



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

REMEMBER this meeting is being audio recorded. Please speak clearly into the microphone during the meeting.

Champaign County Mental Health Board (CCMHB)

WEDNESDAY, APRIL 30, 2014

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/Public Participation
4. CCDDDB Information
5. Approval of CCMHB Minutes
 - A. 3/19/14 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 are deferred.
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. FY 2015 Application Program Summaries

Discussion of agencies requests for funding. A Briefing Memo, copies of the draft program summaries, and a glossary of terms is included in the Board packet.

13. Old Business

A. Champaign County Alliance for AIR (Acceptance, Inclusion, and Respect)

An oral report will be provided. Copies of slides to be projected on the Virginia Theatre screen between films at the Roger Ebert's Film Festival are included in the packet.

B. Disability Resource Expo

Written report is included in the Board packet.

14. Board Announcements

15. Adjournment

****Board action***

5.A.

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
BOARD MEETING**

Minutes—March 19, 2014

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

4:30 p.m.

MEMBERS PRESENT: Astrid Berkson, Aillinn Dannave, Bill Gleason, Deloris Henry, Mike McClellan, Julian Rappaport, Deborah Townsend

MEMBERS EXCUSED: Susan Fowler, Thom Moore

STAFF PRESENT: Peter Tracy, Executive Director; Lynn Canfield, Nancy Crawford, Stephanie Howard-Gallo, Tracy Parsons

STAFF EXCUSED: Mark Driscoll

OTHERS PRESENT: Juli Kartel, Community Elements (CE); Bruce Suardini, Prairie Center Health Systems (PCHS); Dale Morrissey, Annette Becherer, Laura Bennett, Patty Walters, Vicki Tolf, Jennifer Carlson, Janice McAteer, Developmental Services Center (DSC); Dr. Walter Gonzalez, Citizen; Adelaide Aime, children's Advocacy Center (CAC); Beth Chato, League of Women Voters (LWV); Dennis Carpenter, Charleston Transitional Facility of Illinois (CTFI); Arlene Anderson, Urbana Adult Education; Katie Scissors, Center for Women in Transition (CWT); Lynn Watson, Head Start; Ann Russell, National Alliance for the Mentally Ill (NAMI); Megan and Peggy Pacely, UP Center; Nancy Greenwalt, Promise Healthcare

CALL TO ORDER:

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

ROLL CALL:

Roll call was taken and a quorum was present.

ADDITIONS TO AGENDA:

None.

CITIZEN INPUT:

Dr. Walter Gonzales spoke regarding his negative experience at the Champaign County Jail trying to access mental health services. He encouraged Board members to improve those services.

Ms. Ann Russell spoke regarding the lack of mental health services at the County Jail. She also had concerns over the Community Resource Center (CRC) being open for business.

CCDDB INFORMATION:

None.

PRESENTATION:

Kim Zoeller, President and CEO of Ray Graham Association provided an overview of innovations in services and supports for people with Intellectual Disabilities (ID) and Developmental Disabilities (DD). She also introduced the principles central to the work of the Council on Quality and Leadership and their accreditation process. A question and answer period followed the presentation.

APPROVAL OF MINUTES:

Minutes from the January 22, 2014 Board meeting were included in the packet for review.

MOTION: Dr. Townsend moved to approve the minutes from the January 22, 2014 Board meeting. Mr. Gleason seconded the motion. A vote was taken and the motion passed unanimously.

PRESIDENT'S COMMENTS:

None.

EXECUTIVE DIRECTOR'S COMMENTS:

None.

STAFF REPORTS:

Staff reports from Ms. Canfield, Mr. Driscoll, and Mr. Parsons were included in the packet. Mr. Rappaport stated he appreciated the clarity of the written reports from staff members.

BOARD TO BOARD:

Mr. Mike McClellan attended the monthly Board meeting of Crisis Nursery.

Mr. Rappaport attended Crisis Intervention Training with Community Elements and police personnel.

AGENCY INFORMATION:

Mr. Suardini from Prairie Center Health Systems (PCHS) stated his Board had acquired 2 new Board members.

Mr. Andy Kulczycki from the Community Services Center of Champaign County (CSCNCC) spoke regarding services offered by the agency and what they have been doing the past year.

FINANCIAL INFORMATION:

Approval of Claims:

The claims report was included in the Board packet for acceptance.

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

NEW BUSINESS:

Drug Court Expansion Allocation:

The Champaign County Board has included in the CCMHB Public Safety fund budget line funding to support the Drug Court coordinator position at Prairie Center Health Systems (PCHS). A Decision Memorandum was included in the Board packet.

MOTION: Dr. Townsend moved to approve the award to Prairie Center Health Systems (PCHS) of \$32,948 of Public Safety Funds allocated to the CCMHB by the County Board to support the Drug Court Coordinator position for the period of April 1, 2014 through December 31, 2014 contingent upon the timely transfer of funds from the County to the CCMHB. Mr. McClellan seconded the motion. A roll call vote was

taken. All CCMHB members voted aye and the motion passed.

Application/Funding Requests:

A list of applicants and amounts requested is included in the Board packet.

CCMHB FY 2013 Annual Report:

A draft FY13 Annual Report was included in the Board packet for review and approval.

MOTION: Ms. Dannave moved to approve the FY13 Annual Report as presented. Ms. Berkson seconded the motion. A voice vote was taken and the motion passed unanimously.

Liaison Guidelines:

The guidelines for serving as a liaison to funded CCMHB agencies was included in the packet for information only.

OLD BUSINESS:

Alliance for Acceptance, Inclusion & Respect

Ms. Canfield provided an update on recent activities.

Glossary of Terms/Acronyms:

A glossary of terms and acronyms commonly used in program summaries and other Board materials was included in the Board packet for information only.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 6:05 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

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

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

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VENDOR NO	VENDOR NAME	TRN DTE	B N CD	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	4/02/14	03 VR	53- 144		504267	4/04/14	090-053-533.50-00	RENT-GENERAL CORP FACILITY/OFFICE RENTALS	APR OFFICE RENT VENDOR TOTAL	2,884.17 2,884.17 *
41	CHAMPAIGN COUNTY TREASURER	3/26/14	02 VR	620- 56		503458	3/31/14	090-053-513.06-00	HEALTH INSUR FND 620 EMPLOYEE HEALTH/LIFE INS	MAR HI, LI, & HRA VENDOR TOTAL	3,117.09 3,117.09 *
104	CHAMPAIGN COUNTY TREASURER	4/02/14	03 VR	53- 154		504271	4/04/14	090-053-533.92-00	HEAD START FUND 104 CONTRIBUTIONS & GRANTS	SOC/EMOT SVCS APR VENDOR TOTAL	3,419.00 3,419.00 *
161	CHAMPAIGN COUNTY TREASURER	4/02/14	03 VR	53- 153		504273	4/04/14	090-053-533.92-00	REG PLAN COMM FND075 CONTRIBUTIONS & GRANTS	YOUTH ACCSS CNTR AP VENDOR TOTAL	2,167.00 2,167.00 *
176	CHAMPAIGN COUNTY TREASURER	3/27/14	09 VR	119- 17		503465	3/31/14	090-053-513.04-00	SELF-FUND INS FND476 WORKERS' COMPENSATION	INSWORK COMP 2/7, 21 P VENDOR TOTAL	161.68 161.68 *
179	CHAMPAIGN COUNTY TREASURER	4/02/14	03 VR	53- 152		504275	4/04/14	090-053-533.92-00	CHLD ADVC CTR FND679 CONTRIBUTIONS & GRANTS	CAC COUNSEL APR VENDOR TOTAL	3,090.00 3,090.00 *
544	AAIM EMPLOYERS ASSOCIATION	3/25/14	01 VR	53- 142		503469	3/31/14	090-053-533.07-00	PROFESSIONAL SERVICES	INV 129370 1/22 VENDOR TOTAL	1,575.00 1,575.00 *
572	ABSOPURE WATER	3/19/14	01 VR	53- 133		502914	3/21/14	090-053-533.51-00	EQUIPMENT RENTALS	INV 54483981 2/28 VENDOR TOTAL	9.00 9.00 *

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*** FUND NO. 090 MENTAL HEALTH											
4990	ASSN OF COMMUNITY MENTAL HLTH AUTH OF IL ACMHAI										
		3/11/14	01 VR 53-	131		502534	3/13/14	090-053-533.95-00	CONFERENCES & TRAINING	REG TRACY 4/2-3	100.00
		3/11/14	01 VR 53-	131		502534	3/13/14	090-053-533.95-00	CONFERENCES & TRAINING	REG SUTER 4/2-3	100.00
		3/11/14	01 VR 53-	131		502534	3/13/14	090-053-533.95-00	CONFERENCES & TRAINING	REG FOWLER 4/2-3	100.00
		3/11/14	01 VR 53-	131		502534	3/13/14	090-053-533.95-00	CONFERENCES & TRAINING	REG HENRY 4/2-3	100.00
										VENDOR TOTAL	400.00 *
13375	CENTER FOR WOMEN IN TRANSITION										
		4/02/14	03 VR 53-	145		504293	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AWP APR	5,579.00
										VENDOR TOTAL	5,579.00 *
13376	CENTER FOR YOUTH & FAMILY SOLUTIONS										
		3/25/14	01 VR 53-	134		503506	3/31/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB COUNSELING	667.00
										VENDOR TOTAL	667.00 *
17128	CLASSIC EVENTS										
		4/02/14	03 VR 53-	143		504303	4/04/14	090-053-533.95-00	CONFERENCES & TRAINING	INV 2013515 3/19	165.60
										VENDOR TOTAL	165.60 *
18052	COMCAST CABLE - MENTAL HEALTH ACCT										
		3/25/14	01 VR 53-	141		503529	3/31/14	090-053-533.29-00	COMPUTER/INF TCH SERVICES	8771403010088314 3/	84.90
										VENDOR TOTAL	84.90 *
18203	COMMUNITY CHOICE, INC										
		4/02/14	03 VR 53-	155		504304	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SELF DETERMINATN AP	2,917.00
										VENDOR TOTAL	2,917.00 *
18209	COMMUNITY ELEMENTS										
		4/02/14	03 VR 53-	146		504305	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR CJ PROB SOLV	12,494.00
		4/02/14	03 VR 53-	146		504305	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR CRISIS/ACCESS	19,139.00
		4/02/14	03 VR 53-	146		504305	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR INTEGRATED BH	6,964.00
		4/02/14	03 VR 53-	146		504305	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR PSYCH/PRIM CARE	3,592.00

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*** FUND NO. 090 MENTAL HEALTH												
		4/02/14	03	VR	53-	146	504305	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR EARLY C'HOOD	9,542.00
		4/02/14	03	VR	53-	146	504305	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR PLL FRONT END	24,075.00
											VENDOR TOTAL	75,806.00 *
18230	COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY											
		4/02/14	03	VR	53-	147	504306	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	1ST CALL APR	5,498.00
											VENDOR TOTAL	5,498.00 *
19346	CRISIS NURSERY											
		4/02/14	03	VR	53-	156	504308	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	BEYOND BLUE APR	5,833.00
											VENDOR TOTAL	5,833.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC											
		4/02/14	03	VR	53-	157	504311	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FAM DEV CENTER APR	41,667.00
											VENDOR TOTAL	41,667.00 *
22730	DON MOYER BOYS & GIRLS CLUB											
		4/02/14	03	VR	53-	158	504316	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	INTAKE SPECIAL APR	3,964.00
		4/02/14	03	VR	53-	158	504316	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	COMMUNITY HOME APR	11,250.00
		4/02/14	03	VR	53-	158	504316	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	WRAP FLEX FUNDS APR	4,444.00
											VENDOR TOTAL	19,658.00 *
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR											
		4/02/14	03	VR	53-	159	504319	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FAMILY SUPPORT APR	1,083.00
											VENDOR TOTAL	1,083.00 *
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY GRANTS											
		3/25/14	01	VR	53-	135	503558	3/31/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB FAM COUNSEL	1,332.36
		4/02/14	03	VR	53-	148	504323	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	1ST CALL APR	2,500.00
		4/02/14	03	VR	53-	148	504323	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SELF HELP APR	2,369.00
		4/02/14	03	VR	53-	148	504323	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SENIOR COUNSEL APR	11,861.00
											VENDOR TOTAL	18,062.36 *

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*** FUND NO. 090 MENTAL HEALTH											
44570	MAHOMET AREA YOUTH CLUB	4/02/14	03 VR	53- 160		504337	4/04/14	090-053-533.92-00	601 EAST FRANKLIN CONTRIBUTIONS & GRANTS	UNIV SCREENING APR VENDOR TOTAL	1,483.00 1,483.00 *
50106	NATL ASSC OF CNTY BEHAVRL HLTH & DEV DIS NW, SUITE 50	3/25/14	01 VR	53- 139		503635	3/31/14	090-053-533.93-00	DUES AND LICENSES	2014 DUES P TRACY VENDOR TOTAL	750.00 750.00 *
51600	NEWS GAZETTE	3/25/14	01 VR	53- 137		503637	3/31/14	090-053-533.89-00	PUBLIC RELATIONS	7084 AD1218163 2/28 VENDOR TOTAL	400.00 400.00 *
56750	PRAIRIE CENTER HEALTH SYSTEMS							GRANTS			
		4/02/14	03 VR	53- 149		504354	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DRUG COURT APR	14,875.00
		4/02/14	03 VR	53- 149		504354	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	CJ SUB ABUSE APR	833.00
		4/02/14	03 VR	53- 149		504354	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	PREVENTION APR	4,713.00
		4/02/14	03 VR	53- 149		504354	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	PLL EXTEND CARE APR	24,075.00
		4/02/14	03 VR	53- 149		504354	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	YOUTH SERVICES APR VENDOR TOTAL	8,750.00 53,246.00 *
57196	PROMISE HEALTHCARE	4/02/14	03 VR	53- 150		504356	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	WELLNESS PRGM APR	3,000.00
		4/02/14	03 VR	53- 150		504356	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MH SVCS APR VENDOR TOTAL	12,398.00 15,398.00 *
59434	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS	4/02/14	03 VR	53- 151		504357	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	RAPE/ADVC/COUNSL AP VENDOR TOTAL	1,550.00 1,550.00 *
62674	SAVANNAH FAMILY INSTITUTE, INC.	4/02/14	03 VR	53- 167		504362	4/04/14	090-053-533.07-00	PROFESSIONAL SERVICES	4TH QTR CONSULT FEE VENDOR TOTAL	37,500.00 37,500.00 *

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*** FUND NO. 090 MENTAL HEALTH											
67290	SOAR PROGRAMS										
		4/02/14	03 VR	53- 161		504365	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	UNIV SCREENING APR	2,317.00
		4/02/14	03 VR	53- 161		504365	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FAM ENGAGEMENT APR	12,097.00
										VENDOR TOTAL	14,414.00 *
67867	SPOC LLC								D/B/A CHAMPAIGN TEL		
		3/19/14	04 VR	28- 58		503088	3/21/14	090-053-533.33-00	TELEPHONE SERVICE	INV 1102102 3/12	29.30
										VENDOR TOTAL	29.30 *
69869	STREAMLINE HEALTHCARE SOLUTIONS, LLC										
		3/19/14	01 VR	53- 132		503093	3/21/14	090-053-533.07-00	PROFESSIONAL SERVICES	INV 2014094 2/28	900.00
		3/19/14	01 VR	53- 132		503093	3/21/14	090-053-533.29-00	COMPUTER/INF TCH SERVICES	INV 2013860 12/31	90.00
										VENDOR TOTAL	990.00 *
76921	UNIVERSITY OF ILLINOIS -PSYCHOLOGICAL SERVICES										
		4/02/14	03 VR	53- 164		504378	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	RESTORTV CRCL APR	1,959.00
		4/02/14	03 VR	53- 164		504378	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	GIRLS ADVOCACY APR	2,917.00
										VENDOR TOTAL	4,876.00 *
77280	UP CENTER OF CHAMPAIGN COUNTY								SUITE 102		
		4/02/14	03 VR	53- 165		504379	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	UP CENTER APR	1,217.00
										VENDOR TOTAL	1,217.00 *
78120	URBANA NEIGHBORHOOD CONNECTION CENTER										
		4/02/14	03 VR	53- 162		504380	4/04/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	UNIV SCREENING APR	1,650.00
										VENDOR TOTAL	1,650.00 *
78550	VERIZON WIRELESS-MENTAL HEALTH BOARD								AC 386356887-00001		
		3/11/14	01 VR	53- 130		502681	3/13/14	090-053-533.33-00	TELEPHONE SERVICE	38635688700001 2/20	147.52
		4/02/14	03 VR	53- 168		504381	4/04/14	090-053-533.33-00	TELEPHONE SERVICE	38635688700001 3/20	147.80
										VENDOR TOTAL	295.32 *

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*** FUND NO. 106 PUBL SAFETY SALES TAX FND										
*** DEPT NO. 237 DELINQ PREVENTION GRANTS										
161	CHAMPAIGN COUNTY TREASURER						REG PLAN COMM FND075			
		4/02/14 03 VR 106- 16			504273	4/04/14	106-237-533.92-00	CONTRIBUTIONS & GRANTS	YOUTH ACCSS CNTR AP	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 *

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*** FUND NO. 641 ACCESS INITIATIVE GRANT											
*** DEPT NO. 053 MENTAL HEALTH BOARD											
41	CHAMPAIGN COUNTY TREASURER							HEALTH INSUR FND 620			
		3/26/14	02 VR	620-	56	503458	3/31/14	641-053-513.06-00	EMPLOYEE HEALTH/LIFE INS MAR HI, LI, & HRA		605.60
										VENDOR TOTAL	605.60 *
176	CHAMPAIGN COUNTY TREASURER							SELF-FUND INS FND476			
		3/27/14	09 VR	119-	17	503465	3/31/14	641-053-513.04-00	WORKERS' COMPENSATION INSWORK COMP 2/7, 21 P		44.62
										VENDOR TOTAL	44.62 *
572	ABSOPURE WATER										
		4/02/14	03 VR	641-	46	504277	4/04/14	641-053-533.51-00	EQUIPMENT RENTALS	INV 54487799 2/28	9.00
										VENDOR TOTAL	9.00 *
18053	COMCAST CABLE - ACCESS INITIATIVE ACCT							AC#8771403010217756			
		3/19/14	01 VR	641-	43	502970	3/21/14	641-053-533.29-00	COMPUTER/INF TCH SERVICES8771403010217756 MA		94.85
		3/19/14	01 VR	641-	43	502970	3/21/14	641-053-534.37-00	FINANCE CHARGES,BANK FEES8771403010217756 MA		9.50
										VENDOR TOTAL	104.35 *
18209	COMMUNITY ELEMENTS										
		4/02/14	03 VR	641-	48	504305	4/04/14	641-053-533.92-00	CONTRIBUTIONS & GRANTS	AI SCHOOL BASED APR	5,583.00
										VENDOR TOTAL	5,583.00 *
22730	DON MOYER BOYS & GIRLS CLUB										
		4/02/14	03 VR	641-	47	504316	4/04/14	641-053-533.92-00	CONTRIBUTIONS & GRANTS	SVCS/ADMIN TEAM APR	31,467.00
		4/02/14	03 VR	641-	47	504316	4/04/14	641-053-533.92-00	CONTRIBUTIONS & GRANTS	SVCS/SUP STAFF APR	41,193.00
		4/02/14	03 VR	641-	47	504316	4/04/14	641-053-533.92-00	CONTRIBUTIONS & GRANTS	C/O COM ENG APR	4,286.00
		4/02/14	03 VR	641-	47	504316	4/04/14	641-053-533.92-00	CONTRIBUTIONS & GRANTS	C/O MGMT SUP APR	7,143.00
		4/02/14	03 VR	641-	47	504316	4/04/14	641-053-533.92-00	CONTRIBUTIONS & GRANTS	C/O SYS SVC APR	10,714.00
										VENDOR TOTAL	94,803.00 *
56750	PRAIRIE CENTER HEALTH SYSTEMS							GRANTS			
		4/02/14	03 VR	641-	49	504354	4/04/14	641-053-533.92-00	CONTRIBUTIONS & GRANTS	CUL/LING APR	6,425.00

