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, NOVEMBER 20, 2013

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

4:30 p.m.

1. Call to Order - Dr. Deloris Henry, President
2. Roll Call
3. Citizen Input
4. CCDDB Information
5. Approval of CCMHB Minutes
   A. 10/23/13 Board meeting*
   Minutes are included in the packet. Action is requested.
6. President's Comments
7. Executive Director's Comments
8. Staff Reports
   Staff reports from Mr. Driscoll and Ms. Canfield are included in the packet. A verbal report will be provided by Mr. Parsons.
9. Board to Board Reports
10. Agency Information
11. Financial Information*
    A copy of the claims report is included in the packet.

12. New Business

A. PLL Study Presentation
Dr. Sells will present the results of the study on PLL Extended Care outcomes including reduction of recidivism.

B. State of Illinois Medicaid Section 1115 Waiver
A copy of the "The Path to Transformation: Concept Paper for an 1115 Waiver for Illinois Medicaid" is included in the Board packet for information only.

C. Emergency Shelter for Families
A Briefing Memo on the development of an Emergency Family Shelter is included in the Board packet for information only.

D. Glossary of Terms/Acronyms
Updated copy of the glossary of terms and acronyms is included in the Board packet.

13. Old Business

A. Three-Year Plan with One Year Objectives*
Decision Memorandum with Three-Year Plan is included in the Board packet. Action is requested.

B. Program Year 2015 Allocation Criteria*
Decision Memorandum detailing criteria to be used to evaluate CCMHB and Quarter Cent for Public Safety Fund applications for the 2015 program year allocation cycle is included in the Board packet. Action is requested.

C. CCDDB Allocation Criteria
Included in the Board packet for information only is a copy of the CCDDB allocation criteria Decision Memorandum.

D. Disability Resource Expo Update

A written report on the Expo is included in the packet.

14. Board Announcements

15. Adjournment

Board action

5.A

CHAMPAIGN COUNTY MENTAL HEALTH BOARD BOARD MEETING

Minutes—October 23, 2013

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

4:30 p.m.

MEMBERS PRESENT:	Astrid Berkson, Aillinn Dannave, Bill Gleason, Ernie Gullerud, Mike McClellan, Thom Moore, Julian Rappaport, Deborah Townsend
MEMBERS EXCUSED:	Deloris Henry
STAFF PRESENT:	Peter Tracy, Executive Director; Lynn Canfield, Mark Driscoll, Stephanie Howard-Gallo, Tracy Parsons
STAFF EXCUSED:	Nancy Crawford
OTHERS PRESENT:	Juli Kartel, Community Elements (CE); Dr. Elain Shpungin, Psychological Services Center (PSC); Shandra Summerville, ACESS Initiative (AI) Bruce Suardini, Prairie Center Health Systems (PCHS); Felicia Gooler, Dale Morrissey, Developmental Services Center (DSC); Darlene Kloeppel, Champaign County Regional Planning Commission; Adelaine Aime, Children's Advocacy Center (CAC); Barb Bressner, Consultant

CALL TO ORDER:

Dr. Townsend, Vice- President, called the meeting to order at 4:33 p.m.

ROLL CALL:

Roll call was taken and a quorum was present.

ADDITIONS TO AGENDA:

None.

CITIZEN INPUT:

Ms. Darlene Kloeppel reported the Youth Assessment Center is open and 62 referrals have been received.

CCDDB INFORMATION:

The CCDDB met earlier in the day. The CCDDB welcomed Joyce Dill and Phil Krein as new Board members. The CCDDB has a Board retreat planned for January 25, 2014. Interested CCMHB may attend.

APPROVAL OF MINUTES:

Minutes from the July 17, 2013 Board meeting were included in the packet for review.

MOTION: Dr. Moore moved to approve the minutes from the July 17, 2013 Board meeting. Ms. Dannave seconded the motion. A vote was taken and the motion passed unanimously.

VICE-PRESIDENT'S COMMENTS:

None.

EXECUTIVE DIRECTOR'S COMMENTS:

Mr. Tracy thanked members for their participation in the Public Hearing that was held on Intellectual Disabilities and Developmental Disabilities on September 18, 2013. (A transcript of the Public Hearing was distributed at the Board meeting.)

STAFF REPORTS:

Mr. Parson's report was included in the packet. Ms. Canfield and Mr. Driscoll provided verbal reports on their activities over the past several months.

BOARD TO BOARD:

Ms. Dannave attended a Community Elements Board meeting. She distributed a document regarding Reconation and Moral Reconation Therapy.

Dr. Townsend introduced Adelaide Aime as the new director of the Children's Advocacy Center (CAC). In September, the CAC had a reaccreditation site visit and praised the work of the CAC and cited CAC staff members as the best family advocates of all of the CAC's across the country.

AGENCY INFORMATION:

None.

FINANCIAL INFORMATION:

Approval of Claims:
The claims report was included in the Board packet for acceptance.

MOTION: Ms. Berkson moved to accept the claims report as presented in the Board packet. Ms. Dannave seconded the motion. A voice vote was taken and the motion passed unanimously.

NEW BUSINESS:

Presentation:
Dr. Elaine Shpungin presented on the topic of Restorative Circles as an intervention applying system of care principles. This program is co-funded by the ACCESS Initiative (AI) and the CCMHB. Dr. Shpungin used a "high stakes" case to demonstrate the following Systems of Care and Restorative Circles principles: youth driven; community owned; trauma and justice informed; empowering; restorative; and, preventative.

The case provided a compelling illustration of how one piece of restorative programming, supported by local funding, can potentially operate within a larger community-wide effort to create change via Systems of Care principles. Board members were provided an opportunity to ask questions following the presentation.

Draft Three-Year Plan 2013-2015 with FY 2014 Objectives:
A draft of the Three Year Plan with objectives for FY 2014 was included in the Board packet. The final document will be presented for approval at the November 20, 2013 meeting.

FY15 Allocation Criteria Discussion:
A Briefing Memorandum on the Draft FY15 Allocation Criteria was included in the packet. The criteria described in this memorandum are to be used as guidance by the Board in assessing applications for CCMHB funding, however, it is not the sole consideration taken into account in finalizing funding decisions. Other considerations would include the judgment of the Board and its staff, opinion about the provider's ability to implement the program and services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCMHB funds, applications must reflect the goals and objectives stated in the Three Year Plan as well as the operating principles and public policy positions taken by the Board. The final funding decisions rest with the CCMHB and their judgment concerning the most appropriate and efficacious use of available dollars based on

assessment of community needs, equitable distribution across disability areas, and decision-support match up.

Dr. Moore requested the acronym glossary be updated and included in the Board packet. Dr. Rappaport discussed the need for a better way to evaluate programs. An extensive Board and staff discussion followed. Ms. Canfield explained the numerous reports and monitoring that are required of the agencies quarterly and yearly including: site visits by staff members, quarterly financial reports, quarterly program reports and performance outcomes. Mr. Driscoll explained the application process requires information from the agencies on measures for each program associated to access, consumer outcomes, and utilization.

OLD BUSINESS:

Disability Resource Expo:
Ms. Bressner provided a verbal report on the Disability Resource Expo. She distributed exhibitor and participant evaluation forms to the Board.

Revised Draft Meeting Schedule and Allocation Timeline:
A revised schedule was included in the Board packet for review.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The business meeting adjourned at 6:30 p.m.

Respectfully
Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

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

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Mark Driscoll
Associate Director for Mental Health & Substance Abuse Services

Staff Report – November 20, 2013 Board Meeting

Summary of Activity

CCMHB Three-Year Plan with Objectives for FY 2014: Included under Old Business is a Decision Memo and final copy of the Three-Year Plan (2013 - 2015) with Objectives for FY 2014 for action by the Board. Changes as proposed in the draft Plan released at the October meeting are incorporated into the document.

Criminal Justice-Service Provider Meeting: Working in collaboration with Chief Deputy Allen Jones of the Sheriff's Office, a meeting with select human service providers, the Sheriff's Office, States Attorney Reitz, and law enforcement- crisis intervention team leaders was organized. The meeting was held November 13th at Community Elements new office at 801 N. Walnut in Champaign. The Sheriff's Office had expressed an interest in having such a meeting when Peter and I met with the Sheriff, Chief Deputy, and Jail Superintendent in October to discuss next steps in our collaboration.

With input from Chief Deputy Jones, I drafted the meeting announcement explaining the purpose of the meeting along with some background information to provide context for the meeting. Prior to sending the announcement I contacted all providers to be invited to confirm availability and then coordinated arrangements with Community Elements. An overview of each CCMHB funded program linked to the adult criminal justice system was also prepared.

Quarterly Report Activity: First quarter reports were due by the last Friday of October. Leading up to the due date some technical assistance on the system was provided and a few agencies requested extensions to file their reports. All reports for which I am responsible have been since been submitted. Each report has been reviewed and where necessary clarification or corrections requested and addressed. Utilization data was posted to the tracking files that were updated as part of the review process. Monthly fee for service billings are being processed as received.

Lynn Canfield and I met with Alex Campbell, the consultant for the online system in late October. The conversation was an extension of one we held with him last June. Enhancements are planned to the system that will remove some lines from the application, enable the salary line on the expense form to self-populate from the personnel form, and hopefully make the personnel form a little easier to complete. The error message generated by the system when attempting to submit a form will more clearly identify the location of the error. Some administrative functions on the system will also be modified.

United Way Community Impact Committee: Using a new online application system, United Way has begun their allocation process inviting letters of intent from prospective applicants. Seventy five letters were received with requests totaling almost $3 million. The amount requested is an increase of almost 25% over the last round of letters of intent. Not all letters will result in an invitation from United Way to submit a full application. The Community Impact Committee was divided into five review teams and each team was sent a set of fifteen letters to review in advance of the meeting. At the meeting each team shared observations on the letters they

reviewed and engaged in discussion with the other members on which letters to recommend staff solicit full applications.

Also see the Briefing Memo on the Emergency Shelter for Families under New Business.

Other Activity: 1) The C-U Mental Health Public Education Committee held its annual fall event on October 24th at Parkland College in support of National Depression Screening Day. The educational event with free screenings included the video "The Truth about Suicide: Real Stories about Depression in College" and a panel presentation. Panelists included representatives from NAMI, Community Elements Crisis program, The Pavilion, Bi-Polar Depression Support Alliance, and Parkland College Counseling Office. Over 20 students attended the lunch hour presentation. 2) The Birth to Six Council is in the process of setting it's work plan and budget for the year. I am serving on the public awareness/website committee. 3) Lynn Canfield and I attended the quarterly meeting of the Local Funders Group to discuss issues of mutual interest. At this meeting United Way shared information on plans for the Emergency Family Shelter, and the Letters of Interest they received. Lynn and I shared copies of the draft CCMHB and CCDDB allocation criteria memos.4) A member of the McHenry County Mental Health Board, in town on unrelated business, asked to meet with us to learn about how our board conducts business. Peter and I spent a little less than an hour with Ms. Ferguson and followed up the meeting with an e-mail providing links to our webpage to access past meeting packets.

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Lynn Canfield, Associate Director for Developmental Disabilities
Staff Report – November 20, 2013

Three Year Plan and FY2015 Funding Priorities: Final drafts of these documents are included in the packet. Input was sought from a wide variety of stakeholders, including advocates, board members, and all provider agencies with currently funded programs. I plan to meet with self-advocates affiliated with Community Choices, PACE, and Developmental Services Center prior to the November 20 meeting for their input; one contacted me privately regarding her preferences.

FY2014 Contracts and FY2013 Program Monitoring: Early in FY14, the amendment process was completed for several contracts, for various purposes: Community Choices' office address is now the permanent mailing address; some Developmental Services Center's contracts were renamed ("Care Management" is now "Service Coordination," "Non-Medicaid Employment Services" is "Community Employment," and "Non-Medicaid Developmental Training" is now "Integrated and Site-Based Day Services"); decreases to contract maximums of the agency's Clinical, Family Development Center, and Community Employment programs balanced an increase for ISB Day Services, as the population served includes a portion originally described until Non-Medicaid Employment Services. The two new fee-for-service contracts, Augmented Employment Services and Augmented Developmental Training, may still require amendments for similar adjustment, and billings to date are being studied to determine an accurate proportion. I was able to join Ms. Suter and Dr. Krein for meetings of the CU Autism Network and the Down Syndrome Network, a program visit at Community Elements, and a tour of Charleston Transitional Facility's Devonshire CILA (conducted by a resident), and Ms. Suter for tours and summaries of Developmental Services Center programs. These activities complemented the FY13 monitoring process, which Stephanie Howard-Gallo and I completed during summer.

FY2014 Quarterly Reports and FY2013 Annual Reports: FY13Annual Performance Outcome, Fourth Quarter Financial, and Personnel Reports were submitted and reviewed, with some clarifications requested and received. Several documents uploaded to the system were in file formats incompatible with our own and had to be emailed or hand-delivered separately, an issue later discussed with the website consultant (below). My summary of performance outcomes for all Intellectual Disability/Developmental Disability related programs appeared in the October board packet; feedback on this document led me to consider the impact of reporting requirements on individuals served as I began entering data from the FY14 First Quarter reports, with newly required information on persons served and volume of direct support hours. The parent networks may consider changing their utilization targets for FY15, to align more closely with the purposes of their meetings, events, and outreach efforts where demographic data collection has proved challenging. Some FY14 First Quarter reports required clarification or were missing required data; agency reporters are working with me to complete these.

Online Application and Reporting System: Mark Driscoll and I met with the application/reporting site's consultant for discussion of changes to application and report forms and for possible system

enhancements which would improve fee-for-service reporting and tracking. We continue to provide technical support to agency users as needed and to consider modifications based on their experiences with the site.

Anti-Stigma Alliance and Disability Resource Expo: As the 2013 Expo wrapped up, I resumed discussion of ideas offered by the Anti-Stigma Alliance planning group and the Ebertfest Coordinator for next year's festival, scheduled for April 23 through 27. With the Illinois Marathon on the 26th and Community Elements no longer across from the Virginia, our art show, which is becoming a tradition, will be very different; under consideration are an outdoor market-styled exhibit and sale and installations of Anti-Stigma artists' work in Ebertfest spaces. Relatedly, I've engaged stakeholders who value these events as opportunities for entrepreneurship to discuss other ways to support the artists, including in more integrated spaces.

Other Activity: In addition to researching person-centered planning models (e.g., Essential Lifestyles Planning), I have continued to read about Employment First in states with existing legislation, strategic plans, and executive orders and to engage in discussion with providers and stakeholders about direction, including the features of ID/DD service delivery outside of Illinois. In addition to activities noted above, I have attended: DSC's 2013 Recognition Event & Tree of Hope Campaign Kick-Off, The Chancellor's 28th Annual Celebration of Diversity, planning meetings for Parkland's November 15th PTSD event, ACHMAI Membership Meeting and ID/DD Subcommittee teleconferences, Metropolitan Intergovernmental Council quarterly meeting, Champaign-Urbana Cradle to Career meeting, Birth to Six Council meeting, Mental Health Agencies Council meeting, Quarter Center Admin Team Meeting, conversations with Detective Joel Sanders, Mark Driscoll, and Chief Patrick Connolly on ongoing work of the Crisis Intervention Team to improve responses where mental health is a factor, and ACCESS' Community Forum.

Ligas, PUNS, and Unmet Need: Data sorted for Champaign County, from the DHS website's October 15 update, is added below.

2/1/11:	**194** with emergency need; of **269** in crisis, **116** recent or coming grads.
4/5/11:	**198** with emergency need; of **274** in crisis, **120** recent or coming grads.
5/12/11:	**195** with emergency need; of **272** in crisis, **121** recent or coming grads.
6/9/11:	**194** with emergency need; of **268** in crisis, **120** recent or coming grads
10/4/11:	**201** with emergency need; of **278** in crisis, **123** recent or coming grads.
12/5/11:	**196** with emergency need; of **274** in crisis, **122** recent or coming grads.
5/7/12:	**222** with emergency need; of **289** in crisis, **127** recent or coming grads.
9/10/12:	**224** with emergency need; of **288** in crisis, **131** recent or coming grads.
10/10/12:	**224** with emergency need; of **299** in crisis, **134** recent or coming grads.
1/7/13:	**225** with emergency need; of **304** in crisis, **140** recent or coming grads.
2/11/13:	**226** with emergency need; of **308** in crisis, **141** recent or coming grads.
6/10/13:	**238** with emergency need; of **345** in crisis, **156** recent or coming grads.
10/15/13:	**244** emergency; **378** in crisis, with **160** exiting school in the past 10 or the next 3 years.

