

#6 Congruence with SAMHSA Mental Health Restrictions and Expectations

1 (2) 3 4 5
Weak Alignment Strong Alignment

#7 Integration with the ACCESS Initiative Service Array expansion/gap filling

1 2 (3) 4 5
Weak Alignment Strong Alignment

#8 Acknowledgement and planning related to the SAMHSA Evaluations

(1) 2 3 4 5
Weak Alignment Strong Alignment

#9 Alignment with ACCESS Initiative anticipated outcomes

1 2 (3) 4 5
Weak Alignment Strong Alignment

#10 Emphasis on Interagency and Cross System Collaboration/Partnerships

1 2 (3) 4 5
Weak Alignment Strong Alignment

#11 Alignment with Required Mental Health Supports and Services

1 (2) 3 4 5
Weak Alignment Strong Alignment

#12 Emphasis on Evidence based and high fidelity services

1 (2) 3 4 5
Weak Alignment Strong Alignment

#13 Alignment with trauma and justice informed values/principles

1 (2) 3 4 5
Weak Alignment Strong Alignment

#14 Evidence of linkages with Parenting with Love and Limits (PLL)

(1) 2 3 4 5
Weak Alignment Strong Alignment

#15 Support and participation with Social Marketing Efforts

1 (2) 3 4 5
Weak Alignment Strong Alignment

Technical and Administrative Considerations:

#16 Compliance with application instructions

1 2 3 (4) 5
Low Average High

#17 Descriptive clarity and completeness of the application

(1) 2 3 4 5
Low Average High

#18 Appropriateness of staff credentials

(1) 2 3 4 5
Low Average High

#19 Reasonableness of pricing and affordability

1 2 (3) 4 5
Low Average High

#20 Budget program connectedness

1 2 (3) 4 5
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

FINAL CCMHB-ACCESS INITIATIVE *PY12 PROGRAM SUMMARY*

AGENCY: FAMILY ADVOCACY OF CHAMPAIGN COUNTY

Program Name: Why We Can't Wait: An ACCESS Therapeutic

Focus of Application: Mental Health – SAMHSA/IDHS Cooperative Agreement

Type of Contract: GRANT

Financial Information:

PY12 CCMHB Funding Request: \$ 9,100

PY12 Total Program Budget: \$ 9,100

Current Year Funding (PY11): \$ N/A

Proposed Change in Funding - PY11 vs. PY12: N/A

Program Staff – CCMHB Funds: FTE .25

Total Program Staff: FTE .25

Budget Narrative: The budget narrative does not match the budget and includes items which are not cross walked back to the budget. The narrative is not in compliance with application instructions.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on

fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: N/A
Administrative costs Not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance _____
Adverse Finding _____
Not Applicable X

Target Population Alignment: This is a training initiative and the emphasis is on the ACCESS Initiative population of interest.

Description of Services/Type/Location: The application is focused on training 25 therapists and it appears most of the sessions will occur in the agency's facility. The training is focused on training therapists to use evidence based techniques which are consistent with SAMHSA system of care values and principles. The project hopes to "grow" a group of African American therapists, and also develop cultural competence in all therapists regardless of race/ethnicity. There will be an emphasis on trauma focused cognitive behavior therapy (TF-CBT) with on-site training events, online training modules, consultation, evaluation, and fidelity instruments.

Description of Staff Credentials: Not specified. On line training modules were cited.

Emphasis on Evidence Based/Trauma Informed: Yes – the proposed training places an emphasis on this area.

Availability of Services for Rural Residents: Training is open to all therapists in Champaign County.

Consumer Service Fees: N/A

Program Performance Measures

- **ACKNOWLEDGMENT OF SAMHSA EVALUATION REQUIREMENTS:**
Does not appear to have been cited as part of the program performance section. Participation in the local and national evaluation is critical to the ACCESS Initiative and commitments made concerning the population of interest as it relates to SAMHSA expectations.
- **ACCESS:** Application indicated this to be not applicable. It is not clear how therapists from Champaign County will be able to seek participation in this training.

#17 Descriptive clarity and completeness of the application

1 2 (3) 4 5
Low Average High

#18 Appropriateness of staff credentials

1 (2) 3 4 5
Low Average High

#19 Reasonableness of pricing and affordability

1 2 3 (4) 5
Low Average High

#20 Budget program connectedness

(1) 2 3 4 5
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

DRAFT

**FINAL CCMHB-ACCESS INITIATIVE
PY12 PROGRAM SUMMARY**

AGENCY: FAMILY ADVOCACY OF CHAMPAIGN
COUNTY

Program Name: The Access Point

Focus of Application: Mental Health – SAMHSA/IDHS Cooperative Agreement

Type of Contract: GRANT

Financial Information:

PY12 CCMHB Funding Request: \$ 582,705

PY12 Total Program Budget: \$ 582,705

Current Year Funding (PY11): \$ N/A

Proposed Change in Funding - PY11 vs. PY12: N/A

Program Staff – CCMHB Funds: FTE 1.75
Total Program Staff: FTE 7.0

Staff Comment: The application cover page states there are 7 staff paid with CCMHB funds, however the personnel matrix and budget appears to indicate 1.75 FTEs.

Budget Narrative:

Professional fees and consultants line of \$360,100 is not fully explained and does not account for all money in the budget. There is information in the budget narrative which is not described in the “Services to be provided” section (e.g., field trips; flex funds). Narrative categories do not match up with budget line items as required by instructions (e.g., Flex Funds are explained in the narrative but not listed on the budget or explained with a crosswalk). Narrative categories do not have accompanying dollar amounts which can be cross walked back to budget.

Staff comment: Budget narrative does not appear to comply with application instructions.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	25%
Administrative costs	Not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance _____
Adverse Finding _____
Not Applicable X

Target Population Alignment: Aligns with ACCESS Initiative.

Description of Services/Type/Location: Program proposes to serve as the service entry point for the ACCESS Initiative and will provide screening, assessment, referral, case management, and staff development. The application does not appear to provide specific information about the program components described (e.g., assessment tools and protocols are not specified). ACCESS Initiative objectives and System of Care principles and values were cited. Advantages of their facility were highlighted. The role of the parent and youth partners was not fully explained and it is not clear how they fit into the service mix.

Description of Staff Credentials: Requirements for clinical director and family partners not included.

Emphasis on Evidence Based/Trauma Informed: Not cited or referenced in the description of service to be provided.

Availability of Services for Rural Residents: Does not appear to have been addressed in the application.