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VENDOR NO	VENDOR NAME	TRN DTE	B N CD	TR NO	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 641 ACCESS INITIATIVE GRANT												
		4/02/14	03 VR	641-	49		504354	4/04/14	641-053-533.92-00	CONTRIBUTIONS & GRANTS	C/O CULTURAL SUP AP	714.00
											VENDOR TOTAL	7,139.00 *
67290	SOAR PROGRAMS											
		4/02/14	03 VR	641-	50		504365	4/04/14	641-053-533.92-00	CONTRIBUTIONS & GRANTS	YOUTH MOVE APR	4,444.00
		4/02/14	03 VR	641-	50		504365	4/04/14	641-053-533.92-00	CONTRIBUTIONS & GRANTS	C/O YTH/FAM SUP APR	8,571.00
											VENDOR TOTAL	13,015.00 *
67867	SPOC LLC									D/B/A CHAMPAIGN TEL		
		3/19/14	04 VR	28-	58		503088	3/21/14	641-053-533.33-00	TELEPHONE SERVICE	INV 1102102 3/12	28.18
											VENDOR TOTAL	28.18 *
78552	VERIZON WIRELESS-MNTL HLTH BD/ACCESS INT AC 286369166-00001											
		3/19/14	01 VR	641-	44		503112	3/21/14	641-053-533.33-00	TELEPHONE SERVICE	28636916600001 3/2	153.12
											VENDOR TOTAL	153.12 *
78892	VISA CARDMEMBER SERVICES-ACCESS INITITIV AC#4798510049574342											
		3/20/14	03 VR	641-	45		503131	3/21/14	641-053-533.29-00	COMPUTER/INF TCH SERVICES	4342 CONCENTRC 2/14	11.95
		3/20/14	03 VR	641-	45		503131	3/21/14	641-053-533.95-00	CONFERENCES & TRAINING	4342 USF CONF 2/18	395.00
		3/20/14	03 VR	641-	45		503131	3/21/14	641-053-533.29-00	COMPUTER/INF TCH SERVICES	4342 MITEL NET 2/18	74.33
		3/20/14	03 VR	641-	45		503131	3/21/14	641-053-533.95-00	CONFERENCES & TRAINING	4342 AM AIRLINE 2/1	563.50
		3/20/14	03 VR	641-	45		503131	3/21/14	641-053-533.84-00	BUSINESS MEALS/EXPENSES	4342 CRANE ALLY 2/2	38.85
		3/20/14	03 VR	641-	45		503131	3/21/14	641-053-533.84-00	BUSINESS MEALS/EXPENSES	4342 ROSATIS 2/27	146.90
		3/20/14	03 VR	641-	45		503131	3/21/14	641-053-533.95-00	CONFERENCES & TRAINING	4342 TPA TAXI 3/3	30.00
		3/20/14	03 VR	641-	45		503131	3/21/14	641-053-533.95-00	CONFERENCES & TRAINING	4342 JCKSN BISTR 3/	33.89
		3/20/14	03 VR	641-	45		503131	3/21/14	641-053-533.95-00	CONFERENCES & TRAINING	4342 AM AIRLINE 3/3	25.00
		3/20/14	03 VR	641-	45		503131	3/21/14	641-053-533.95-00	CONFERENCES & TRAINING	4342 FLY BAR&GRL 3/	27.47
		3/20/14	03 VR	641-	45		503131	3/21/14	641-053-533.95-00	CONFERENCES & TRAINING	4342 WILLARD AIR 3/	20.00
		3/20/14	03 VR	641-	45		503131	3/21/14	641-053-533.95-00	CONFERENCES & TRAINING	4342 HILTON HTL 3/6	608.19
		3/20/14	03 VR	641-	45		503131	3/21/14	641-053-533.95-00	CONFERENCES & TRAINING	4342 POPEYES 3/6	9.93
		3/20/14	03 VR	641-	45		503131	3/21/14	641-053-534.37-00	FINANCE CHARGES,BANK FEES	4342 INT REVRSL 2/2	18.20-
											VENDOR TOTAL	1,966.81 *

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

4/04/14

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VENDOR NO	VENDOR NAME	TRN DTE	B N CD	TR TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 641 ACCESS INITIATIVE GRANT											
78975	WBCP-AM								SUITE D		
		3/19/14	01 VR	641- 42		503132	3/21/14	641-053-533.89-00	PUBLIC RELATIONS	934000100012 2/28	400.00
										VENDOR TOTAL	400.00 *
81610	XEROX CORPORATION										
		3/19/14	01 VR	641- 41		503145	3/21/14	641-053-533.85-00	PHOTOCOPY SERVICES	INV 072791561 3/1	454.71
										VENDOR TOTAL	454.71 *
635152	PARSONS, TRACY								ACCESS INITIATIVE		
		3/19/14	01 VR	641- 40		503221	3/21/14	641-053-533.12-00	JOB-REQUIRED TRAVEL EXP	357 MILE 12/3-29	201.71
		3/19/14	01 VR	641- 40		503221	3/21/14	641-053-533.95-00	CONFERENCES & TRAINING	379 MILE 12/2	214.14
		3/19/14	01 VR	641- 40		503221	3/21/14	641-053-533.12-00	JOB-REQUIRED TRAVEL EXP	162 MILE 1/8-30	90.72
		3/19/14	01 VR	641- 40		503221	3/21/14	641-053-533.12-00	JOB-REQUIRED TRAVEL EXP	194 MILE 2/3-28	108.64
										VENDOR TOTAL	615.21 *
									MENTAL HEALTH BOARD	DEPARTMENT TOTAL	124,921.60 *
									ACCESS INITIATIVE GRANT	FUND TOTAL	124,921.60 *

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

4/04/14

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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. 685 DRUG COURTS PROGRAM												
*** DEPT NO. 053 MENTAL HEALTH BOARD												
56750	PRAIRIE CENTER HEALTH SYSTEMS								GRANTS			
	4/02/14	03	VR	685-	1		504354	4/04/14	685-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT-DEC DRUG CRT GR	16,714.73
											VENDOR TOTAL	16,714.73 *
										MENTAL HEALTH BOARD	DEPARTMENT TOTAL	16,714.73 *
										DRUG COURTS PROGRAM	FUND TOTAL	16,714.73 *
											REPORT TOTAL *****	745,628.71 *



BRIEFING MEMORANDUM

DATE: April 30, 2014
MEMO TO: Members, Champaign County Mental Health Board
FROM: Peter Tracy
SUBJECT: Program Summaries – FY15 Allocation Cycle

Traditionally, our April meeting is used to fully vet all applications for funding with final decisions made at our May meeting. To facilitate this process staff have completed Program Summaries on all applications. The summaries glean salient information and provide opinions concerning alignment with our stated priorities and defined decision support criteria.

All applicants for CCMHB funding have received a letter with instructions on where to access a copy of their program summary and have been invited to notify us in writing if there are factual errors which should be corrected prior to completion of the FY15 award process. Written comments from providers will be shared with CCMHB members and errors will be corrected. Differences of opinion concerning alignment with decision support criteria and ratings will not result in changes unless directly related to a corrected factual error.

In addition, all applicant agencies are invited to attend the April meeting for the twofold purposes of (1) providing additional information directly to the Champaign County Mental Health Board (CCMHB) during the “Agency Information” portion of the agenda, and (2) answering direct questions from CCMHB members or staff concerning their application. CCMHB members have full and direct access to all applications through our online application system, and may at their discretion raise questions not addressed in the summaries.

Glossary of Terms and Acronyms – CCMHB Program Summaries--DRAFT

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

APN – Advance Practice Nurse

ASAM – American Society of Addiction Medicine. May be referred to in regards to assessment and criteria for patient placement in level of treatment/care.

ASD – Autism Spectrum Disorder

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

ATOD – Alcohol, Tobacco and Other Drugs

CADC – Certified Alcohol and 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.

CANS – Child and Adolescent Needs and Strengths. The CANS is a multi-purpose tool developed to support decision making, including level of care, service planning, and monitoring of outcomes of services.

CBCL – Child Behavior Checklist.

CC – Champaign County

C-GAF – Children's Global Assessment of Functioning

CILA – Community Integrated Living Arrangement

CLC – Cultural and Linguistic Competence

CQL – Council on Equality and Leadership

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

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

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

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

DCFS – Illinois Department of Children and Family Services.

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

DD – Developmental Disability

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

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

DHS – Illinois Department of Human Services

DSM – Diagnostic Statistical Manual.

DT – Developmental Training

EI – Early Intervention

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

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

ER – Emergency Room

FACES – Family Adaptability and Cohesion Evaluation Scale.

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

FOIA – Freedom of Information Act.

FQHC – Federally Qualified Health Center

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

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

GAF – Global Assessment of Functioning. A subjective rating scale used by clinicians to rate a client's level of social, occupational and psychological functioning. The scale included in the DSM-IV has been replaced in the DSM-V by another instrument.

GAIN-Q - Global Appraisal of Individual Needs-Quick. Is the most basic form of the assessment tool taking about 30 minutes to complete and consists of nine items that identify and estimate the severity of problems of the youth or adult.

GAIN Short Screen - Global Appraisal of Individual Needs, is made up of 20 items (four five-item subscales). The GAIN-SS subscales identify: internalizing disorders, externalizing disorders, substance use disorders, crime/violence.

HRSA – Health Resources and Services Administration. The agency is housed within the federal Department of Health and Human Resources and has responsibility for Federally Qualified Health Centers.

ICADV – Illinois Coalition Against Domestic Violence

ICASA – Illinois Coalition Against Sexual Assault

ICDVP - Illinois Certified Domestic Violence Professional

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ICJA - Illinois Criminal Justice Authority

ID – Intellectual Disability

I&R – Information and Referral

ISC – Independent Service Coordination

ISP – Individual Service Plan

ISSA – Independent Service & Support Advocacy

JJ – Juvenile Justice

JJPD – Juvenile Justice Post Detention

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

LPC – Licensed Professional Counselor

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

MH – Mental Health.

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

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

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

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

described in the Part I Program Performance Measures-Utilization section of the application. Similar to TPCs, they may be divided into two groups – Continuing NTPCs - clients without treatment plans served before the first day of July and actively receiving services within the first quarter of the new program year. The first quarter of the program year is the only quarter in which this data is reported. Essentially it is a case carried from one program year into the next. The other is New TPCs that is the number of new clients in a given quarter of the program year.

NREPP – National Registry of Evidence-based Programs and Practices maintained by Substance Abuse Mental Health Services Administration (SAMHSA)

OMA – Open Meetings Act.

PAS – Pre-Admission Screening

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning

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

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

PTSD – Post-Traumatic Stress Disorder

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

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

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

QIDP – Qualifies Intellectual Disabilities Professional

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

SA – Substance Abuse

SAMHSA – Substance Abuse 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.

SBIRT – Screening, Brief Intervention, Referral to Treatment. SAMHSA defines SBIRT as a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.

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

Seeking Safety - a present-focused treatment for clients with a history of trauma and substance abuse.

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 of the application/program plan and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application. Treatment Plan Clients may be divided into two groups – Continuing TPCs - clients with treatment plans written prior to the first day of July and actively receiving services within the first quarter of the new program year. The first quarter of the program year is the only quarter in which this data is reported. Essentially it is a case carried from one program year into the next. The other is New TPCs that is the number of new clients with treatment plans written in a given quarter of the program year.

WRAP – Wellness Recovery Action Plan, is a manualized group intervention for adults that guides participants through the process of identifying and understanding their personal wellness resources and then helps them develop an individualized plan to use these resources on a daily basis to manage their mental illness.

Agency and Program acronyms

AI – Access Initiative

BIOC - Best Interest of Children

BLAST – Bulldogs Learning and Succeeding Together. A Mahomet Area Youth Club program.

CAC - Children's Advocacy Center

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

CC – Community Choices

CCBoH – Champaign County Board of Health

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

CN - Crisis Nursery

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

CWT – Center for Women in Transition

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

DHS – Illinois Department of Human Services

DMBGC - Don Moyer Boys & Girls Club

DSC - Developmental Services Center

DSP – Direct Support Professional

ECMHD - Early Childhood Mental Health and Development, a program of Community Elements

FDC – Family Development Center

FS - Family Service of Champaign County

FNHC - Frances Nelson Health Center

IDOC – Illinois Department of Corrections

JDC – Juvenile Detention Center

MAYC - Mahomet Area Youth Club

MRT – Moral Reconciliation Therapy, a systematic treatment strategy that seeks to decrease recidivism among juvenile and adult criminal offenders by increasing moral reasoning.

PEARLS - Program to Encourage Active Rewarding Lives

PCHS - Prairie Center Health Systems

PHC – Promise Healthcare

PSC - Psychological Services Center (University of Illinois)

RAC or ECIRMAC – East Central Illinois Refugee Mutual Assistance Center

RACES – Rape Advocacy, Counseling, and Education Services

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

UAE – Urbana Adult Education

UCP – United Cerebral Palsy

UHS – Urbana High School

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

YAC – Youth Assessment Center. Screening and Assessment Center developed by the Champaign County Regional Planning Commission-Social Services Division with Quarter Cent funding.

Draft CCMHB PY15 PROGRAM SUMMARY

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

Program Name: Champaign County Children's Advocacy Center

Focus of Application: MH X SA DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY15 CCMHB Funding Request: \$37,080

PY15 Total Program Budget: \$190,163

Current Year Funding (PY14): \$37,080

Proposed Change in Funding - PY14 vs. PY15: 0

Program Staff – CCMHB Funds: 0.5 FTE

Total Program Staff: 2.8 FTE

Budget Analysis: The CAC is a single purpose agency. CCMHB funds account for 19% of total program revenue. No other local funders support the agency. Three state contracts provide 71% of the agency's funding. Other sources include the National Children's Alliance at 5% and contributions generating the remaining 5% that includes voluntary assessments to law enforcement jurisdictions using the facility.

Salary and associated taxes and benefits for the Executive Director position account for 93% of the costs charged to CCMHB funds. The funds support 50% of the position's salary and 92% of taxes and 95% of benefits. Remaining CCMHB funds are allocated to occupancy (for janitorial service) and membership dues to the National Children's Alliance and a state association.

As a single purpose agency, the agency and program budgets are the same but show a deficit. Expenses of \$210,656 exceed projected revenue of \$190,163 by \$20,493. CCMHB revenue and expenses balance.

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

Not Applicable
Audit Requirement Waived
Audit in Compliance X
Audit not in Compliance
Auditor Finding

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

Service Locations(s)/Demographics: Agency is located in Champaign next to the Champaign-Urbana Public Health District office. Interviews and multi-disciplinary team meetings are held on-site. The CAC handled 163 cases in FY13.

Residency by zip code finds 32% of clients were from Champaign, 22% from Urbana, 18% from Rantoul, and 20% from the balance of the county plus another 8% that may include use of the facility by an entity from outside the county.

Demographic data finds 27% of clients were age 6 or under, 33% were age 7 to 12, and 40% were 13 or older; 58% were white, 31% were black/African American, and 11% were of another race or bi/multi-racial; 7% were of Hispanic/Latino origin; and 71% were female.

Service Description/Type: Assessment and Support Services. The CAC facilitates multi-disciplinary team interviews by law enforcement and/or DCFS personnel designated for the investigation and coordination of services for alleged victims of child abuse or neglect. The CAC provides a safe agency neutral space in which to conduct such interviews and minimize anxiety and trauma for the alleged victim. The Executive Director has an MSW and the Case Manager has a Bachelor's degree and extensive experience including 8 years in the current position.

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

Access to Services for Rural Residents: Transportation is provided by the investigating agency for the initial interview. The Case Manager may assist the family with obtaining other services and accessing transportation.

Program Performance Measures

ACCESS: The CAC is accredited by National Children's Alliance. The facility is accessible by the multi-disciplinary team 24 hours a day. The facility is centrally located with easy access off of I-74. Law enforcement and DCFS make all referrals to CAC per established protocol.

Agencies ability to schedule an interview at the CAC can be considered an access performance measure. Statistics on the number of child forensic interviews conducted the same day or following day of an agency's contact with the CAC to use the facility were provided using data was from 2012 but was not updated to reflect performance for FY13. In 2012, 56% were scheduled the same day and 39% for the following day. According to the FY13 performance report, fourteen different law enforcement jurisdictions and state agencies used the facility in FY13.

The CAC case manager will complete a needs assessment the same day the child forensic interview is completed. Length of engagement with the family averages six to twelve months.

CONSUMER OUTCOMES: The Case Manager assesses needs at intake, engages and refers client/family as appropriate to identified needs, tracks client progress and evaluates services accessed at case closure. Database has capacity to track status of legal proceedings and assess outcomes for cases using the CAC. Regular monthly and case-specific Multidisciplinary Team (MDT) case review meetings provide additional opportunities to measure post-service outcomes. The CAC also tracks the disposition of all criminal cases involving clients interviewed at the Center.

The activities described do not have specific performance measures defined or results quantified to measure the impact of the service on the consumer. Possible measure is number of successful discharges – cases closed by the case manager as a result of client’s identified needs being met.

Non-offending parent/caregiver are also provided the opportunity complete a client satisfaction survey and return it using a stamped, self-addressed envelope. Response rate is not quantified but reported as low and results are not quantified but are said to demonstrate high levels of satisfaction. Staff and Board are said to review survey results.