County: Champaign

Reason for PUNS or PUNS Update	
New	166
Annual Update	90
Change of category (Emergency, Planning, or Critical)	15
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	16
Person is fully served or is not requesting any supports within the next five (5) years	132
Moved to another state, close PUNS	5
Person withdraws, close PUNS	16
Deceased	3
Other, supports still needed	1
Other, close PUNS	75

EMERGENCY NEED(Person needs in-home or day supports immediately)	
1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	8
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	26
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	6
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	15

EMERGENCY NEED(Person needs out-of-home supports immediately)	
1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	31
2. Death of the care giver with no other supports available.	4
3. Person has been commited by the court or is at risk of incarceration.	2
4. Person is living in a setting where there is suspicion of abuse or neglect.	5
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new plaec to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	10
6. Other crisis, Specify:	137

CRITICAL NEED(Person needs supports within one year)	
1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	40
2. Person has a care giver (age 60+) and will need supports within the next year.	24
3. Person has an ill care giver who will be unable to continue providing care within the next year.	6
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	39
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	7
6. There has been a death or other family crisis, requiring additional supports.	3
7. Person has a care giver who would be unable to work if services are not provided.	27
8. Person or care giver needs an alternative living arrangement.	14
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	160
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	2
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	8
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilites, nursing home or state hospital).	1
13. Person is losing eligibilty for Department of Children and Family Services supports in the next year.	5
14. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment supports in the next year.	3
15. Person is losing eligibility for Intermediate Care Facility for People with Developmental Disabilities supports in the next year.	1
16. Person is losing eligibility for Medically Fragile/Technology Dependant Children's Waiver supports in the next year.	1
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	1

20. Person wants to leave current setting within the next year.	5
21. Person needs services within the next year for some other reason, specify:	31

PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)

1. Person is not currently in need of services, but will need service if something happens to the care giver.	75
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
3. Person is disatisfied with current residential services and wishes to move to a different residential setting.	1
4. Person wishes to move to a different geographic location in Illinois.	2
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	1
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	2
8. Person or care giver needs increased supports.	68
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	1
14. Other, Explain:	12

EXISTING SUPPORTS AND SERVICES

Respite Supports (24 Hour)	18
Respite Supports (<24 hour)	29
Behavioral Supports (includes behavioral intervention, therapy and counseling)	101
Physical Therapy	75
Occupational Therapy	130
Speech Therapy	157
Education	206
Assistive Technology	42
Homemaker/Chore Services	4
Adaptions to Home or Vehicle	6
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilites, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	8
Medical Equipment/Supplies	14
Nursing Services in the Home, Provided Intermittently	4
Other Individual Supports	23

TRANPORTATION

Transportation (include trip/mileage reimbursement)	125
Other Transportation Service	64
Senior Adult Day Services	2
Developmental Training	79
"Regular Work"/Sheltered Employment	78
Supported Employment	40
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	14
Other Day Supports (e.g. volunteering, community experience)	13

RESIDENTIAL SUPPORTS

Community Integrated Living Arrangement (CILA)/Family	5
Community Integrated Living Arrangement (CILA)/Intermittent	5
Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	33
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	9
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
Skilled Nursing Facility/Pediatrics (SNF/PED)	4
Supported Living Arrangement	3
Shelter Care/Board Home	1
Children's Residential Services	6

Child Care Institutions (Including Residential Schools)	5
Other Residential Support (including homeless shelters)	8
SUPPORTS NEEDED	
Personal Support (includes habilitation, personal care and intermittent respite services)	249
Respite Supports (24 hours or greater)	81
Behavioral Supports (includes behavioral intervention, therapy and counseling)	145
Physical Therapy	96
Occupational Therapy	169
Speech Therapy	152
Assistive Technology	83
Adaptations to Home or Vehicle	30
Nursing Services in the Home, Provided Intermittently	7
Other Individual Supports	52
TRANSPORTATION NEEDED	
Transportation (include trip/mileage reimbursement)	254
Other Transportation Service	116
VOCATIONAL OR OTHER STRUCTURED ACTIVITIES	
Support to work at home (e.g., self employment or earning at home)	6
Support to work in the community	171
Support to engage in work/activities in a disability setting	177
RESIDENTIAL SUPPORTS NEEDED	
Out-of-home residential services with less than 24-hour supports	95
Out-of-home residential services with 24-hour supports	123

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

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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. 090 MENTAL HEALTH												
*** DEPT NO. 053 MENTAL HEALTH BOARD												
25	CHAMPAIGN COUNTY TREASURER								RENT-GENERAL CORP			
		10/09/13	02	VR	53- 395		494716	10/10/13	090-053-533.50-00	FACILITY/OFFICE RENTALS	OCT OFFICE RENT	2,884.17
											VENDOR TOTAL	2,884.17 *
41	CHAMPAIGN COUNTY TREASURER								HEALTH INSUR FND 620			
		11/05/13	05	VR	620- 171		496125	11/07/13	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	OCT HI, LI, & HRA	2,944.59
		11/05/13	05	VR	620- 171		496125	11/07/13	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	CR DRISCOLL SEP	5,148.00-
											VENDOR TOTAL	2,203.41-*
88	CHAMPAIGN COUNTY TREASURER								I.M.R.F. FUND 088			
		10/22/13	01	VR	88- 66		495502	10/25/13	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 9/20 P/R	1,413.51
		10/22/13	01	VR	88- 69		495503	10/25/13	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 10/4 P/R	1,413.41
		11/05/13	05	VR	88- 73		496131	11/07/13	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 10/18 P/R	1,413.51
											VENDOR TOTAL	4,240.43 *
104	CHAMPAIGN COUNTY TREASURER								HEAD START FUND 104			
		10/09/13	02	VR	53- 382		494720	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SOC-EMOT DISABIL OC	3,419.00
											VENDOR TOTAL	3,419.00 *
161	CHAMPAIGN COUNTY TREASURER								REG PLAN COMM FND075			
		10/09/13	02	VR	53- 381		494722	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	YOUTH ACCESS CENTER	2,167.00
											VENDOR TOTAL	2,167.00 *
176	CHAMPAIGN COUNTY TREASURER								SELF-FUND INS FND476			
		10/29/13	03	VR	119- 66		495726	10/31/13	090-053-513.04-00	WORKERS' COMPENSATION INS	WORK COMP 9/6,20 PR	157.58
											VENDOR TOTAL	157.58 *
179	CHAMPAIGN COUNTY TREASURER								CHLD ADVC CTR FND679			
		10/09/13	02	VR	53- 380		494724	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	CHLDRN ADVC CNTR OC	3,090.00
											VENDOR TOTAL	3,090.00 *

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. 090 MENTAL HEALTH												
188	CHAMPAIGN COUNTY TREASURER							SOCIAL SECUR FUND188				
		10/22/13	01	VR	188- 98		495508	10/25/13	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 9/20 P/R	1,050.86
		10/22/13	01	VR	188- 102		495509	10/25/13	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 10/4 P/4	1,050.78
		11/05/13	05	VR	188- 106		496137	11/07/13	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 10/18 P/R	1,050.87
											VENDOR TOTAL	3,152.51 *
572	ABSOPURE WATER											
		11/01/13	01	VR	53- 427		496140	11/07/13	090-053-522.02-00	OFFICE SUPPLIES	INV 82957027 10/2	26.90
		11/01/13	01	VR	53- 427		496140	11/07/13	090-053-522.02-00	OFFICE SUPPLIES	INV 54261737 9/30	9.00
											VENDOR TOTAL	35.90 *
4321	ANIMAL BALLOONS GALORE							JOE HUTCHINSON				
		10/21/13	02	VR	53- 415		495521	10/25/13	090-053-533.89-00	PUBLIC RELATIONS	BALLOONS EXPO 10/12	100.00
											VENDOR TOTAL	100.00 *
4660	AREA WIDE REPORTING SERVICE											
		10/15/13	02	VR	53- 399		495049	10/17/13	090-053-533.07-00	PROFESSIONAL SERVICES	INV 103565 10/7	774.50
											VENDOR TOTAL	774.50 *
4944	ART MART											
		10/21/13	02	VR	53- 412		495524	10/25/13	090-053-533.89-00	PUBLIC RELATIONS	REIM FOOD CPNS 10/1	35.00
											VENDOR TOTAL	35.00 *
8403	BLACK ROCK PIZZA COMPANY							@88 BROADWAY				
		10/21/13	02	VR	53- 413		495529	10/25/13	090-053-533.89-00	PUBLIC RELATIONS	REIM FOOD CPNS 10/1	140.00
											VENDOR TOTAL	140.00 *
13375	CENTER FOR WOMEN IN TRANSITION											
		10/09/13	02	VR	53- 372		494742	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AWP OCT	5,579.00
											VENDOR TOTAL	5,579.00 *
13376	CENTER FOR YOUTH & FAMILY SOLUTIONS											
		10/09/13	02	VR	53- 379		494743	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	COUNSELING OCT	667.00
											VENDOR TOTAL	667.00 *

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. 090 MENTAL HEALTH												
18052	COMCAST CABLE - MENTAL HEALTH ACCT						AC#8771403010088314					
		10/21/13	02 VR	53-	408		495545	10/25/13	090-053-533.29-00	COMPUTER/INF TCH SERVICES	8771403010088314 OC	84.90
											VENDOR TOTAL	84.90 *
18185	COMMON GROUND FOOD COOP						#166					
		10/21/13	02 VR	53-	414		495546	10/25/13	090-053-533.89-00	PUBLIC RELATIONS	REIM FOOD CPNS 10/1	15.00
											VENDOR TOTAL	15.00 *
18203	COMMUNITY CHOICE, INC											
		10/09/13	02 VR	53-	383		494760	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SELF DETERMNATN OCT	2,917.00
											VENDOR TOTAL	2,917.00 *
18209	COMMUNITY ELEMENTS											
		10/09/13	02 VR	53-	373		494761	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	CJ/PROB SOLV CTS OC	12,494.00
		10/09/13	02 VR	53-	373		494761	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	CRISIS/ACCESS OCT	19,139.00
		10/09/13	02 VR	53-	373		494761	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	INTEGRATED BH OCT	6,964.00
		10/09/13	02 VR	53-	373		494761	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	PSYCHIATRIC OCT	3,592.00
		10/09/13	02 VR	53-	373		494761	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	TIMES OCT	5,885.00
		10/09/13	02 VR	53-	373		494761	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	EARLY C'HOOD OCT	9,542.00
		10/09/13	02 VR	53-	373		494761	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	PLL FRONT END OCT	24,075.00
											VENDOR TOTAL	81,691.00 *
18230	COMMUNITY SERVICE CENTER OF NORTHERN						CHAMPAIGN COUNTY					
		10/09/13	02 VR	53-	374		494762	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	1ST CALL OCT	5,498.00
											VENDOR TOTAL	5,498.00 *
19346	CRISIS NURSERY											
		10/09/13	02 VR	53-	384		494767	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	BEYOND BLUE OCT	5,833.00
											VENDOR TOTAL	5,833.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF						CHAMPAIGN COUNTY INC					
		10/09/13	02 VR	53-	385		494769	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FAM DEV CENTER OCT	41,667.00
											VENDOR TOTAL	41,667.00 *

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. 090 MENTAL HEALTH												
22730	DON MOYER BOYS & GIRLS CLUB											
		10/09/13	02	VR	53- 386		494772	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	INTAKE SPECIALST OC	3,333.00
		10/09/13	02	VR	53- 386		494772	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	COMMUNITY HOME OCT	11,250.00
		10/09/13	02	VR	53- 386		494772	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	WRAP FLEX FUNDS OCT	4,444.00
											VENDOR TOTAL	19,027.00 *
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR											
		10/09/13	02	VR	53- 387		494775	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FAM SUPPORT OCT	1,083.00
											VENDOR TOTAL	1,083.00 *
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY GRANTS											
		10/09/13	02	VR	53- 375		494783	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	1ST CALL OCT	2,500.00
		10/09/13	02	VR	53- 375		494783	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SELF HELP OCT	2,369.00
		10/09/13	02	VR	53- 375		494783	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SENIOR COUNSLING OC	11,861.00
		10/09/13	02	VR	53- 375		494783	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FAMILY COUNSLING OC	4,167.00
											VENDOR TOTAL	20,897.00 *
27200	FLUID EVENTS LLC											
		11/01/13	01	VR	53- 407		496192	11/07/13	090-053-533.89-00	PUBLIC RELATIONS	REIM TBLE/CHAIR EXP	375.00
											VENDOR TOTAL	375.00 *
44570	MAHOMET AREA YOUTH CLUB 601 EAST FRANKLIN											
		10/09/13	02	VR	53- 388		494807	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	UNIVERSAL SCRN OCT	1,483.00
											VENDOR TOTAL	1,483.00 *
45436	MARTIN GRAPHICS & PRINTING SERVICES INC											
		10/15/13	02	VR	53- 402		495157	10/17/13	090-053-533.89-00	PUBLIC RELATIONS	INV 97258 10/7	87.50
		10/15/13	02	VR	53- 402		495157	10/17/13	090-053-533.89-00	PUBLIC RELATIONS	INV 97188 10/3	900.00
		10/15/13	02	VR	53- 402		495157	10/17/13	090-053-533.89-00	PUBLIC RELATIONS	INV 97216 10/3	325.00
		10/15/13	02	VR	53- 402		495157	10/17/13	090-053-533.89-00	PUBLIC RELATIONS	INV 97215 10/3	350.00
		10/15/13	02	VR	53- 402		495157	10/17/13	090-053-533.89-00	PUBLIC RELATIONS	INV 97341 10/8	120.00
		10/21/13	02	VR	53- 422		495580	10/25/13	090-053-533.89-00	PUBLIC RELATIONS	INV 97415 10/11	648.00

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. 090 MENTAL HEALTH												
		10/21/13	02 VR	53-	422		495580	10/25/13	090-053-533.89-00	PUBLIC RELATIONS	INV 97414 10/11	200.00
		10/21/13	02 VR	53-	422		495580	10/25/13	090-053-533.89-00	PUBLIC RELATIONS	INV 97416 10/11	6.00
		10/21/13	02 VR	53-	422		495580	10/25/13	090-053-533.89-00	PUBLIC RELATIONS	INV 97417 10/11	1,300.00
											VENDOR TOTAL	3,936.50 *
47690	MINUTEMAN PRESS						SUITE B					
		10/21/13	02 VR	53-	421		495583	10/25/13	090-053-533.89-00	PUBLIC RELATIONS	INV 29107 10/11	286.80
											VENDOR TOTAL	286.80 *
53635	PARKSONG, LTD						REV PHYLLIS MUELLER					
		10/21/13	02 VR	53-	409		495595	10/25/13	090-053-533.89-00	PUBLIC RELATIONS	DRUM FOR HLTH 10/11	300.00
		10/21/13	02 VR	53-	409		495595	10/25/13	090-053-533.89-00	PUBLIC RELATIONS	340 MILE 10/11	192.10
		10/21/13	02 VR	53-	409		495595	10/25/13	090-053-533.89-00	PUBLIC RELATIONS	HOTEL CNCL FEE 10/1	35.00
											VENDOR TOTAL	527.10 *
56750	PRAIRIE CENTER HEALTH SYSTEMS						GRANTS					
		10/09/13	02 VR	53-	376		494826	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DRUG COURT OCT	14,875.00
		10/09/13	02 VR	53-	376		494826	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	CRIMINAL JUSTICE OC	833.00
		10/09/13	02 VR	53-	376		494826	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	PREVENTION OCT	4,713.00
		10/09/13	02 VR	53-	376		494826	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	PLL EXTENDED OCT	24,075.00
		10/09/13	02 VR	53-	376		494826	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	YOUTH SVCS OCT	8,750.00
											VENDOR TOTAL	53,246.00 *
57196	PROMISE HEALTHCARE											
		10/09/13	02 VR	53-	377		494827	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	WELLNESS OCT	3,000.00
		10/09/13	02 VR	53-	377		494827	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MH SVCS OCT	12,398.00
											VENDOR TOTAL	15,398.00 *
59434	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS											
		10/09/13	02 VR	53-	378		494828	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	RAPE ADVC COUNSL OC	1,550.00
											VENDOR TOTAL	1,550.00 *

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. 090 MENTAL HEALTH												
61500	ROGARDS											
		11/01/13	01	VR	53- 426		496260	11/07/13	090-053-522.02-00	OFFICE SUPPLIES	INV 13240410 10/17	143.00
		11/01/13	01	VR	53- 426		496260	11/07/13	090-053-522.02-00	OFFICE SUPPLIES	INV 13440411 10/18	25.99
		11/01/13	01	VR	53- 426		496260	11/07/13	090-053-522.02-00	OFFICE SUPPLIES	INV 13240412 10/18	56.99
											VENDOR TOTAL	225.98 *
62520	SAM'S CLUB DISCOVER/GECRB								MENTAL HEALTH BOARD			
		10/21/13	02	VR	53- 423		495606	10/25/13	090-053-533.93-00	DUES AND LICENSES	6011371010084803	100.00
		10/21/13	02	VR	53- 423		495606	10/25/13	090-053-533.89-00	PUBLIC RELATIONS	INV 2063 9/25	234.06
											VENDOR TOTAL	334.06 *
62674	SAVANNAH FAMILY INSTITUTE, INC.											
		10/09/13	02	VR	53- 396		494834	10/10/13	090-053-533.07-00	PROFESSIONAL SERVICES	QTR 2 PROFESSNL FEE	37,500.00
											VENDOR TOTAL	37,500.00 *
67290	SOAR PROGRAMS											
		10/15/13	02	VR	53- 389		495196	10/17/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	UNIVERS SCREEN OCT	2,317.00
		10/15/13	02	VR	53- 389		495196	10/17/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FAMILY ENGAGEMT OCT	12,097.00
											VENDOR TOTAL	14,414.00 *
67867	SPOC LLC								D/B/A CHAMPAIGN TEL			
		10/22/13	02	VR	28- 175		495612	10/25/13	090-053-533.33-00	TELEPHONE SERVICE	INV 1098528 10/11	34.82
											VENDOR TOTAL	34.82 *
69540	STEVIE JAY BROADCASTING											
		10/15/13	02	VR	53- 406		495198	10/17/13	090-053-533.89-00	PUBLIC RELATIONS	INV 222900010 9/30	600.00
		10/15/13	02	VR	53- 406		495198	10/17/13	090-053-533.89-00	PUBLIC RELATIONS	INV 191300007 9/30	900.00
											VENDOR TOTAL	1,500.00 *
71626	TALKS YOUTH DEVELOPMENT INC NFP								TALKS MENTORING			
		10/09/13	02	VR	53- 391		494847	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MEN OF WISDOM OCT	2,742.00
											VENDOR TOTAL	2,742.00 *

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. 090 MENTAL HEALTH												
71635	TANG DYNASTY											
		10/21/13	02	VR	53- 424		495618	10/25/13	090-053-533.89-00	PUBLIC RELATIONS	REIM FOOD EXPO 10/1	35.00
											VENDOR TOTAL	35.00 *
73495	300 BROADWAY MASTER TENANT, LLC											
		11/01/13	01	VR	53- 430		496277	11/07/13	090-053-533.89-00	PUBLIC RELATIONS	INV 2419 10/28	25.00
											VENDOR TOTAL	25.00 *
76609	UNITED WAY OF CHAMPAIGN COUNTY											
		11/01/13	01	VR	53- 428		496281	11/07/13	090-053-533.07-00	PROFESSIONAL SERVICES	2 QTR PMNT PATH SRV	3,154.01
											VENDOR TOTAL	3,154.01 *
76921	UNIVERSITY OF ILLINOIS -PSYCHOLOGICAL SERVICES											
		10/09/13	02	VR	53- 392		494852	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	RESTORATVE CIRCL OC	1,959.00
		10/09/13	02	VR	53- 392		494852	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	GIRLS ADVOCACY OCT	2,917.00
											VENDOR TOTAL	4,876.00 *
77280	UP CENTER OF CHAMPAIGN COUNTY SUITE 102											
		10/09/13	02	VR	53- 393		494853	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT COUNSELING	1,217.00
											VENDOR TOTAL	1,217.00 *
77650	URBANA BUSINESS ASSOCIATION											
		10/15/13	02	VR	53- 405		495212	10/17/13	090-053-533.89-00	PUBLIC RELATIONS	INV 5650 9/30	1,300.00
											VENDOR TOTAL	1,300.00 *
78060	URBANA LANDMARK HOTEL											
		10/15/13	02	VR	53- 404		495213	10/17/13	090-053-533.89-00	PUBLIC RELATIONS	SPACE RNTL 10/12EXP	650.00
											VENDOR TOTAL	650.00 *
78120	URBANA NEIGHBORHOOD CONNECTION CENTER											
		10/09/13	02	VR	53- 390		494854	10/10/13	090-053-533.92-00	CONTRIBUTIONS & GRANTS	UNIVERSAL SCRN OCT	1,650.00
											VENDOR TOTAL	1,650.00 *