Consumer Service Fees: No Fees

#3 Completeness of the Cultural Competence Plan

1 2 3 (4) 5
Weak Alignment Strong Alignment

#4 Acknowledgement of Family and Youth Participation with the application

(1) 2 3 4 5
Weak Alignment Strong Alignment

#5 ACCESS Initiative Population of Interest

1 2 3 4 (5)
Weak Alignment Strong Alignment

#6 Congruence with SAMHSA Mental Health Restrictions and Expectations

(1) 2 3 4 5
Weak Alignment Strong Alignment

#7 Integration with the ACCESS Initiative Service Array expansion/gap filling

1 2 (3) 4 5
Weak Alignment Strong Alignment

#8 Acknowledgement and planning related to the SAMHSA Evaluations

(1) 2 3 4 5
Weak Alignment Strong Alignment

#9 Alignment with ACCESS Initiative anticipated outcomes

1 (2) 3 4 5
Weak Alignment Strong Alignment

Technical and Administrative Considerations:

#16 Compliance with application instructions

1 (2) 3 4 5
Low Average High

#17 Descriptive clarity and completeness of the application

(1) 2 3 4 5
Low Average High

#18 Appropriateness of staff credentials

(1) 2 3 4 5
Low Average High

#19 Reasonableness of pricing and affordability

1 (2) 3 4 5
Low Average High

#20 Budget program connectedness

(1) 2 3 4 5
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

DRAFT

**FINAL CCMHB-ACCESS INITIATIVE
PY12 PROGRAM SUMMARY**

AGENCY: MAHOMET AREA YOUTH CLUB
Program Name: Teen Succeed
Focus of Application: Mental Health – SAMHSA/IDHS Cooperative Agreement
Type of Contract: GRANT

Financial Information:

PY12 CCMHB Funding Request: \$ 17,504

PY12 Total Program Budget: \$ 17,504

Current Year Funding (PY11): \$ 17,000

Proposed Change in Funding - PY11 vs. PY12: \$504

Program Staff – CCMHB Funds: FTE .9
Total Program Staff: FTE 3.0

Staff Comment: The application cover page states there are 3 staff paid with CCMHB funds, however the personnel matrix and budget appears to indicate .9 FTEs.

Budget Narrative: Of the total budget, \$17,004 is allocated to the salaries to two staff. The remaining \$500 is assigned to consumables. There are discrepancies between the personnel matrix and the budget narrative.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing

standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: N/A
Administrative costs Not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance _____
Adverse Finding _____
Not Applicable _____

Target Population Alignment: Partially aligned with ACCESS Initiative.

Description of Services/Type/Location: Most services provided at the facility, but there are some field trips. Serves many low income, single parent, and special education involved youth. Activities and recreation with emphasis on development, life skills, health and nutrition, creative arts, and sports. This a youth club facility which coordinates with families, schools, social services, and the justice system to provide community service opportunities. The agency also provides other special positive programming.

Description of Staff Credentials: Not specified. Program is referred to as “Members Matter.”

Unexpected consequences identified pertaining to anti stigma work associated with community events.

Emphasis on Evidence Based/Trauma Informed: Not cited or referenced in description of services to be provided.

Availability of Services for Rural Residents: Yes – services delivered exclusively in the Mahomet area in Western Champaign County.

Consumer Service Fees: Yes, with sliding scale.

Program Performance Measures

- **ACKNOWLEDGMENT OF SAMHSA EVALUATION REQUIREMENTS:**
Not cited. Participation in the local and national evaluation is critical to the ACCESS Initiative and commitments made concerning the population of interest as it relates to SAMHSA expectations.
- **ACCESS:** 115 clients anticipated. Self referrals and agency referrals (schools,

#4 Acknowledgement of Family and Youth Participation with the application

1 (2) 3 4 5
Weak Alignment Strong Alignment

#5 ACCESS Initiative Population of Interest

1 (2) 3 4 5
Weak Alignment Strong Alignment

#6 Congruence with SAMHSA Mental Health Restrictions and Expectations

(1) 2 3 4 5
Weak Alignment Strong Alignment

#7 Integration with the ACCESS Initiative Service Array expansion/gap filling

1 (2) 3 4 5
Weak Alignment Strong Alignment

#8 Acknowledgement and planning related to the SAMHSA Evaluations

(1) 2 3 4 5
Weak Alignment Strong Alignment

#9 Alignment with ACCESS Initiative anticipated outcomes

1 (2) 3 4 5
Weak Alignment Strong Alignment

#10 Emphasis on Interagency and Cross System Collaboration/Partnerships

1 2 (3) 4 5
Weak Alignment Strong Alignment

#17 Descriptive clarity and completeness of the application

1 2 (3) 4 5
Low Average High

#18 Appropriateness of staff credentials

(1) 2 3 4 5
Low Average High

#19 Reasonableness of pricing and affordability

1 2 3 (4) 5
Low Average High

#20 Budget program connectedness

1 2 (3) 4 5
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

**FINAL CCMHB-ACCESS INITIATIVE
PY12 PROGRAM SUMMARY**

DRAFT

AGENCY: PRAIRIE CENTER HEALTH SYSTEMS

Program Name: ACCESS Initiative – Youth Case Management

Focus of Application: Substance Abuse – SAMHSA/IDHS Cooperative Agreement

Type of Contract: GRANT

Financial Information:

PY12 CCMHB Funding Request: \$ 50,000

PY12 Total Program Budget: \$ 50,000

Current Year Funding (PY11): \$ N/A

Proposed Change in Funding - PY11 vs. PY12: N/A

Program Staff – CCMHB Funds: FTE 1.15

Total Program Staff: FTE 1.15

Budget Narrative: The narrative explains all budget lines adequately. About \$40,000 of the total budget goes for salaries including a new position titled Youth Case Manager.

Staff Comment: Description of the revenue portion of the budget describes program as ACCESS initiative flex funds which doesn't match the application. Also included were the fee-for-service case management rates even though this is not a FFS program.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on

fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	22%
Administrative costs	Not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance X
Adverse Finding _____
Not Applicable _____

Target Population Alignment: Aligns with ACCESS Initiative.

Description of Services/Type/Location: Application is focused on youth with substance abuse issues referred by ACCESS Initiative partners. It appears most services will be provided at the agency office location or in schools. A full range of case management services including referral and admission to services, assisting youth with attendance in groups, provision of transportation, assisting youth and family obtain services specified in treatment plan, assisting with obtaining entitlements, participation in staffing, and advocacy.

Description of Staff Credentials: Not specified.

Emphasis on Evidence Based/Trauma Informed: Not cited or referenced in descriptions of services to be provided.