UTILIZATION: The CAC proposes to reconfigure how services are tracked in FY15.

For FY15 Treatment Plan Clients (TPCs) are defined as children and youth residing in Champaign County and that have been interviewed somewhere regarding allegations of sexual or severe physical abuse and/or are receiving case management services at the CAC. The change appears to be an increase focus on case management services and less on use of the facility for the initial Multi-Disciplinary Team Interviews.

Non-Treatment Plan Clients (NTPCs) will be children and youth residing in Champaign County and that are interviewed at the CAC as juvenile suspects, or are siblings of the victim/children/youth that were potential witnesses of the offense, or is a courtesy use of the facility for an out of county investigation. In the past this category represented siblings of the victim or were a witness.

Screening contacts (SCs) will be the total of TPCs and NTPCs. In the past this number represented number of assessments completed at the CAC.

Community Service Events (CSEs) represent various events/activities to promote awareness of the CAC and the issue of child sexual abuse and/or physical abuse.

For FY13 the CAC exceeded the projected number of 120 SCs (assessments) done at the CAC completing 142 and exceeded the target of 122 TPCs (child victim case with Multi-Disciplinary Team meeting) serving 131. CSEs also exceeded the target 12 completing 13. Through the second quarter of FY14 reported activity is below projections. Targets for FY15 are 130 TPCs, 20 NTPCs, 150 SCs and 12 CSEs.

CCMHB Priorities:

Primary Decision Support Considerations:

MHB-DDB Developmental Disabilities Collaboration: No

ACCESS Initiative Sustainability: No

Programs for Youth w/ SED: No

a. Parenting with Love and Limits (PLL): N/A

b. ACCESS Initiative: N/A

c. Quarter Cent for Public Safety: N/A

Adult CJ-Behavioral Health Services/Supports: No

Local Funder-Special Initiatives: No

MOU/IGA Support: No

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: Yes

Budget-Program Connectedness: Yes, although allocation of taxes/benefits is questioned
Realignment of FY14 Funding to FY15 Priorities: TBD
Anti-Stigma Efforts: No

Technical Criteria:

Approach/Methods/Innovation: Yes, agency is accredited by National Children's Alliance.
Staff Credentials: Yes. Director has an MSW and Case Manager has a Bachelor's degree with 8 years at the CAC.

Applicant Review and Input

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

Recommendation: Pending

DRAFT CCDDDB/CCMHB PROGRAM SUMMARY 2015

Agency: Champaign County (RPC) Head Start/Early Head Start

Program Name: Social Emotional Disabilities Services

Contract Format Requested: Grant

Staff Assessment: The contract format should be changed to fee-for-service to conform with CCDDDB/CCMHB efforts to assure that funding is predicated on a “per individual served” basis rather than on a program basis. If appropriate, a case rate process could be considered.

Funding Requested: \$45,727 (identical requests submitted to the CCDDDB and CCMHB; program is currently funded by the CCMHB.)

Staff Assessment: The application proposes to serve 160 people (\$286 per person at the requested contract maximum) through several categories of service.

Target Population:

Residents of Champaign County, aged six weeks through five years, who have assessed service needs, limited family financial resources, are enrolled in Champaign County Head Start/Early Head Start, and who either: score above the cutoff on Ages and Stages Questionnaire Social-Emotional screening tool and have individual social-emotional goals written for them; are referred by parent or teacher for behavioral or social-emotional developmental concerns and for whom a behavioral management plan is developed; or for whom play therapy or counseling is provided.

Staff Assessment: at age three, children are eligible for services under the Illinois School Code, Article 14.

Service Description/Type:

Screenings for those newly enrolled, development of social-emotional goals, Social-Emotional environmental observations of each classroom, individual child observations, development of behavioral plans (Individual Success Plans), play therapy, referrals (to developmental pediatrician, agencies, etc), individual counseling through play therapy, informational support to families, collaboration/networking meetings, mass screening events in summer. Staff credentials are described (LCPC and CADC licenses).

Staff Assessment: The application does not specify how many hours of service people will receive, either individually or on average, though there is good detail on anticipated numbers of persons served per category of service.

CCDDDB Priorities:

1. **Person Centered Planning (PCP) - The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and Community Based Services (HCBS) final rule. Select applicants will be required to**

submit, as an addendum to contracts issued, a description of their PCP process which addresses the following items:

- (a) The process by which the individual selects people who will participate in PCP meetings and activities.
- (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
- (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.
- (d) Describe PCP measurable desired outcomes are associated with community integration.
- (e) Explain the extent to which the individual controls their day and how they live.
- (f) Describe how support is given to build connections to the broader community.
- (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.
- (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.

2. **Incorporate/cite Employment First principles.** N/A.

3. **Acknowledge and support self-advocacy.**

This item does not appear to have been addressed in the application.

4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.**

There is no explicit reference to avoidance of Medicaid supplementation.

5. **Address cultural competence and reaching out to underserved populations.**

The consumer access section describes collection and reporting of data related to underserved populations and the program’s effectiveness in reaching/recruiting them; these reports are used to identify and reach unserved areas or populations; service options are described.

Demographic Data for FY14, at mid-year, of 131 individuals: 96% were 6 or younger, 0.8% were 7-12, 0.8% were 13-18, and 2% were 19-59 (parents in counseling); 18% were white, 58% black/African American, 0.8% Asian, and 24% Other; 10% were of Hispanic/Latino origin; and 69% were male. **In FY13**, of 182 individuals: 94% were aged 0-6, 0.5% 7-12, and 5.5% 19-59; 24% were white, 54% black/African American, 0.5% Asian, 12% Other, and 9% data not available; 15% were of Hispanic/Latino origin; and 57% were male.

Zip Code Data for FY14, of 131 individuals, 21% were from Urbana, 64% Champaign, 13% Rantoul, and 6% Greater Champaign County. **In FY13**, of 182 individuals, 25% were from Urbana, 50% Champaign, 18% Rantoul, and 7.7% Greater Champaign County.

Program Performance Measures:

Consumer Access: contains descriptions of total program reporting requirements per federal regulations, enrollment options/services available to families, mass screening events, and a measure

of the speed of access to screenings and monthly reports associated with the Social Emotional Disabilities Services.

Consumer Outcomes: Kindergarten readiness goal of 90% of enrolled children (a current year goal) and previous year performance, along with data on identified developmental delay or disability and assessed social-emotional need.

Staff Assessment: a quantifiable measure of outcomes for FY15 does not appear to be identified.

Utilization/Production Data: (targets; current year data, if funded)

100 Treatment Plan Clients - 30 Continuing and 70 New (those participating in play therapy or counseling, and those for whom individual social-emotional goals or behavioral plans are developed); **60 New Non-Treatment Plan Clients** (behavioral planning meetings, parent meetings, or parent training on their behalf); **625 Service Contacts** (a total of screenings: ASQ-SEs, Social-Emotional Environmental Observations, and individual child observations); **4 Community Service Events**; and **14 Other** (mass screening days, staff training, news articles for parent newsletters).

For FY14, at mid-year, there were 43 Continuing TPCs (target 30) and 88 New TPCs (target 70), 145 New NTPCs (target 60), 757 SCs (target 625), and 2 CSEs (target 8), and 14 Other (target 17).

In FY13, there were 73 Continuing TPCs (target 25), 119 New TPCs (target 75), 309 New NTPCs (target 60), 699 SCs (target 775), 3 CSEs (target 15), and 22 Other (target 18).

Staff Assessment: lowering the CSE target for FY15 while maintaining TPC, NTPC, and SC targets, which have been exceeded.

Financial Information:

PY15 CCDDDB/CCMHB Funding Request:	\$45,727
PY15 Total Program Expenses:	\$88,574
Program Staff – CCDDDB/CCMHB Funds:	0.65 FTE
Total Program Staff:	1.25 FTE

Staff Assessment: (1) CCDDDB/CCMHB request is 52% of program revenue, with other source being 48% from Dept of Health and Human Services (which is 0.9% of DHHS revenue for Head Start/Early Head Start).

(2) Staff costs comprise 98% of the total budgeted expenses, with small amounts for consumables (specific to this program) and conferences (to maintain staff credentials and stay current).

(3) The contract maximum should be based on a case rate for the 160 people served by the program using the following formula: number of clients x the average number of hours projected for each person x an established hourly rate for each of the services.

Budget Narrative:

Good detail on the few revenue and expense items.

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

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X _____
Audit not in Compliance _____
Auditor Finding _____
FY13 Excess Revenue _____

Contracting Considerations: If this application is approved by the CCDDDB/CCMHB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The budget section shall include the following language: "Coordination of Payers: All CCDDDB/CCMHB contracted service providers shall coordinate their services and seek/utilize payment from other revenue sources prior to using CCDDDB/CCMHB funding, thus making the CCDDDB/CCMHB payer of last resort.
2. The applicant shall warrant that CCDD/CCMHB dollars shall not be used to supplement Medicaid rates.
3. The applicant shall specify the estimated hours of service to be provided for people served under this contract and tie back to the contract maximum.
4. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.
5. The applicant shall provide Person Centered Planning information as delineated above as an addendum to the final contract.
6. A consumer outcomes measure should be developed.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB/CCMHB PROGRAM SUMMARY 2015

Agency: Champaign County RPC Social Services

Program Name: Decision Support for Persons with DD

Contract Format Requested: Grant – NEW PROGRAM

Staff Assessment: The contract format should be changed to fee-for-service to conform with CCDDDB/CCMHB efforts to assure that funding is predicated on a “per individual served” basis rather than on a program basis. If appropriate, a case rate process could be considered.

Funding Requested: \$48,000 (identical requests submitted to CCMHB and CCDDDB)

Staff Assessment: application proposes to serve 500 people (\$96 per person at the requested contract maximum).

Target Population:

Five-hundred (500) individuals who are eligible or potentially eligible for services through Illinois Department of Human Services – Division of Developmental Disabilities (DHS-DDD), based on a Pre-Admission Screening assessment. This includes individuals requesting PUNS registration, exiting school, desiring to move closer to family in Champaign County, transitioning from ICF-DD or SODC facilities to smaller, community-based settings, or those who may have a DD diagnosis and are looking into services.

Staff Assessment: (1) The application does not say how many hours of service people will receive, either individually or on average. (2) The application proposes to serve 300 people who have Medicaid awards and 200 who do not.

Service Description/Type:

CCRPC is the pre-admission screening (PAS) agency for Champaign County. Data collection, client tracking, and case management activities not currently funded by DHS-DDD would be added to develop a clearer picture of local consumer needs and to provide better information and quicker access to services. A spreadsheet will track all individuals’ choices related to services (whether met or unmet) to assist CCMHB/CCDDDB in planning and funding decisions, providers in developing and improving services, and PAS agency in Person-Centered Planning. For those registered in PUNS or intending to register, assistance obtaining evidence used in determination of eligibility. Referral (to other resources) of those ineligible for DD services. Staff credentials are described.

Staff Assessment: The application states that services will not include activities funded by DHS-DDD contracts for PAS/ISC duties.

CCDDDB Priorities:

1. Person Centered Planning (PCP) - The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and

Community Based Services (HCBS) final rule. Select applicants will be required to submit, as an addendum to contracts issued, a description of their PCP process which addresses the following items:

- (a) The process by which the individual selects people who will participate in PCP meetings and activities.
- (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
- (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.
- (d) Describe PCP measurable desired outcomes are associated with community integration.
- (e) Explain the extent to which the individual controls their day and how they live.
- (f) Describe how support is given to build connections to the broader community.
- (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.
- (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.

2. **Incorporate/cite Employment First principles.** Select applicants will be required to submit, as an addendum to contracts issued, their plan for implementing this law.

3. **Acknowledge and support self-advocacy.**

This item does not appear to have been explicitly addressed, but documenting, tracking, and advocating for consumer choice are a focus of proposed services.

4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.**

There is no explicit reference to avoidance of Medicaid supplementation.

5. **Address cultural competence and reaching out to underserved populations.**

Various office locations include Illinois WorkNet Center, Brookens, Rantoul Community Center, and others. Sign language and language interpreters are available as needed. Program information is available in accessible formats. Cultural Competency Plan is reviewed and updated annually.

Program Performance Measures:

Consumer Access: Good detail on process. Office hours, locations, and 24/7 emergency response through answering service. Section includes measures related to: collection of demographic and consumer choice data (100% of individuals already funded, plus new); timeliness of response to calls (2 business days); referrals for other resources within one business day after determination of ineligibility; satisfaction surveys (no quantifiable target identified here, but 95% satisfaction in 2013 is noted, and feedback is used to improve the program.)

Consumer Outcomes: Section contains description of the services to be delivered - assistance obtaining evidence for eligibility determination, documentation of individuals' preferences for service planning, and tracking of choices for follow-up – and outcomes – referral to community

services, data to CCMHB/CCDDB for planning and decision recommendation, and service gap information for providers.

Staff Assessment: a quantifiable measure does not appear to have been identified.

Utilization/Production Data: (targets; current year data, if funded)

Targets for: 300 New Treatment Plan Clients (those with Medicaid-waiver awards, on behalf of whom services are discussed, data entered, and choices tracked), 200 New Non-Treatment Plan Clients (those without Medicaid-waiver awards, for whom choices are discussed, data entered into spreadsheet and PUNS, and choices are tracked), 20 Service Contacts (those who are not eligible and referred elsewhere), 25 Community Service Events.

Financial Information:

PY15 CCDDB/CCMHB Funding Request:	\$48,000
PY15 Total Program Expenses:	\$547,470
Program Staff – CCDDB/CCMHB Funds:	0.5 FTE
Total Program Staff:	6.0 FTE

- Staff Assessment: (1) Staff costs, all direct staff, comprise 62% of CCDDB/CCMHB budgeted expenses, with others being professional fees/consultants (17%, for psychologists, some IT), consumables, occupancy, transportation, and specific assistance (7%, for individuals to obtain school and other records, bus tokens, transportation to appointments related to eligibility determination.)**
- (2) CCDDB/CCMHB revenue is 8.8% of total program revenue, with other source DHS funding (Individual Services and Support Advocacy grant).**
- (3) The contract maximum should be based on a case rate for the 500 people served by the program using the following formula: number of clients x the average number of hours projected for each person x the hourly rate established by DHS for comparable services.**

Budget Narrative:

Explains each item and allocation method. Mentions staff credentials.

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

- Not Applicable _____
- Audit Requirement Waived _____
- Audit in Compliance X
- Audit not in Compliance _____
- Auditor Finding _____

Contracting Considerations: If this application is approved by the CCDDB/CCMHB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The budget section shall include the following language: “Coordination of Payers: All CCDDB/CCMHB contracted service providers shall coordinate their services and

seek/utilize payment from other revenue sources prior to using CCDDDB/CCMHB funding, thus making the CCDDDB/CCMHB payer of last resort.

2. The CCDDDB/CCMHB revenue and projected expenses in column 3 (i.e., of the budget document) shall match. If the expenses in column 2 are less than the total revenue in column 2, the surplus shall be assigned to the CCDDDB/CCMHB.
3. The applicant shall warrant that CCDDDB/CCMHB dollars shall not be used to supplement Medicaid rates.
4. The applicant shall specify the estimated hours of service to be provided for people served under this contract and tie back to the contract maximum.
5. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.
6. The applicant shall provide Person Centered Planning information as delineated above, as an addendum to the final contract.
7. The applicant shall provide Employment First information as delineated above, as an addendum to the final contract.
8. Consumer outcomes measurements should be developed to tie to consumer choices, placements, etc.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

Draft CCMHB PY15 PROGRAM SUMMARY

AGENCY: Champaign County Regional Planning Commission (CCRPC) – Social Services

Program Name: Youth Assessment Center (MHB companion proposal)

Focus of Application: MH X SA ___ DD ___ ACCESS ___ Qtr Cent ___

Type of Contract: Grant

Financial Information:

PY15 CCMHB Funding Request: \$26,000

PY15 Total Program Budget: \$26,000

Current Year Funding (PY14): \$26,000

Proposed Change in Funding - PY14 vs. PY15: 0

Program Staff – CCMHB Funds: 0.52 FTE

Total Program Staff: 6.66 FTE

Budget Analysis: This application is linked to the Youth Assessment Center Quarter Cent application and is intended to support the Court Diversion Services available to station adjusted youth. Total program revenue matches the amount requested from CCMHB.

The salary, payroll tax and benefits lines account for 87% of total expenses allocated to CCMHB revenue. Travel accounts for another 1% and the remaining 12% is allocated to occupancy. The occupancy expense figure represents an administrative indirect cost expense. The typical rate charged by CCRPC is 45% of direct labor cost. The CCRPC rate is reviewed and approved annually by the Illinois Department of Commerce and Economic Opportunity. However CCRPC reduced the indirect cost rate charged to 20% of direct labor expense for CCMHB applications.

The personnel form was not completed correctly. The percentage of FTE time does not align with allocated salary. There is also a discrepancy in allocated staff time. The percentage of staff time allocated to the Youth Assessment Center Quarter Cent application combined with the Youth Assessment Center Mental Health Board application exceeds 1 FTE for several mutually supported positions. If funded, the issues with the personnel form will be addressed during the contract phase.

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

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X _____
Audit not in Compliance _____

Auditor Finding _____

Target Population: Youth age 10 to 17 with a station adjustment, screened at the Youth Assessment Center and referred Court Diversion Services (Mediation, Peer Court or Restorative Circles).

Service Locations(s)/Demographics: Onsite at the Youth Assessment Center and periodically at the Community Service Center of Northern Champaign County in Rantoul for Peer Court and other accessible locations as convenient for participants for Mediation and Restorative Circles. FY13 data totals 282 youth served through Court Diversion Services.

Residency by zip code for youth served finds 49% were from Champaign, 22% from Urbana, 14% from Rantoul, and 15% from other areas of the county.

Demographic data for youth served finds 15% were age 12 or under and 85% were age 13 to 18; 57% were black/African American, 37% were white, and 6% other races including bi/multi-racial; 4% were of Hispanic/Latino origin; and 62% were male.

Service Description/Type: Juvenile Delinquency Prevention/Intervention. Youth are screened at the Youth Assessment Center (YAC) and based on the nature of the offense and criminal history are placed on station adjustment, pending police approval. A station adjustment meeting is held with the youth who may be referred to the Court Diversion Services (CDS) program or to Parenting with Love and Limits (PLL). The CDS program is an ACCESS Initiative partner.

Youth on station adjustment will be referred to one of three services: Mediation, Peer Court, or Restorative Circles. Each of these options applies principles of Balanced and Restorative Justice (BARJ). Once referred to one of the services youth are scheduled for the next available session, usually within two weeks. Mediation or Restorative Circles may be used when a victim is involved in the offense. Mediation involves bringing the offender and victim together with a trained mediator to discuss the misconduct, ways to restore justice, and hold the offender accountable. Restorative Circles will be used where serious victim trauma is evident or the offender has other issues, with the intent of restoring relationships, addressing the harm done, and responding to unmet needs. Peer Court is another option where the involved parties are not willing to meet.