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. 090 MENTAL HEALTH												
78550	VERIZON WIRELESS-MENTAL HEALTH BOARD AC 386356887-00001											
		10/09/13	02	VR	53- 397		494858	10/10/13	090-053-533.33-00	TELEPHONE SERVICE	38635688700001 9/20	147.40
		11/01/13	01	VR	53- 429		496285	11/07/13	090-053-533.33-00	TELEPHONE SERVICE	38635687700001 10/2	147.43
											VENDOR TOTAL	294.83 *
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH AC#4798510049573930											
		10/21/13	02	VR	53- 425		495646	10/25/13	090-053-533.89-00	PUBLIC RELATIONS	3930 AMAZN EXPO 9/1	28.80
		10/21/13	02	VR	53- 425		495646	10/25/13	090-053-533.89-00	PUBLIC RELATIONS	3930 DIS MUGS 9/4	84.00
		10/21/13	02	VR	53- 425		495646	10/25/13	090-053-533.89-00	PUBLIC RELATIONS	3930 ART POLY 9/17	825.85
		10/21/13	02	VR	53- 425		495646	10/25/13	090-053-533.89-00	PUBLIC RELATIONS	3930 HOBBYLOBBY 9/2	48.96
		10/21/13	02	VR	53- 425		495646	10/25/13	090-053-533.89-00	PUBLIC RELATIONS	3930 AMAZN EXPO 9/2	32.36
		10/21/13	02	VR	53- 425		495646	10/25/13	090-053-533.84-00	BUSINESS MEALS/EXPENSES	3920 OHPBUS MTG 9/3	54.56
		10/21/13	02	VR	53- 425		495646	10/25/13	090-053-533.89-00	PUBLIC RELATIONS	3930 USPS POST 10/1	46.00
		10/21/13	02	VR	53- 425		495646	10/25/13	090-053-533.89-00	PUBLIC RELATIONS	3930 STAPLES 10/11	100.77
		10/21/13	02	VR	53- 425		495646	10/25/13	090-053-533.89-00	PUBLIC RELATIONS	3930 HOBBYLOBBY 10/	47.88
		10/21/13	02	VR	53- 425		495646	10/25/13	090-053-533.89-00	PUBLIC RELATIONS	3930 MEIJER 10/8	529.75
		10/21/13	02	VR	53- 425		495646	10/25/13	090-053-533.84-00	BUSINESS MEALS/EXPENSES	3930 OHPBUS MTG 10/	26.96
											VENDOR TOTAL	1,825.89 *
600395	AMBLER, SAM											
		10/15/13	02	VR	53- 398		495230	10/17/13	090-053-533.07-00	PROFESSIONAL SERVICES	INV 119 9/18	229.00
											VENDOR TOTAL	229.00 *
601535	BERG, BUNNY											
		10/21/13	02	VR	53- 420		495660	10/25/13	090-053-533.89-00	PUBLIC RELATIONS	INTRPR EXPO 10/12	200.00
											VENDOR TOTAL	200.00 *
602880	BRESSNER, BARBARA J.											
		10/09/13	02	VR	53- 394		494869	10/10/13	090-053-533.07-00	PROFESSIONAL SERVICES	OCT PROFESSIONAL FE	2,625.00
											VENDOR TOTAL	2,625.00 *
604568	CANFIELD, LYNN MENTAL HEALTH BOARD											
		10/15/13	02	VR	53- 401		495245	10/17/13	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	226 MILE 8/7-9/30	127.69

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. 090 MENTAL HEALTH												
		10/15/13	02	VR 53-	401		495245	10/17/13	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	9/27 PARKING	1.50
											VENDOR TOTAL	129.19 *
609498	CRAWFORD, JEREMY											
		10/15/13	02	VR 53-	403		495252	10/17/13	090-053-533.89-00	PUBLIC RELATIONS	INV 1009 10/5	175.00
											VENDOR TOTAL	175.00 *
609500	CRAWFORD, NANCY K						MENTAL HEALTH BOARD					
		10/09/13	02	VR 53-	370		494871	10/10/13	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	174.5 MILE 9/3-30	98.59
		10/09/13	02	VR 53-	370		494871	10/10/13	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	MEAL 9/6 CHAMPAIGN	8.49
		10/09/13	02	VR 53-	370		494871	10/10/13	090-053-533.89-00	PUBLIC RELATIONS	EXPO REFRSHMNTS 9/2	51.69
											VENDOR TOTAL	158.77 *
611802	DRISCOLL, MARK						MENTAL HEALTH					
		10/09/13	02	VR 53-	371		494876	10/10/13	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	150 MILE 8/1-9/26	84.75
		10/09/13	02	VR 53-	371		494876	10/10/13	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARKING 8/30	.25
											VENDOR TOTAL	85.00 *
623700	JONES VANDIVER, TRAVIS						APT 1					
		10/21/13	02	VR 53-	416		495687	10/25/13	090-053-533.89-00	PUBLIC RELATIONS	PRSNL ASST EXPO10/1	58.25
											VENDOR TOTAL	58.25 *
628190	LEVERICH, STACEY											
		10/15/13	02	VR 53-	400		495285	10/17/13	090-053-533.07-00	PROFESSIONAL SERVICES	INTRPRT 9/18 HEARIN	149.94
											VENDOR TOTAL	149.94 *
630228	MARTIN, JESSICA						APT 504					
		10/21/13	02	VR 53-	410		495688	10/25/13	090-053-533.89-00	PUBLIC RELATIONS	316 MILE 10/12	178.54
		10/21/13	02	VR 53-	411		495688	10/25/13	090-053-533.89-00	PUBLIC RELATIONS	PERFFEE DDEXPO 10/1	100.00
											VENDOR TOTAL	278.54 *
634975	PANEPINTO, ROSE											
		10/21/13	02	VR 53-	419		495694	10/25/13	090-053-533.89-00	PUBLIC RELATIONS	INTRPR EXPO 10/12	157.50
											VENDOR TOTAL	157.50 *

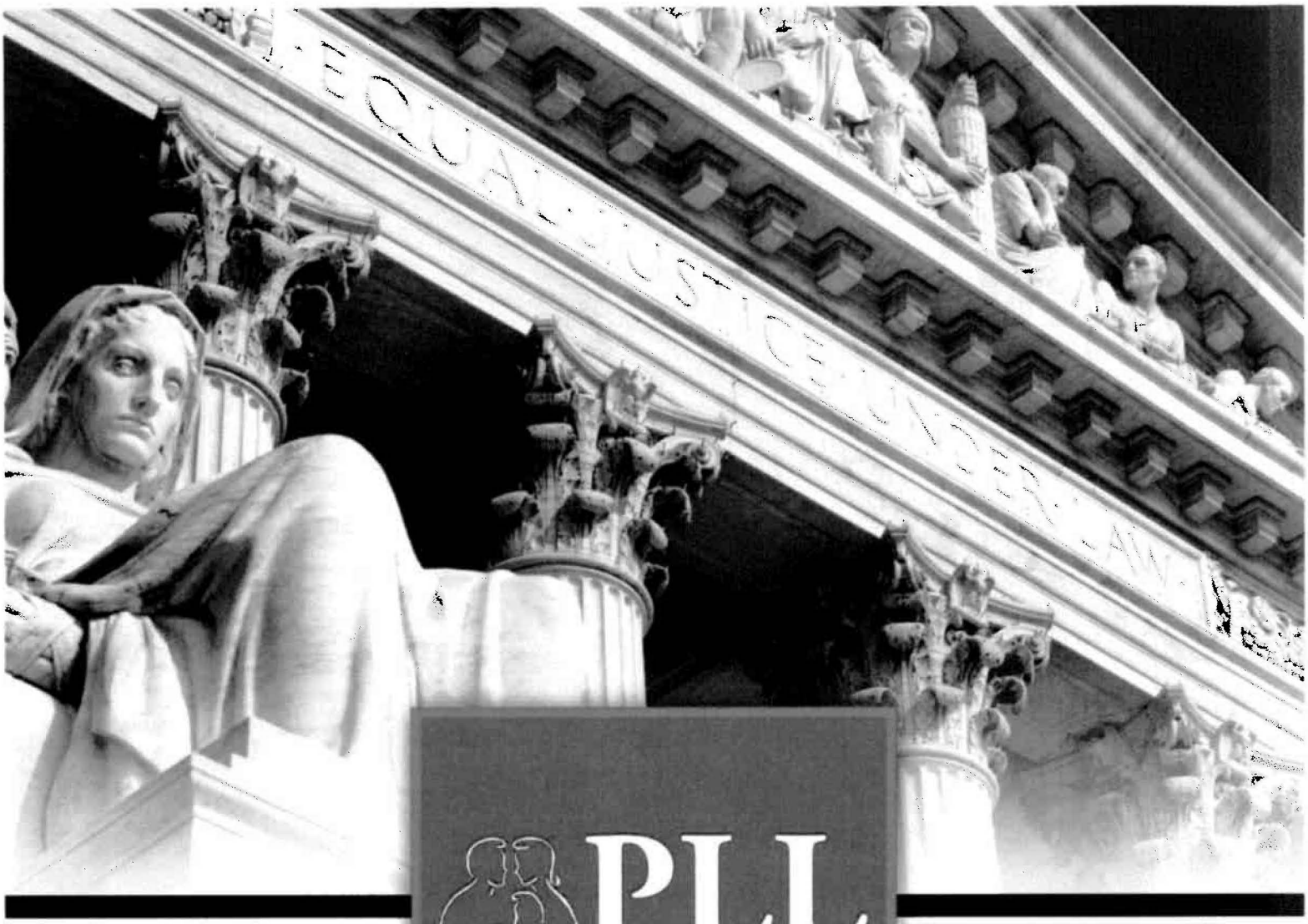
VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
636928	REAR, THERESA A.											
		10/21/13	02	VR	53- 418		495697	10/25/13	090-053-533.07-00	PROFESSIONAL SERVICES	INTRPRPUBHEAR 9/18	125.00
		10/21/13	02	VR	53- 418		495697	10/25/13	090-053-533.89-00	PUBLIC RELATIONS	INTRPRSVC EXPO 10/1	200.00
											VENDOR TOTAL	325.00 *
642400	SWIFT, JANI											
		10/21/13	02	VR	53- 417		495706	10/25/13	090-053-533.89-00	PUBLIC RELATIONS	INTRPRFEE EXPO 10/1	175.00
											VENDOR TOTAL	175.00 *
									MENTAL HEALTH BOARD		DEPARTMENT TOTAL	356,278.76 *
									MENTAL HEALTH		FUND TOTAL	356,278.76 *

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. 106 PUBL SAFETY SALES TAX FND												
*** DEPT NO. 237 DELINQ PREVENTION GRANTS												
161	CHAMPAIGN COUNTY TREASURER						REG PLAN COMM FND075					
		10/09/13	02	VR	106- 41		494722	10/10/13	106-237-533.92-00	CONTRIBUTIONS & GRANTS	YOUTH ACCESS CTR OC	22,165.00
											VENDOR TOTAL	22,165.00 *
										DELINQ PREVENTION GRANTS	DEPARTMENT TOTAL	22,165.00 *
										PUBL SAFETY SALES TAX FND	FUND TOTAL	22,165.00 *

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												
*** DEPT NO. 053 MENTAL HEALTH BOARD												
41	CHAMPAIGN COUNTY TREASURER								HEALTH INSUR FND 620			
		11/05/13	05	VR 620-	171		496125	11/07/13	641-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	OCT HI, LI, & HRA	576.60
											VENDOR TOTAL	576.60 *
88	CHAMPAIGN COUNTY TREASURER								I.M.R.F. FUND 088			
		10/22/13	01	VR 88-	66		495502	10/25/13	641-053-513.02-00	IMRF - EMPLOYER COST	IMRF 9/20 P/R	403.52
		10/22/13	01	VR 88-	69		495503	10/25/13	641-053-513.02-00	IMRF - EMPLOYER COST	IMRF 10/4 P/R	401.28
		11/05/13	05	VR 88-	73		496131	11/07/13	641-053-513.02-00	IMRF - EMPLOYER COST	IMRF 10/18 P/R	403.52
											VENDOR TOTAL	1,208.32 *
176	CHAMPAIGN COUNTY TREASURER								SELF-FUND INS FND476			
		10/29/13	03	VR 119-	66		495726	10/31/13	641-053-513.04-00	WORKERS' COMPENSATION INS	WORK COMP 9/6,20 PR	43.62
											VENDOR TOTAL	43.62 *
188	CHAMPAIGN COUNTY TREASURER								SOCIAL SECUR FUND188			
		10/22/13	01	VR 188-	98		495508	10/25/13	641-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 9/20 P/R	299.99
		10/22/13	01	VR 188-	102		495509	10/25/13	641-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 10/4 P/4	298.33
		11/05/13	05	VR 188-	106		496137	11/07/13	641-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 10/18 P/R	299.99
											VENDOR TOTAL	898.31 *
15460	CHAMPAIGN TELEPHONE COMPANY											
		10/15/13	02	VR 641-	125		495074	10/17/13	641-053-533.33-00	TELEPHONE SERVICE	INV 1098038IN 9/25	90.00
											VENDOR TOTAL	90.00 *
18053	COMCAST CABLE - ACCESS INITIATIVE ACCT								AC#8771403010217756			
		10/15/13	02	VR 641-	128		495082	10/17/13	641-053-533.29-00	COMPUTER/INF TCH SERVICES	8771403010217756 SE	94.85
											VENDOR TOTAL	94.85 *
18209	COMMUNITY ELEMENTS											
		10/09/13	02	VR 641-	121		494761	10/10/13	641-053-533.92-00	CONTRIBUTIONS & GRANTS	SCHOOL BASED OCT	5,583.00
											VENDOR TOTAL	5,583.00 *

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												
22730	DON MOYER BOYS & GIRLS CLUB											
		10/09/13	02	VR 641-	120		494772	10/10/13	641-053-533.92-00	CONTRIBUTIONS & GRANTS	SERVS/ADMIN TEAM OC	15,367.00
		10/09/13	02	VR 641-	120		494772	10/10/13	641-053-533.92-00	CONTRIBUTIONS & GRANTS	SERVS/SUPPT STAF OC	35,856.00
											VENDOR TOTAL	51,223.00 *
56750	PRAIRIE CENTER HEALTH SYSTEMS GRANTS											
		10/09/13	02	VR 641-	122		494826	10/10/13	641-053-533.92-00	CONTRIBUTIONS & GRANTS	CULTRL/LINGUISTC OC	6,425.00
											VENDOR TOTAL	6,425.00 *
67290	SOAR PROGRAMS											
		10/09/13	05	VR 641-	123		494839	10/10/13	641-053-533.92-00	CONTRIBUTIONS & GRANTS	YOUTH MOVE OCT	4,444.00
											VENDOR TOTAL	4,444.00 *
67867	SPOC LLC D/B/A CHAMPAIGN TEL											
		10/22/13	02	VR 28-	175		495612	10/25/13	641-053-533.33-00	TELEPHONE SERVICE	INV 1098528 10/11	29.41
											VENDOR TOTAL	29.41 *
78552	VERIZON WIRELESS-MNTL HLTH BD/ACCESS INT AC 286369166-00001											
		10/24/13	01	VR 641-	129		495630	10/25/13	641-053-533.33-00	TELEPHONE SERVICE	28636916600001 10/2	490.90
											VENDOR TOTAL	490.90 *
78892	VISA CARDMEMBER SERVICES-ACCESS INITITIV AC#4798510049574342											
		10/30/13	01	VR 641-	130		495906	10/31/13	641-053-533.95-00	CONFERENCES & TRAINING	4342 HOTELS.COM 9/1	266.53
		10/30/13	01	VR 641-	130		495906	10/31/13	641-053-533.95-00	CONFERENCES & TRAINING	4342 PARKING 9/11	3.00
		10/30/13	01	VR 641-	130		495906	10/31/13	641-053-533.84-00	BUSINESS MEALS/EXPENSES	4342 CHEESECAKE 9/1	67.12
		10/30/13	01	VR 641-	130		495906	10/31/13	641-053-533.95-00	CONFERENCES & TRAINING	4342 HLTN VALET 9/1	34.00
		10/30/13	01	VR 641-	130		495906	10/31/13	641-053-533.29-00	COMPUTER/INF TCH SERVICES	4342 MITEL NET 9/14	73.21
		10/30/13	01	VR 641-	130		495906	10/31/13	641-053-533.29-00	COMPUTER/INF TCH SERVICES	4342SEARCH SVCS 9/1	135.00
		10/30/13	01	VR 641-	130		495906	10/31/13	641-053-533.95-00	CONFERENCES & TRAINING	4342 PARKING 9/12	8.00
		10/30/13	01	VR 641-	130		495906	10/31/13	641-053-533.84-00	BUSINESS MEALS/EXPENSES	4342 ROSATIPZZA 9/1	91.80
		10/30/13	01	VR 641-	130		495906	10/31/13	641-053-533.95-00	CONFERENCES & TRAINING	4342 HLTN PRKNG 9/1	52.00
		10/30/13	01	VR 641-	130		495906	10/31/13	641-053-533.84-00	BUSINESS MEALS/EXPENSES	4342 JRSY MIKE 9/19	39.40

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												
		10/30/13	01	VR 641-	130		495906	10/31/13	641-053-533.84-00	BUSINESS MEALS/EXPENSES	4342 BIAGGIS 9/24	65.96
		10/30/13	01	VR 641-	130		495906	10/31/13	641-053-533.29-00	COMPUTER/INF TCH SERVICES	4342 CONCENTRIC 9/2	11.95
		10/30/13	01	VR 641-	130		495906	10/31/13	641-053-533.89-00	PUBLIC RELATIONS	4342 40 UND LNCH10/	250.00
		10/30/13	01	VR 641-	130		495906	10/31/13	641-053-533.84-00	BUSINESS MEALS/EXPENSES	4342 CR BARREL 10/3	45.33
		10/30/13	01	VR 641-	130		495906	10/31/13	641-053-533.29-00	COMPUTER/INF TCH SERVICES	4342 GO DADDY 10/8	69.99
		10/30/13	01	VR 641-	130		495906	10/31/13	641-053-533.95-00	CONFERENCES & TRAINING	4342 US AIRWAYS 10/	299.80
		10/30/13	01	VR 641-	130		495906	10/31/13	641-053-533.95-00	CONFERENCES & TRAINING	4342 NTL FED CNF10/	575.00
		10/30/13	01	VR 641-	130		495906	10/31/13	641-053-534.37-00	FINANCE CHARGES,BANK FEES	4342 REVINTCHRG 9/1	23.78-
											VENDOR TOTAL	2,064.31 *
78975	WBCP-AM						SUITE D					
		10/15/13	02	VR 641-	127		495221	10/17/13	641-053-533.89-00	PUBLIC RELATIONS	934000100007 9/30	400.00
											VENDOR TOTAL	400.00 *
81610	XEROX CORPORATION											
		10/15/13	02	VR 641-	126		495228	10/17/13	641-053-533.85-00	PHOTOCOPY SERVICES	INV 070312963 10/1	454.71
											VENDOR TOTAL	454.71 *
635152	PARSONS, TRACY						ACCESS INITIATIVE					
		10/15/13	02	VR 641-	124		495302	10/17/13	641-053-533.12-00	JOB-REQUIRED TRAVEL EXP	790 MILE 9/3-27	446.35
											VENDOR TOTAL	446.35 *
										MENTAL HEALTH BOARD	DEPARTMENT TOTAL	74,472.38 *
										ACCESS INITIATIVE GRANT	FUND TOTAL	74,472.38 *
											REPORT TOTAL *****	730,041.14 *



PLL
Parenting with Love and Limits®

Champaign County Final Report

Hornby Zeller Associates, Inc.