Availability of Services for Rural Residents: Program will initially focus on cities of Champaign and Urbana and will expand to county later in the contract year.

Consumer Service Fees: No fees

Program Performance Measures

- **ACKNOWLEDGMENT OF SAMHSA EVALUATION REQUIREMENTS:**
Not cited. Participation in the local and national evaluation is critical to the ACCESS Initiative and commitments made concerning the population of interest as it relates to SAMHSA expectations.
- **ACCESS:** Youth will be assessed within 5 days of referral and services will begin 1-5 days. Transportation assistance will be offered.
- **CONSUMER OUTCOMES:** Program will use the Adolescent Relapse Coping Questionnaire and the Global Assessment Scale to measure progress. Recidivism rates, client satisfaction, and quality assurance/utilization review processes are also in place.

Low

Average

High

#18 Appropriateness of staff credentials

1 (2) 3 4 5
Low Average High

#19 Reasonableness of pricing and affordability

1 2 3 (4) 5
Low Average High

#20 Budget program connectedness

1 2 (3) 4 5
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

DRAFT

**FINAL CCMHB-ACCESS INITIATIVE
PY12 PROGRAM SUMMARY**

AGENCY: SOAR YOUTH PROGRAMS
Program Name: SOAR – ACCESS Initiative
Focus of Application: Mental Health –SAMHSA/IDHS Cooperative Agreement
Type of Contract: GRANT

Financial Information:

PY12 CCMHB Funding Request: \$ 61,637
PY12 Total Program Budget: \$ 61,637

Current Year Funding (PY11): \$ N/A

Proposed Change in Funding - PY11 vs. PY12: N/A

Program Staff – CCMHB Funds: FTE 3.30
Total Program Staff: FTE 3.95

Budget Narrative: The budget narrative does not match the program budget or personnel matrix. A total of \$59,000 is assigned to professional fees and consultants, however it appears some of this should be included in salaries.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:
Administrative costs

Unable to determine
Not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance _____

Adverse Finding _____

Not Applicable X

Target Population Alignment: Partial alignment with ACCESS Initiative. Focus is primarily on youth with truancy and academic struggles.

Description of Services/Type/Location: The program has four phases including referral, enrollment, assessment and goal setting, and monitoring. Program operates four days per week during and after school hours. It appears the primary service offered is mentoring with the primary goals related to school behavior and performance. Mentors are University of Illinois Social Work students.

Description of Staff Credentials: Program is administered by trained community paraprofessionals.

Emphasis on Evidence Based/Trauma Informed: Not cited or referenced in the description of services to be provided.

Availability of Services for Rural Residents: Program focuses on the Rantoul area of Northern Champaign County.

Consumer Service Fees: No fees.

Program Performance Measures

- **ACKNOWLEDGMENT OF SAMHSA EVALUATION REQUIREMENTS:** Participation in evaluation data collection is referenced but with minimal elaboration. Participation in the local and national evaluation is critical to the ACCESS Initiative and commitments made concerning the population of interest as it relates to SAMHSA expectations.
- **ACCESS:** Anticipate 60 treatment plan clients and 30 non-treatment plan clients with referrals coming from schools.
- **CONSUMER OUTCOMES:** Self esteem, school engagement, planning and decision making, parent involvement, parent knowledge base. There are specific tools identified to assess the desired outcomes.
- **UTILIZATION:** Expect 4,800 youth service contacts, 400 parent contacts, and 6 community events.

Weak Alignment

Strong Alignment

#13 Alignment with trauma and justice informed values/principles

(1) 2 3 4 5
Weak Alignment Strong Alignment

#14 Evidence of linkages with Parenting with Love and Limits (PLL)

(1) 2 3 4 5
Weak Alignment Strong Alignment

#15 Support and participation with Social Marketing Efforts

1 (2) 3 4 5
Weak Alignment Strong Alignment

Technical and Administrative Considerations:

#16 Compliance with application instructions

1 2 (3) 4 5
Low Average High

#17 Descriptive clarity and completeness of the application

1 2 (3) 4 5
Low Average High

#18 Appropriateness of staff credentials

1 2 (3) 4 5
Low Average High

#19 Reasonableness of pricing and affordability

1 2 (3) 4 5
Low Average High

#20 Budget program connectedness

(1) 2 3 4 5
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

DRAFT

**FINAL CCMHB-ACCESS INITIATIVE
PY12 PROGRAM SUMMARY**

AGENCY: UNIVERSITY OF ILLINOIS –
PSYCHOLOGICAL SERVICES CENTER

Program Name: Effective Black Parenting for ACCESS

Focus of Application: Mental Health – SAMHSA/IDHS Cooperative Agreement

Type of Contract: GRANT

Financial Information:

PY12 CCMHB Funding Request: \$ -0-

PY12 Total Program Budget: \$ -0-

The entire budget for this program is proposed to be administered by Best Interest of Children (BIOC). No funds will go directly to the University of Illinois, Psychological Services Center.

Current Year Funding (PY11): Incumbent program/contract – was not previously a standalone contract.

Proposed Change in Funding - PY11 vs. PY12: N/A

Program Staff – CCMHB Funds: FTE 0
Total Program Staff: FTE 0

Budget Narrative: The budget narrative matches the budget narrative submitted by BIOC in the companion application.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: N/A
Administrative costs Not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance Yes
Adverse Finding _____
Not Applicable _____

Target Population Alignment: The population of interest is partially aligned with ACCESS Initiative.

Description of Services/Type/Location: Effective Black parenting (EBP) is a 10 week program which will be offered 3 times during the contract year. Curriculum includes sessions on the pyramid of success, age appropriate discipline, anti-violence strategies, pride of self, community and culture. A new option of individualized sessions tailored to meet specific needs of ACCESS Initiative and community parents will be offered. A graduation ceremony is used to celebrate success. It is also an incentive and serves as a social marketing and stigma reducing event.

Description of Staff Credentials: Facilitators will be trained and certified in EFB and supervised by a licensed psychologist.

Emphasis on Evidence Based/Trauma Informed: EBP is described as empirically supported and the 2004-2009 Program Evaluation demonstrates program efficacy.

Availability of Services for Rural Residents: Available to Champaign County residents.

Consumer Service Fees: None

Program Performance Measures

- **ACKNOWLEDGMENT OF SAMHSA EVALUATION REQUIREMENTS:** Not cited. Participation in the local and national evaluation is critical to the ACCESS Initiative and commitments made concerning the population of interest as it relates to SAMHSA expectations.
- **ACCESS:** Program has waiting lists. There will be collaboration with ACCESS Initiative partners. The program will be provided at a variety of locations.
- **CONSUMER OUTCOMES:** The program will measure parenting skills, quality of life, and consumer satisfaction. A detailed program evaluation documents the efficacy of this program.
- **UTILIZATION:** 36 treatment plan clients, 30 non-treatment plan clients and 375 service contacts.