Regardless of which option is used, all include development of a signed written agreement as an outcome that delineates the responsibilities for restoring justice. This may include public service, monetary restitution, or other forms of reparation. YAC case managers conduct bi-weekly follow-up contacts with the youth on completing the terms of the agreement and provide support if needed. The agreement/station adjustment may last for up to four months.

The same personnel staff the YAC and CDS program. The CDS Coordinator has a bachelor's degree and is trained in BARJ principles and Motivation Interviewing techniques. This position recruits and trains the volunteers. Mediations are done by trained volunteers that apply BARJ principles to the process to reach agreements. Peer Court uses high school students and Lincoln

Challenge Academy cadets who receive six hours of training that also involves BARJ principles. Restorative Circles are provided by the U of I Psychological Services Center Conflict Clinic.

Access to Services for Rural Residents: Youth Assessment Center accepts referrals of station adjusted youth from all police departments in the county. Program services may be provided in Rantoul at the Community Service Center of Northern Champaign County or at other locations convenient to the family.

Program Performance Measures

ACCESS: The Court Diversion Services program is open to any youth on station adjustment. Youth placed on station adjustment and referred to one of the three service options under the CDS program must complete the terms of the CDS restorative agreement before the station agreement expires, usually in four months. Data on successful completion of the restorative agreement and station adjustment is tracked by staff. Program reports in FY13 62% of agreements and station adjustments were successfully completed.

Staff works a varied schedule to accommodate youth and families, recruit and train volunteers, and monitor compliance with agreements. Service locations may also vary to accommodate session participants. Some staff are bilingual. Feedback from client satisfaction surveys helps to evaluate staff and ease of access to services. FY12 survey results were 95% positive.

CONSUMER OUTCOMES: A successful outcome is completion of restorative agreement and the terms of the agreement are met. The primary measure is reduced recidivism - no further judgments against the offender within one year of the CDS agreement. Results reported since the inception of the program finds an 18% reduction in recidivism for youth completing mediations than those referred but not engaging in mediation. In 2012, approximately 75% of youth completing peer court or mediation had no further contact with police one year later.

CDS process measures of success are collected internally and reviewed monthly. Process measures include: youth accepts responsibility for their actions by agreeing to participate; a restorative agreement is reached; the terms of the agreement are met by the youth.

Collateral measures are referenced but will not be formally tracked. They include participants choosing to participate in wrap-around services, making recommendations to improve the program or volunteering with program, and improvement in school.

UTILIZATION: Due to the establishment of the Youth Assessment Center and some resulting changes procedures an adjustment is being made to how services are tracked.

Treatment Plan Clients (TPCs) are youth that engage in services, complete the restorative agreement. Target for FY15 is 210 TPCs. At the midpoint of FY 14, 73 youth have completed a restorative agreement.

Non-Treatment Plan Clients (NTPCs) are youth that engage in one of the options but refuse to complete a restorative agreement. The change in definition is significant enough not to allow for comparison to the FY14 data. Target for FY15 is 5 NTPCs.

Screening Contacts will be youth with a station adjustment referred to CDS but refuse to engage or are no shows. The change in definition is significant enough not to allow for comparison to the FY14 data. Target for FY15 is 35 of 250 referred youth will be classified as a Screening Contact.

Community Service Events are the number of Peer Court, Mediation, or Restorative Circle proceedings completed during the year. The change in definition is significant enough not to allow for comparison to the FY14 data. Target for FY15 is 68 CSEs (48 Peer Court sessions and 20 Mediations or Restorative Circles)

CCMHB Priorities:

Primary Decision Support Considerations:

MHB-DDB Developmental Disabilities Collaboration: No

ACCESS Initiative Sustainability: No

Programs for Youth w/ SED: Yes

a. Parenting with Love and Limits (PLL): No

b. ACCESS Initiative: Yes, as a partner

c. Quarter Cent for Public Safety: Yes, direct relationship with Quarter Cent application

Adult CJ-Behavioral Health Services/Supports: No

Local Funder-Special Initiatives: No

MOU/IGA Support: Yes

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: Yes

Budget-Program Connectedness: No, personnel form issues

Realignment of FY14 Funding to FY15 Priorities: TBD

Anti-Stigma Efforts: No

Technical Criteria:

Approach/Methods/Innovation: Yes, use of BARJ principles

Staff Credentials: Yes

Applicant Review and Input

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

Recommendation: Pending

Draft CCMHB PY15 PROGRAM SUMMARY

AGENCY: Champaign County Regional Planning Commission (CCRPC) – Social Services

Program Name: Youth Assessment Center

Focus of Application: MH ___ SA ___ DD ___ ACCESS ___ Qtr Cent X

Type of Contract: Grant

Financial Information:

PY15 CCMHB Funding Request: \$240,612
PY15 Total Program Budget: \$339,233

Current Year Funding (PY14): \$240,612
Proposed Change in Funding - PY14 vs. PY15: 0

Program Staff – CCMHB Funds: 5.15 FTE
Total Program Staff: 7.53 FTE

Budget Analysis: This program proposal almost entirely supported with local funds. Funding requested from the Quarter Cent for Public Safety Fund is 71% of the total program budget. A companion proposal to the CCMHB accounts for an additional 8% of program revenue. Other local sources include varying commitments from Champaign, Rantoul and Urbana that provide a combined 11% of revenue. In-Kind Contributions represent another 7% of budgeted revenue. The remaining 3% of funding is from federal block grant funds, primarily from the Juvenile Accountability Block Grant.

Salaries, payroll taxes, and benefits account for 86% of expenses to be paid from Quarter Cent funds. Another 2% is spread across three other expense lines including specific assistance used to help youth and families with transportation if needed. The remaining 12% is allocated to the occupancy expense line. The occupancy expense figure represents an administrative indirect cost expense. The typical rate charged by CCRPC is 45% of direct labor cost. The CCRPC rate is reviewed and approved annually by the Illinois Department of Commerce and Economic Opportunity. However CCRPC reduced the indirect cost rate charged to 20% of direct labor expense for CCMHB applications.

The expense form and personnel form had quality issues. The expense form does not appear to have been completed correctly. It indicates an agency deficit of \$85,000 while the program has over \$78,000 in excess revenue. CCMHB revenue and expenses balance. The personnel form was also not completed correctly. The percentage of FTE time does not align with allocated salary. There is also a discrepancy in allocated staff time. The percentage of staff time allocated to the Youth Assessment Center Quarter Cent application combined with the Youth Assessment Center Mental Health Board application exceeds 1 FTE for several mutually supported positions. If funded, these issues will be addressed during the contract phase.

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

Not Applicable _____

Audit Requirement Waived _____
Audit in Compliance X
Audit not in Compliance _____
Auditor Finding _____

Target Population: Youth age 10 to 17 with a station adjustment or a status offense referred by any local law enforcement jurisdictions or those youth referred from schools, agencies or families.

Service Locations(s)/Demographics: The Youth Assessment Center is located at 402 North Randolph in Champaign. Hours vary but most days the Center is open from 9:00 a.m. to midnight. Youth may be brought directly to the YAC or referred with follow contact made by YAC Staff.

As the Youth Assessment Center is a new initiative in FY14 data presented is for the first half of the program year. For the 192 Champaign County youth assisted residency by zip code data finds 49% are from Champaign, 21% from Urbana, 12% from Rantoul, and 18% from other areas of the county.

Demographic data reported finds 87% were in the age group 13 to 18 and 13% were 12 or under; 59% were black/African American, 35% white, 6% other races including bi/multi-racial; 7% were of Hispanic/Latino origin; and 60% were male.

Service Description/Type: Screening and Support Services. The Youth Assessment Center (YAC) is a county-wide resource for law enforcement, schools, other social service providers, and families providing prompt intake screening and referral services.

Screenings are completed with the Youth Assessment and Screening Instrument (YASI) and as appropriate to the outcome of the screen (high or low risk), a referral is made for services. Scores determine the level of engagement, connection to treatment/community services, and follow-up by YAC staff. Referrals to other services for high risk youth are made within one business day of the completed screening with weekly follow-up for up to six months or until service is completed. Youth screened but who do not engage in referred services will have additional contact to address barriers to successful engagement. The YAC has established relationships with various providers including ACCESS Initiative and Parenting with Love and Limits as part of its commitment to help youths address the identified needs and better themselves.

Law enforcement may bring the youth directly to the YAC or refer them there. And pending approval of juvenile officers, staff determines whether the matter is a status offense, requires a “warn and release,” or a formal station adjustment is necessary. Youth with a formal station adjustment are referred to the Court Diversion Services program within the agency. Court Diversion Services offers mediation and peer court that can result in the youth’s agreement to participate in other interventions or course of action to successfully complete the station adjustment. Youth may be placed on a station adjustment for up to four months.

Program staff have Bachelor’s degrees and are trained in Balanced and Restorative Justice (BARJ) and trauma informed practice and apply such principles in their work with the youth. Services are tracked using the same database as the Court Diversion Services program.

Access to Services for Rural Residents: In addition to the Champaign location, the Brookens Building location in Urbana and the satellite office at CSCNCC in Rantoul are potential intake sites. Staff may also

visit rural communities for outreach to law enforcement and schools as well as to work with youth. Transportation costs may be paid using funds from the Specific Assistance expense line.

Program Performance Measures

ACCESS: Data tracked as an access measure includes number of youth referred to the Youth Assessment Center, number screened, and then connected to services based on risk level (high or low risk). Threshold for determining high and low risk is based on the YASI score.

Access data reported as of the date of application finds of the 292 youth referred, 192 youth have been screened/assessed of which 87 high risk youth have been referred to services and 105 low risk youth are being monitored by YAC case managers. Of youth referred 60% are said to have engaged in services. Staff have an additional 31 youth are in the assessment phase of the process and the remaining 69 youth referred either refused or were ineligible for assistance through the Youth Assessment Center. A breakdown of number of youth referred to specific services or providers is not provided here.

Staff has conducted outreach to potential referral sources including law enforcement, schools, and other providers. Effort is made to engage all youth referred. This can occur at the Youth Assessment Center or elsewhere in the county. Staff maintains flexible hours for meeting with the youth and family.

CONSUMER OUTCOMES:

Youth are screened at intake and exit to determine change in level of risk. A positive outcome or success is a youth that follows through on the referral and engaging in services as well as a reduction in level of risk. Barriers to engagement in referred services will also be tracked.

Collateral measures are referenced but will not be formally tracked. They include participants choosing to participate in wrap-around services, making recommendations to improve the program or volunteering with program, and improvement in school.

Recidivism, defined here as court judgment within one year, will be tracked through Court Services for youth placed on formal station adjustments. This specific measure is associated with the program’s primary goal of reduced juvenile justice involvement

UTILIZATION:

Service categories are clearly defined. Targets are adjusted for FY15 based on FY14 experience to date. The vast majority of referrals are coming through law enforcement.

Service contacts represent number of youth referred but refusing to participate or were unable to contact youth. Target for FY 14 was 50 and at mid-point of the year actual number was 23. Target for FY15 is unchanged at 55.

Treatment Plan Clients (TPCs) are youth screened and scored as high risk and connected to other services for further assessment and/or engagement. Target for FY14 was 540 and at the mid-point for the year number reported to CCMHB is 105 (application references 86). The discrepancy between target and performance is noted as a result of the high number of youth being screened and found low-risk and not requiring referral for more intensive services. Target for FY15 is adjusted downward to 175 TPCs.

Non-Treatment Plan Clients (NTPCs) are youth screened and found to be low risk and will be monitored by staff but a referral for other services is not necessary. Target for FY14 was 240 and at the mid-point

for the year number reported to CCMHB is 48 (application references 105). Target for FY15 is adjusted downward to 180.

Community Service Events (CSEs) represent activity by staff to educate potential referral sources and the community about the program and other program related meetings with partners. The target for FY14 was 50 and at the mid-point of the year reported activity totals 21. Next year the Youth Assessment will increase outreach to schools and be hosting meetings of the Truancy Review Board. Target for FY15 is unchanged at 50.

CCMHB Priorities:

Primary Decision Support Considerations:

MHB-DDB Developmental Disabilities Collaboration: No

ACCESS Initiative Sustainability: No

Programs for Youth w/ SED: Yes

- a. Parenting with Love and Limits (PLL): Yes, program refers to PLL
- b. ACCESS Initiative: Yes, as a partner
- c. Quarter Cent for Public Safety: Yes

Adult CJ-Behavioral Health Services/Supports: No

Local Funder-Special Initiatives: No

MOU/IGA Support: Yes

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: Yes

Budget-Program Connectedness: No, based on incomplete/incorrect expense and personnel forms.

Realignment of FY14 Funding to FY15 Priorities: TBD

Anti-Stigma Efforts: No

Technical Criteria:

Approach/Methods/Innovation: Yes, use of BARJ principles

Staff Credentials: Yes

Applicant Review and Input

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

Recommendation: Pending

DRAFT CCDDDB/CCMHB PROGRAM SUMMARY 2015

Agency: Community Choices, Inc.

Program Name: Community Living

Contract Format Requested: Grant

Staff Assessment: The contract format should be changed to fee-for-service to conform with CCDDDB efforts to assure that funding is predicated on a “per individual served” basis rather than on a program basis. If appropriate, a case rate process could be considered.

Funding Requested: \$70,000 (identical requests submitted to the CCMHB and CCDDDB; program is currently funded by the CCDDDB)

Staff Assessment: The application proposes to serve 35 people through 1670 direct service hours: 20 people in Life Planning receive 25 hours each, \$1,048 per person at the requested contract maximum; 15 in Community Transitional Support receive 78 hrs each or \$3,269 per person at the requested contract maximum.

Target Population:

Thirty-five (35) adults with intellectual and developmental disabilities, living in Champaign County.

Staff Assessment: Additional information will be helpful, such as how many program participants have been selected from PUNS and how many are enrolled in PUNS.

Service Description/Type:

Life Planning (NEW): during major transitions, individuals work with staff to complete comprehensive life skills assessments, financial planning, PATH (planning process), and formal plan. Community Transitional Support: short-term support for individuals’ transitioning from family homes to their own homes; minimal staff support (5 hrs/wk up to 2 years, with check-ins and consults after) and development of natural supports; developing goals and schedules, identifying housing and roommates (if desired), honing life skills, finding community connections.

Staff Assessment: Two other program components, Life Skill Training and Home-Based Service Facilitation, are also described but are NOT charged to CCDDDB/CCMHB.

CCDDDB Priorities:

1. **Person Centered Planning (PCP) - The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and Community Based Services (HCBS) final rule. Select applicants will be required to submit, as an addendum to contracts issued, a description of their PCP process which addresses the following items:**
 - (a) The process by which the individual selects people who will participate in PCP meetings and activities.

- (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
- (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.
- (d) Describe PCP measurable desired outcomes are associated with community integration.
- (e) Explain the extent to which the individual controls their day and how they live.
- (f) Describe how support is given to build connections to the broader community.
- (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.
- (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.

2. **Incorporate/cite Employment First principles.** Select applicants will be required to submit, as an addendum to contracts issued, their plan for implementing this law.

3. **Acknowledge and support self-advocacy.**

Not specifically addressed.

4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.**

Application states that Home Based Support Service Facilitation will be charged to DHS-DDD.

5. **Address cultural competence and reaching out to underserved populations.**

Cultural and Linguistic Competence Plan has benchmarks of interest, including board training, outreach activities, CLC in person centered plans, using feedback from self-advocates, etc.

Demographic Data for FY14 mid-year, of 16: 100% between ages 19 and 59; 88% were white, 6% black/African American, and 6% other; 100% not of Hispanic/Latino origin; 88% male. **In FY13, of 16:** 100% were between 19 and 59; 88% white and 12% black/African American; 100% not of H/L origin; 88% male.

Zip Code Data for FY14 mid-year, of 16: 75% were from Champaign, 19% Urbana, and 6% from Greater Champaign County. **In FY13, of 16,** 62% were from Champaign, 19% Urbana, and 19% Greater Champaign County.

Program Performance Measures:

Consumer Access: Collaboration with other groups, schools, and PAS agents; distribution of information at large community events. Open to all. No wait.

Staff Assessment: a measure does not appear to have been identified.

Consumer Outcomes:

Very specific outcome measures per category of service to be charged to CCDDDB/CCMHB. Agency will work with Council on Quality and Leadership for development of other measures.

Utilization/Production Data: (targets; current year data, if funded)

20 TPCs to complete comprehensive Life Planning process; 15 in Community Transitional Support; (35 unduplicated TPCs - 12 continuing, 23 new); 2 Community Service Events; 980 Service Contacts (200 in Life Planning and 780 in Community Transitional Support); 1670 Direct Service hours (500 in Life Planning and 1,170 in Community Transitional Support).

At mid-year FY14, 13 continuing TPC (target 13), 3 new TPC (target 5), 1 CSE (target 2), 390 SCs (target 1192), 742 Direct Service hours.

For FY13, 0 continuing TPC (target 10), 16 new TPC (target 5), 3 CSE (target 2), 566 SCs (target 564), no report of hours.

Financial Information:

PY15 CCDDDB/CCMHB Funding Request:	\$70,000
PY15 Total Program Expenses:	\$103,946 (total revenue 107,000)
Program Staff – CCDDDB/CCMHB Funds:	0.9 FTE
Total Program Staff:	1.50 FTE

Staff Assessment: (1) CCDDDB/CCMHB revenue is 65% of total program budget with other revenue from contributions (3.7%), DHS-DD (22%), private pay (2.8%), and miscellaneous (5.6%, community builder). (2) Staff costs are 54.5% of expenses charged to this contract, with others to include professional fees (22%), consumables, operating, occupancy, staff development (training), transportation, and misc (rent subsidy for Community Builder). (3) The agency budget carries a surplus of \$8,116; total program surplus \$3,054.

Budget Narrative: Explains each revenue source, expense line item, personnel assignment; indicates that DHS-DDD revenue is through Home Based Support awards (plan narrative states these are not charged to CCDDDB/CCMHB).

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

Not Applicable _____
 Audit Requirement Waived _____
 Audit in Compliance X _____
 Audit not in Compliance _____
 Auditor Finding _____
 FY13 Excess Revenue _____

Contracting Considerations: If this application is approved by the CCDDDB/CCMHB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The budget section shall include the following language: “Coordination of Payers: All CCDDDB/CCMHB contracted service providers shall coordinate their services and

seek/utilize payment from other revenue sources prior to using CCDDDB/CCMHB funding, thus making the CCDDDB/CCMHB payer of last resort.