12 March 2013

HZA

Introduction

PLL Youth are

- 10-18 years old
- Probation violators, repeat offenders, or youth who possess a felony or serious misdemeanor charge
- Moderate to high risk on YASI

Study Sample

This study includes 155 youth who either graduated from or dropped out of Parenting with Love and Limits (PLL) between April 2009 and December 2011, and could be matched to juvenile justice records.

PLL serves as an Alternative to Placement (ATP) treatment program to engage, stabilize, and treat youth and their families within the community or provides a Transition/Linkage Program for youth from the Juvenile Detention Center who are returning to the community.

Research Questions

PLL is designed to achieve specific outcomes both during treatment and after treatment. The Champaign Juvenile Probation Department asked these questions to evaluate the effectiveness of PLL:

Research Question 1

Does PLL achieve a high level of parent participation, which is a condition of graduation, as evidenced by a graduation rate of at least 70%?

Research Question 2

Do PLL youth show significant improvement in mental and behavioral health as measured by the Child Behavior Checklist (CBCL)?

Research Question 3

Do PLL families show improved adaptability and cohesion as measured by the Family Adaptability and Cohesion Evaluation Scale IV (FACES)?

Research Question 4

Does PLL decrease recidivism rates in the year following treatment compared to a matched control group? The Champaign Juvenile Probation Department defines recidivism as *"A subsequent juvenile adjudication or adult conviction or judgment for violation of probation."*

Research Question 5

Were PLL lengths of service shorter than standard community mental health or probation cases?

For questions 2, 3 and 5, additional PLL youth (those with no juvenile justice records and completers and non-completers through June 2012) are included in the analysis.

Research Question 1: PLL Graduation Rates at 70% or Higher

Graduation Rate Highlights

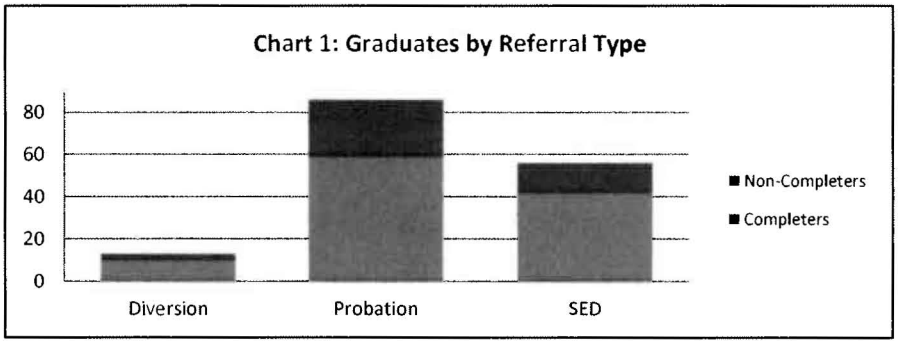
- 72% overall (111 completers and 44 non-completers in the QE Study)
- Very little variation in graduation rates by referral type
- Statistically significant differences in graduation rates for youth with school offenses or no charges

Does PLL achieve a high level of parent participation, which is a condition of graduation, as evidenced by a graduation rate of at least 70%?

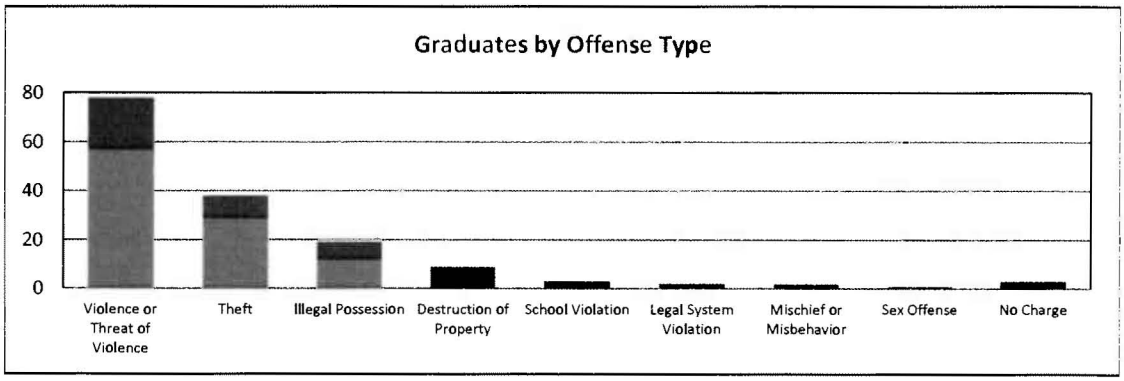
In order to graduate from PLL, the youth/family must:

- Attend and participate in at least 5 group therapy sessions
- Attend and participate in at least 6 family coaching sessions
- Remain at home with no curfew violations or running away
- Remain in school with no reports of truancy or failing grades
- Stay out of trouble with no reports of law violations or problems at home
- Stabilize any mental health issues

Table 1: Graduation Rate		
	Number	Percentage
Successful Completers	**111**	**72%**
Non-Completers	44	28%



- The overwhelming majority (92%) of PLL youth are referred from probation or SED.



- PLL graduated 74% of the highest risk violent offenders.
- The significantly lower graduation rates for youth with no charges or school violations suggest that youth or their parents are less likely to commit to change when the offense is perceived as minor.

Research Question 2: Improvement in Mental and Behavioral Health

CBCL Highlights

- Dramatic reductions in nearly every problem behavior
- Effect sizes predominantly in the medium range

Do PLL youth show significant improvement in mental and behavioral health as measured by the Child Behavior Checklist (CBCL)?

A primary goal of Parenting with Love and Limits is to reduce emotional and behavioral problems among the youth served. Using the Child Behavior Checklist, 128 PLL youth in Champaign County were assessed by a parent or guardian prior to the start of services and again at the conclusion of PLL treatment. These results include youth who graduated through June 2012.

Table 2: CBCL Analysis

Behavioral Scale		Pre-Test Mean	Pre-Test Standard Deviation	Post-Test Mean	Post-Test Standard Deviation	t-Test for Equality of t-Statistic	t-Test for Equality of p-Value	Effect Size* Cohen's d	Effect Size* Common Interpretation
Internalizing Subscales	Anxious	3.99	4.45	3.09	3.41	3.094	**0.001**	-0.229	Small
	Withdrawn	3.79	3.15	2.70	2.66	4.834	**<0.001**	**-0.378**	**Medium**
	Somatic	2.54	3.27	1.89	2.34	2.742	**0.003**	-0.228	Small
Total Internalizing		10.38	9.22	7.75	7.07	3.969	**<0.001**	**-0.322**	**Medium**
Externalizing Subscales	Rule-Breaking	8.99	5.53	6.62	4.60	6.383	**<0.001**	**-0.467**	**Medium**
	Aggressive	11.67	7.81	8.63	6.78	6.538	**<0.001**	**-0.417**	**Medium**
Total Externalizing		20.63	12.12	15.02	10.18	7.294	**<0.001**	**-0.503**	**Medium**
Social Problems		3.44	3.58	2.58	2.80	3.528	**<0.001**	-0.267	Small
Thought Problems		3.04	3.39	2.15	2.51	4.047	**<0.001**	-0.299	Small
Attention Problems		7.01	4.33	5.36	3.63	6.293	**<0.001**	**-0.414**	**Medium**
Oppositional/Defiant		5.26	2.80	3.87	2.52	7.344	**<0.001**	**-0.525**	**Medium**
Conduct Disorder		9.82	6.12	6.69	4.98	7.443	**<0.001**	**-0.563**	**Medium**

** When Cohen's d < 0.3, the effect size is generally interpreted as small; 0.3 ≤ Cohen's d ≤ 0.8 indicates a medium effect size; Cohen's d > 0.8 corresponds to a large effect.*

Table 2 shows exceptionally strong results in the areas of

- Rule-Breaking Behaviors
- Aggressive Behaviors
- Total Externalizing Behaviors
- Attention Problems
- Oppositional/Defiant Behaviors
- Conduct Disorder

The average pre-test score for PLL youth was in the clinical range for Total Externalizing Behaviors. The average post-test score was low in the borderline range between clinical and normal.

Research Question 3: Improvement in Overall Family Adaptability and Cohesion

FACES Highlights

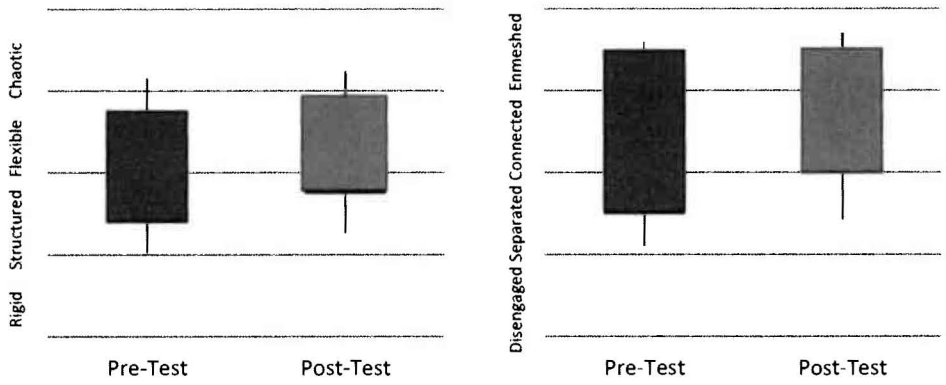
- Negligible changes in means
- Significant reduction in variability shows improvement in both adaptability and cohesion

Does PLL improve family adaptability and cohesion as measured by the Family Adaptability and Cohesion Evaluation Scale IV (FACES)?

FACES measures a family's adaptability on a scale from rigid through structured and flexible to chaotic, and measures a family's cohesion similarly from disengaged through separated and connected to enmeshed. Families are functioning better when not at either extreme of these measures.

FACES is administered to PLL youth and one or both parents at the beginning and end of PLL treatment. A total of 183 pre- and post-tests pairs were analyzed.

Chart 3: Adaptability and Cohesion



The box-and-whisker plots show the 10th percentile (bottom whisker), 20th percentile (bottom of box), 80th percentile (top of box) and 90th percentile (top whisker). The post-tests show the responses more tightly grouped in the moderate range on both scales, especially on the Cohesion scale.

Table 3: FACES IV Analysis

	Mean		Variance		Levene's Test for Equality of Variances	
Scale	Pre-Test	Post-Test	Pre-Test	Post-Test	W	Significance or p-value
Adaptability	59.41	63.25	380.82	309.17	3.91	**<0.05**
Cohesion	52.59	57.35	296.64	247.29	7.64	**<0.01**

The statistical test to evaluate the significance of the moderation seen in the chart is Levene's Test for Equality of Variances, shown in Table 3. **The differences are significant in both cases**, but, as can also be seen graphically in Chart 3, the results are more significant for Cohesion than Adaptability.

Methodology: Sample Characteristics and the Need for Propensity Score Matching

PLL Youth include

- Higher percentage of Black youth
- Higher percentage of violent offenders
- Higher percentage of precipitating offense felonies
- Higher percentage of Urbana contacts

PLL Youth

- Younger at time of first offense
- Greater number of prior contacts and prior charges
- More severe offenses

Table 4: Sample Characteristics

		PLL		Pool		Significance or p-value (2-tailed)
		#	%	#	%	
		155	-	3529	-	
Race	**Black**	108	69.7%	2090	**59.2%**	**0.006**
	White	46	29.7%	1320	37.4%	**0.040**
Gender	Male	115	74.2%	2436	69.0%	0.151
Juvenile Justice History	**Age At First Offense**	14.5	-	15.6	-	< 0.001
	# of Prior Arrests	3.5	-	2.3	-	< 0.001
	# of Prior Charges	1.6	-	0.8	-	< 0.001
	Greatest Severity (0 = most severe)	3.0	-	4.1	-	< 0.001
	Age At Precipitating Offense	15.4	-	16.0	-	< 0.001
Domain of Precipitating Offense	**Violence/Threat of Violence**	77	**49.7%**	1305	**37.0%**	**0.002**
	Destruction of Property	7	4.5%	206	5.8%	0.441
	Theft	40	25.8%	779	22.1%	0.298
	Illegal Possession	14	9.0%	575	16.3%	**0.002**
	Legal System Violation	1	0.6%	35	1.0%	0.602
	School Violation	1	0.6%	39	1.1%	0.490
	Sex Offense	1	0.6%	106	3.0%	**0.001**
	Mischief/Misbehavior	9	5.8%	244	6.9%	0.565
Precipitating Offense Type	**Felony**	78	50.3%	1170	**33.2%**	< 0.001
	Misdemeanor	71	45.8%	2025	57.4%	**0.005**
	Precipitating Offense Severity (0 = most severe)	4.0	-	4.9	-	< 0.001
Agency	**Urbana**	39	**25.2%**	560	**15.9%**	**0.009**
	Champaign	70	45.2%	1447	41.0%	0.308
	Rantoul	20	12.9%	448	12.7%	0.940
	Sheriff	12	7.7%	651	18.4%	< 0.001

Table 4 shows that PLL youth represent a more difficult sub-section of the juvenile justice population taking into account the demographic risk factors, the domain of precipitating offense and the offense type.

Methodology: Quality of the Propensity Score Matching

Propensity Score Matching

- Excellent match overall
- No statistically significant differences between PLL graduates and the matched control group

Table 5: PLL Graduates vs. Controls

		PLL Graduates		Controls		Significance or p-value (2-tailed)
		#	%	#	%	
		111	-	155	-	
Race	Black	74	66.7%	112	72.3%	0.331
	White	36	32.4%	42	27.1%	0.350
Gender	Male	76	68.5%	109	70.3%	0.747
Juvenile Justice History	Age At First Offense	14.5	-	14.4	-	0.245
	# of Prior Arrests	3.3	-	3.3	-	0.561
	# of Prior Charges	1.5	-	1.4	-	0.881
	Greatest Severity (0 = most severe)	3.1	-	3.1	-	0.955
	Age At Precipitating Offense	15.3	-	15.3	-	0.891
Domain of Precipitating Offense	Violence/Threat of Violence	56	50.5%	82	52.9%	0.693
	Destruction of Property	5	4.5%	6	3.9%	0.801
	Theft	30	27.0%	35	22.6%	0.410
	Illegal Possession	9	8.1%	16	10.3%	0.535
	Legal System Violation	0	0.0%	2	1.3%	0.157
	School Violation	0	0.0%	3	1.9%	0.082
	Sex Offense	1	0.9%	0	0.0%	-
	Mischief/Misbehavior	5	4.5%	8	5.2%	0.805
Precipitating Offense Type	Felony	55	49.5%	86	55.5%	0.340
	Misdemeanor	54	48.6%	60	38.7%	0.107
	Precipitating Offense Severity (0 = most severe)	4.0	-	4.0	-	0.516
Agency	Urbana	29	26.1%	41	26.5%	0.953
	Champaign	52	46.8%	73	47.1%	0.968
	Rantoul	11	9.9%	17	11.0%	0.780
	Sheriff	7	6.3%	12	7.7%	0.649

This propensity score comparison assures us that subsequent analysis on juvenile recidivism is valid for PLL graduates vs. the matched control group.

Research Question 4: Reduction in Recidivism

Does PLL decrease recidivism rates in the year following treatment compared to a matched control group?

PLL Graduates

- Significantly fewer adjudications and felony adjudications

Table 6: Recidivism						
	Recidivism Rate		t-Test for Statistical Significance			Effect Size
Outcomes Within 1 Year of Completion	PLL	Matched Control Group	t-Statistic	Degrees of Freedom	Significance or p-value (1-tailed)	Relative Risk
Adjudications	12.6%	21.3%	1.905	263	0.029	59.2%
Felony Adjudications	9.0%	16.1%	1.774	262	0.039	55.9%

- The rate of adjudications for juveniles released from standard non-PLL services (21.3%) was nearly double that of the PLL group (12.6%), a difference that was statistically significant at the 0.029 level.
- Similar results for felony adjudications, with 16.1% compared to only 9% for those receiving PLL services.

PLL Graduates

- Significantly fewer contacts and felony contacts

Table 7: Contacts						
	Recidivism Rate		t-Test for Statistical Significance			Effect Size
Outcomes Within 1 Year of Completion	PLL	Matched Control Group	t-Statistic	Degrees of Freedom	Significance or p-value (1-tailed)	Relative Risk
Contacts	36.9%	51.0%	2.303	259	0.011	72.4%
Felony Contacts	18.9%	28.4%	1.824	263	0.035	66.5%

Contacts include arrests as well as appearance tickets. They represent the lowest level of involvement with the justice system. PLL youth are significantly less likely to have any subsequent contacts.

PLL Graduates

- Significantly fewer charges
- Fewer felony charges

Table 8: Charges						
	Recidivism Rate		t-Test for Statistical Significance			Effect Size
Outcomes Within 1 Year of Completion	PLL	Matched Control Group	t-Statistic	Degrees of Freedom	Significance or p-value (1-tailed)	Relative Risk
Charges	19.8%	32.9%	2.448	263	0.008	60.2%
Felony Charges	15.3%	21.3%	1.26	263	0.104	

PLL youth are also significantly less likely to be charged.

PLL Graduates

- Fewer incarcerations and residential commitments

Table 9: Incarcerations or Residential Commitments						
	Recidivism Rate		t-Test for Statistical Significance			Effect Size
Outcomes Within 1 Year of Completion	PLL	Matched Control Group	t-Statistic	Degrees of Freedom	Significance or p-value (1-tailed)	Relative Risk
Incarcerations	2.7%	6.5%	1.498	250	0.068	

Research Question 5: Shorter Length of Service

Were PLL lengths of service shorter than standard community mental health or probation cases?

Historically, Champaign County reports an average length of service of youth community mental health cases of seven months (210 days), and an average probation length of 20 months (600 days).

In contrast, PLL serves people both more quickly and more effectively. Table 10 compares the mean and median lengths of service for 138 PLL graduates to standard treatment durations.

Length of Service Highlights

- PLL lengths of service are significantly shorter than historical figures
- The reduction is over 510 days for probation youth, and approximately 100 days for community mental health cases.

Table 10: Length of Service

		PLL			
		Mean		Median	
		Days	Months	Days	Months
Referral Type	Diversion	66.6	2.2	57.0	1.9
	Probation	**88.7**	**3.0**	**72.0**	**2.4**
	Community MH	**110.3**	**3.7**	**90.0**	**3.0**
PLL Overall		97.4	3.2	81.0	2.7
Community MH		210	7.0		
Probation Services		600	20.0		

The differences are very large and statistically significant for both probation and SED.