#18 Appropriateness of staff credentials

1 2 3 4 (5)
Low Average High

#19 Reasonableness of pricing and affordability

1 2 3 (4) 5
Low Average High

#20 Budget program connectedness

1 2 (3) 4 5
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

DRAFT

**FINAL- CCMHB-ACCESS INITIATIVE
PY12 PROGRAM SUMMARY**

AGENCY: UNIVERSITY OF ILLINOIS –
PSYCHOLOGICAL SERVICES CENTER

Program Name: PSC - ACCESS Advocacy Program

Focus of Application: Mental Health – SAMHSA/IDHS Cooperative Agreement

Type of Contract: GRANT

Financial Information:

PY12 CCMHB Funding Request: \$ 129,458

PY12 Total Program Budget: \$ 129,458

Current Year Funding (PY11): \$78,800 plus \$86,350 (BIOC Companion grant)

Proposed Change in Funding - PY11 vs. PY12: (\$35,692) decrease

Program Staff – CCMHB Funds: FTE 0.75

Total Program Staff: FTE 2.75

Staff Comment: The FTE totals are not consistent in different parts of the application. According to the budget narrative, total FTEs to be funded with CCMHB revenue is 2.75.

Budget Narrative: The budget narrative provides a description of all budget lines. The “miscellaneous” line is \$53,453 and includes \$19,229 for administrative overhead and \$34,224 for mandatory student tuition reimbursement for all federal funds. The program is currently funded with local dollars and if funded in FY12 may not be funded with federal revenue.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on

fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages:	6.5%
Administrative costs	Not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance Yes

Adverse Finding _____

Not Applicable _____

Target Population Alignment: The population of interest is aligned with ACCESS Initiative.

Description of Services/Type/Location: The advocacy program previously funded will be reconfigured to serve ACCESS Initiative youth and families. Thirty-six undergraduate Advocates will provide year round advocacy services. The work of advocates will be coordinated with Peer Partners assigned/matched with ACCESS Initiative clients. The advocates appear to be under the supervision of graduate student trainer-coordinators.

Staff Comment: There is no apparent mention of how the advocates/peer partners are matched/linked with ACCESS Initiative clients (e.g., via WRAP planning).

Description of Staff Credentials: Graduate student trainers and undergraduate advocates.

Emphasis on Evidence Based/Trauma Informed: The program is currently being considered for the SAMHSA evidence based registry.

Availability of Services for Rural Residents: Available to Champaign County residents involved with the ACCESS Initiative.

Consumer Service Fees: None

Program Performance Measures

- **ACKNOWLEDGMENT OF SAMHSA EVALUATION REQUIREMENTS:** The applicant will collaborate with the ACCESS evaluation team concerning consumer access and consumer outcomes. Participation in the local and national evaluation is critical to the ACCESS Initiative and commitments made concerning the population of interest as it relates to SAMHSA expectations.
- **ACCESS:** Will be structured to provide access to low income and underserved populations consistent with the ACCESS Initiative.

#11 Alignment with Required Mental Health Supports and Services

1 2 (3) 4 5
Weak Alignment Strong Alignment

#12 Emphasis on Evidence based and high fidelity services

1 2 (3) 4 5
Weak Alignment Strong Alignment

#13 Alignment with trauma and justice informed values/principles

1 (2) 3 4 5
Weak Alignment Strong Alignment

#14 Evidence of linkages with Parenting with Love and Limits (PLL)

(1) 2 3 4 5
Weak Alignment Strong Alignment

#15 Support and participation with Social Marketing Efforts

(1) 2 3 4 5
Weak Alignment Strong Alignment

Technical and Administrative Considerations:

#16 Compliance with application instructions

1 2 3 (4) 5
Low Average High

#17 Descriptive clarity and completeness of the application

1 2 (3) 4 5
Low Average High

#18 Appropriateness of staff credentials

1 2 (3) 4 5
Low Average High

#19 Reasonableness of pricing and affordability

(1) 2 3 4 5
Low Average High

#20 Budget program connectedness

1 2 (3) 4 5
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

DRAFT

**FINAL CCMHB-ACCESS INITIATIVE
PY12 PROGRAM SUMMARY**

AGENCY: UNIVERSITY OF ILLINOIS –
PSYCHOLOGICAL SERVICES CENTER

Program Name: PSC – ACCESS Restorative Circles Program

Focus of Application: Mental Health – SAMHSA/IDHS Cooperative Agreement

Type of Contract: GRANT

Financial Information:

PY12 CCMHB Funding Request: \$ 36,851

PY12 Total Program Budget: \$ 36,851

Current Year Funding (PY11): N/A

Proposed Change in Funding - PY11 vs. PY12: N/A

Program Staff – CCMHB Funds: FTE .75
Total Program Staff: FTE .75

Budget Narrative: The budget narrative provides an adequate explanation for all budget lines. The “miscellaneous” line is administrative/indirect cost assigned to the program. All salaries are assigned to 2 part time facilitator trainers.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 6.3 %
Administrative costs: Not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance Yes

Adverse Finding _____

Not Applicable _____

Target Population Alignment: The population of interest is aligned with ACCESS Initiative.

Description of Services/Type/Location: The program is described as evidence based and was developed in Brazil to address the needs of youth struggling with gang violence and poverty. The approach values the needs of everyone in conflict and focuses on mutual understanding, self responsibility, and voluntary action. Research demonstrates efficacy and client satisfaction. There are two levels in the proposal: (1) training practice groups and (2) Live Restorative Circles. Program will be offered to JDC youth and families, staff, Peer Ambassadors, and other ACCESS Initiative partners. Service capacity will include 80 groups, 24 live circles for a total of 224 contacts (240 hours of direct service).

Description of Staff Credentials: Ph.D. Level supervisor training in the approach and two doctoral level trainers/coordinators.

Emphasis on Evidence Based/Trauma Informed: Yes – the approach is reported evidence based.

Availability of Services for Rural Residents: Available to Champaign County residents involved with the Juvenile Detention Center and other ACCESS Initiative programs.