2. The CCDDDB/CCMHB revenue and projected expenses in column 3 (i.e., of the budget document) shall match. If the expenses in column 2 are less than the total revenue in column 2, the surplus shall be assigned to the CCDDDB/CCMHB.
3. The applicant shall describe outreach efforts for underserved populations to access services described in this contract.
4. The applicant shall warrant that CCDDDB/CCMHB dollars shall not be used to supplement Medicaid rates.
5. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.
6. The applicant shall provide Person Centered Planning information as delineated above, as an addendum to the final contract.
7. A measure of consumer access should be identified.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB/CCMHB PROGRAM SUMMARY 2015

Agency: Community Choices, Inc.

Program Name: Self-Determination Support

Contract Format Requested: Grant

Funding Requested: \$45,000 (identical requests are submitted to CCMHB and CCDDDB; program is currently funded by the CCMHB)

Target Population:

Sixty-six (60) individuals (teens and adults) with disabilities, including intellectual and developmental disabilities, sixty (66) family members of people with disabilities, and the support system in Champaign County and the State of Illinois.

Staff Assessment: (1) Total hours of service through this contract, for all service categories combined, are 2,163. (2) The application doesn't explicitly say whether the 60 individuals with disabilities have Medicaid awards.

Service Description/Type:

For *individuals with disabilities*: Self-Advocacy (monthly group meetings), Social Coaching for Individual Activities (support for individuals planning, inviting, hosting events), and Community Connections (support for joining community activities, connecting with group members). Social Engagement includes picnics, potlucks, etc. for families and separate events for individuals (dinner and movie, e.g.). For *family members*, Family Support and Education are offered through support group meetings, information and networking, assistance for families during transition or challenges. For the *support system*, Building Community Capacity (**new**) is collaboration with another provider agency on Employment First Implementation Plan, helping those with CILA awards to find providers to meet their needs, and engaging with state leaders to develop flexible funding for day and residential services.

CCDDDB Priorities:

1. **Person Centered Planning (PCP) - The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and Community Based Services (HCBS) final rule. Select applicants will be required to submit, as an addendum to contracts issued, a description of their PCP process which addresses the following items:**
 - (a) The process by which the individual selects people who will participate in PCP meetings and activities.
 - (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
 - (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.

- (d) Describe PCP measurable desired outcomes are associated with community integration.
 - (e) Explain the extent to which the individual controls their day and how they live.
 - (f) Describe how support is given to build connections to the broader community.
 - (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.
 - (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.
2. **Incorporate/cite Employment First principles.** Select applicants will be required to submit, as an addendum to contracts issued, their plan for implementing this law.
 3. **Acknowledge and support self-advocacy.**
Self-advocacy is a focus of this application.
 4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.**
There is no explicit reference to avoidance of Medicaid supplementation.
 5. **Address cultural competence and reaching out to underserved populations.**
Cultural and Linguistic Competence Plan has benchmarks of interest, including board training, outreach activities, CLC in person-centered plans, using feedback from self-advocates, etc.

Demographic Data for FY14 mid-year, of 124 people: 0.8% were aged 13-18, 93% between 19 and 59, and 6% were over 60; 88% were white, 6% black/African American, 4% Asian, and 0.8% other; 2.4% were of Hispanic/Latino origin; 48% were male. **In FY13**, of 131 people: 5% were aged 13-18, 82% were 19-59, 12% over 60; 88% were white, 7% black/African American, 4.6% Asian, and 0.8% other; 1.5% were of Hispanic/Latino origin; 48% were female.

Zip Code Data for FY14, at mid-year, of 124 people: 23% were from Urbana, 55% Champaign, and 21% Greater Champaign County. **In FY13**, of 131 people: 24% were from Urbana, 54% Champaign, and 22% Greater Champaign County.

Program Performance Measures:

Consumer Access: individuals and families are connected via The Autism Program, PAS Agents, PACE, C-U schools, other parent support networks. Printed information is distributed at large community events. No wait for access: people can start with an intake meeting or by attending an event.

Staff Assessment: A quantifiable measure does not appear to have been identified.

Consumer Outcomes: three outcomes are listed for Building community capacity (completion of an Employment First Implementation Plan, collaboration to increase CILA capacity, change in state policy); three for Family support and education (sense of community, increased knowledge of system, engagement in advocacy); and seven for Social Opportunities (under the categories of self-advocacy, social engagement, social coaching, and community connections). Agency expects to

develop more detailed measures as part of the process of accreditation by Council on Quality and Leadership.

Staff Assessment: *Specific (quantifiable?) measures deferred to CQL recommendations; these should be incorporated into performance measures for this contract.*

Utilization/Production Data: *(targets; current year data, if funded)*

110 Non-Treatment Plan Clients Continue from FY14, and **16** are new. Very specific utilization targets are assigned to each primary area of service: the **126 total NTPCs** are comprised of 6 (family members) in Building Community Capacity, 60 (family members) in Family Support and Education, 60 (individuals with disabilities) in Social Opportunities; **822 Service Contacts** are 48 in Building Community Capacity, 264 in Family Support and Education, and 510 in Social Opportunities, further divided into Speak Out group, Social Events, Social Coaching, and Community Connections; **2,163 total hours** of service are 96 in Building Community Capacity, 792 in Family Support and Education, 1,275 in Social Opportunities (further broken out by subcategory). The target for **Community Service Events** is **4**, including conferences and resource fairs.

At mid-year FY14, there were 117 continuing NTPCs (target 105), 7 new NTPCs (target 20), 600 Service Contacts (target 812), 5 Community Service Events (target 4), and 346 hours of service.

In FY13, there were 104 continuing NTPCs (against a target of 60), 27 new NTPCs (target 15), 795 Service Contacts (target 708), and 6 Community Service Events (target 5).

Financial Information:

PY15 CCDDDB/CCMHB Funding Request: \$45,000
PY15 Total Program Expenses: \$58,339

Program Staff – CCDDDB/CCMHB Funds: 0.80 FTE
Total Program Staff: 0.90 FTE

Staff Assessment: *(1) Staff costs comprise 81% of total expenses to be charged to this contract, other expenses in professional fees (auditor, CQL, and independent contractors), consumables, general operating, occupancy, and conferences (staff training in best practices), and transportation. (2) Request is 74% of total program revenue, with other revenue sources being contributions (25%) and private pay (2%, for reimbursements for special event fees). (3) The agency budget has a surplus of \$8,116 (3% of total revenue); total program budget surplus of \$2,661 (4.6%), but CCDDDB budget is balanced.*

Budget Narrative:

Each expense and revenue item is explained. Personnel assignments are very specific (.15 of Social Coordinator, .25 of Community Life Coordinator, and .4 of Executive Director). Heavy reliance on volunteer support in this program.

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

Not Applicable _____
Audit Requirement Waived _____

Audit in Compliance X
Audit not in Compliance _____
Auditor Finding _____
FY13 Excess Revenue _____

Contracting Considerations: If this application is approved by the CCDDDB/CCMHB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The budget section shall include the following language: "Coordination of Payers: All CCDDDB/CCMHB contracted service providers shall coordinate their services and seek/utilize payment from other revenue sources prior to using CCDDDB/CCMHB funding, thus making the CCDDDB payer of last resort.
2. The CCDDDB/CCMHB revenue and projected expenses in column 3 (i.e., of the budget document) shall match. If the expenses in column 2 are less than the total revenue in column 2, the surplus shall be assigned to the CCDDDB/CCMHB.
3. The applicant shall warrant that CCDDDB/CCMHB dollars shall not be used to supplement Medicaid rates.
4. The consumer outcomes measurements should be quantifiable and include those developed through accreditation process.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB/CCMHB PROGRAM SUMMARY 2015

Agency: Community Choices, Inc.

Program Name: CILA Expansion

Contract Format Requested: Grant

Funding Requested: \$30,000 (identical requests submitted to CCMHB and CCDDDB)

Target Population:

Eleven (11) individuals with intellectual and developmental disabilities, who are from Champaign County, have DHS CILA funding but are not currently being served in Champaign County.

Staff assessment: Consumer Outcomes section proposes to serve 8 individuals.

Service Description/Type:

Collaboration with a CILA provider to expand capacity (four-person or smaller homes) in Champaign County and to offer community-based flexible day services. This contract would establish infrastructure, covering some start-up costs.

CCDDDB Priorities:

1. **Person Centered Planning (PCP) - The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and Community Based Services (HCBS) final rule. Select applicants will be required to submit, as an addendum to contracts issued, a description of their PCP process which addresses the following items:**
 - (a) The process by which the individual selects people who will participate in PCP meetings and activities.
 - (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
 - (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.
 - (d) Describe PCP measurable desired outcomes are associated with community integration.
 - (e) Explain the extent to which the individual controls their day and how they live.
 - (f) Describe how support is given to build connections to the broader community.
 - (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.
 - (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.

2. **Incorporate/cite Employment First principles.** Select applicants will be required to submit, as an addendum to contracts issued, their plan for implementing this law.

- 3. **Acknowledge and support self-advocacy.**
This item does not appear to have been addressed in the application.
- 4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.**
There is no explicit reference to avoidance of Medicaid supplementation.
- 5. **Address cultural competence and reaching out to underserved populations.**
The consumer access section doesn't specify efforts to reach out to underserved populations. The individuals to be served have already been identified. Agency Cultural and Linguistic Competence Plan has benchmarks of interest, including board training, outreach activities, CLC in person centered plans, using feedback from self-advocates, etc.

Program Performance Measures:

Consumer Access: proposal is a response to limited CILA capacity; collaborations with CILA provider and PAS Agent will identify individuals with funding and a desire to reside in Champaign County.

Staff Assessment: a quantifiable measure of access does not appear to have been identified.

Consumer Outcomes: Up to 8 individuals will be served, 2 homes developed.

Utilization/Production Data: (targets; current year data, if funded)
Support to be provided: assess individual needs; develop person-centered plans; identify compatible roommates; hire and train direct care staff. Targets are for **8 Treatment Plan Clients, 400 Service Contacts, and 1 Community Service Event.**

Staff Assessment: narrative does not include details about Service Contacts and Community Service Event.

Financial Information:

PY15 CCDDDB/CCMHB Funding Request:	\$30,000
PY15 Total Program Expenses:	\$30,000
Program Staff – CCDDDB/CCMHB Funds:	0 FTE
Total Program Staff:	0 FTE

Staff Assessment: CCDDDB/CCMHB request is 100% of program revenue; professional fees/consultants – to hire a House Manager (QIDP) to oversee homes funded by CILA – is 100% of program expense.

Budget Narrative:

Appropriate for the simple budget presented.

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

Not Applicable _____
 Audit Requirement Waived _____
 Audit in Compliance X _____
 Audit not in Compliance _____
 Auditor Finding _____
 FY13 Excess Revenue _____

Contracting Considerations: If this application is approved by the CCDDDB/CCMHB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The budget section shall include the following language: "Coordination of Payers: All CCDDDB/CCMHB contracted service providers shall coordinate their services and seek/utilize payment from other revenue sources prior to using CCDDDB/CCMHB funding, thus making the CCDDDB/CCMHB payer of last resort.
2. The applicant shall describe outreach efforts for underserved populations to access services described in this contract.
3. The applicant shall warrant that CCDDDB/CCMHB dollars shall not be used to supplement Medicaid rates.
4. The applicant shall provide Person Centered Planning information as delineated above, as an addendum to the final contract.
5. The applicant shall provide Employment First information as delineated above, as an addendum to the final contract.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB/CCMHB PROGRAM SUMMARY 2015

Agency: Community Choices, Inc.

Program Name: Customized Employment

Contract Format Requested: Grant

Staff Assessment: The contract format should be changed to fee-for-service to conform with CCDDDB efforts to assure that funding is predicated on a “per individual served” basis rather than on a program basis. If appropriate, a case rate process could be considered.

Funding Requested: \$50,000 (identical requests submitted to the CCDDDB and the CCMHB; program is currently funded by the CCDDDB)

Staff Assessment: The application proposes to serve 29 people (\$1,724 per person at the requested contract maximum) through 1405 direct service hours.

Target Population:

Twenty-nine (29) adults with intellectual and developmental disabilities, who are currently unemployed or underemployed and who are interested in community based customized employment or supported self-employment.

Staff Assessment: The budget narrative clarifies that those with Home-Based Support, a Medicaid-waiver award, will use HBS funding for job support services and will not be charged to this contract.

Service Description/Type:

Discovery/Career Planning – determination of strengths, needs, and desires (through observations, interviews, and meetings in various settings) and exploration of specific career opportunities; Matching Job Seekers and Employers – instruction in social and communication skills associated with particular career choice, tours, job shadowing, discussion with potential employers regarding their needs; Short-Term Employment Support – development of accommodations/supports and natural supports, agency contact person for concerns; Long-Term Employment Support – to maintain and expand employment (promotions, retraining, benefits, conflict resolution); Self-Employment – business plan, account, PASS plan with Social Security, promotion.

Staff Assessment: for eligible cases, DRS funding is used instead of CCDDDB/CCMHB funding to support Discovery/Career Planning and Job Matching activities (target 7 additional people).

CCDDDB Priorities:

1. Person Centered Planning (PCP) - The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and Community Based Services (HCBS) final rule. Select applicants will be required to submit, as an addendum to contracts issued, a description of their PCP process which addresses the following items:

- (a) The process by which the individual selects people who will participate in PCP meetings and activities.
- (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
- (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.
- (d) Describe PCP measurable desired outcomes are associated with community integration.
- (e) Explain the extent to which the individual controls their day and how they live.
- (f) Describe how support is given to build connections to the broader community.
- (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.
- (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.

2. **Incorporate/cite Employment First principles.** Select applicants will be required to submit, as an addendum to contracts issued, their plan for implementing this law.

3. **Acknowledge and support self-advocacy.**
Not specifically addressed.

4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.**
Explicit statement in budget narrative.

5. **Address cultural competence and reaching out to underserved populations.**
Cultural and Linguistic Competence Plan has benchmarks of interest, including board training, outreach activities, CLC in person centered plans, using feedback from self-advocates, etc. Rural access is tied to the presence of desired employment opportunities.

Demographics Data for FY14, at mid-year, of 29 individuals: 100% aged 19 to 59; 90% white, 10% black/African American; 100% not of Hispanic/Latino origin; 72% male. **In FY13**, of 29 individuals: 97% between 19 and 59, 3% 60 or older; 100% not of H/L origin; 66% male.

Zip Code Data for FY14, at mid-year, of 29: 41% were from Champaign, 24% Urbana, 10% Rantoul, and 24% Greater Champaign County. **In FY13**, of 29: 48% were from Champaign, 20% Urbana, 7% Rantoul, and 24% Greater Champaign County.

Program Performance Measures:

Consumer Access: Collaboration with other groups, schools, and PAS agents; distribution of information at large community events. Open to all who are currently unemployed or underemployed and express a desire to work in the community.

Staff Assessment: *a measure does not appear to have been identified.*

Consumer Outcomes: Very specific outcome measures per category of service, including notes about additional persons expected to use the service with DRS funding.

Staff Assessment: None.

Utilization/Production Data: (targets; current year data, if funded)

7 TPCs to complete Discovery/Career Planning; 7 in Job Matching; 7 in Short Term; 22 in Long Term Employment Support (29 unduplicated TPCs); 4 Community Service Events; 890 Service Contacts (105 in Discovery, 140 Job Matching, 210 Short-term, and 330 Long-term); 1405 Direct Service hours.

At mid-year **FY14**, 22 continuing TPC (target 20), 7 new TPC (target 9), 3 CSEs (target 4), 357 SCs (target 758), 543 Direct Service hours.

For **FY13**, 18 continuing TPC (target 12), 11 new TPC (target 10), 4 CSE (target 4), 808 SCs (target 440), no report of hours.

Financial Information:

PY15 CCDDDB/CCMHB Funding Request:	\$50,000
PY15 Total Program Expenses:	\$106,899 (total revenue 109,300)
Program Staff – CCDDDB/CCMHB Funds:	1.10 FTE
Total Program Staff:	2.25 FTE

Staff Assessment: (1) CCDDDB/CCMHB revenue is 46% of total program budget with other revenue from contributions (10%) and DRS (44%). (2) Staff costs are 87% of expenses allocated to this contract, with others to include professional fees, consumables, operating, occupancy, and transportation. (3) The agency budget carries a surplus of \$8,116; total program has a surplus of \$2,401.

Budget Narrative: Explains each revenue source, expense line item, personnel assignment; notes that individuals with Home Based Support funding (Medicaid-waiver) will use that rather than CCDDDB/CCMHB funding for job support.

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

Not Applicable _____
 Audit Requirement Waived _____
 Audit in Compliance X _____
 Audit not in Compliance _____
 Auditor Finding _____
 FY13 Excess Revenue _____

Contracting Considerations: If this application is approved by the CCDDDB/CCMHB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The budget section shall include the following language: “Coordination of Payers: All CCDDDB/CCMHB contracted service providers shall coordinate their services and seek/utilize payment from other revenue sources prior to using CCDDDB/CCMHB funding, thus making the CCDDDB/CCMHB payer of last resort.
2. The CCDDDB/CCMHB revenue and projected expenses in column 3 (i.e., of the budget document) shall match. If the expenses in column 2 are less than the total revenue in column 2, the surplus shall be assigned to the CCDDDB/CCMHB.
3. The applicant shall warrant that CCDDDB/CCMHB dollars shall not be used to supplement Medicaid rates.
4. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.
5. The applicant shall provide Person Centered Planning information as delineated above, as an addendum to the final contract.
6. The applicant shall provide Employment First information as delineated above, as an addendum to the final contract.
7. A measure of consumer access should be identified.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB/CCMHB PROGRAM SUMMARY 2015

Agency: Community Elements, Inc.

Program Name: Coordination of Services: DD/MI

Contract Format Requested: Grant

Staff Assessment: The contract format should be changed to fee-for-service to conform with CCDDDB efforts to assure that funding is predicated on a “per individual served” basis rather than on a program basis. If appropriate, a case rate process could be considered.

Funding Requested: \$38,115 (identical requests submitted to the CCDDDB and CCMHB; program is currently funded by the CCDDDB)

Staff Assessment: The application proposes to serve 30 people as Treatment Plan Clients and 3 as Non-TPC (\$1,155 per person at the requested contract maximum).

Target Population:

Thirty-three (33) people (adults) with diagnosis of both a mental health and developmental disability, with a need for coordinated services, priority to those currently residing in settings for people with DD and those in settings without supports for the co-occurring conditions and therefore at risk of hospitalization or homelessness.