Summary of Findings

- ✓ **Research Question 1**: Graduation rate 72% overall.
- ✓ **Research Question 2**: Statistically significant improvement in youth mental and behavioral problems as shown by changes in CBCL scores during treatment, with medium effect size.
- ✓ **Research Question 3**: Statistically significant improvement in family adaptability and cohesion as measured by FACES.
- ✓ **Research Question 4**: Statistically significant reduction in multiple measures of recidivism (adjudications, charges and contacts) in one year post graduation for PLL when compared to a matched control group.
- ✓ **Research Question 5**: PLL length of service is shorter than historical averages both for probation and community mental health. Differences are statistically significant and effect size is very large.

12.B.

The Path to Transformation:

Concept Paper for an 1115 Waiver for Illinois Medicaid

EXECUTIVE SUMMARY

The Illinois Medicaid Program is applying to the Centers for Medicare and Medicaid Services (CMS) for a comprehensive waiver granted under authority of Section 1115 of the Social Security Act. The *Path to Transformation* waiver will include all spending in the Illinois Medicaid Program and will cover all populations who are currently eligible for Medicaid and who may become eligible after ACA implementation. The proposal will result in tangible savings for both the state and federal governments, which will be used to reinvest in an integrated, rational and efficient healthcare delivery system. The waiver will demonstrate that by spending Medicaid dollars differently, we will have better health outcomes for our Medicaid clients at or below the same costs.

The *Path to Transformation* waiver will accomplish this goal through four important "pathways":

- *HCBS infrastructure, choice and coordination.* Illinois will rebuild and expand its home and community-based infrastructure, especially for those with complex health and behavioral health needs. We will expand access to and choice of HCBS services for our beneficiaries and ensure that services are based on individual needs and preferences rather than disability.
- *Delivery system transformation.* Illinois' healthcare delivery system will be built off of integrated delivery systems (IDS) -- centered around patient-centered health homes -- that are built based on the needs of the patient population. Integrated delivery systems have the ability to employ team-based care practices, accept and disburse payments and financial incentives to providers within their system, and provide performance reports and counseling to individual doctors and practices. IDSs will be held accountable for the health outcomes of individual patients within their networks as well as for their overall patient population. The goal is for IDSs to reduce costs and improve quality through management of care and care transitions and aligned incentives to ensure the right care at the right time in the most appropriate setting.
- *Population health.* Illinois will expand the capacity of the healthcare delivery system to take responsibility for the health of a population, with a focus on prevention, primary care and wellness. Population health can also be addressed by helping delivery systems focus on the health of their individual patients as well as on the health of the panel of patients they serve.

- *Workforce.* Illinois will build a 21st century health care workforce that that is ready to practice in integrated, team-based settings in geographies and disciplines that are in the greatest demand, including the ability to utilize community health workers and ensure all health professions are able to assume responsibility to the full extent of their education and training.

As a key component of the waiver application process, and then in management of the waiver itself, there will be numerous opportunities for input and collaboration by and among community stakeholders, providers, local government and state agency partners to design and then implement an improved Medicaid delivery system that reflects the priorities set forth in the waiver. This collaborative design process, which was begun under the state's Health Reform Implementation Council and continued and expanded under the State Health Care Innovation Plan process, will itself play a significant role in the transformation of the Illinois Medicaid Program.

BACKGROUND

The Illinois Medicaid Program is undergoing significant healthcare transformation. Illinois is among the last of the major states with an unsustainable fee-for-service Medicaid system. Consequently, service delivery is often fragmented and uncoordinated. This is rapidly changing, however. Pursuant to P.A. 96-1501 ("Medicaid Reform"), signed into law in January 2011, Illinois must enroll at least 50% of its Medicaid clients into some form of risk-based coordinated care by January 1, 2015. Under Medicaid Reform, care coordination is defined broadly to include both traditional managed care organizations as well as alternative payment methodologies such as risk- based direct provider payments from HFS.

HFS currently manages two capitated Medicaid managed care programs and an early expansion waiver program for individuals residing in Cook County. The first is a voluntary program for children and parents (with enrollment of approximately 247,000) in 18 counties.[1] The second program, known as the "Integrated Care Program" (ICP), is a mandatory program for non-dual seniors and persons with disabilities (SPDs). The program began in 2010 for individuals residing in the Chicago suburbs and collar counties surrounding Chicago and has an enrollment of approximately 39,500.[2] Four additional regions were recently added to the ICP and are not reflected in this enrollment figure. Long-term services and supports (LTSS) were also recently added to the ICP, making Illinois one of just a handful of states with an integrated managed acute and long-term care program. In early 2013, the State, in collaboration

[1] Illinois Department of Healthcare and Family Services, enrollment as of August 2013 (http://www2.illinois.gov/hfs/ManagedCare/Pages/Enrollment.aspx)
[2] Illinois Department of Healthcare and Family Services, enrollment as of August 2013 (http://www2.illinois.gov/hfs/ManagedCare/Pages/Enrollment.aspx)

with the Cook County Board and the Cook County Health and Hospital System (CCHHS) received an 1115 waiver to early-enroll approximately 115,000 individuals who will become eligible for Medicaid services in 2014. Under the "CountyCare" program, "newly eligible" are served by a provider network that includes both CCHHS and contracted network providers.

In order to provide options for care coordination services, Illinois has recently implemented innovative, alternate models of care in addition to the traditional managed care organizations. The alternative models of care – "care coordination entities" (CCEs) and "accountable care entities" (ACEs) – are organized and managed by hospitals, physician groups, Federally Qualified Health Centers, or social service organizations and are required to provide a full continuum of services, including behavioral health. CCEs were created under Medicaid Reform to provide an organized system of care for the most complex and vulnerable individuals, including the severely mentally ill, homeless, complex children and other high-cost, high-need groups. As of October 1, 2013, client enrollment has started in one of the CCEs and the State is in the process of finalizing implementation for the remaining CCEs.

ACEs were created by statute in the spring of 2013 and were informed by the early experience of preparing CCEs to become operational, the lack of progress toward developing integrated delivery systems under the State's existing managed care programs, as well as the findings and recommendations from the Alliance planning process on the structure and components of integrated delivery systems. Whereas CCEs are primarily focused on highly targeted sub-populations (e.g., homeless) and, therefore, will have fairly small enrollment, ACEs are focused on the full Family Health Plan and newly eligible populations. Both CCEs and ACEs are paid a PMPM care coordination fee, with fee-for-service reimbursement and shared savings potential initially; ACEs are required (and CCEs are encouraged) to begin moving to a risk-based arrangement after 18 months.

As the state moves ahead rapidly with expansion of coordinated care models, we – like many states -- continue to face an extremely challenging budget environment. Only one year ago, in 2012, the Medicaid Program was in crisis, on the brink of collapse, with a $2.7 billion budget hole for FY2013 and $1.9 billion in unpaid Medicaid-related bills. Through a combination of spending reductions, utilization controls and new revenues, Illinois addressed the urgent budget shortfall, primarily through the SMART Act ("Save Medicaid Access and Resources Together"). Similarly, the state was forced to make significant reductions in its mental health budget in recent years, cutting $114 million in general revenue funding for mental health services between 2009 and 2011. These cuts were necessary to ensure that services were scaled to existing appropriations, but they have also left the state and many of our

providers unable to invest in the kinds of systemic change needed to drive long-term cost savings, improved outcomes and improved patient care.

This waiver represents the culmination of multiple coordinated efforts by the State of Illinois to plan for full implementation of the Affordable Care Act and reform our health care delivery system around the vision of the Triple Aim. These efforts include:

- *Illinois Health Care Reform Implementation Council* On July 29, 2010 Governor Pat Quinn signed Executive Order #10-12 to create the Illinois Health Care Reform Implementation Council, an inter-agency subcabinet that has been charting Illinois' multi-dimensional path toward ACA implementation.
- *Illinois Health Insurance Marketplace.* For the first year after ACA implementation, the Marketplace will be operated in partnership with the federal government. Federal grant dollars are helping the State to build an integrated eligibility system for Medicaid, SNAP and TANF initially (and for other public programs later), and for an Illinois-based Marketplace.
- *The Alliance for Health.* In early 2013, Illinois was awarded a Model Design grant from the Center for Medicare & Medicaid Innovations (CMMI) for the development of a State Health Care Innovation Plan (SHCIP). The State convened a broad group of payers, providers, state agencies, consumers and other stakeholders -- collectively known as the Alliance for Health -- to design new service delivery models and multi-payer strategies for payment reforms, as well as population health and workforce measures designed to achieve improved health, more effective health care delivery, and lower costs. The Alliance completed the SHCIP in late October, and many of the SHCIP components and innovations are included in this concept paper. The State has committed to continuing the Alliance through an Executive Order to ensure that the reforms outlined in the SHCIP move forward.

PROPOSED 1115 REFORM WAIVER: *THE PATH TO TRANSFORMATION*

The Illinois Medicaid Program is poised for transformation, and the ability to secure federal investments for new priorities will support our next steps toward Medicaid reform and full ACA implementation. Our proposed approach identifies new priorities that are essential to a highly functioning Medicaid Program, with the flexibility in service design afforded by an 1115 waiver.

The *Path to Transformation* waiver will accomplish this goal through four important "pathways":

- *HCBS infrastructure, choice and coordination.* Illinois will rebuild and expand its home and community-based service infrastructure, especially for those with complex health and behavioral health needs. We will expand access to and choice of HCBS services for our beneficiaries.
- *Delivery system transformation.* Illinois' healthcare delivery system will be built off of integrated delivery systems -- centered around patient-centered health homes -- that are built based on the needs of the patient population. Integrated delivery systems will have the ability to employ team-based care practices, accept and disburse payments and financial incentives to providers within their system, and provide performance reports and counseling to individual doctors and practices.
- *Population management.* Illinois will expand the capacity of the healthcare delivery system to take responsibility for the health of a population, with a focus on prevention, primary care and wellness.
- *Workforce.* Illinois will build a 21st century health care workforce that that is ready to practice in integrated, team-based settings in geographies and disciplines that are in the greatest demand. Illinois will ensure all health professions are able to assume responsibility to the full extent of their education and training.

Pathway #1: ***Home and Community Based Infrastructure, Coordination and Choice*** -- It is not possible to deliver on the promise of the right care in the right setting, at the right time, without ensuring that supportive services exist in the home and community to assist clients with achieving their highest level of independent functioning and quality of life. Illinois is in the midst of implementing consent decrees related to three Olmstead-related class action lawsuits, by helping residents of nursing homes and other institutions to transition to the community. We have learned through the early implementation of these consent decrees, as well as implementation of the "Money Follows the Person Program", that our existing community infrastructure needs to be strengthened through the addition of community-based services that will enable individuals to remain in their own community post-transition and avoid re-institutionalization.

We also want to emphasize that for our clients who live in poverty, it is the social, cultural, environmental, economic and other factors that are the major causes of rates of illness and the magnitude of health disparities. Illinois Medicaid needs to reposition itself to directly tackle these multiple, challenging causes of ill health associated with poverty, with a renewed emphasis on the social determinants of health throughout all of our programs, services, policies and reform initiatives.

1A. COMBINE AND MODERNIZE HCBS WAIVERS. HCBS "waiver providers" provide an important Medicaid service to Seniors and Persons with Disabilities (SPD) by helping them to remain in their own home or to live in a community setting.

In Illinois, home and community-based services in Home and Community Based Services (HCBS) waivers, currently approved under Section 1915 (c) of the Social Security Act, are compartmentalized under nine separate waivers, three departments and numerous divisions within departments. The current waivers are for adults with developmental disabilities; children and young adults with developmental disabilities; elderly; medically fragile/technology dependent children; persons with brain injury; persons with disabilities; persons with HIV or AIDS; supportive living facilities; and a support waiver for children and young adults with developmental disabilities.

These separate waivers provide services based on an individual's primary disability rather than identification of service needs across disability. However, Illinois is in the process of incentivizing the coordination of care for the SPD population, intended to break through the silos which do not effectively address the holistic needs of clients with multiple disabilities and conditions. The current waiver structure makes it difficult for healthcare providers and community organizations as they face steep challenges in their efforts to work together and coordinate care. This structure, with nine HCBS waivers, is not consistent with the State's approach, moving forward.

The *Path to Transformation* waiver will assist the State in developing and implementing, across disabilities and across agencies, a uniform assessment instrument and a consolidated waiver structure. In addition, the State recently received funding under the Balancing Incentive Program (BIP) and plans to use the enhanced matching funds through that program to achieve additional expansion of capacity in the community. The waiver will provide the flexibility needed to deliver appropriate and essential HCBS waiver services, also referred to as "long-term supports and services" (LTSS), in a coordinated fashion through managed care entities and their provider networks. In addition, the state is in the process of developing a universal assessment tool (UAT) for SPD populations that will support efforts to tie services to the needs of the beneficiary. Specifically, Illinois seeks to accomplish the following through the *Path to Transformation:*

- Rationalize service arrays and choices so that they are based on beneficiary needs and preferences to remain as independent as possible, rather than disability or condition;
- Increase flexibility and choice for beneficiaries;
- Support development and expansion of community based options;

- Reduce waiting lists for waiver services;
- Develop outcome-based reimbursement strategies that emphasize quality of care and align payments with the goals of the program;
- Reduce administrative complexity and cost inherent in managing nine separate waivers.

The state also requests CMS feedback on the feasibility of implementing a provider assessment on waiver providers to support access to HCBS services and counteract the additional incentive toward institutionalization that is inherent in the state's current nursing facility assessment.

1B. BEHAVIORAL HEALTH EXPANSION AND INTEGRATION -- As home- and community-based services have experienced continuous budget cuts, it has become nearly impossible in Illinois to provide the depth and breadth of long-term supports and services that are needed by the Medicaid population with co-morbidities, including mental illness, substance use disorders and chronic health conditions. We believe that we cannot produce the desired health outcomes – while bending the cost curve for these most expensive clients – without enhancing these community-based services.

The *Path to Transformation waiver* will invest in the transition to an integrated system, including behavioral healthcare, with the following:

- Development, implementation and training on evidence-based recovery models, community crisis supports, step-down and transitional living programs, patient-centered behavioral health homes, and systems of care;
- Development, implementation of and training on discharge planning policies to create seamless care transitions between psychiatric or detoxification services in acute or sub-acute care settings, to community-based services for persons with mental illness and substance use disorders;
- Training for staff of state agencies and community providers to assess and assist clients, across disabilities, with co-morbidities and multiple conditions;
- Development and use of health information technology (HIT) for behavioral health programs, to make necessary seamless exchange of clinical data possible with primary care and hospital providers.

1C. STABLE LIVING THROUGH SUPPORTIVE HOUSING -- The ACA offers a paradigm shift to assist low-income adults with complex health and behavioral health needs who will have access to health coverage under

Medicaid, for the first time, by reason of income -- even if they do not qualify for Medicaid as a permanently disabled person. It is possible to aid in recovery of these adults by offering the essential healthcare services and supports.

A recovery-oriented model must consider the healthcare value of providing supportive housing and employment for these vulnerable populations in Illinois. Not only can supportive housing prevent individuals from unnecessarily living in costlier institutional settings, but a growing body of research suggests that stable and affordable housing may help individuals living with chronic diseases and behavioral health conditions maintain their treatment regimens and achieve better health outcomes at a lower cost.[3] Supported employment likewise promotes stability, dignity and self-respect to further the recovery process and achieve independence in the community.

Through the *Path to Transformation* waiver Illinois seeks to expand access to supportive housing through capital funding for supportive housing projects and by expanding supportive housing services. In lieu of direct funding for these programs, the State may also explore the creation of a DSRIP program for behavioral health providers that incentivizes the creation of more supportive housing and supportive housing services.

Pathway #2: ***Delivery System Transformation***

2A. IMPLEMENT AND EXPAND INNOVATIVE MANAGED CARE MODELS – As described above, Illinois is in the midst of a rapid and significant shift from a largely fee-for-service model to a risk-based managed care model that includes both traditional MCOs as well as new, provider-driven models (i.e., Coordinated Care Entities and Accountable Care Entities). CCEs and ACEs will establish integrated delivery systems centered around Patient-Centered Health Homes. They will develop multi-disciplinary teams, robust care coordination capabilities, and a high level of integration among primary care, hospital and behavioral health providers. They will be linked by connective technology for tracking of clients and timely transmission of patient clinical data between provider partners. The providers within the network will agree to manage care transitions and deliver care in the most appropriate settings.

These new models of integrated service delivery will also demonstrate how Medicaid can reduce the rate of growth to sustainable levels by piloting payment reforms, including financial incentives that reflect value-based purchasing policies and Illinois requirements for risk-based payments in care

[3] See, for example, Culhane, et al., *Public Service Reductions Associated with Supportive Housing*, Housing Policy Debates, Volume 13, Issue 1, 2002, pages 107-163; and Craig C, Eby D, Whittington J. *Care Coordination Model: Better Care at Lower Cost for People with Multiple Health and Social Needs*. IHI Innovation Series white paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2011.

coordination systems. These payment reforms will incorporate multi-payer strategies being developed through the Illinois State Innovation Model Design grant. While CCEs and ACEs will contract directly with the state, they will also have the ability to contract with traditional MCOs, driving higher levels of integration and accountability throughout the Medicaid program. These new models will enable people covered by Medicaid to remain with their providers if they shift from Medicaid to premium subsidy. With tens of thousands of people newly eligible for Medicaid likely to shift between Medicaid and premium subsidy as wages and hours change it becomes even more important for the state's providers to care for people in their community regardless of the payer. Given the importance of these new models to system redesign efforts, the *Path to Transformation* waiver will invest in their design, start-up, and implementation, including:

- Project management, network organization and governance structure support;
- Assistance with design of tracking and reporting systems, including the use of EHR technology for all providers within a network;
- Assistance with data collection, reporting, claims analysis and data analytics to track outcomes, performance and cost savings;
- Support for training programs for staff involved in care coordination, client record monitoring, reporting and technology use.

2B. TRANSFORM PUBLIC PROVIDERS – Illinois is home to two large public health and hospital systems – the University of Illinois Hospital and Health System and Cook County Health and Hospitals System. These systems play a vital role in the state's health care delivery system, including the provision of trauma and burn services, transplant services, and sub-specialty care. CCHHS is a major safety net provider for the underserved of Cook County and is one of the largest and most comprehensive public health and hospital systems in the country. The U of I system includes a 495-bed tertiary hospital with nationally recognized transplant programs, an outpatient facility, and 19 neighborhood clinics serving communities throughout the near west, south and southwest sides of Chicago. Both of these systems were active participants in the Illinois Alliance for Health and are committed to the transformation outlined in the State Health Care Innovation Plan.