Consumer Service Fees: None

Program Performance Measures

- **ACKNOWLEDGMENT OF SAMHSA EVALUATION REQUIREMENTS:** Not cited. Participation in the local and national evaluation is critical to the ACCESS Initiative and commitments made concerning the population of interest as it relates to SAMHSA expectations.
- **ACCESS:** Program has strong commitment to cultural and linguistic competence. Program is “culturally flexible” and has been implemented in five continents.
- **CONSUMER OUTCOMES:** Staff will work with stakeholders to develop a core set of outcome measures. Client satisfaction measures will be used, along with knowledge and capacity measured by a brief instrument developed by the staff.

- **UTILIZATION:** 130 JDC youth; 30 JDC staff; 12 families (36 people); 10 Peer Ambassadors; and 10 Men to Men Mentees. Total number to receive services is 218 individuals.

CCMHB/ACCESS Initiative Priorities and Decision Criteria: All items listed below will be used to rate and compare applications and differentiate between applications with a similar focus or area of interest. These elements were gleaned from the CCMHB funding guidelines, the decision criteria memorandum and the mandatory ACCESS Initiative funding priorities agency meeting held on January 24, 2011.

Primary Decision Support Process Considerations:

This application was thoroughly reviewed and discussed by the ACCESS Initiative review team and the composite ratings represent the collective judgment and opinion of this group. The application’s alignment with core review criteria and additional review criteria as applicable for the application, along with other factors described in the Decision Memorandum, will be used to formulate funding recommendations.

#1 Emphasis on the Mission of the ACCESS Initiative

1	2	(3)	4	5
Weak Alignment				Strong Alignment

#2 Inclusion of System of Care Principles and Values

1	(2)	3	4	5
Weak Alignment				Strong Alignment

#3 Completeness of the Cultural Competence Plan

1	2	(3)	4	5
Weak Alignment				Strong Alignment

#4 Acknowledgement of Family and Youth Participation with the application

1	(2)	3	4	5
Weak Alignment				Strong Alignment

#18 Appropriateness of staff credentials

1 2 3 4 (5)
Low Average High

#19 Reasonableness of pricing and affordability

1 2 3 (4) 5
Low Average High

#20 Budget program connectedness

1 2 3 (4) 5
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

**FINAL CCMHB-ACCESS INITIATIVE
PY12 PROGRAM SUMMARY**

DRAFT

AGENCY: TALKS MENTORING OF
CHAMPAIGN COUNTY

Program Name: TALKS Mentoring of Champaign County

Focus of Application: Mental Health – SAMHSA/IDHS Cooperative Agreement

Type of Contract: GRANT

Financial Information:

PY12 CCMHB Funding Request: \$ 64,233

PY12 Total Program Budget: \$ 107,382

Current Year Funding (PY11): \$ 64,233

Proposed Change in Funding - PY11 vs. PY12: No change

Program Staff – CCMHB Funds: FTE 1.00

Total Program Staff: FTE 1.75

Budget Narrative: The budget narrative explains most lines adequately. Some items do not match the budget.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 76%

Administrative costs: Not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance Yes

Adverse Finding _____

Not Applicable _____

Target Population Alignment: The population of interest is partially aligned with ACCESS Initiative.

Description of Services/Type/Location: TALKS is an incumbent mentoring program which operates in Champaign Schools with some expansion to the Juvenile Detention Center. Program provides a very structured and manualized approach which addresses a variety of issues faced by youth. The mentors are recruited and trained, and work with a group of three children in schools during school hours.

Description of Staff Credentials: Mentors are required to be trained and must have background checks as required by law. Dr. Davis is the author of TALKS manuals.

Emphasis on Evidence Based/Trauma Informed: Not cited.

Availability of Services for Rural Residents: Yes, subject to requests from rural school districts.

Consumer Service Fees: None

Program Performance Measures

- **ACKNOWLEDGMENT OF SAMHSA EVALUATION REQUIREMENTS:** Not cited. Participation in the local and national evaluation is critical to the ACCESS Initiative and commitments made concerning the population of interest as it relates to SAMHSA expectations.
- **ACCESS:** Referrals come primarily from 24 schools in the Champaign School District. There are also requests from parents, faith based organizations and self referrals by kids. There is a focus on increasing the number of mentors and student participants. Scope of project is also expanding to include JDC youth.
- **CONSUMER OUTCOMES:** Positive feedback from schools concerning improved social competence. Mentor recruitment is a challenge due to the economic situation.
- **UTILIZATION:** Project 230 youth will participate in TALKS during the next contract year.

CCMHB/ACCESS Initiative Priorities and Decision Criteria: All items listed below will be used to rate and compare applications and differentiate between

#6 Congruence with SAMHSA Mental Health Restrictions and Expectations

1 (2) 3 4 5
Weak Alignment Strong Alignment

#7 Integration with the ACCESS Initiative Service Array expansion/gap filling

1 2 (3) 4 5
Weak Alignment Strong Alignment

#8 Acknowledgement and planning related to the SAMHSA Evaluations

(1) 2 3 4 5
Weak Alignment Strong Alignment

#9 Alignment with ACCESS Initiative anticipated outcomes

1 2 (3) 4 5
Weak Alignment Strong Alignment

#10 Emphasis on Interagency and Cross System Collaboration/Partnerships

1 (2) 3 4 5
Weak Alignment Strong Alignment

#11 Alignment with Required Mental Health Supports and Services

1 (2) 3 4 5
Weak Alignment Strong Alignment

#12 Emphasis on Evidence based and high fidelity services

1 (2) 3 4 5
Weak Alignment Strong Alignment

#19 Reasonableness of pricing and affordability

1 2 (3) 4 5
Low Average High

#20 Budget program connectedness

1 2 (3) 4 5
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

DRAFT

**FINAL CCMHB-ACCESS INITIATIVE
PY12 PROGRAM SUMMARY**

AGENCY: URBANA NEIGHBORHOOD
CONNECTIONS CENTER, INC.

Program Name: Community Study Center – ACCESS Initiative

Focus of Application: Mental Health – SAMHSA/IDHS Cooperative Agreement

Type of Contract: GRANT

Financial Information:

PY12 CCMHB Funding Request: \$ 25,000

PY12 Total Program Budget: \$ 25,000

Current Year Funding (PY11): \$ N/A

Proposed Change in Funding - PY11 vs. PY12: N/A

Program Staff – CCMHB Funds: FTE .25
Total Program Staff: FTE .25

Staff Comment: Personnel matrix indicates 1.0 FTE to be funded by CCMHB request.

Budget Narrative: The budget narrative explains most lines adequately. Fund raising of \$400 is not an allowable expense.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 30%
Administrative costs Not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance _____
Adverse Finding _____
Not Applicable X

Target Population Alignment: The population of interest is partially aligned with ACCESS Initiative. The program has strong focus on education and employment issues.