Staff Assessment: (1) application gives an approximation of hours of service delivered monthly on behalf of all served = over 100. (2) The application doesn’t explicitly say whether these 33 people have Medicaid awards but does note that time is spent on non-billable activities with Medicaid clients. (3) Are program participants enrolled in PUNS?

Service Description/Type:

Case identification, mental health screening, direct services to individual and family members, technical assistance to professionals involved in care, coordination of inter-disciplinary staffing, treatment planning, and advocacy. Case management, counseling, and linkage to other agency programs. “Strength-based approach.”

Staff Assessment: Staff credentials are included. Discussion of Medicaid includes inadequate rates to cover the cost of care and non-reimbursable services. Individuals are referred to the agency’s Access and Benefits Case Manager for assistance in securing Medicaid.

CCDDDB Priorities:

1. **Person Centered Planning (PCP) - The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and Community Based Services (HCBS) final rule. Select applicants will be required to submit, as an addendum to contracts issued, a description of their PCP process which addresses the following items:**

- (a) The process by which the individual selects people who will participate in PCP meetings and activities.
 - (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
 - (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.
 - (d) Describe PCP measurable desired outcomes are associated with community integration.
 - (e) Explain the extent to which the individual controls their day and how they live.
 - (f) Describe how support is given to build connections to the broader community.
 - (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.
 - (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.
2. **Incorporate/cite Employment First principles.** Select applicants will be required to submit, as an addendum to contracts issued, their plan for implementing this law.
 3. **Acknowledge and support self-advocacy.**
Not specifically addressed.
 4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.**
A statement to this effect does not appear in the application.
 5. **Address cultural competence and reaching out to underserved populations.**
Consumer access section does not refer to specific outreach efforts, does speak to staff/ team trainings.

Demographic Data at mid-year FY14, of 20 total TPCs: 40% were female; 15% were of Hispanic/Latino origin; 50% were white, 30% were black/African American, 5% Asian, and 15% other; 5% were between age 18 and 18, and 95% were aged 19 to 59. In FY13, of 14 people served: 28% were female; 7% (1 person) were of Hispanic/Latino origin; 78% were white, 14% black/African American, 7% Asian; 14% were between ages 13 and 18, 78% aged 19-59, and 7% over 60.

Zip Code Data for FY14, of 20 people: 50% were from Champaign, 30% Urbana, 10% Rantoul, and 10% Greater Champaign County. **In FY13**, of 14 people: 64% were from Champaign, 14% Urbana, 7% Rantoul, and 14% Greater Champaign County.

Program Performance Measures:

Consumer Access: refers to active Cultural Competency Committee, its composition, history, and accomplishments. Two (2) training events per year during team meetings.

Consumer Outcomes: key measures expressed as the questions, “Overall, how has your situation or problem(s) changed?” and “If a friend needed similar help, would you recommend our organization?” along with time of referral to engagement (four week target) and ongoing identification of barriers.

Utilization/Production Data: (targets; current year data, if funded) This section includes narrative on FY14 progress and approximate hours of service for total program.

For FY15, proposes to serve 15 continuing Treatment Plan Clients, 15 New TPCs, and 3 New Non-TPCs, with 18 Service Contacts and 12 Community Service Events.

At mid-year FY14, there are 12 Continuing TPCs (target 20), 8 New TPCs (target 20), no Non-TPCs, 8 SCs (target 20), and 7 CSEs (target 6), with approximately 570 service hours.

In FY13, the first year of the program, there were a total of 12 TPCs (target 20) and 2 NTPCs.

Staff Assessment: utilization narrative in application states that there are 4 new TPCs and 3 CSEs in FY14, different from data in submitted in quarterly reports and revisions made via email (and repeated above); a report of actual service hours should be included. In Unexpected or Unintended Results, the impact of implementation of ACA and Medicaid Expansion on this program and mental health services generally is discussed, along with program’s commitment to utilizing non-CCDDB/CCMHB funding as it becomes available.

Financial Information:

PY15 CCDDB/CCMHB Funding Request:	\$38,115
PY15 Total Program Expenses:	\$38,115
Program Staff – CCDDB/CCMHB Funds:	0.52 FTE
Total Program Staff:	0.54 FTE

- Staff Assessment: (1) CCDDB/CCMHB is the only revenue source.*
- (2) Staff costs comprise 68% of total expenses, with others being professional fees (15%), occupancy (4%), operating (3%), transportation (2.4%), depreciation (3%), consumables (1.8%), and conferences (2.4%). Conference expense includes \$811 for “Disability Fair;” if this refers to the disability Resource Expo, it not allowable as the Expo does not charge a non-profit booth fee.*
- (3) The contract maximum should be based on a case rate for the 33 people served by the program using the following formula: number of clients x the average number of hours projected for each person x an hourly rate established for comparable services.*

Budget Narrative:

Detail on each item and allocation method. Professional fees/Consultants not explained further. Expense lines (other than staff costs) include allocated program and administrative costs.

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

- Not Applicable _____
- Audit Requirement Waived _____
- Audit in Compliance X
- Audit not in Compliance _____
- Auditor Finding _____

FY13 Excess Revenue X

Staff Comments: The FY13 Coordinated Services contract had excess revenue (revenue over expenses) of \$11,825. Contract terms require repayment of the excess revenue.

Contracting Considerations: If this application is approved by the CCDDDB/CCMHB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The budget section shall include the following language: “Coordination of Payers: All CCDDDB/CCMHB contracted service providers shall coordinate their services and seek/utilize payment from other revenue sources prior to using CCDDDB/CCMHB funding, thus making the CCDDDB/CCMHB payer of last resort.
2. The CCDDDB/CCMHB revenue and projected expenses in column 3 (i.e., of the budget document) shall match. If the expenses in column 2 are less than the total revenue in column 2, the surplus shall be assigned to the CCDDDB/CCMHB.
3. The applicant shall describe outreach efforts for underserved populations to access services described in this contract.
4. The applicant shall warrant that CCDDDB/CCMHB dollars shall not be used to supplement Medicaid rates.
5. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.
6. The applicant shall provide Person Centered Planning information as delineated above, as an addendum to the final contract.
7. Renegotiate the target population and service description.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

Draft CCMHB PY15 PROGRAM SUMMARY

AGENCY: Community Elements, Inc.

Program Name: Criminal Justice Integrated Behavioral Health

Focus of Application: MH X SA X DD _____ ACCESS _____ Qtr Cent _____

Type of Contract: Grant

Financial Information:

PY15 CCMHB Funding Request: \$124,802

PY15 Total Program Budget: \$168,357

Current Year Funding (PY14): \$83,566

Proposed Change in Funding - PY14 vs. PY15: \$41,236 (49%)

Program Staff – CCMHB Funds: 2.64 FTE

Total Program Staff: 3.24 FTE

Budget Analysis: Almost three quarters of total program revenue (74%) is CCMHB funding. The remaining amount is projected fee for service billings to a State of Illinois substance abuse contract (DASA).

The entire amount of CCMHB funding (100%) is allocated to salary, payroll tax, and benefit expenses of program staff. Staff positions supported with CCMHB funds are 2.55 direct positions and 0.09 indirect staff (administration). The 2.55 direct staff includes the existing fulltime coordinator and 0.7 FTE of the fulltime clinician plus 0.7 FTE of a proposed new fulltime clinician position and .15 FTE of the Adult Services Director position. The balance of the two clinician positions time will be supported through the state contract. Other program related expenses would also be paid through the state contract.

Reference is made in the program narrative to requesting funding for a 0.2 FTE data technician to assist with data analysis and outcome evaluation but is not included in the budget for this program.

The Budget Narrative form includes a breakout of administrative and indirect costs from direct program expenses as appropriate to the various expense lines. Each term is defined and the amount listed under each expense category where charged.

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

- Not Applicable _____
- Audit Requirement Waived _____
- Audit in Compliance X _____
- Audit not in Compliance _____
- Auditor Finding _____

Target Population: Adults assessed with substance use disorder or co-occurring mental health and substance use disorders. Priority for services is given to with a diagnosis and involved with the criminal justice system. Motivational enhancement is used to overcome past experience and increase willingness to engage in services. Program is intended to serve clients not eligible for Medicaid.

Service Locations(s)/Demographics: Telephone screening through the Access program with services provided at the jail and various community locations and in the clients home as needed. There was a shift away from serving the general Non-Medicaid population with a greater focus placed on serving those involved with the criminal justice system particularly the jail for the FY14 contract. The program has worked with 48 clients through the first half of FY14.

Residency by zip code for those served finds 69% were from Champaign, 21% from Urbana, 10% from other areas of the county including Rantoul.

Demographic data reported finds 100% were adults with 6% age 60 or older; 54% were black/African American, 46% were white; 1% were of Hispanic /Latino origin; and 90% were males.

Service Description/Type: Assessment, Outpatient Counseling, and Community Support in accordance with Rule 132 and Rule 2060. Services are prioritized based on need with focus on linkages to self-directed recovery, i.e. self-help/support groups, alcoholics anonymous, with additional linkage and support for criminal justice/jail involved clients. Staff will conduct assessments and counseling at the jail and at TIMES Center that is coordinated with Criminal Justice Problem Solving Courts program.

Level of engagement is based on American Society of Addictions Medicine placement criteria for Level I Outpatient and Level II Intensive Outpatient Treatment for substance use disorder treatment. Clients needing residential treatment are referred to Prairie Center. Outpatient services available are individual and group counseling. The Matrix Model is used as part of the intensive outpatient treatment. Two evidence based group therapy models are offered - Moral Reconciliation Therapy (MRT) for those with a substance use disorder and criminal justice involvement, and Seeking Safety, a trauma informed integrated model, for those with a co-occurring substance use and mental health disorders. The client mix in groups may include those involved in the criminal justice system (priority for placement) and those without such involvement enabling the program to maintain the regular availability of the groups as a service option.

The program coordinator is a Master’s level clinician and works at multiple locations. The other clinician is a Certified Alcohol and Drug Counselor (CADC) and provides services at TIMES Center. The proposed new clinician position (CADC) and be based at the jail. The overall management of the programs is supervised by an LCSW.

All services are consistent with the Community Elements Criminal Justice Manual and were developed in collaboration with the Champaign County Sheriff’s Department. All substance use disorder assessment and treatment services provided at the jail, TIMES Center, and Walnut Street will occur through this program.

Access to Services for Rural Residents: Information on the program will be provided through general outreach and community education. Clients may call and be screened over the telephone by the Access program. Some services may be provided in the client home. Assistance with transportation may also be provided.

Program Performance Measures

ACCESS: The program is intended as a response to state service restrictions that act as barriers to access while also recognizing the changing operating environment associated with the implementation of the Affordable Care Act. The program serves a population with multiple needs including co-occurring disorders, involvement with the criminal justice system, at high risk for homelessness and little available in terms of a support network.

The access measure identified is that immediate access to services is available to clients at the jail or involved with the criminal justice system. Any other prospective client the target is to engage them within five business days.

CONSUMER OUTCOMES: Length of engagement with this high need population will be tracked. Clients involved with the criminal justice system including those engaging at TIMES Center will tracked. The length of engagement to recidivism will be monitored. Data collected for FY13 and FY14 will be used to establish a baseline and recidivism rates will then be calculated and reported for FY15.

The agency uses the standardized "Client Writes" satisfaction surveys to measure client outcomes. Clients are asked about progress made in key areas and satisfaction with services. Target is for a positive response rate of 80% to three general measures of well-being and satisfaction. Clients completed the "Clients Writes" survey but data has not been returned in time for the application.

Outcomes achieved in FY14 include: staff trained in MRT, Seeking Safety, and Motivational Interviewing; implementation of MRT groups at multiple sites (Jail, TIMES Center, and Walnut St. Office); Seeking Safety model initiated with clients with a history of trauma; Matrix Model implemented for intensive outpatient treatment; and WRAP (Wellness Recovery Action Plan) facilitator training for staff is underway; and, law enforcement Crisis Intervention Team (CIT) training on responding to clients with co-occurring disorders was completed.

UTILIZATION: For FY15 the program projects serving 85 Treatment Plan Clients (TPCs), 35 that engaged in services prior to FY15 (continuing TPCS) and 50 new TPCs. And for Non-Treatment Plan Clients (NTPCs) the target is 15 NTPCs.

Through the mid-point of FY14, the program has served 48 TPCs out of a projected year-end target of 70 TPCs. No activity has been reported for NTPCs.

What determines a client being classified as TPC or NTPC within the structure of the program is not described.

CCMHB Priorities:

Primary Decision Support Considerations:

MHB-DDB Developmental Disabilities Collaboration: No

ACCESS Initiative Sustainability: No

Programs for Youth w/ SED: No

a. Parenting with Love and Limits (PLL): N/A

b. ACCESS Initiative: N/A

c. Quarter Cent for Public Safety: N/A

Adult CJ-Behavioral Health Services/Supports: Yes

Local Funder-Special Initiatives: No

MOU/IGA Support: No

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: No, priority is tied to involvement with criminal justice system

Budget-Program Connectedness: Yes

Realignment of FY14 Funding to FY15 Priorities: TBD

Anti-Stigma Efforts: No

Technical Criteria:

Approach/Methods/Innovation: Yes, various evidenced based models appropriate to target population

Staff Credentials: Yes

Applicant Review and Input

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

Recommendation: Pending

Draft CCMHB PY15 PROGRAM SUMMARY

AGENCY: Community Elements, Inc.

Program Name: Criminal Justice Problem Solving Courts

Focus of Application: MH SA DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY15 CCMHB Funding Request: \$159,502

PY15 Total Program Budget: \$279,502

Current Year Funding (PY14): \$149,931

Proposed Change in Funding - PY14 vs. PY15: \$9,571 (6%)

Program Staff – CCMHB Funds: 3.39 FTE

Total Program Staff: 5.56 FTE

Budget Analysis: Funding requested from the CCMHB represents 57% of total program revenue. The Champaign County Reentry program contract adds \$100,000 in revenue. Projected fee for service billings to DMH Medicaid/Non-Medicaid contract generates the remaining \$20,000 in revenue.

Salary, payroll taxes and benefits are 96% of expenses allocated to CCMHB. This supports 3.19 FTE of direct service staff including one new fulltime case manager position currently vacant along with the existing fulltime clinician and case manager positions and some direct supervision. Another .2 FTE of indirect personnel including .1 for administration and the addition of .1 FTE for a data technician rounds out the CCMHB supported staff. Specific assistance is 2% of expenses and the remaining 2% is spread across nine other expense lines.

The Champaign County Re-Entry contract awarded to Community Elements will fund two additional full time positions to serve the prison or jail population that does not have a mental health or substance use disorder.

The Budget Narrative form includes a breakout of administrative and indirect costs from direct program expenses as appropriate to the various expense lines. Each term is defined and the amount listed under each expense category where charged.

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

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance _____
Audit not in Compliance _____
Auditor Finding _____

Target Population: Adults with mental health or substance use disorders held at or released from the jail, or involved with the Champaign County Drug Court or that have had involvement the criminal justice system in the last six months are served by the program. Prospective clients will be identified through screenings, assessments and consultation. Adults at the jail or released from prison found not eligible for this program will be served through the Champaign County Re-Entry Program.

Service Locations(s)/Demographics: Locations include the Champaign County Jail, Drug Court, in the community at Community Elements offices or at the client’s home/place of residence, if needed. There was a shift to a greater focus on services in the jail for the FY14 contract. There have been 292 clients (184 Non-Treatment Plan Clients and 108 Treatment Plan Clients) served through the first half of FY14.

Residency by zip code for those served finds 53% were from Champaign, 22% from Urbana, 8% from Rantoul, and 17% from other areas of the county.

Demographic data reported finds 100% were adults with 3% age 60 or older; 54% were black/African American, 46% were white; 7% were of Hispanic/Latino origin; and 63% were males.

Service Description/Type: Assessments, Case Management and Support Services. The criminal justice/corrections case managers provide linkage and coordination, while the criminal justice clinician, an MSW, provides screenings and assessments and some clinical services at the jail and as a member of the Drug Court team. Substance use disorder assessments and services will be provided by the Criminal Justice Integrated Behavioral Health program.

Initial identification and referral is a collaborative effort by jail personnel, Correctional Healthcare Company (jail medical/mental health provider), Community Elements criminal justice staff, and other providers as well as by the Drug Court team. Adults in the jail, in Drug Court, or with recent involvement with the criminal justice system may be referred to the program for screening and assessment. Minkoff’s Four Quadrant Model is used to determine services based on the severity of the mental illness, substance use disorder, or co-occurring disorders. Risk factors for recidivating are considered in determining level and intensity of services.

Based on the outcome of the assessment recommended services can include case management, individual or group counseling, psychosocial rehabilitation, medication monitoring, psychiatric services, respite care and supportive living services. Medicaid or other payors will be billed when possible although the system is in a state of transition. Specific assistance funds in the budget will be accessed for specialized clinical services or respite care and charged off at the established Medicaid rate for those clients without Medicaid or other pay source.

Clients considered eligible for but not enrolled in Medicaid or other benefit programs will be referred to a benefits case manager or health navigator for assistance with enrollment applications.

All services are consistent with the Community Elements Criminal Justice Manual and were developed in collaboration with the Champaign County Sheriff’s Department.

Staff credentials are identified for the primary staff positions and supervisors. Clients with a prior clinical relationship would continue to be served by that staff member/provider with linkage and coordination from the criminal justice case manager.

Substance use disorder assessments and treatment including Moral Reconciliation Therapy (MRT) groups at the jail and in the community will be the responsibility of the Criminal Justice Integrated Behavioral Health program or be a referral to Prairie Center. Drug Court clients would already be engaged in substance use disorder treatment and may be referred for mental health services to improve functioning and increase prospect of successful outcome in Drug Court. See the Community Elements Criminal Justice Integrated Behavioral Health program summary and the Prairie Center Drug Court program summary for more information.

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

Program Performance Measures

ACCESS: Clients referred from the Problem Solving Courts will have immediate access to services. Measure for Criminal Justice clients is effort made to engage client within five days of referral. Screenings and assessments are made at the jail if indicated. Department of Corrections referrals are contacted within 48 hours of their release. Transportation to psychiatric appointments and court services may be provided and case management may occur in client’s home.

CONSUMER OUTCOMES: Recidivism will be tracked for three specific client groups – Drug Court clients receiving mental health services, clients with criminal justice system involvement in the last six months, and jail services client. Data collected for FY13 and FY14 will be used to establish a baseline and recidivism rates will then be calculated and reported for FY15. A data technician will assist with analysis and reporting of program evaluation results including recidivism.

The agency uses the standardized “Client Writes” satisfaction surveys to measure client outcomes. Clients are asked about progress made in key areas and satisfaction with services. Target is for a positive response rate of 80% to three general measures of well-being and satisfaction. Clients completed the “Clients Writes” survey but data has not been returned in time for the application.