Illinois will continue to rely on its public providers throughout the implementation of the ACA and beyond. However, we also recognize that large public providers face numerous unique barriers to transformation that extend beyond those faced by other providers. These include cost-based reimbursement methodologies that haven't incentivized efficiency, legal and political barriers that can inhibit integration with other providers, and multiple layers of oversight that can slow the pace of

change. For these reasons, and consistent with the goals of the Alliance for Health, Illinois proposes a Delivery System Reform Incentive Program (DSRIP) to create strong incentives for transformation within these vital providers. DSRIP funds will be contingent on public systems meeting aggressive milestones with respect to integrated care delivery and improved patient outcomes.

2c. HOSPITAL/HEALTH SYSTEM TRANSFORMATION – Much of healthcare reform is focused on reducing hospital admissions/readmissions and the use of emergency rooms for primary care, which will positively impact health outcomes and the quality of care but may also negatively impact hospitals' bottom lines. The *Path to Transformation* waiver will invest in hospitals that are committed to transitioning to a modern service delivery model through:

- Development and implementation of one or more incentive-based pools to drive transformation of systems, including, but not limited to:
    - Primary care development, quality care improvements, and regional collaborations on state public health initiatives and community needs;
    - Development of integrated delivery systems, including HIT/HIE infrastructure, governance and care models;
    - Development, implementation and training on effective transitions of care models;
- Technical assistance to support the development of integrated delivery systems that are capable of assuming responsibility for the health care of a defined population;
- An access assurance pool for hospitals and health systems to cover uninsured and unreimbursed Medicaid costs to assure access and preserve the "safety net";Development and implementation of a pool to support debt relief or capital investments for hospitals that commit to redesigning, downsizing or closing some or all of their facilities, including transformation of rural systems to potentially create rural "hubs" that are not built around inpatient care.

2c. NURSING FACILITY TRANSFORMATION – Illinois has approximately 1,200 long-term care facilities serving more than 100,000 residents, from the young to the elderly.[4] The state ranks in the top quintile nationally on the number of licensed nursing home beds per thousand persons aged 65 years and older.[5] Illinois has made substantial progress in recent years toward rebalancing its long-term services and supports and offering community-based alternatives. Specifically, Illinois has implemented the Pathways/Money Follows the Person (MFP) Demonstration Program, which has assisted hundreds of

[4] Illinois Department of Public Health
[5] Center for Medicare and Medicaid Services, Nursing Home Data Compendium 2012 Edition

individuals with transitioning to the community. Earlier this year Illinois received federal approval for its Balancing Incentive Program (BIP) application, which commits the state to balancing its spending on home and community based services with its spending on institutional services. As Illinois works to rebalance its long-term care system while looking ahead to the health needs of the advancing baby-boomer generation, the State is working with the nursing home providers and community advocates. The *Path to Transformation* waiver will invest in nursing facilities transitioning to the modern service delivery system through:

- Development and implementation of an incentive-based pool for nursing facilities to drive transformation, including, but not limited to:
    - Quality of care improvements;
    - Participation in integrated delivery systems with capacity to assume responsibility for patient care across the full continuum of preventive, acute and long-term care services;
    - Development, implementation and training on effective transitions of care models between nursing facilities, home and community-based care and hospitals;
- Debt relief or capital investments for nursing facilities that commit to redesigning, downsizing or closing some or all of their facilities, including technical assistance in developing new business models to retool facilities to meet the needs of emerging populations;
- Flexibility to develop and fund additional supportive housing and employment options for those populations in need of long term care, at the appropriate levels.

Pathway #3: ***Build Capacity of the Health Care System for Population Health Management*** -- By 2017, Illinois expects that an additional 500,000 Medicaid clients will be enrolled under the Affordable Care Act, a combination of "newly eligible" adults and "already eligible" clients under current Medicaid rules. In addition, another 500,000+ people will shop for private health insurance in the Health Insurance Marketplace. The health status of these currently uninsured populations is varied — many of the formerly uninsured will be young, relatively healthy adults, but there is evidence to suggest that many will have pent-up demand for health care. With this influx of enrollees into healthcare systems, the Healthcare Reform Implementation Council and the Alliance for Health have focused substantial attention on the need to build linkages between public health and health care delivery systems and to expand the capacity of the system and the skills it will need to manage the health of a defined population.

The new community needs assessment mandate offers opportunities for the state and local health departments to collaborate with local hospitals and community health centers to share data and

analyses and assure that as much attention as possible is directed to fulfilling the identified needs. Establishing and certifying a new category of worker, community health workers, will also help bridge the gap between personal and public health. These workers, who originate in and serve their local communities in linguistic and culturally sensitive ways, are essential to team with providers to educate and motivate consumers to actively participate in improving their own health.

3A. WELLNESS STRATEGIES – Providing health coverage to more people also requires a focus on front-end strategies to deflect individuals from costlier back-end care. The *Path to Transformation* waiver will leverage health and other public health dollars by investing in evidence-based prevention and wellness-focused strategies for Medicaid clients, such as tobacco cessation, obesity prevention, diabetes self management, nutrition counseling, fall prevention, physical fitness, and other non-traditional services that assist in improving the health of our clients. We will test payment reforms for wellness programs and integration of public health services that may provide direct incentives for clients or address socioeconomic circumstances of families, with the goal to lower costs of traditional medical services. We also will seek to bring in additional Medicaid funds to fund the public health system, including enhancing the funding pool for local government provided services to improve the ability of these local systems to support the health of their communities in a cost effective manner.

Pathway #4: ***21st Century Health Care Workforce*** -- Illinois ranks near the middle among states on the total number of active physicians and active primary care physicians per 100,000 population. However, the supply of providers does not necessarily match the demand in certain areas of the state and for some populations. For example, only 64.9% of Illinois physicians reported that they were accepting new Medicaid patients in 2011, compared to a national median of 76.4%.[6] Similarly, 28.5% of Illinois residents live in an area that has been designated as a primary care Health Professional Shortage Area (HPSA), compared to a national median of 18.6%.[7] Even in areas where supply is currently sufficient, concerns exist about capacity for an expanded insured population when Marketplace and expanded Medicaid coverage begin in 2014. In addition, Illinois falls well below the national median in its use of non-physician providers. Illinois has 20.2 physician assistants and 35.3 nurse practitioners per 100,000 people, compared the national median of 33.5 and 62.1, respectively.

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[6] NCHS analysis of NAMCS Electronic Medical Records Supplement from Decker, S. "In 2011 Nearly 1/3 of Physicians Said They Would Not Accept New Medicaid Patients, But Rising Fees May Help." *Health Affairs*, 31, no. 8, 2012. Accessed through the *Benchmark State Profile Report for Illinois* provided by CMMI.

[7] HPSA information from the Health Resources and Services Administration (HRSA); population data from ACS. Accessed through the *Benchmark State Profile Report for Illinois* provided by CMMI.

While it is not possible to rapidly increase the pipeline of physicians, the State must invest in training and retraining the types of providers that are needed within the Medicaid program. Similarly, we must invest in a workforce that includes healthcare professionals who can provide and/or assist with primary and preventative healthcare for our clients.

4A. GRADUATE MEDICAL EDUCATION – Illinois is currently one of a handful of states that does not have a Medicaid Graduate Medical Education program. In order to align the provider workforce with the needs and goals of the state, we propose to develop a Graduate Medical Education (GME) pilot program with the following goals:

- Increase the number of primary care providers in Illinois.
- Increase the number of primary care providers working in medically underserved areas, including rural areas.
- Increase the number of providers who are trained to practice in a, team-based, patient-centered medical home setting within an integrated delivery system.

The program would incentivize primary care GME programs in Illinois to address state workforce goals through payments for performance on specific GME program metrics. We propose that the GME pilot be a five-year graduated program design with the details and parameters to be developed during the waiver planning process.

4B. LOAN REPAYMENT -- Consistent with the recommendations of the Illinois Alliance for Health, Illinois will expand primary care capacity by reinstating a State Loan Repayment program across a broad range of professionals (including physicians, advanced practice nurses, psychologists, and other health care professionals) in underserved areas.

4C. OTHER WORKFORCE TRAINING -- The *Path to Transformation* waiver will invest in training and preparing healthcare providers, such as community health care workers, in-home specialized personal attendants, care coordinators, nurses of all specialties, physician assistants/nurse practitioners and physicians to work on primary care provider teams to assure that overall health improvement goals are achieved in addition to providing appropriate clinical care. Education in healthcare across the lifespan and disabilities is essential for our workforce to be prepared for the rapid growth of aging adults and people with disabilities. This workforce training will be implemented in cooperation with community colleges and other certification programs.

Financing/Budget Neutrality

By implementing the *Path to Transformation*, Illinois expects to achieve significant savings, including the following:

Future managed care savings. Our with-waiver baseline will include projected savings under the state's planned managed care expansions, including the following:

- *Family Health Plan mandatory managed care* – Beginning on July 1, 2014, Illinois will begin mandatory managed care enrollment (ACEs, MCOs or MCCNs) for the Family Health Plan population in five regions of the state (Greater Chicago, Rockford, Quad Cities, Central Illinois, Metro East).

- *Newly eligible mandatory managed care* – Beginning on July 1, 2014, Illinois will begin mandatory managed care enrollment (ACEs, MCOs or MCCNs) for the Newly Eligible Medicaid adult population in the same five regions of the state.

Savings resulting from waiver innovations. Many of the innovations outlined in this concept paper are investments that will help to "bend the cost curve" by eliminating unnecessary costs, reducing rates of institutionalization, and focusing on health and wellness, which will yield a return within the five-year budget window. We will be working with our actuaries to identify and quantify these anticipated savings.

Previous managed care savings. Illinois requests "credit" for the savings achieved under our existing managed care programs (implemented under state plan authority), that would have not been achieved in the absence of these programs. These include our voluntary Healthy Families program as well as the mandatory Integrated Care Program (ICP) for the SPD population.

As described above, Illinois has taken significant action to address a looming Medicaid budget crisis. These actions were necessary to prevent collapse of the Medicaid program, but they are not sustainable. Illinois recognizes that it must invest now to ensure access for the uninsured population that will gain Medicaid or Exchange coverage beginning in 2014. We must also invest now to build a modern, integrated delivery system that can achieve better outcomes at less cost. Failing to make these investments now may result in short-term savings but longer-term costs in the form of high emergency department and inpatient admissions and poorer health outcomes and population health. To ensure that Illinois is able to make these investments, we are requesting to use a without-waiver trend that is reflective of the national rate of cost growth.

Illinois proposes to reinvest a portion of these savings into reforming its health care infrastructure, including the programs outlined above and a number of state-only funded programs that may qualify as "Designated State Health Programs" for purposes of federal matching payments. Below is a preliminary list of DSHPs. We are in the process of identifying a complete list of programs that would be eligible for federal matching funds as Designated State Health Programs (DSHPs).

- Department of Public Health targeted prevention and screening programs
- Department of Children and Family Services assessment services
- Illinois State Board of Education early intervention and treatment services for children with mental health/behavior disorders
- Department of Human Services substance abuse prevention services, health education/promotion services

Illinois will maintain budget neutrality over the five-year life of the *Path to Transformation* Wavier, with total spending under the waiver not exceeding what the federal government would have spent without the waiver. We are not, however, proposing to establish a global cap on federal Medicaid expenditures for Illinois. In partnership with the federal government, and with the flexibility afforded by the *Path to Transformation* waiver, Illinois Medicaid will be transformed to a high quality healthcare delivery system, producing positive health outcomes for our Medicaid populations while reducing costs and creating a significant return on investment.

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

12.C.

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

BRIEFING MEMORANDUM

Date: November 20, 2013
To: CCMHB Members
From: Mark Driscoll, Associate Director
Re: Emergency Shelter for Families with children (ESF)

Background:
The Continuum of Care and the Council of Service Providers to the Homeless are both dedicated to meeting the needs of the homeless population in Champaign County. Discussion about the need to develop an emergency shelter has been on-going for some time at meetings of both bodies and through an Emergency Shelter for Families Steering Committee.

Last year, United Way as a member of the Steering Committee, choose to fund a pilot project to provide emergency shelter to homeless families. Due to cost constraints, the pilot project used local hotels for shelter with intake and case management available through a contract awarded to the Regional Planning Commission. The pilot was designed to provide shelter in 3 to 5 day increments for a maximum 30 nights with case management occurring throughout the families stay. The pilot project ran from February 2013 to September 2013. During this time 27 families were served and almost double that number turned away due to a lack of capacity for case management services. Of those families served, about one-fourth required only a few nights of shelter and little case management but others with more complex issues required extended stays and intensive case management.

The success of the pilot demonstrated the need for a permanent facility. Members of the ESF Steering Committee approached the Housing Authority about the need for a permanent Emergency Shelter for Families. The Housing Authority took the request under consideration and working with the Steering Committee identified a potential site.

At the November meetings of the Continuum and the Council of Service Providers to the Homeless a report on the development of an Emergency Shelter for Families with children was made including an update from representatives of the Housing Authority of Champaign County. The Housing Authority has approved the use of 9 units in a building complex planned as a permanent supportive housing site for use as the shelter. The property will be rehabbed using a grant from the Illinois Housing Development Authority. An informational sheet passed out at the Continuum meeting is attached. The sheet includes information on the property, previously owned by the Urban League, and outlines draft plans for the operation of the shelter and case management services.

Next Steps:
The proposed allocation criteria for FY 15 includes as Priority #5 Local Funder Collaboration on Special Initiatives. This priority cites the development of an emergency shelter for families as an example of such collaboration. If the criteria is adopted the prospect exists for the CCMHB to collaborate with United Way on meeting the commitment to fund the case management services.

Urban Park Place
302 and 306 E. Park Avenue, Champaign
Emergency Shelter for Families with Children

2 Buildings (2 ½ stories each) (identical layout)

302 E. Park	306 E. Park
12 apartments	12 apartments
10 two-bedrooms	10 two-bedrooms
1 one-bedroom (accessible)	1 one-bedroom (accessible)
1 zero-bedrooms	1 zero-bedroom
Laundry facilities	Laundry facilities

HACC was awarded a Permanent Supportive Housing grant from IHDA to rehab both buildings

15 units of PSH with case management provided by CCRPC
8 units of Family Emergency Shelter
1 office for case manager

302 E. Park	306 E. Park
12 units of PSH	3 units of PSH
	8 units of Family Emergency Shelter
	1 office

Timeline:

Nov 2013:	Reroof 306 E. Park
Feb 2014:	Close on purchase of UPP from IHDA
Feb-Jun 2014:	Rehabilitate 306 E. Park
Jun 2014:	Open Family Emergency Shelter
Jul-Aug 2014:	Rehabilitate 302 E. Park
Sep 2014:	Begin accepting Permanent Supportive Housing Clients

DRAFT COMPONENTS OF EMERGENCY SHELTER PROGRAM

- HACC will provide 9 apartments in one building at Urban Park Place for the Family Emergency Shelter.
- The shelter will serve families with dependent children.
- One apartment will be "deprogrammed" for use as an office for the shelter.
- United Way will fund case management services for the family emergency shelter.
- The case management agency will maintain an office in the designated unit at Urban Park Place.
- Families will be eligible to stay for a period of 30 days; extensions may be granted for up to 45 days for extreme cases as approved by the Case Manager.
- Families must participate in case management services to remain in the shelter.
- HACC will work with legal counsel to develop a use agreement for families to sign that will limit their stay to short term and not create a tenancy relationship.
- The remaining 15 apartments (3 in one building and 12 in the other) at Urban Park Place will serve low income families with project based vouchers for a period of one year. After one year, families will be provided with a tenant based voucher to locate alternate housing allowing the units for families in the shelter to achieve permanent housing.
- Case management services may be provided to families that migrate from the shelter to the permanent supportive housing units.
- The Continuum of Care will be responsible for furnishing all shelter units and for securing housekeeping services to "turn" units as needed.
- HACC will be responsible for utilities, insurance and all property maintenance of the facility.
- It is estimated that this program will commence June 1, 2014 upon completion of rehabilitation of the first building.

Next Steps:

1. Draft a Memorandum of Agreement between HACC and Champaign County Continuum of Care
2. Provide funding commitments for case management services to HACC
3. HACC will work with IHDA to revise the use of the property and reach a financial closing on the acquisition.
4. Other??

12.D

Glossary of Terms and Acronyms – CCMHB Program Summaries

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

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

ACA – Affordable Care Act

ACMHAI – Association of Community Mental Health Authorities of Illinois

ASD – Autism Spectrum Disorder

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

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.

CBCL – Child Behavior Checklist.

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 heath assessment instrument.

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

DCFS – Illinois Department of Children and Family Services.

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.

DHS – Illinois Department of Human Services

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

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

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

FACES – Family Adaptability and Chesion Evaluation Scale.

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

FOIA – Freedom of Information Act.

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

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

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ICJA - Illinois Criminal Justice Authority

ID – Intellectual Disability

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.

OMA – Open Meetings Act.

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

SAMHSA – Substance Abuse Mental Health Services Administration.

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. Manages the Parenting with Love and Limits (PLL) model.

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.

CTPS --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.

NTPC -- 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.

NONTPC -- 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

AI – Access Initiative

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

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

CE – Community Elements

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

CN - Crisis Nursery

CUAP – Champaign Urbana Area Project

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

CWT – Center for Women in Transition

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 Community Elements

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.

MRT – Moral Reconation Therapy

MAYC - Mahomet Area Youth Club

PEARLS - Program to Encourage Active Rewarding Lives

PCHS - Prairie Center Health Systems

PHC – Promise Healthcare

PSC - Psychological Services Center (University of Illinois)

RAC or ECIRMAC – East Central Illinois Refugee Mutual Assistance Center

RACES – Rape Advocacy, Counseling, and Education Services

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 Community Elements

UCP – United Cerebral Palsy

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

UP Center – Uniting in Pride Center

UW – United Way of Champaign County

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

DECISION MEMORANDUM

DATE: November 20, 2013
TO: CCMHB Members
FROM: Mark Driscoll
SUBJECT: Approve Three-Year Plan (2013 - 2015) with FY 2014 Objectives

The Three Year Plan (2013 – 2015) with FY 2014 Objectives has been finalized and is attached for the Board's consideration and action. An initial draft was presented at the October 23rd Board meeting and then distributed to agencies and other interested parties for comment. The Mental Health Agencies Council meeting in October also included an announcement about the Plan and that comments were being solicited. Some of the proposed changes were also referenced at that time. No comments have been received and the Plan as originally released to the Board is presented as a final document.

A copy of the Three Year Plan is attached. Action is requested.

Decision Section
Motion: Move to approve the Three-Year Plan (2013 – 2015) with Fiscal Year 2014 Objectives as presented.

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

THREE-YEAR PLAN

FOR

FISCAL YEARS 2013 - 2015
(12/1/12 – 11/30/15)

WITH

ONE YEAR OBJECTIVES

FOR

FISCAL YEAR 2014
(12/1/13 – 11/30/14)

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

WHEREAS, the Champaign County Mental Health Board has been established under Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. seq.) in order to "construct, repair, operate, maintain and regulate community mental health facilities to provide mental health services as defined by the local community mental health board, including services for the developmentally disabled and for the substance abuser, for residents (of Champaign County) and/or to contract therefore..."