Description of Services/Type/Location: This program provides after-school homework support, fun learning days, summer enrichment programming, and Friday Children Learning Intervention and prevention Strategies (C.L.I.P.S.). These services are provided in the context of a neighborhood center facility. Each of these major components includes activities oriented to specific age/grade ranges (e.g., K-5; 6-12).

Description of Staff Credentials: Academic qualifications and experience of staff is explicit with several master's level social workers and educators.

Emphasis on Evidence Based/Trauma Informed: The program provides evidence based approaches that follow U.S. Department of HHS Strengthening Families model.

Availability of Services for Rural Residents: This program is limited to Urbana/Champaign and proximity to the facility.

Consumer Service Fees: Yes – sliding scale based on income

Program Performance Measures

- **ACKNOWLEDGMENT OF SAMHSA EVALUATION REQUIREMENTS:** Not cited. Participation in the local and national evaluation is critical to the ACCESS Initiative and commitments made concerning the population of interest as it relates to SAMHSA expectations.
- **ACCESS:** Program has collected information pertaining to numbers served (85), residence (95% from Urbana), race/ethnicity (85% African American), income level, gender (46% male and 54% female), and age (76% age 7-12 years and 24% age 13-18 years).
- **CONSUMER OUTCOMES:** Objectives include engagement of youth in programming, reduced criminal activity in targeted neighborhoods, and exposure to career related activities. There is a focus on academic skill building in reading and

#4 Acknowledgement of Family and Youth Participation with the application

1 (2) 3 4 5
Weak Alignment Strong Alignment

#5 ACCESS Initiative Population of Interest

1 2 (3) 4 5
Weak Alignment Strong Alignment

#6 Congruence with SAMHSA Mental Health Restrictions and Expectations

1 (2) 3 4 5
Weak Alignment Strong Alignment

#7 Integration with the ACCESS Initiative Service Array expansion/gap filling

1 2 (3) 4 5
Weak Alignment Strong Alignment

#8 Acknowledgement and planning related to the SAMHSA Evaluations

(1) 2 3 4 5
Weak Alignment Strong Alignment

#9 Alignment with ACCESS Initiative anticipated outcomes

1 2 3 (4) 5
Weak Alignment Strong Alignment

#10 Emphasis on Interagency and Cross System Collaboration/Partnerships

1 (2) 3 4 5
Weak Alignment Strong Alignment

#17 Descriptive clarity and completeness of the application

1 2 3 (4) 5
Low Average High

#18 Appropriateness of staff credentials

1 2 3 4 (5)
Low Average High

#19 Reasonableness of pricing and affordability

1 2 3 4 (5)
Low Average High

#20 Budget program connectedness

1 2 3 4 (5)
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

DRAFT

**FINAL CCMHB-ACCESS INITIATIVE
PY12 PROGRAM SUMMARY**

AGENCY: URBANA NEIGHBORHOOD CONNECTIONS
CENTER, INC.

Program Name: POWER – ACCESS Initiative

Focus of Application: Mental Health – SAMHSA/IDHS Cooperative Agreement

Type of Contract: GRANT

Financial Information:

PY12 CCMHB Funding Request: \$ 25,000

PY12 Total Program Budget: \$ 25,000

Current Year Funding (PY11): \$ N/A

Proposed Change in Funding - PY11 vs. PY12: N/A

Program Staff – CCMHB Funds: FTE .25

Total Program Staff: FTE .25

Staff Comment: Personnel matrix indicates 1.0 FTE to be funded by CCMHB request.

Budget Narrative: The budget narrative explains most lines adequately. Fund raising of \$400 is not an allowable expense.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 30%
Administrative costs Not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance _____
Adverse Finding _____
Not Applicable X

Target Population Alignment: The population of interest is partially aligned with ACCESS Initiative. Program has strong focus on education, employment issues and family support.

Description of Services/Type/Location: POWER (Parents Offering Wisdom Empowerment and Resolution) is a training and educational program designed to strengthen families. Included are workshops, access to computer lab, monitoring of children's school performance, teacher collaboration, and enhance public awareness of social issues. Linkage with the Illinois Children's Mental Health Partnership was cited.

Description of Staff Credentials: Academic qualifications and experience of staff is explicit with several master's level social workers and educators.

Emphasis on Evidence Based/Trauma Informed: The program provides evidence based approaches that follow U.S. Department of HHS Strengthening Families model.

Availability of Services for Rural Residents: This program is limited to Urbana/Champaign and proximity to the facility.

Consumer Service Fees: No

Program Performance Measures

- **ACKNOWLEDGMENT OF SAMHSA EVALUATION REQUIREMENTS:** Not cited. Participation in the local and national evaluation is critical to the ACCESS Initiative and commitments made concerning the population of interest as it relates to SAMHSA expectations.
- **ACCESS:** Program has collected information pertaining to numbers served (85), residence (95% from Urbana), race/ethnicity (85% African American), income level, gender (46% male and 54% female), and age (76% age 7-12 years and 24% age 13-18 years).
- **CONSUMER OUTCOMES:** Parents will be trained to promote mental health services, understand social/emotional development, and healthy parent child relationships. Participation and satisfaction surveys will be used.
- **UTILIZATION:** Program plans to serve 100 non- treatment plan clients.

#18 Appropriateness of staff credentials

1 2 3 4 (5)
Low Average High

#19 Reasonableness of pricing and affordability

1 2 3 4 (5)
Low Average High

#20 Budget program connectedness

1 2 3 4 (5)
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

DRAFT

**FINAL CCMHB-ACCESS INITIATIVE
PY12 PROGRAM SUMMARY**

AGENCY: URBANA NEIGHBORHOOD CONNECTIONS CENTER, INC.

Program Name: UNCC – HUB/Community HOME – ACCESS Initiative

Focus of Application: Mental Health – SAMHSA/IDHS Cooperative Agreement

Type of Contract: GRANT

Financial Information:

PY12 CCMHB Funding Request: \$ 25,000

PY12 Total Program Budget: \$ 25,000

Current Year Funding (PY11): \$ N/A

Proposed Change in Funding - PY11 vs. PY12: N/A

Program Staff – CCMHB Funds: FTE .25
Total Program Staff: FTE .25

Staff Comment: Personnel matrix does not identify specific FTEs assigned to this program/application.

Budget Narrative: The budget narrative includes \$22,000 in miscellaneous line and states this is income from occupancy to house workers. It appears this revenue will be used to support costs associated with operating the facility (i.e., Center).

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements.