UTILIZATION: For FY15 the program projects serving 212 Treatment Plan Clients (TPCs), 70 that engaged in services prior to FY15 (continuing TPCS) and 142 new TPCs. And for Non-Treatment Plan Clients (NTPCs) the target is 750 with 90 carrying forward from FY14 and 660 being new NTPCs. What determines a client being classified as a TPC or NTPC within the structure of the program is not described.

The targets for FY15 align with current service volume for TPCs but appear high for NTPCs. Through the first half of the FY14 contract, the program served 108 Treatment Plan Clients and 184 Non-Treatment Plan Clients. Of the 108 TPCs, there were 68 continuing TPCs (47 clients in the community with criminal justice system involvement and 21 participating in Drug Court) that engaged in services in FY13 and continued into FY14, and 40 new TPCs (24 from the community, 5 from the jail and 11 from Drug Court). All of the Non-Treatment Plan Clients are new and were from the jail.

Program data for FY13, a program that served the problem solving courts and the broader criminal justice system without staff present in the jail served 148 TPCs for the year. Of the 148 clients, there were 40 continuing TPCs (23 clients in the community with criminal justice system involvement, 12 in Drug Court, and 5 in Mental Health Court) that engaged in services in FY12 and continued into FY13, and 104 new TPCs (68 in the community with criminal justice system involvement, 28 in Drug Court, and 8 in Mental Health Court).

CCMHB Priorities:

Primary Decision Support Considerations:

MHB-DDB Developmental Disabilities Collaboration: No

ACCESS Initiative Sustainability: No

Programs for Youth w/ SED: No

a. Parenting with Love and Limits (PLL): N/A

b. ACCESS Initiative: N/A

c. Quarter Cent for Public Safety: N/A

Adult CJ-Behavioral Health Services/Supports: Yes

Local Funder-Special Initiatives: No

MOU/IGA Support: No

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: No, access contingent on involvement with criminal justice system

Budget-Program Connectedness: Yes

Realignment of FY14 Funding to FY15 Priorities: TBD

Anti-Stigma Efforts: No

Technical Criteria:

Approach/Methods/Innovation: Yes

Staff Credentials: Yes

Applicant Review and Input

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

Recommendation: Pending

Draft CCMHB PY15 PROGRAM SUMMARY

AGENCY: Community Elements, Inc.

Program Name: Crisis, Access, Benefits, & Engagement

Focus of Application: MH SA DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY15 CCMHB Funding Request: \$280,478

PY15 Total Program Budget: \$766,634

Current Year Funding (PY14): \$229,665

Proposed Change in Funding - PY14 vs. PY15: \$50,813 (22%)

Program Staff – CCMHB Funds: 5.52 FTE

Total Program Staff: 13.56 FTE

Budget Analysis: CCMHB revenue represent 37% of total program revenue. State funding, grants and fee for service contracts, allocated to the program total 46% of revenue. Local funding, fee for service contracts with local hospitals and the University of Illinois, is projected to generate the remaining 17% of revenue.

Salaries, payroll taxes, and benefits represent 83% of total expenses allocated to CCMHB funding. The remaining 17% is in the professional fees and consultants line. These funds, \$48,000, are to support a subcontract with Champaign County Health Care Consumers for a Health Navigator to assist clients with evaluating healthcare options and enrolling in Medicaid and managed care plans. The subcontract would replace one of the benefits case manager positions previously supported with CCMHB funds that became vacant in FY14. Community Elements has also added a clinician position to the staff supported with CCMHB funding for FY15. The requested increase in funding would enable Community Elements to implement both the subcontract and the shift of the additional clinician to CCMHB funds.

Total program staff supported with CCMHB funds is 5.52 FTE. Direct service staff is 5.17 FTE of the total. This supports three fulltime clinicians (3 FTE) including the two new positions added in FY14, the crisis coordinator (1 FTE), a benefits case manager (.9 FTE), with the remaining staff time (.27) allocated across various supervisory and management positions. The remaining .35 FTE is indirect personnel with .15 FTE allocated for administration and .2 FTE for the new data technician position responsible for data analysis and outcome evaluation.

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

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance _____
Audit not in Compliance _____

Auditor Finding _____

Comments:

Target Population: Access will serve children, adolescents and adults with social/emotional or behavioral health needs that meet the admission criteria of Community Elements. Crisis services are provided to any adult in crisis and to any child or youth determined to be ineligible for SASS by the CARES Line (state funded crisis services for youth). Benefits case management is offered to clients with whom the Access or Crisis staff come into contact and need assistance applying for Medicaid or other financial assistance/entitlement programs.

Service Locations(s)/Demographics: Initial contact with Access services may be by telephone, or on designated days as a walk-in at the Walnut Street location. The crisis team will complete an assessment if warranted based on the initial crisis screening by the 24 hour crisis line. The crisis team responds to hospital emergency rooms and to law enforcement contacts at other locations, provide additional capacity for debriefing after traumatic events such as the tornado in Gifford, and conduct outreach to persons who are homeless that frequently require a law enforcement response.

Demographic and residency data reported is for clients receiving assistance with an entitlement benefit application from a benefits case manager in FY13. Clients assisted in FY13 program totaled 229. Residency by zip code finds 55% were from Champaign, 21% from Urbana, 10% from Rantoul, and 14% from the balance of the county. Demographic data finds all were adults with 3% age 60 or older; 57% were white, 42% were black/African American, and 1% other races; Less than 1% were of Latino/Hispanic origin; and 54% were male.

Service Description/Type: Crisis, Access, and Support Services. The Crisis and Access programs represent initial contact points providing screening, assessment and other assistance to consumers seeking help with a crisis or other mental health issue. The Crisis and Access services address state created gaps for persons without Medicaid by enabling the agency to engage the consumer and stabilize and restore baseline functioning until they are referred to another program and/or are assisted with applying for entitlement programs such as Medicaid.

Crisis services include support for the primarily volunteer staffed 24 hour crisis line, short term interventions by the crisis team, crisis response to traumatic community events, suicide prevention and community education and volunteer recruitment and training for the crisis line. Crisis team clinicians will provide additional support to law enforcement responding to crisis situations in the community and conduct outreach to persons who are homeless and have frequent contact with law enforcement.

Access engages clients at intake providing support, screening and linkage to appropriate care. Access services include “walk-in” days where clients can be served without having an appointment or by calling in and being screened over the telephone and may be referred for an assessment.

Assistance with applying for benefits/entitlement programs (Medicaid, Supplemental Security Income, Social Security Disability Insurance) to receive behavioral health care and to other programs helping to meet basic needs is provided by the Benefits Case Manager. Assistance with enrolling in Medicaid and other benefit programs will also occur through the proposed subcontract with Champaign County Health Care Consumers. The subcontract will support a Health Navigator position and target clients involved with the criminal justice system particularly those exiting the jail.

Staff credentials are identified for the primary staff positions. The Emergency Services Manager is responsible for the operation of both the crisis and access programs. Volunteers are trained prior to assisting with the crisis line.

Access to Services for Rural Residents: Crisis line services are available 24 hours a day. An initial screening by Access staff can be completed over the telephone. The Crisis Coordinator does community education throughout the county. Crisis team will respond to law enforcement crisis contacts in the county in addition to the hospital emergency rooms.

Program Performance Measures

ACCESS: Availability of Access and Crisis staff to respond to contacts is defined. Calls to the Access program during business hours will be answered live or a call back made within 24 hours or the next business day for calls not answered live. The Access Walk-in Clinic offers screenings and assessments without an appointment. Both the crisis line and the crisis team operate 24 hours a day. The crisis line utilizes a call back system staffed by volunteers and/or crisis team member. The crisis team may respond to a crisis call, contact by law enforcement or hospital emergency room. The crisis program also educates the community on crisis situations, suicide prevention, and crisis services through presentations and offers Mental Health First Aid trainings.

Percentage of Access calls answered live for the prior 30 days was reported at 97% and s reported to have an overall average of 90 to 100%.

CONSUMER OUTCOMES: The intent of the program is focused on clients being able initiate services with minimal wait-time. For those seeking help through the Access program, screenings are followed by referral for an assessment if indicated. The client may present at the walk-in clinic for the assessment or schedule an appointment. For a person in crisis an assessment will be initiated by the crisis team. Crisis line volunteers receive 40 hours of training and the program sets a goal of training 60 volunteers each year.

Referral to services follows the assessment and can involve varying lengths of time to engage in the particular service. Wait times are tracked and updated weekly. Clients referred for assistance with applying/enrolling in a benefit/entitlement program receive a prompt appointment.

The agency uses the standardized “Client Writes” satisfaction surveys to measure client outcomes. Clients are asked about progress made in key areas and satisfaction with services. Target is for a positive response rate of 90% to three general measures of well-being and satisfaction. No results are reported for these broad based measures.

The proposed funding for the data technician position is to strengthen analysis and outcome measurement including recidivism for criminal justice involved clients.

A Criminal Justice Manual was developed to plan and document screening and assessment protocols, evidence-based practices, and program evaluation for the services provided at the jail.

UTILIZATION: Targets for FY15 include 4,300 service contacts (crisis line calls), 920 Non-Treatment Plan Clients (assessments completed), 40 Community Service Events (community education activity and trainings), and 330 Other (entitlement program applications). Additional detail in quarterly report narrative will reference the number of service contacts completed by the crisis team and other details as appropriate to services provided.

For FY13 service contacts totaled 4,584 and through the midpoint of FY14 has 2,376 contacts that include 960 involving the crisis team. Assessments came in at 879 for FY13 and at the mid-point of FY14 total 356. Benefit application assistance totaled 229 in FY13 and at the mid-point of FY14 total 167. And Community education totaled 36 in FY13 and at the mid-point of FY14 totals 16.

CCMHB Priorities:

Primary Decision Support Considerations:

MHB-DDB Developmental Disabilities Collaboration: No

ACCESS Initiative Sustainability: No

Programs for Youth w/ SED: No

- a. Parenting with Love and Limits (PLL): N/A
- b. ACCESS Initiative: N/A
- c. Quarter Cent for Public Safety: N/a

Adult CJ-Behavioral Health Services/Supports: Yes, some aspects involve support to law enforcement

Local Funder-Special Initiatives: No

MOU/IGA Support: No

Overarching Decision Support Criteria:

Underserved Populations: Yes, increased response to homeless population

Countywide Access: Yes

Budget-Program Connectedness: Yes

Realignment of FY14 Funding to FY15 Priorities: TBD

Anti-Stigma Efforts: Yes, through community education efforts and Mental Health First Aid training

Technical Criteria:

Approach/Methods/Innovation: Yes

Staff Credentials: Yes

Applicant Review and Input

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

Recommendation: Pending

Draft CCMHB PY15 PROGRAM SUMMARY

AGENCY: Community Elements, Inc.

Program Name: Early Childhood Mental Health & Development (ECMHD)

Focus of Application: MH SA DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY15 CCMHB Funding Request: \$111,832

PY15 Total Program Budget: \$799,598

Current Year Funding (PY14): \$114,500

Proposed Change in Funding - PY14 vs. PY15: -\$2,668 (-2%)

Program Staff – CCMHB Funds: 2.18 FTE

Total Program Staff: 15.6 FTE

Budget Analysis: Excluding a very small pool of United Way Designated Funds, the CCMHB is the only local support for the program providing 14% of total program revenue. Three state contracts provide the balance of program revenue: DHS Healthy Families contract funds 32%, Ounce of Prevention Healthy Young Families contract funds 27%, and the Illinois Board of Education Prevention Initiative funds 27%. Salaries, taxes, and benefits accounts for 81% of CCMHB charged expenses. The remaining funds are cost allocated across nine other expense lines at a rate equal to 14%.

In contrast to the other program’s allocation of staff, the ECMHD program charges a set percentage of each of the 14 direct service positions off to CCMHB, for a total of 2 FTE plus a small percentage of time for supervision. The percentage per direct service position is equal to CCMHB share of revenue. Indirect staff totals .18 FTE.

The Budget Narrative form includes a breakout of administrative and indirect costs from direct program expenses as appropriate to the various expense lines. Each term is defined and the amount listed under each expense category where charged.

The program has had excess revenue in several of the preceding years and is projected to have excess revenue in FY14. Excess revenue in FY13 was \$35,540 and in FY12 was \$7,017.

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

- Not Applicable _____
- Audit Requirement Waived _____
- Audit in Compliance _____
- Audit not in Compliance _____
- Auditor Finding _____

Comments: The FY13 Early Childhood Mental Health and Development contract had excess revenue (revenue over expenses) of \$35,340. Contract terms require repayment of the excess revenue.

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

Service Locations(s)/Demographics: Services are delivered in client homes and community locations such as schools and churches at the convenience of the client. Demographic and residency data reported is for the 76 new clients served in FY13.

Residency by zip code data finds 49% were from Champaign, 35% from Urbana, 7% from Rantoul, and 9% from other areas of the county.

Demographic data finds 28% were teen parents and 82% were adults; 40% were black/African American, 40% were white, and 20% were other races including bi-/multi-racial; 27% were of Hispanic/Latino origin,; and 91% were women.

Service Description/Type: Prevention/Early Intervention. The ECMHD program is actually three interrelated programs - Healthy Families, Healthy Young Families and the Prevention Initiative. The ECMHD applies a research based Infant Mental Health model. Program goals are to prevent abuse/neglect, increase positive parent-child relationships and promote family development, functioning and independence.

Services include screening and assessments using standardized tools such as the Kemp Family Checklist used by the Healthy Families program, home visits with frequency tied to family needs, case management, parenting groups and parent education including one targeted to fathers, and child developmental screening. Other screening and assessment tools used include the Ages and Stages Questionnaire and the Edinburgh Postnatal Depression Scale. Staff also collaborates with other providers including Crisis Nursery, C-UPHD, and Promise Healthcare and schools and early childhood programs.

All ECMHD staff has Associate, Bachelors or Masters Degrees and receives extensive specialized training. Some staff members are bi-lingual increasing access to services by the Latino community.

Access to Services for Rural Residents: Program provides home based services and transportation to groups. All services are community based. Providing services to rural residents is described as standard practice.

Program Performance Measures

ACCESS: Program eligibility for each component is described. Eligible clients may engage in services for long periods. Referral and collaboration with multiple healthcare providers is referenced. Program is active in the Birth to Three Service Coordinating Council. Program goal is within 48 hours of referral the client will be contacted by a member of ECMHD staff. Outreach efforts can continue for up to three months. Due to the length of engagement possibly lasting years, a limited number of openings are available and a waitlist for Prevention Initiative cases is maintained. Services are delivered in the home or community settings by a racially diverse staff. Meeting client and child in the natural setting of the home is said to enhance cultural sensitivity. Services are delivered in English and Spanish.

Whether staff contact is made with the client within 48 hours is tracked on referral forms and logged into the database. Outcome was not reported.

CONSUMER OUTCOMES: The measures used are defined and monitored by state funders and establish benchmarks for program effectiveness. The measures may vary by program and are associated with program capacity, immunization rates, completion of developmental screenings for risk of developmental delay, and initiation of breastfeeding. Clients are screened for depression at regular intervals using the Edinburgh Postnatal Depression Scale. The program has also formed an Advisory Group of participants and stakeholders for input on program improvements.

Program identifies targets of 90% completion rates for each measure and reports all measures were met in FY13 and on track for FY14.

UTILIZATION: Staff vacancies and extensive training for new hires continued to impact performance in FY13. This has been an on-going issue although less so in FY14. Performance in FY13 came in below most targets. The exception was Continuing Treatment Plan Client (clients continuing services from one program year to the next and a subset of total Treatment Plan Clients) came in at 157, seven higher than projected. New Treatment Plan Clients totaled 76 out of a target of 110. Service contacts represent initial contact with clients including screening and assessments and total 217 out of the projected 300. Community Service Events total 128 out of projected 140.

Slight downward adjustments were made to some targets for FY14 and at the mid-point of the year the program appears on track to reach the goals. Community Service Events are at 67 out of projected 140. Screening contacts are at 146 of projected 270. Treatment Plan Clients include 126 continuing clients out of projected 150 and 47 new clients out of projected 100 for a combined total 173 TPCs out of a target of 250. The program is re-establishing a presence at Frances Nelson Health Center that is expected to increase referrals.

Slight adjustments are also proposed to service targets for FY15. Community Service Events remains at 140. Screening contacts is set at 260. Treatment Plan Clients total 230 with 140 Continuing Treatment Plan Clients and 90 new clients.

CCMHB Priorities:

Primary Decision Support Considerations:

MHB-DDB Developmental Disabilities Collaboration: No

ACCESS Initiative Sustainability: No

Programs for Youth w/ SED: No

a. Parenting with Love and Limits (PLL): N/A

b. ACCESS Initiative: N/A

c. Quarter Cent for Public Safety: N/A

Adult CJ-Behavioral Health Services/Supports: No

Local Funder-Special Initiatives: No

MOU/IGA Support: No

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: Yes

Budget-Program Connectedness: Yes

Realignment of FY14 Funding to FY15 Priorities: TBD
Anti-Stigma Efforts: No

Technical Criteria:

Approach/Methods/Innovation: Yes
Staff Credentials: Yes

Applicant Review and Input

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

Recommendation: Pending

Draft CCMHB PY15 PROGRAM SUMMARY

AGENCY: Community Elements, Inc.

Program Name: ACCESS Initiative – Parenting with Love and Limits Front End (PLL-FE)

Focus of Application: MH SA DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY15 CCMHB Funding Request: \$291,903
PY15 Total Program Budget: \$292,704

Current Year Funding (PY14): \$288,895
Proposed Change in Funding - PY14 vs. PY15: \$3,008 (1%)

Program Staff – CCMHB Funds: 4.85 FTE
Total Program Staff: 4.85 FTE

Budget Analysis: The CCMHB is the sole funder for the program with the exception of \$801 received as designated funds from United Way.

Salaries, payroll taxes, and benefits are 81% of expenses including 16% for administration and indirect personnel costs. Direct personnel equal 4.4 FTE supporting three fulltime therapists, a fulltime family Support Specialist, and a part-time Peer Support position. Indirect staff is 0.45 FTE representing administration and management. Consumables including PLL workbooks provided to families are 6% of total expenses and professional fees/consultants add another 3%. The remaining 10% is allocated across seven other expense lines. The United Way designations are charged to the Membership Dues line.

The Budget Narrative form includes a breakout of administrative and indirect costs from direct program expenses as appropriate to the various expense lines. Each term is defined and the amount listed under each expense category where charged.

The PLL contract had excess revenue in FY13 in the amount of \$22,082 and is projected to have excess revenue in FY14.

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

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance _____
Audit not in Compliance _____
Auditor Finding _____

Comments: The FY13 Parenting with Love and Limits contract had excess revenue (revenue over expenses) of \$22,082. Contract terms require repayment of the excess revenue.