WHEREAS, the Champaign County Mental Health Board is required by the Community Mental Health Act to prepare a one- and three-year plan for a program of community mental health services and facilities;

THEREFORE, the Champaign County Mental Health Board does hereby adopt the following Mission Statement and Statement of Purposes to guide the development of the mental health plan for Champaign County:

MISSION STATEMENT

The mission of the CCMHB is the promotion of a local system of services for the prevention and treatment of mental or emotional, intellectual or developmental, and substance abuse disorders, in accordance with the assessed priorities of the citizens of Champaign County.

STATEMENT OF PURPOSES

1. To plan, coordinate, evaluate and allocate funds for the comprehensive local system of mental health, intellectual disabilities and developmental disabilities, and substance abuse services for Champaign County.

2. To promote family-friendly community support networks for the at-risk, underserved and general populations of Champaign County.

3. To increase support for the local system of services from public and private sources.

4. To further develop the systematic exchange of information about local services and needs between the public/private service systems and the CCMHB.

In order to accomplish these purposes, the Champaign County Mental Health Board must collaborate with the public and private sectors in providing the resources necessary for the effective functioning of the community mental health system.

CHILDREN, ADOLESCENT, AND FAMILY FOCUSED PROGRAMS AND SERVICES

Goal #1: Identify children at-risk of developmental delay and intellectual disability or developmental disability and support early intervention services and family supports.

Objective #1: Support use of evidence based/informed models for provider programs serving families with children age birth to five, and require collaboration and coordination by providers to limit duplication of effort.

Objective #2: Participate in collaborative bodies such as the Champaign County Birth to Six Council whose mission focuses on serving families with young children.

Objective #3: Collaborate with the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability on issues of mutual interest associated with early intervention services and programs.

Objective #4: In consultation with the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability continue realignment of CCMHB funding to support early intervention services for children with an intellectual disability or developmental disability or delay.

Goal #2: Identify youth at risk of social, emotional, and/or behavioral health issues and, using evidence based/informed services, engage in a process of healing and positive development.

Objective #1: Continue development and implementation of the SAMHSA Children's Mental Health Initiative Cooperative Agreement for the ACCESS Initiative system of care delineated in the SAMHSA application, including cultural competence development and support, subject to post-award changes as determined by the Coordinating Council, principle investigators, project director, and ACCESS team and partners.

Objective #2: Continue discussions with ACCESS Initiative partners whose systems benefit from the youth and family interventions delivered through the ACCESS Initiative system of care to identify innovative means for sustaining system change. Enter into Intergovernmental Agreements with other local government funders to support the Community Coalition and the Access Initiative System of Care

Objective #3: Support continued implementation of the Parenting with Love and Limits (PLL) program based on positive evaluation and feedback from community partners and stakeholders.

Objective #4: As practicable, leverage resources of juvenile justice system stakeholders and units of local government benefitting from the outcomes of youth and families engaged in PLL.

Objective #5: Maintain collaboration with juvenile justice system stakeholders on implementation and evaluation of the Quarter Cent for Public Safety Fund supported services and PLL and the integration of Quarter Cent funded services and PLL with the ACCESS Initiative.

Objective #6: Monitor evaluation of the ACCESS Initiative through engagement with evaluators on progress, including interim outcomes of the local and national evaluation, and through participation in the ACCESS Evaluation Collaboration Team.

Goal #3: Support adults' and families' access to services and programs, including evidence based/informed behavioral health practices to increase positive outcomes for consumers.

Objective #1: Continue participation and support for Champaign County Specialty Courts serving persons with substance use disorders and/or mental health disorders.

Objective #2: Support a continuum of services for persons with a mental health, substance use disorder, intellectual disability and/or developmental disability in response to reduced state supported services.

Objective #3: Promote wellness for people with mental illnesses, substance use disorders, intellectual disabilities, and/or developmental disabilities to prevent and reduce early mortality as embodied in the "10x10 Wellness Campaign."

Objective #4: Encourage training of staff across the service spectrum on use of evidence based/informed practice and associated outcome measurement.

COMMUNITY ENGAGEMENT & ADVOCACY

Goal #4: Address stigma associated with a person's or family members' mental illness, substance use disorder, intellectual disability, and/or developmental disability through broad based community education efforts to increase community acceptance and positive self-image.

Objective #1: Continue support for and involvement in the signature anti-stigma and community education events disAbility Resource Expo: Reaching Out for Answers, Roger Ebert's Film Festival, and the ACCESS Initiative Children's Mental Health Awareness Week.

Objective #2: Participate in other community based activities such as walks, forums, and presentations to raise awareness.

Goal #5: Stay abreast of emerging issues affecting the local systems of care and consumer access to services and be proactive through concerted advocacy efforts.

Objective #1: Monitor implementation of the Affordable Care Act and the expansion of Medicaid by the State of Illinois and advocate for increased service capacity sufficient to meet consumer demand through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHAI) and other state and national associations.

Objective #2: Track state implementation of class action suit settlements involving persons with intellectual disabilities or developmental disabilities or mental illness, e.g. Ligas vs. Hamos Consent Decree and Williams vs. Quinn Consent Decree, and proposed closure of state facilities, and advocate for the

allocation of state resources sufficient to meet needs of clients returning to home communities.

Objective #3: Monitor implementation of the Illinois Employment First Act including any associated rulemaking.

Objective #4: Continue broad based advocacy efforts at the state and local levels to respond to continued reductions in state funding and increasing delays in payment for local community based mental health, substance use disorder, and intellectual disability and developmental disability services and supports and to the broader human services network under contract with the State of Illinois.

Objective #5: In collaboration with the United Way of Champaign County, monitor implementation of the regional 211 information and referral system and its impact on local utilization of funded information and referral services.

Objective #6: Assess impact on local systems of care for persons with mental illness, substance use disorder, intellectual disabilities and/or developmental disabilities of the State of Illinois and provider networks movement to a regional service delivery model.

Objective #7: Collaborate with the Illinois Department of Human Services and the Illinois Department of Healthcare and Family Services to support and participate in the implementation of Medicaid managed care pilot projects. This would also include anticipated changes in the Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) Medicaid program.

RESOURCE DEVELOPMENT & COLLABORATION

Goal #6: Increase investment in programs and services through promotion of collaborative and innovative approaches.

Objective #1: Through participation in the Association of Community Mental Health Authorities of Illinois (ACMHAI), seek input and feedback on innovative approaches for resource development or cost containment.

Objective #2: Partner with other local entities for a coordinated response to needs of at-risk populations.

Objective #3: Consider non-financial support to agencies to offset state funding reductions and control costs.

Objective #4: Support and assist with affiliations and mergers of providers as a means to streamline the delivery of services and enable administrative cost savings through economies of scale.

Objective #5: Encourage development of collaborative agreements between providers to increase or maintain access and coordination of services for consumers residing in Rantoul and rural Champaign County.

Goal #7: Sustain the collaborative working relationship with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB).

Objective #1: Implement the Intergovernmental Agreement between CCMHB and CCDDB.

Objective #2: Coordinate integration, alignment, and allocation of resources with the CCDDB to ensure the efficacious use of resources within the intellectual disability and developmental disability service and support continuum.

Objective #3: Assess alternative service strategies that empower consumers and increase access to needed but underutilized services.

Goal #8: Reduce involvement of target populations in the criminal justice system.

Objective #1: Collaborate with juvenile justice system partners on implementation of services supported with Quarter Cent for Public Safety Fund, Board resources, and the ACCESS Initiative to reduce youth contact and involvement with the criminal justice system.

Objective #2: In collaboration with county government, the criminal justice system and community based behavioral health service providers, develop an efficacious system of care designed to divert people with behavioral health needs from incarceration in the County Jail, assure appropriate linkage to behavioral health services for people discharged from the jail, and provide intensive case management for people with frequent incarcerations.

Objective #3: Continue participation in the Champaign County Specialty Court Steering Committee and support for Champaign County Drug Court and support restoration of the Champaign County Mental Health Court.

Objective #4: Using established oversight committees, review performance and evaluation reports including data on recidivism.

Objective #5: Support continuation of Champaign County Drug Court services funded through the Department of Justice Bureau of Justice Assistance Enhancement Grant award and the pursuit of non-CCMHB funding to sustain the enhanced services.

ORGANIZATIONAL DEVELOPMENT, ADMINISTRATION, AND ACCOUNTABILITY

Goal #9: Set priorities for funding through an annual review and allocation process to ensure access to core mental health, substance use disorder, and developmental disability services by consumers.

Objective #1: Draft priorities based on current service needs and operating conditions including consideration of changes in state funding and payment practices, commitments to implementation of the ACCESS Initiative, and obligations established through Memoranda of Understanding and Intergovernmental Agreements.

Objective #2: Solicit input from the service network and community at large on proposed funding priorities prior to adoption.

Objective #3: Utilize a competitive application process to evaluate proposals in relation to annual priorities.

Goal #10: Maintain program and fiscal accountability of service providers and programs under contract with Board.

Objective #1: Evaluate program performance on a quarterly and annual basis.

Objective #2: Investigate the possible options for developing a web based billing system to support fee-for-service contracts and improvement of accountability.

Objective #3: Evaluate provider administrative expenses and cost allocation plans to ensure maximum investment in consumer services.

Goal #11: Respond to State funding reductions for mental health, substance use disorder, intellectual disability, and developmental disability services and supports through administrative efficiencies at the Board level enabling maximum investment in community service grants and contracts.

Objective #1: Continue the administrative services agreement as defined in the Intergovernmental Agreement the Board and the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability.

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

DECISION MEMORANDUM

DATE: November 20, 2013
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Peter Tracy, Executive Director
SUBJECT: FY15 Allocation Priorities and Decision Support Criteria

In Illinois, we are currently in the midst of major changes in the delivery of supports and services for people with mental illnesses, substance use disorders, and intellectual disabilities and developmental disabilities. The changes are being brought about by the State's rebalancing efforts, lawsuits and consent decrees, national trends and paradigm shifts, new statutes, implementation of the Affordable Care Act, Medicaid expansion, and various managed care pilot projects including the Choices project in Champaign Vermilion, Ford and Iroquois Counties.

Of concern to community mental health authorities and county developmental disabilities boards is how the myriad of changes will effect established funding patterns, and exactly where do we fit in this brave new world? The State's shift away from General Revenue Funding (GRF) to Federal Financial Participation (FFP) will continue to redefine our funding parameters, and will also create additional stress on an already stressed system because of the inadequacy of Medicaid rates.

On the positive side (i.e., for 708 and 377 Boards), the changes cited above will actually open up tremendous opportunities for rethinking how we prioritize local dollars. Specifically, we can anticipate the State (and their managed care entities) will control costs by making adjustments in clinical eligibility requirements. It is reasonable to predict that a significant cohort of people will be in need of services, but will not meet the clinical threshold necessary to receive services.

Lastly, even though we know radical changes are coming, we still don't know the details of how the State systems (e.g., Department of Human Services, Department of Healthcare and Family Services, and the Department of Children and Family Services) will be organized and how services will be operationalized. As they say, "the devil's in the details." So to the extent possible we will try to influence change, but I anticipate we will mostly be watching and positioning ourselves to respond to change in a way which best meets the needs of the people of Champaign County.

Statutory Authority

Funding policies of the Champaign County Mental Health Board (CCMHB) are predicated on the requirements of the Illinois Community Mental Health Act (405 ILCS 20 / Section 0.1 et.seq.). All funds shall be allocated within the intent of the controlling act as codified in the laws of the State of Illinois. The purpose of this memorandum is to recommend and confirm service and program priorities for the FY15 (July 1, 2014 through June 30, 2015) funding cycle. CCMHB Funding Guidelines require annual review and update of decision support criteria and priorities in advance of the funding cycle application process.

Expectations for Minimal Responsiveness

Applications that do not meet these thresholds are "non-responsive" and will be returned to the applicant. All agencies must be registered using the on-line system. The application(s) must be completed using the on-line system.

1. Eligible applicant – based on the Organization Eligibility Questionnaire.
2. Compliance with the application deadline. Late applications will not be accepted.
3. Application must relate directly to mental health, substance abuse or developmental disabilities programs and services.
4. Application must be appropriate to this funding source and shall provide evidence that other funding sources are not available to support this program/service.

FY15 Decision Priorities and Decision Support Criteria

Priority #1 – Collaboration with the Champaign County Developmental Disabilities Board

Full compliance with the terms and conditions of the Intergovernmental Agreement between the CCMHB and the Champaign County Developmental Disabilities Board (CCDDB). This agreement defines the FY15 allocation for developmental disabilities programs and services, as well as the expectation for integrated planning by the Boards.

Priortiy #2 – ACCESS Initiative Sustainability

The CCMHB has committed to sustaining our system-of-care after the term of the cooperative agreement with IDHS expires on September 30, 2015. A major component of this effort will be to continue our support and sponsorship of the Community Coalition with the City of Champaign and other units of local government. We envision the Community Coalition as the system-integrating and planning level of the system of care. In addition, the CCMHB plans to work with the Community Coalition, the Illinois Department of Healthcare and Family services, and Choices (the managed care company contracted for the pilot project in Champaign, Vermilion, Ford and Iroquois Counties to plan the "service level" for the system-of care and organize our resources to coordinate with other funders to enhance service capacity and efficacy. Full integration of these collaborations and programs will facilitate and improve system level policy and coordination, police-community relations, seamless service delivery, expansion of available matching funds, and sustainability of the system-of-care infrastructure (e.g., family and youth involvement, cultural competence, trauma informed, strength based, etc.).

Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance.

Alignment between Quarter Cent for Public Safety funding, CCMHB funding, and other federal, state and/or local funding streams to efficaciously address the needs of youth with SED by supporting the following services and supports:

(a) **Parenting with Love and Limits (PLL)** – Maintenance of Parenting with Love and Limits (PLL) as a means of assuring clinical efficacy and attainment of desired outcomes for ACCESS Initiative youth and families, as well as other youth involved in the juvenile justice system.

(b) **ACCESS Initiative** – In partnership with the Illinois Department of Human Services (IDHS), implementation of the Substance Abuse and Mental Health Services Administration (SAMHSA) Children's Initiative (by subcontract from the IDHS). During FY15, the project will be entering its transition phase as it moves away from the funding provided through the Cooperative Agreement to the sustainability phase.

(c) **Quarter Cent for Public Safety** – Full compliance with the MOU and support of development of a system of care which includes integrated planning with PLL and ACCESS Initiative. For FY15, it is recommended that this funding be used exclusively to support the Youth Assessment Center operated by the Regional Planning Commission (CCRPC).

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface.

Continuation during FY15 of the reconfigured behavioral health system which was designed to assure appropriate linkage to behavioral health services following incarceration, deflection of people with serious behavioral health problems prior to incarceration, and improved coordination between community based service providers and the Champaign County Jail's behavioral health service provider for people during their incarceration.

Included as a component of this priority is our continued support of the specialty courts, related services, and supports. Full compliance with memoranda of understandings pertaining to specialty courts will be continued during FY15.

Priority #5 – Local Funder Collaboration on Special Initiatives

It is recommended we support local funder collaborations intended to expand the availability of psychiatric services in Champaign County and/or development of an emergency shelter for families facing homelessness. Expansion of psychiatric services

could include supporting a partnership between community based behavioral health providers and the Federally Qualified Health Center (FQHC) in Champaign County. The only caveat to this item pertains to how the ACA and Medicaid expansion addresses this deficiency. The implementation of Medicaid managed care could conceivably address this issue. An emergency shelter for families was piloted in the community last winter and spring. The prospect exists for those involved with the pilot to lead an effort to establish a permanent facility. As part of any collaboration with other local funders on an emergency shelter for families, consideration would be given to providing support services at the shelter.

Priority #6 – Support and Compliance with all Memoranda of Understanding and Intergovernmental Agreements

It is recommended we support and comply with expectations associated with MOUs and IGAs (e.g., commitment to funding 2-1-1 services).

Overarching Decision Support Considerations

The FY15 CCMHB allocation process will require all applications to address the overarching criteria listed below. Assessment of all FY15 applications will focus on alignment with these overarching criteria.

1. **Underserved Populations** - Programs and services that promote access for underserved populations identified in the Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity and the consultation with Carl Bell, M.D.
2. **Countywide Access** - Programs and services that promote county-wide access for all people in Champaign County. Zip code data is mandated.
3. **Budget and Program Connectedness** - Applications that clearly explain the relationship between budgeted costs and program components receive additional consideration. "What is the Board buying?" is the salient question that must be answered in the proposal, and clarity is required.
4. **Realignment of Existing FY14 Contracts to Address Priorities** – The CCMHB reserves the right to reduce or eliminate incumbent programs and services in order to support the six FY15 priorities listed in this memorandum.

5. **Anti-Stigma Efforts** – Activities that support efforts to reduce stigma associated with mental health, substance use disorders, and intellectual disabilities/developmental disabilities by increasing community awareness and challenging negative attitudes and discriminatory practices.

Secondary Decision Support and Priority Criteria

The process items included in this section will be used as discriminating factors which influence final allocation decision recommendations. The CCMHB uses an on-line system for agencies interested in applying for funding. An agency must complete the one-time registration process including the Organization Eligibility Questionnaire before receiving access to the on-line application forms.

Approach/Methods/Innovation: Applications proposing evidence based or research based approaches, and in addition address fidelity to the specific model cited. Applications demonstrating creative and/or innovative approaches to meet defined community need will receive additional consideration.

Staff Credentials: Applications that address and highlight staff credentials and specialized training will receive additional consideration.

Process Considerations

The criteria described in this memorandum are to be used as guidance by the Board in assessing applications for CCMHB funding, however, it is not the sole consideration taken into account in finalizing funding decisions. Other considerations would include the judgment of the Board and its staff, opinion about the provider's ability to implement the program and services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCMHB funds, applications must reflect the goals and objectives stated in the Three Year Plan as well as the operating principles and public policy positions taken by the Board. The final funding decisions rest with the CCMHB and their judgment concerning the most appropriate and efficacious use of available dollars based on assessment of

community needs, equitable distribution across disability areas, and decision-support match up.

The CCMHB allocation of funding is a complex task predicated on multiple variables. It is important to remember that this allocation process is not a request for proposals (RFP). Applicants for funding are not responding to a common set of specifications, but rather are applying for funding to address a wide variety of mental health, developmental disability and substance abuse treatment needs in our community. In many respects our job is significantly more difficult than simply conducting an RFP. Based on past experience we can anticipate the nature and scope of applications will vary significantly and will include treatment, early intervention and prevention models. For these reasons, a numerical rating/selection methodology is not applicable and relevant to our particular circumstances. Our focus is on what constitutes a best value to our community based on a combination of cost and non-cost factors, and will reflect an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCMHB.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCMHB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- Technical assistance available to applicants will be limited to process questions concerning the use of the on-line registration and application system, application forms, budget forms, application instructions and CCMHB Funding Guidelines.
- Applications which include excessive information beyond the scope of the application format will not be reviewed and at the discretion of staff may be disqualified from consideration. Letters of support for applications are discouraged and if submitted will not be considered as part of the allocation and selection process.