The CCMHB and CCDDDB are in the process of establishing reasonable cost standards which will be applied to certain categories of costs. Consideration will be given to developing standards based on median costs. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine administrative cost and fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: N/A
Administrative costs Not calculated

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance _____
Adverse Finding _____
Not Applicable X

Target Population Alignment: The population of interest is aligned with ACCESS Initiative.

Description of Services/Type/Location: The applicant is proposing to serve as one of the Community/Service Delivery Homes in the ACCESS Initiative system of care. The applicants facility (Center) has extra space which could be used for this purpose and other space in the center could be leased for use (rates specified based on standard and premium times). This proposal is for the “Home” only and does not include treatment staff who would be providing direct services.

Description of Staff Credentials: N/A

Emphasis on Evidence Based/Trauma Informed: N/A

Availability of Services for Rural Residents: This program is limited to Urbana/Champaign and proximity to the facility.

Consumer Service Fees: N/A

Program Performance Measures

- **ACKNOWLEDGMENT OF SAMHSA EVALUATION REQUIREMENTS:** Not cited. Participation in the local and national evaluation is critical to the ACCESS Initiative and commitments made concerning the population of interest as it relates to SAMHSA expectations.
- **ACCESS:** The applicant is proposing one of the Community Homes where service planning, treatment, and staff space will reside.
- **CONSUMER OUTCOMES:** Building a sustainable infrastructure and building/expanding our service, support and delivery system. This is intended to expand services and increase cross training capabilities.
- **UTILIZATION:** To be contractually specified.

#12 Emphasis on Evidence based and high fidelity services

1 (2) 3 4 5
Weak Alignment Strong Alignment

#13 Alignment with trauma and justice informed values/principles

1 2 (3) 4 5
Weak Alignment Strong Alignment

#14 Evidence of linkages with Parenting with Love and Limits (PLL)

(1) 2 3 4 5
Weak Alignment Strong Alignment

#15 Support and participation with Social Marketing Efforts

1 (2) 3 4 5
Weak Alignment Strong Alignment

Technical and Administrative Considerations:

#16 Compliance with application instructions

1 2 3 4 (5)
Low Average High

#17 Descriptive clarity and completeness of the application

1 2 (3) 4 5
Low Average High

#18 Appropriateness of staff credentials

1 2 (3) 4 5
Low Average High

#19 Reasonableness of pricing and affordability

1 2 3 4 (5)
Low Average High

#20 Budget program connectedness

1 2 3 4 (5)
Low Average High

Applicant Review and Input

The applicant is encouraged to review this document upon receipt and notify the ACCESS Initiative Program Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation:

Pending

BRIEFING MEMORANDUM

DATE: April 20, 2011

**TO: Champaign County Mental Health Board/ Champaign County Developmental Disabilities Board
Members and Funding Applicants**

FROM: Shandra Summerville, Cultural and Linguistic Competence Coordinator

SUBJECT: Cultural and Linguistic Competence Plan Review

Background:

In 2004, CCMHB/CCDDB incorporated the value of Cultural Competence as part of the funding requirements. Each agency was required to complete a Cultural Competence Plan that would begin to address and eliminate disparities and develop authentic collaboration in order to improve consumer outcomes. The cultural competence plans would outline the organizations' activities, strategies, systems of accountability, and continuous quality improvement to promote Cultural and Linguistic Competence. This guidance was provided with consultation of Dr. Carl Bell, the "Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity," and many multicultural consultants from the community.

In 2009-2010, the CUAP-Cultural Competence Program began to provide agencies with consultation on implementing their plan. It was recommended that the cultural competence plan should be a plan of action that is distributed and infused throughout all areas of the agency.

Present Actions:

The ACCESS Initiative is a cooperative agreement with SAMHSA (Substance Abuse Mental Health Administration) in conjunction with Illinois Department of Human Services and the Champaign County Mental Health Board to build a System of Care in Champaign County. The Cultural Competence Coordinator is a member of the ACCESS Initiative Administrative Team; the role of the Cultural and Linguistic Competence Coordinator (CLC) is to ensure the value of cultural and linguistic competence is infused throughout a System of Care. New this year, feedback is being provided to give agencies an idea of how they rate as a result of the consultation that was received from the CLC Coordinator. All plans have been reviewed, and rated with suggestions on ways to improve the cultural competence plan. Agencies are only required to complete the plan. This rating does not impact the funding that is awarded by the CCMHB/CCDDB, this rating is determined on a scale of how complete and the content of what was submitted along with the application for funding.

Cultural Competence Rating Scale

- 1- No Completed Cultural Competence Plan
- 2- Completed with no action or goals
- 3- Completed with mention of action or goals
- 4- Completed with action measurable goals, and benchmarks
- 5- Completed Action Steps Measurable Goals, Benchmarks, and Accountability for the Actions



Next Steps:

Organizational Cultural Competence Training will be provided for all agencies that are funded with priority given to agencies funded with SAMHSA/ACCESS Priority funding. There will Continuous Quality Improvement Plan to ensure the CLC plan is an active policy of the organizations. In July of 2011, there will be a cultural competence standard format/template that will be utilized annually. The Cultural Competence coordinator is available to provide individual consultation and organizational training.

Any comments or questions please feel free to contact:

Shandra Summerville-Cultural and Linguistic Competence

ssummerville@access-initiative.org or 217-819-3538 or 217-372-6824

	A	B	C	D	E
1	CCMHB (DRAFT) Agency Cultural Competence Plan Ratings April 20, 2011				
2	Agency		Rating		Comments
3	Best Interest of Children		3		No clear actions benchmarks and accountability/should be reviewed and updated annually
4	Catholic Charities		4		Clear Actions and Benchmarks/ Needs to be updated annually for revisions.
5	Center for Women in Transition		5		Clear Actions and Benchmarks/ plan should be updated annually for revisions/ Linguistic plan and protocol are listed for staff/best practices mentioned/accountability is in place/
6	CU-Autism (DD)		3.5		Goals were clear about community outreach/Cultural Competence will be developed/Needs to list who will be responsible for actions/ clear outcomes/ Plan was updated from previous year since consultation.
7	Champaign County Regional Planning		4		Clear Actions/Outcomes and Goals Listed/ Benchmarks
8	Charleston Transitional Facility (DD)		1		This was an admissions policy/no cultural competence
9	Community Service Center		4.5		Goals were clear about community outreach/Cultural Competence will be developed/Needs to list who will be responsible for actions/ clear outcomes were mentioned and benchmarks/ Plan was updated from previous year since consultation.
10	Community Choices		3		Plan was completed/Actions apart of plan/Benchmarks are needed/The Plan was updated from previous year with consultation
11	CU Area Project		3		No clear actions benchmarks and Accountability/should be reviewed and updated annually/ CUAP provided plan in draft form and will seek additional consultation

	A	B	C	D	E
12	Community Elements		4		Clear Plan of Action/Policy is put in place/ Plan was updated from previous year with consultation/ Outcomes and Accountability are not clear- attempts were mentioned/
13	Crisis Nursery		3		Actions and values are mentioned/ not clear benchmarks/no clear outcomes or accountability
14	Developmental Services Center (DD)		3.5		Actions and outcomes are clear for targeted groups/there is not clear accountability/Cultural Competence is viewed as an on-going process/Clear benchmarks for some activities are not mentioned/ Plan was updated from previous year with consultation
15	Down Syndrome Network		2		Plan was submitted and not updated from previous year/ a plan of action for outreach of diverse families was not mentioned/clear benchmarks are not mentioned
16	Don Moyer's Boys and Girls Club		2		Plan was submitted and not updated from previous year/ clear actions of activities are not mentioned / clear benchmarks for plan are not mentioned/Additional training has been scheduled/
17	Family Service Center		4.5		Actions are defined clearly/benchmarks are clear from original plan from 2004/ ethnic demographic is compared to population served/Plan of action was updated as a result of consultation
18	Family Advocacy Center		4		Clear actions are mentioned/Accountability is present/Benchmarks are mentioned/Not clear outcomes to actions/ Consultation was utilized first year funding

	A	B	C	D	E
19	Francis Nelson		3.5		Benchmarks and activities are clear for governance board/ethnic demographic is compared to population served/Plan of action was updated as a result of consultation
20	PACE, Inc. DD		3.5		Objectives were clear/persons responsible for outreach is outlined clearly of the activities that will be conducted/no outcomes or benchmarks were included in the plan.
21	Prairie Center Health Systems		4		Actions are clear/Goals for each of the domains are clear with outcomes/ CLC has been infused by the development of a Cultural Advisory group/Accountability is being established/Plan was updated from previous year as a result of consultation
22	Rape Advocacy, Counseling & Education		3		The plan currently outlines outcomes/no benchmarks are mentioned/accountability is to the Executive Director only/ there are no clear actions to the outcomes/
23	Refugee Assistance Center		3.5		Actions are mentioned/Organization acknowledges cultural competence as an ongoing process/ no clear benchmarks and accountability are mentioned/ Plan was updated from previous year
24	SOAR		5		Goals and Actions are clearly defined/ Accountability is clearly defined/ benchmarks are clearly defined/ Organization received consultation about the domains
25	TALKS		5		Goals, Actions, Accountability and Benchmarks are clear/ Family and youth will be recruited to serve on the Board of Directors/Plan was updated from previous year with consultation

	A	B	C	D	E
26	U of I Psychological Services		4		Plan of Action was clearly defined/ Accountability was infused on the management and practitioners level/Benchmarks are clear that cultural competence is an ongoing process/
27	Urbana Connections		4		Goals Actions, and Benchmarks were clear for this plan/ There was specific person that was listed for accountability / Cultural Competence is viewed as an on-going process will be incorporated at all levels/

13.A.

**Anti-Stigma Alliance
Progress Report
April, 2011**

Planning continued this month for the Alliance sponsored film, "Louder Than A Bomb", which will be shown during Ebertfest, and presented as a free community film following the close of Ebertfest on May 1, 2011. This film will be the kick-off event for Children's Mental Health Awareness Week, which is May 1- 7.

Working in collaboration with the ACCESS Initiative has proven to be an effective and efficient way to promote both the film and Children's Mental Health Awareness Week activities along side each other. Posters and flyers advertising both are currently being printed for distribution throughout the county. PSA's are being sent to all media outlets, and three billboards have been posted promoting LTAB to the community.

We are excited to have three of the young people from Chicago who starred in LTAB staying for the community film. These young people, along with 3 local youth will perform their spoken word on the Virginia stage prior to the film's showing to the community.

Key messages have been identified relating to how stress caused by trauma affects youth and families, and how "Recovery and Resilience" abounds. We will be asking local youth to submit artwork and poetry on those subjects. ACCESS Initiative is identifying a group of youth who will be coached in writing and presenting spoken word on these topics. The three best spoken word presenters will be chosen to perform on stage with the LTAB stars. Other local youth will submit artwork and poetry related to the same topics. Youth artwork will be on display both before and after the film at Community Elements. Folks leaving the last Ebertfest film (which is also LTAB) will be encouraged to stop in for refreshments and to view and vote on the artwork. Community members viewing the free film will be encouraged to take part in a similar activity following that film.

Respectfully submitted,

Lynn Canfield
Barb Bressner

**“Reaching Out For Answers:
Disability Resource Expo”
Progress Report
March, 2011**

The 5th annual Disability Resource Expo has been scheduled for Saturday, October 22, and will again be held at Lincoln Square Village in Urbana.

The Expo Steering Committee will meet for the first time this planning year on April 12. The Marketing/Promotional, Entertainment and Accessibility Committees have already begun their work for the 2011 Expo.

While the Marketing/Promotion Committee did not meet this month, fundraising activities have begun. Jon Dietrich and Barb B. met with First Federal Savings Bank, who has been a sponsor for the past several years, to see if they might be interested in taking a larger part in the 2011 Expo. Other committee members are busy pursuing other potential funding sources, in hopes of bringing in several large donors to sponsor specific parts of the Expo. Donation request letters will be mailed in early to mid July. Billboard space has already been reserved for the month of October through Adams Outdoor Advertising. We will be promoting the Expo at the Anti-Stigma Alliance film to be shown at the end of Ebertfest on May 1.

The Entertainment Committee continues to pursue some top entertainment for this years’ event. Our goal, as in past years, is to highlight performers who have a disability, or entertainment groups where persons with disabilities are active participants. It is also important to bring new entertainment to the event each year in order to attract participants.

The Accessibility Committee has begun its work for the 5th annual Expo. Angela Anderson from Dept. of Resource & Educational Services (DRES) has agreed, again this year, to do all of our formatting, and our three veteran sign language interpreters have signed on to help us out again.

Although the Exhibitor Committee has not yet met, we are gathering a listing of potential new exhibitors for this years’ Expo. We were fortunate to be able to bring on approximately a dozen new exhibitors last year, and hope to do so again in 2011.

We continue to distribute the 2010 Resource Book throughout the county. We printed 1,500 of these books, and have distributed most of them at this point. We are currently using what is left to assist us in developing new sponsorships for 2011.

Respectfully submitted,

Barb Bressner
Expo Coordinator