- The CCMHB and CCDDB retains the right to accept or reject any or all applications, and reserves the right to refrain from making an award when it is deemed to be in the best interests of the county.
- The CCMHB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCMHB deems such variances to be in the best interest of Champaign County.
- Applications and submissions become the property of the CCMHB and as such, are public documents that may be copied and made available upon request after allocation decisions have been made. Materials submitted will not be returned or deleted from the on-line system.
- The CCMHB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years with or without additional procurement.
- If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services that are agreeable to both parties. Failure to submit required information may result in cancellation of the award of a contract.
- The execution of financial contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of Champaign County.
- The CCMHB reserves the right to further define and add additional application components as needed. Applicants selected as responsive to the intent of this on-line application process will be given equal opportunity to update proposals for the newly identified components.
- All proposals considered must be received on time and must be responsive to the application instructions. The CCMHB is not responsible for lateness or non-delivery of mail or messenger. Late applications shall be rejected.
- The contents of a successful application will be developed into a formal contract, if selected for funding. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCMHB reserves the right to

withdraw or reduce the amount of an award if there is misrepresentation of the applicant's ability to perform as stated in the application.

- The CCMHB reserves the right to negotiate the final terms (i.e., best and final offer) of any or all contracts with the applicant selected and any such terms negotiated as a result of this application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCMHB also reserves the right to require the submission of any revision to the application, which results from negotiations conducted.
- The CCMHB reserves the right to contact any individual, agency or employer listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- Final Decision Authority – The CCMHB will make the final decision concerning all applications for funding, taking into consideration staff recommendations, defined decision support criteria, best value, availability of funds, and equitable distribution of funds between disability areas.

Decision Section:

Motion: Move to approve the FY15 Allocation Decision Support Criteria as described in this memorandum.

_____Approved

_____Denied

_____Modified

_____Additional Information Needed

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

DECISION MEMORANDUM

DATE: November 20, 2013

TO: Members, Champaign County Developmental Disabilities Board

FROM: Peter Tracy, Executive Director

SUBJECT: FY15 Allocation Priorities and Decision Support Criteria

Overview:

In Illinois, we are currently in the midst of major changes in the delivery of supports and services for people with intellectual disabilities and developmental disabilities. The changes are being brought about by the State's rebalancing efforts (i.e., state operated facility closures), lawsuits and consent decrees, national trends and paradigm shifts, new statutes (e.g., Employment First), implementation of the Affordable Care Act, Medicaid expansion, and various managed care pilot projects being implemented by the Illinois Department of Healthcare and Family Services. Community based providers are faced with the challenge of positioning to adapt to change in the continued climate of fiscal austerity, payment delays, and antiquated state policy.

Of concern to community mental health authorities (708 Boards) and county developmental disabilities boards (377 Boards) is how the myriad of changes will affect established and traditional funding patterns and exactly where we fit in this new fiscal and policy environment. The State's shift away from General Revenue Funding (GRF) to Federal Financial Participation (FFP) will continue to redefine our funding parameters and will create additional stress on an already stressed system because of the inadequacy of Medicaid rates.

On the positive side (for 708 and 377 Boards), the changes cited above will actually open up tremendous opportunities for rethinking how we prioritize local dollars. Specifically, we can anticipate the State will control costs by making adjustments in clinical and service eligibility requirements. It is reasonable to predict that a significant cohort of people will be in need of services and supports but will not meet the intellectual disability or developmental disability threshold necessary to receive an award. We have seen this pattern play out with the Early Intervention program.

Lastly, even though we know radical changes are coming, we still don't know the details of how the State systems (e.g., Department of Human Services, Department of Healthcare and Family Services, and the Department of Children and Family Services) will be organized and how services and supports will be operationalized. As they say, "the devil's in the details." So to the extent possible we will try to influence change, but I anticipate we will mostly be watching and positioning ourselves to respond to change in a way which best meets the needs of the people of Champaign County.

While the structural changes, system uncertainty, and resource challenges described above might suggest a strategy of attempting to do 'more-of-the-same with less', these conditions might also be seen as presenting a unique opportunity to utilize discretionary funds selectively and systematically to identify and support creative approaches that are effective in:

- engaging, mobilizing, and leveraging partnerships with generic community resources (civic and cultural associations, workplaces, learning places, etc.)
- developing and mobilizing citizen-based personal support networks
- moving from sheltered, custodial, and 'activity-based' programming to a systematic focus on connection, companionship, and contribution.

Statutory Authority

Funding policies of the Champaign County Developmental Disabilities Board (CCDDB) are predicated on the requirements of the County Care for Persons with Developmental Disabilities Act (55 ILCS 105/ Section 0.01 et. seq.). All funds shall be allocated within the intent of the controlling act as codified in the laws of the State of Illinois. The purpose of this memorandum is to recommend and confirm service and program priorities for the FY15 (July 1, 2014 through June 30, 2015) funding cycle. CCDDB Funding Guidelines require annual review and update of decision support criteria and priorities in advance of the funding cycle application process.

Upon approval by the Board, this memorandum shall become an addendum to the CCDDB funding guidelines incorporated in standard operating procedures.

Expectations for Minimal Responsiveness

Applications that do not meet these thresholds are "non-responsive" and will be returned to the applicant. All agencies must be registered using the on-line system. The application(s) must be completed using the on-line system.

1. Eligible applicant – based on the Organization Eligibility Questionnaire.
2. Compliance with the application deadline. Late applications will not be accepted.
3. Application must relate directly to intellectual disabilities and developmental disabilities programs, services, and supports.
4. Application must be appropriate to this funding source and shall provide evidence that other funding sources are not available to support this program/service.

FY15 Priorities and Decision Support Criteria

Upon approval by the CCDDB, the items included in this section will be heavily weighted in the decision of which applications should receive funding during the FY15 contract year (July 1, 2014 through June 30, 2015). These items are closely aligned with CCDDB planning and needs assessment processes, State and federal statute changes, intergovernmental agreements, memoranda of understanding, recommendations of consultants hired by the Board, the Board's stated goals and objectives, and the operating principles and public policy positions taken by the Board. The weighting of innovation grants will include the following principles:

- Individuals with disabilities should have the opportunity to live like those without disabilities. They should have control over their day and over where and how they live.
- Supports for individuals with disabilities should focus on building connection, companionship, and contribution in the broader community, and on supporting presence and participation in community settings where their individual contributions will be recognized and valued.
- Supports for individuals with disabilities should focus on developing and strengthening personal support networks that include friends, family members, and community partners.
- Supports for individuals with disabilities should systematically identify and mobilize individual gifts and capacities and create access to community associations, workplaces, and learning spaces in which network members have influence and standing.

The FY15 allocation process is intended to respond to a wide range of stakeholder/resident input, including that learned through the September 18, 2013 Public Hearing on Intellectual Disabilities and Developmental Disabilities and concerns brought to our attention throughout the cycle.

Priority #1 – Person Centered Planning (PCP)

Applications shall provide detailed information about the PCP process used by the applicant to develop a cogent service and support plan predicated on and specific to CCDDB funding and which identifies and mobilizes community partnerships and resources that exist beyond the service system. To the extent possible, CCDDB dollars will follow individuals rather than programs and will focus on PCP-driven services and supports tied to the individual. In addition, the PCP process shall promote self-directed and culturally appropriate individualized service plans which include measurable desired outcomes that strike a balance between what is 'important-to' and what is 'important-for' the individual.

PCP processes must include the presence and participation of the person with a disability, including whatever supports the person needs to express his or her intentions and wishes. These supports may include participation and representation by one or more family members, friends, or community partners in whom the person with a disability has indicated trust, especially in cases where the individual may have significant difficulty expressing their intentions and wishes.

Individuals should have the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, exposure to integrated settings and individuals who work and live in them, and exploration of any concerns they may have about integrated settings.

Priority #2 – Employment Services and Supports

Applications which focus on vocational services and supports which are predicated on efficacious PCP processes and which incorporate Employment First Act principles shall be prioritized, with an emphasis on full or part time work in integrated, community settings, consistent with industry standards, based on a person's interests and abilities, and, when indicated and chosen, supported by individually designed services. Further, all employment/vocational related applications must warrant that CCDDB funding shall not supplement services funded by Medicaid. The following are examples of ES services and supports:

- assessment, exploration, and enhancement of vocational interests and abilities;
- support for the acquisition of job tasks and problem-solving skills;
- assistance in establishing a vocational direction/objective consistent with preferences;
- engagement of friends, family members, and community partners in identifying and creating access to workplaces in which those members have influence and standing;
- access to supported and/or customized employment opportunities;
- promotion of competitive employment outcomes;
- blended and/or transitional programs incorporating increased community integration.

Priority #3 – Comprehensive Services and Supports for Young Children

Applications with a focus on services and supports for young children with developmental delays not covered by the State's Early Intervention program(s) or under the School Code shall be prioritized. Examples of services and supports include:

- an array of Early Intervention services addressing all areas of development;
- coordinated, home-based, and taking into consideration the needs of the entire family;
- early identification of developmental delays through consultation with child care providers, pre-school educators, and medical professionals;
- supports (including education, coaching, and facilitation) that focus on developing and strengthening personal and family support networks that include friends, family members, and community partners;
- supports that systematically identify and mobilize individual gifts and capacities and create access to community associations, workplaces, and learning spaces in which network members have influence and standing.

Priority #4 – Flexible Family Support

Applications which focus on flexible, PCP-driven, family support for people with ID/DD and their families, which are designed to enhance stability and their ability to live together, shall be prioritized. Examples of flexible family support include:

- family respite, recreational activities, mutual support options, transportation assistance;
- assistive technology, home modification/accessibility supports, information, and education;
- other diverse supports which allow individuals and their families to determine care and treatment;
- assistance to the family to develop and maintain active, engaged personal support networks for themselves and their son or daughter.

Priority #5 – Adult Day Programming and Social and Community Integration

Applications for PCP-driven adult day programming for people with ID/DD who may also have behavioral support needs and/or significant physical limitations shall be prioritized. Examples of services include:

- speech therapy, occupational therapy, fitness training, personal care support;
- support for the development of independent living skills, social skills, communication skills, and functional academics skills;
- community integration and vocational training, per consumer preferences
- facilitation of social, friendship, and volunteering opportunities;

- access to community education programs, fitness and health promotion activities, mentoring opportunities, and by other creative means.

Priority #6 – Self Advocacy and Family Support Organizations
Applications highlighting an improved understanding of ID/DD through support of sustainable self-advocacy and family support organizations, especially those comprising persons who have ID/DD, their parents, and others in their networks of support, shall be prioritized.

Priority #7 – Inclusion and Anti-Stigma Programs and Supports
Applications that support efforts to reduce stigma associated with ID/DD may describe creative approaches which share the goals of increasing community awareness and challenging negative attitudes and discriminatory practices.

Priority #8 – Individualized Residential Service Options
Applications which focus on residential service and support options predicated on efficacious PCP processes and not funded by the Department of Human Services shall be prioritized. CCDDB funding for residential (and other) services and supports can potentially disqualify people from Medicaid and other State funding options.

Overarching Decision Support Considerations

The FY15 CCDDB allocation process will require all applications to address the overarching criteria listed below. Assessment of all FY15 applications will focus on alignment with these overarching criteria.

1. Underserved Populations - Programs and services that promote access for underserved populations identified in the Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity and the consultation with Carl Bell, M.D.
2. Countywide Access - Programs and services that promote county-wide access for all people in Champaign County. Zip code data is mandated.
3. Medicaid Anti-Supplementation - Programs and services eligible for Medicaid reimbursement for eligible people with intellectual disabilities and developmental disabilities shall not receive CCDDB funding.
4. Budget and Program Connectedness - Applications must clearly explain the relationship between budgeted costs and program components and must demonstrate how individuals and their preferences are driving the services. "What is the Board buying and for whom?" is the salient question to be answered in the proposal, and clarity is required.

Secondary Decision Support and Priority Criteria

The process items included in this section will be used as important discriminating factors which influence final allocation decision recommendations.

1. Approach/Methods/Innovation: Applications proposing evidence-based or research-based approaches and addressing fidelity to the model cited. Applications demonstrating creative and/or innovative approaches to meet defined community need.

2. Evidence of Collaboration: Applications identifying collaborative efforts with other organizations serving or directed by individuals with ID/DD and members of their support networks, toward a more efficient, effective, inclusive system of care.
3. Staff Credentials: Applications highlighting staff credentials and specialized training.
4. Records Systems Reflecting CCDB Values and Priorities: Applications proposing to develop and utilize records systems for individual supports, programs, and projects that clearly reflect CCDB values and priorities. Such records systems can be used to provide rapid feedback to CCDB on the impact and efficacy of innovative projects and provide project managers and direct support staff with direction and feedback that can be utilized in day-to-day management, supervision, and mentoring / coaching.

Process Considerations

The criteria described in this memorandum are to be used as guidance by the Board in assessing applications for CCDDB funding. However, they are not the sole consideration taken into account in finalizing funding decisions. Other considerations would include the judgment of the Board and its staff, opinion about the provider's ability to implement the program and services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCDDB funds, applications must reflect the Board's stated goals and objectives as well as the operating principles and public policy positions taken by the Board. The final funding decisions rest with the CCDDB and their judgment concerning the most appropriate and efficacious use of available dollars based on assessment of community needs, equitable distribution across disability areas, and decision-support match up.

The CCDDB allocation of funding is a complex task predicated on multiple variables. It is important to remember that this allocation process is not a request for proposals (RFP). Applicants for funding are not responding to a common set of specifications but rather are seeking funding to address a wide variety of developmental disability service and support needs in our community. In many respects our job is significantly more difficult than simply conducting an RFP. Based on past experience, we can anticipate that the nature and scope of applications will vary significantly and will include treatment, early intervention, and prevention models. For these reasons, a numerical rating/selection methodology is not applicable or relevant to our particular circumstances. Our focus is on what constitutes a best value to our community, based on a combination of cost and non-cost factors, and will reflect an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCDDB.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCDDB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- Technical assistance available to applicants will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCDDB Funding Guidelines.
- Applications which include excessive information beyond the scope of the application format will not be reviewed and, at the discretion of staff, may be disqualified from

consideration. Letters of support for applications are discouraged and, if submitted, will not be considered as part of the allocation and selection process.

- The CCDDB retains the right to accept or reject any or all applications and reserves the right to refrain from making an award when that is deemed to be in the best interest of the county.
- The CCDDB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCDDB deems such variances to be in the best interest of Champaign County.
- Applications and submissions become the property of the CCDDB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made. Materials submitted will not be returned or deleted from the online system.
- The CCDDB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years with or without additional procurement.
- If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services that are agreeable to both parties. Failure to submit required information may result in cancellation of the award of a contract.
- The execution of financial contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of Champaign County.
- The CCDDB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online application process will be given equal opportunity to update proposals for the newly identified components.
- All proposals considered must be received on time and must be responsive to the application instructions. The CCDDB is not responsible for lateness or non-delivery of mail or messenger. Late applications shall be rejected.
- The contents of a successful application will be developed into a formal contract, if selected for funding. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCDDB reserves the right to withdraw or reduce the amount of an award if there is misrepresentation of the applicant's ability to perform as stated in the application.
- The CCDDB reserves the right to negotiate the final terms (i.e., best and final offer) of any or all contracts with the applicant selected, and any such terms negotiated as a result of this application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCDDB also reserves the right to require the submission of any revision to the application which results from negotiations conducted.
- The CCDDB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.

Final Decision Authority – The CCDDB will make the final decision concerning all applications for funding, taking into consideration staff recommendations, defined decision support criteria, best value, and availability of funds.

Decision Section:

Motion to approve the FY15 Allocation Decision Support Criteria as described in this memorandum.

_____ Approved

_____ Denied

_____ Modified

_____ Additional Information Needed

13.D.

7th Annual disABILITY Resource Expo
Board Report
November, 2013

The 7th annual "disABILITY Resource Expo: Reaching Out For Answers" was held on Saturday, October 12, 2013 at Lincoln Square Village in Urbana. We were very fortunate to have been able to change the venue of the 2013 Expo just less than two weeks prior, due to the new Fluid Event Center not being quite complete at that point. The Urbana Business Association happily aided us in transitioning back to our previous location at Lincoln Square Village. Fluid Event staff were very gracious in providing staff and support, both during set-up on Friday, and during the event on Saturday. A total of 92 exhibitors were on hand to share information and resources to the large number of attendees. Of these 92 exhibitors, 26 were new to the Expo this year. Being able to accommodate this large increase in exhibitors in space we had outgrown last year was no small task. Hats off to Jim Mayer, who did an admirable job making it all fit well within the space constraints we were faced with.

Some remarkably talented folks provided entertainment at this years' Expo. We were pleased to have representatives from the U.S. Power Soccer Association put on a demonstration of the fastest growing wheelchair sport in the country. A wheelchair dance team from Momenta, a performing arts company out of the Chicago area, performed beautiful dance routines for us. Phyllis Mueller with Drumming For Health engaged participants in therapeutic drumming sessions throughout the day. Leaders For Life Martial Arts students gave an amazing demonstration, and even invited several children from the audience to join in and learn some special moves. Champaign's own talented jazz pianist, Donnie Heitler, entertained folks with his wonderful music. There were mini therapy horses to pet, transportation surveys to gather information about accessible transportation needs in our community, and so much more.

As always, the Expo was very in tune with accessibility needs of our participants. Interpreters, personal assistants, and a Spanish translator were available upon request, as were alternative formatted materials. The Disability 101 Bookmark was distributed, and was available in large print. The 2013 Resource Book was distributed to all participants, and was available on CD. Thanks to Lynn Canfield for all her work in developing the Resoource Book, as well as the Expo's new website, where folks can find this years' Resource Book and lots of other great information. The website is: www.disabilityresourceexpo.com or www.disabilityresourceexpo.org.

As always, Jen Knapp did a phenomenal job pulling together a very large group of volunteers for set-up on Friday, and to assist on Saturday during the event. The volunteers were amazing and really helped make everything run smoothly. We were pleased this year to utilize the resources of Court Services community service volunteers, who proved to be invaluable in the tear-down process.

Exhibitor and participant evaluations were gathered during the event. Both of these surveys were very positive, and will be an important aide in planning for the 2014 Expo. The Steering Committee met on November 8 to debrief and begin to discuss ideas for the 8th Annual Expo. This was definitely a year not without challenges, but in light of all of them, I have to say that the Expo Steering Committee is the best group of hard-working, dedicated individuals I have ever had the pleasure to work with.

Respectfully submitted
Barb Bressner, Consultant