Target Population: Youth age 10 to 17 on station adjustment, or probation for misdemeanor, or in trouble at school, home or the community. Youth are screened with the Youth Assessment and Screening Instrument (YASI) and score as low risk (moderate/high risk scores are referred to PLL- Extended Care for follow-up). The Youth Assessment Center also refers station adjusted youth based on YASI scores. Other referrals may come from schools, ACCESS Initiative, other social service agencies, or parents/self-referrals. Any youth to be served must also have a parent/caregiver willing to participate in PLL.

Service Locations(s)/Demographics: Groups are held at Community Elements, and may be held at other locations if more convenient to the participating families. Total new youth/families served in FY13 was 89.

Residency by zip code finds 55% were from Champaign, 17% from Urbana, 11% from Rantoul, 6% from Mahomet, and 11% from the balance of the county.

Demographic data finds 19% of youth were age 12 or younger and 81% were age 13 to 18; where indicated 44% were white, 42% were black/African American, and 14% were other races including bi/multi-racial; 6% were of Hispanic/Latino origin; and, 60% were male.

Service Description/Type: Outpatient Group and Family Counseling using the Brief Family Therapy Model. A motivational telephone call is used to gauge interest and determine appropriate level of engagement – either PLL-Front End or PLL-Extended Care – using a PLL screening tool. A motivational interview follows to secure a commitment to participate in the program. PLL-Front End provides a series of six group and six family coaching sessions including behavioral contracts with the intent of providing the skills to meet the family’s needs and reestablishing positive relationships between youth and family.

After graduating from the program, follow-up contacts are made at 30 and 60 days as well as providing tune up sessions as needed. Support services include assistance with transportation and referral, linkage, and advocacy to meet other needs. Incentives are provided to youth for participating. Interpreters are provided for non-English speaking participants.

All three therapists are Master’s level PLL certified clinicians. The lead Therapist is an LCSW and supervises the team. The Family Support Specialist has a Bachelor’s degree and has completed PLL training and is assisted by a part-time PLL Peer Support position who is a graduate of the program.

Access to Services for Rural Residents: Staff will assist families needing help with transportation to find a long term solution to the need. Groups may also be held at other locations in the county if it makes participation easier for the majority of group.

Program Performance Measures

ACCESS: Under the license agreement and supervision contract with CCMHB, Savannah Family Institute (SFI) tracks referrals and engagement data for the program as a whole and by therapist. PLL Therapists using an established protocol, attempt first contact within 48 hours of referral. If contact is not made, therapist will try to make contact at a different time and day followed by correspondence and home visits.

For FY13, 83% of referrals contacted attended the first group session. PLL has established a rate of 70% as the target.

CONSUMER OUTCOMES: Measures are defined in the SFI Center of Excellence Agreement. Staff completes Child Behavioral Checklist (CBCL) and FACES IV at defined intervals. Quarterly and Year-End Reports are provided by SFI under the license agreement. The Year-End Report includes data analysis for program performance and changes in behavior and family functioning using the CBCL and FACES IV.

UTILIZATION: The license agreement with SFI supports a maximum of 128 youth (Treatment Plan Clients or TPCs) served by the PLL-FE program and sets a clinical minimum of 30 youth served by each therapist for PLL-Front End programs. This establishes a range of 90 to 128 youth to be served. Community Elements uses the 128 figure as its annual target for the program. The four year average (FY10 through FY13) is 106 youth served with an 86% graduation rate.

Data provided by SFI finds for FY13, the program served 115 youth and their families including 98 new youth/families. Twenty three families were still in engaged at the end of the year and four families received an administrative discharge (only attended one session) and are excluded from the graduation rate calculation. Of the remaining 88 youth served, 79 graduated from PLL-FE for a graduation rate of 90%.

Treatment Plan Clients is number of youth served and has a target of 128 for FY15. Screening Contacts represent the number of referrals to the program and has a target of 171 for FY15.

CCMHB Priorities:

Primary Decision Support Considerations:

MHB-DDB Developmental Disabilities Collaboration: No

ACCESS Initiative Sustainability: No

Programs for Youth w/ SED: Yes

a. Parenting with Love and Limits (PLL): Yes

b. ACCESS Initiative: Yes, as a partner

c. Quarter Cent for Public Safety: Yes, as a resource to the Youth Assessment Center

Adult CJ-Behavioral Health Services/Supports: No

Local Funder-Special Initiatives: No

MOU/IGA Support: No

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: Yes

Budget-Program Connectedness: Yes

Realignment of FY14 Funding to FY15 Priorities: TBD

Anti-Stigma Efforts: No

Technical Criteria:

Approach/Methods/Innovation: Yes, PLL is evidence based

Staff Credentials: Yes, Master's level therapists trained in PLL model

Applicant Review and Input: The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

Draft CCMHB PY15 PROGRAM SUMMARY

AGENCY: Community Elements, Inc.

Program Name: Psychiatric/Primary Care Services

Focus of Application: MH SA DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY15 CCMHB Funding Request: \$44,625

PY15 Total Program Budget: \$982,278

Current Year Funding (PY14): \$43,105

Proposed Change in Funding - PY14 vs. PY15: \$1,520 (3%)

Program Staff – CCMHB Funds: 0.74 FTE

Total Program Staff: 8.68 FTE

Budget Analysis: CCMHB revenue accounts for about 4.5% of total program revenue. A grant from the DHS-Office of Mental Health is the single largest source of revenue at 76%. Medicaid, Medicare, and a DMH fee for service contract provide another 13% of program revenue. Client fees and insurance payments generate the remaining 6.5% of revenue.

All of CCMHB funding is allocated to the salary, payroll tax and benefits expense lines. The funds support 0.74 FTE of the 8.68 FTE staff assigned to the program. The CCMHB supported positions includes all of the Psychiatric Nurse time, 0.6 FTE, plus small fractions of a psychiatrist and the Emergency Services Manager position (0.2 FTE each). The remaining 0.1 FTE is for administration and indirect staff support.

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

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance _____
Audit not in Compliance _____
Auditor Finding _____

Target Population: Population to be served is Medicare/Medicaid eligible adult clients receiving psychiatric care whose condition is stabilized and that have concurrent medical conditions including chronic diseases. Other funding will support the psychiatric care.

Service Locations(s)/Demographics: Service delivered on-site at the Community Elements North Walnut Street location. This program was reconfigured beginning in FY14 to focus on coordination of medical services for clients receiving psychiatric care and has worked with 23 clients through the first half of FY14.

60

Residency by zip code for those served finds 65% (15 clients) were from Champaign, 31% (7 clients) from Urbana, and 4% (1 client) from Savoy.

Demographic data reported finds all are adults with 9% age 60 or older; 61% are black/African American, 35% are white; and 4% are other races including bi/multi-racial; 4% (1 client) are of Hispanic/Latino origin, and 57% are male.

Service Description/Type: Support Services to psychiatric patients. Community Elements has reconfigured services to assist psychiatric patients with chronic medical conditions access primary care services on-site. The integration of physical health care with mental health care began with FY14. The expectation is that by addressing chronic medical conditions patients overall functioning will improve requiring less frequent contact with the psychiatrist opening up appointments for other patients.

The program is a collaborative effort between Community Elements and Promise Healthcare. Primary care services are provided by an Advance Practice Nurse (APN) from Promise Healthcare eight hours per week and billed through Promise Healthcare's Medicare and Medicaid contracts. Community Elements is responsible for the infrastructure including scheduling, reception, and facilities required for on-site delivery of the Advance Practice Nurse's services and development the associated protocols for coordination of the services.

Psychiatric care includes evaluation, medication monitoring, and education, and as appropriate consultation, for Medicaid and Non-Medicaid clients. Psychiatrists are board certified and licensed by the State of Illinois.

Access to Services for Rural Residents: Services are delivered in Champaign. Clients may be referred from other locations where Community Elements has a presence.

Program Performance Measures

ACCESS: The application references the lack of access to psychiatric services as an issue locally as well as throughout the state. New patients must wait for an appointment with a psychiatrist.

No discussion of access to physical health care services is provided or specific measures associated with access to these services referenced or the impact of these services on reducing frequency of appointments enabling other patients to be seen by the psychiatrist.

CONSUMER OUTCOMES: Outcomes are reduced from four to two and reconfigured for FY15. Status of current data collection or outcome measures is not referenced.

The first measure will track improvement in medical conditions and social functioning using the 20-item Short Form Health Survey (SF-20) developed for the Medical Outcomes Study (multi-year study of patients with chronic conditions). The survey will be administered in the first 30 days, at six months, 12 months and annually thereafter. Projected level of improvement is not quantified.

The second measure uses the standardized "Client Writes" satisfaction surveys to measure two client outcomes. Clients are asked about progress made in key areas and satisfaction with services. Target is for a positive response rate of 90% to measures associated with whether the person would refer someone to the program and overall satisfaction with the program.

UTILIZATION: The reconfigured program required federal approval for the Promise Healthcare Advance Practice Nurse to see clients at Community Elements new Walnut Street location that was not provided until December 2013. As a result of this delay, the program has only had 81 service contacts and engaged 23 clients through the midpoint of FY14. The annual target was set at 1,500 service contacts including 650 by the Advance Practice Nurse and 150 Treatment Plan Clients.

Targets for FY15 are set at 1,500 service contacts related to health and wellness including 650 contacts by Promise Healthcare staff and 200 Treatment Plan Clients.

CCMHB Priorities:

Primary Decision Support Considerations:

MHB-DDB Developmental Disabilities Collaboration: No

ACCESS Initiative Sustainability: No

Programs for Youth w/ SED: No

a. Parenting with Love and Limits (PLL): N/A

b. ACCESS Initiative: N/A

c. Quarter Cent for Public Safety: N/A

Adult CJ-Behavioral Health Services/Supports: No

Local Funder-Special Initiatives: No

MOU/IGA Support: No

Overarching Decision Support Criteria:

Underserved Populations: Yes,

Countywide Access: No, initial data reported are all Champaign and Urbana residents.

Budget-Program Connectedness: Yes

Realignment of FY14 Funding to FY15 Priorities: TBD

Anti-Stigma Efforts: No

Technical Criteria:

Approach/Methods/Innovation: Yes

Staff Credentials: Yes

Applicant Review and Input

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

Recommendation: Pending

Draft CCMHB PY15 PROGRAM SUMMARY

AGENCY: Community Elements, Inc.

Program Name: TIMES Center (Screening MI/SA)

Focus of Application: MH SA DD ACCESS Qtr Cent

Type of Contract: Grant (previously Fee For Service)

Financial Information:

PY15 CCMHB Funding Request: \$71,357

PY15 Total Program Budget: \$425,868

Current Year Funding (PY14): \$70,617

Proposed Change in Funding - PY14 vs. PY15: \$740 (1%)

Program Staff – CCMHB Funds: 1.51 FTE

Total Program Staff: 8.65 FTE

Budget Analysis: Program receives funding from a wide range of sources – federal, state and local. CCMHB revenue accounts for 17% of total program revenue. Other local sources provide 34% of revenue – contributions and fundraising (20%), United Way (8%), City of Urbana (3%), and transitional program fees (3%). Three state contracts (DCEO 7% and DHS 29%) provide 36% of funding. Federal funding from HUD and FEMA is 13% of revenue.

Costs charged to CCMHB funding include salaries, payroll taxes, and benefits at 83%, followed by consumables at 11%, local transportation at 5%, and general operating at 1%. While not addressed in the budget narrative this year, for FY14 the consumables expense was associated with the purchase of MRT workbooks. An explanation of the local transportation expense line is not included in the budget narrative either.

Staff supported with CCMHB funds totals 1.51 FTE. Direct service staff (1.27 FTE) includes the Case Manager position at Times Center (1 FTE), the TIMES Center Supervisor (.25 FTE), plus a small fraction of the Adult Recovery Services Director (0.02 FTE). Indirect staff (0.24 FTE) includes the .2 FTE for the new data technician position responsible for data analysis and outcome evaluation plus .04 FTE for administration.

Community Elements is requesting the contract be moved from fee for service to a grant. It has been fee for service for the last 15 years. Through eight months of the FY14 contract, the program is under billed by over \$18,000. Billable services have totaled just under \$29,000 during this period. Staff vacancies are the primary reason for the low billings.

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

Not Applicable _____

Audit Requirement Waived _____

Audit in Compliance X
Audit not in Compliance _____
Auditor Finding _____

Target Population: Men who are homeless. The facility is open to women that are homeless for meals, showers and can access support services. Many TIMES Center residents have mental health, substance addictions or co-occurring disorders as well as involvement with the criminal justice system.

Service Locations(s)/Demographics: On-site at TIMES Center. Total clients reported served by the program in FY13 were 415.

Residency by zip code indicates 81% were from Champaign (75% from 61820), 14% from Urbana, 5% from the balance of the county including Rantoul.

Client demographics reported finds all were adult men with 4% age 60 or older; 52% were white, 43% were black/African American and 5% were other races; and 3% were of Hispanic/Latino origin.

Regarding residency data, 311 (75%) of the 415 clients were from the TIMES Center zip code (61820). This high number skews results for determining residency prior to entering the facility. It may also mask the percentage of clients served from outside the county.

Service Description/Type: Screening and Outpatient Group Counseling. With adult single men eligible for Medicaid a new emphasis will be placed on engagement, advocacy, and access to services including support with navigating the medical and behavioral health services.

Services provided by CCMHB funded TIMES Center staff is focused on screenings, linkage, and facilitating relapse prevention groups. All residents will be screened upon admission to TIMES Center for mental health, alcohol abuse and/or substance use disorders as well as criminal justice system involvement and eligibility for federal benefit programs or insurance. A referral for a mental health assessment will follow if indicated. Many clients with co-occurring disorders and failed treatment histories will have an opportunity to participate in relapse prevention groups on-site to aid them with re-engaging in treatment. Those participating in such groups offered at TIMES Center will not have to be enrolled in behavioral health services. Residents do have a service plan completed and if engage in other Community Elements services will have a treatment plan prepared.

Based on the screening, clients will then be linked with appropriate services such as substance use disorder assessments and treatment and MRT groups offered through the Criminal Justice Integrated Behavioral Health program, to benefits case management available through the Crisis, Access, Benefits and Engagement program, or for those with criminal justice system involvement to the Criminal Justice Problem Solving Courts program for case management, coordination and linkage. Group therapy offered on-site includes Moral Reconciliation Therapy (MRT) for criminal justice involved clients and MRT groups for the homeless population.

Community Elements is licensed by DASA to provide Level I and Level II outpatient substance use disorder treatment. The Times Center Supervisor is an MSW. The TIMES Center Case Manager position is currently vacant due to a resignation.

Access to Services for Rural Residents: TIMES Center is located in Champaign. Effort is made to educate other providers and community based organizations about the TIMES Center. Transportation from rural areas can be arranged with assistance from church groups or other community organization.

Program Performance Measures

ACCESS: TIMES Center is open 24 hours a day, 365 days a year. Staff participates in a number of collaborative organizations to coordinate and promote services to the homeless population. Program cites data on number of people in emergency and transitional housing from the Urbana-Champaign Continuum of Care annual survey on homelessness.

CONSUMER OUTCOMES: All admissions to TIMES Center are to be screened for mental health, alcohol, and substance abuse issues. Target is for 90% of admissions to be screened. Results of screens yield recommendations for services. All residents staying for 7 days or more with an identified need will be referred to Community Elements or other provider and will meet with a Recovery Advocate to finalize the service plan.

The Clients Writes survey used to evaluate client outcomes at Community Elements has been adapted for use with Level II participants at TIMES Center. While there is no Midwest or national benchmarks to compare results, the survey did find satisfaction with services particularly assistance with employment, other community resources, handling life’s problems, and improved financial and living situation. No improvement was reported for family relationships or physical health. No changes are made to Client Writes measures for FY 2015.

The program will participate in Community Elements Criminal Justice Data Project that includes measuring recidivism. The project will identify system wide outcome measures, defining associated data elements, and reporting. The data technician included in the budget will contribute to data collection and analysis.

UTILIZATION: The FY 2015 target for clients served at TIMES Center is 400 and will be reported as Non-Treatment Plan Clients.

Screenings are only completed once per contract year, clients re-entering TIMES Center within the year are not re-screened. For example, for FY13 TIMES Center reported serving 415 residents however screenings were completed on 257 unduplicated individuals that year. TIMES Center also engaged 227 unduplicated individuals for a total 1,006 relapse prevention group sessions. There is overlap between the screened population and group participants.

For FY14, eight months into the year there were 146 screenings and 80 unduplicated participants accounting for 352 relapse prevention group sessions. Program is under billed due in part to Staff vacancies and not likely to make up the difference before the contract ends.

CCMHB Priorities:

Primary Decision Support Considerations:

- MHB-DDB Developmental Disabilities Collaboration: No
- ACCESS Initiative Sustainability: No
- Programs for Youth w/ SED: No
 - a. Parenting with Love and Limits (PLL): N/A
 - b. ACCESS Initiative: N/A

c. Quarter Cent for Public Safety: N/A

Adult CJ-Behavioral Health Services/Supports: Yes, limited to referral and linkage

Local Funder-Special Initiatives: No

MOU/IGA Support: No

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: No

Budget-Program Connectedness: Yes

Realignment of FY14 Funding to FY15 Priorities: TBD

Anti-Stigma Efforts: No

Technical Criteria:

Approach/Methods/Innovation: Yes

Staff Credentials: Yes

Applicant Review and Input

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

Recommendation: Pending

(Lde)

Draft CCMHB PY15 PROGRAM SUMMARY

AGENCY: Crisis Nursery

Program Name: Beyond Blue Champaign County

Focus of Application: MH X SA DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY15 CCMHB Funding Request: \$70,000

PY15 Total Program Budget: \$169,293

Current Year Funding (PY14): \$70,000

Proposed Change in Funding - PY14 vs. PY15: 0

Program Staff – CCMHB Funds: 1.39 FTE

Total Program Staff: 3.38 FTE

Budget Analysis: Funding requested from the CCMHB is the single largest source of program revenue accounting for 42% of the program budget. The combined revenue from contributions and fundraising activities is projected to provide 42% of the budget. A portion of the funds contributed to United Way designated for Crisis Nursery is 7% of program revenue. The remaining 9% of revenue is from a state contract.

As is typical, the single largest expense is personnel with salaries, payroll taxes, and benefits accounting 91% of the costs charged off to CCMHB funds. Local transportation costs associated with staff travel for home visits and group sessions is 4% of CCMHB charged expenses. The occupancy expense line is budgeted at 2% and four other lines total 3% of CCMHB funds.

CCMHB funds support 1.39 fulltime equivalent positions (FTE) with staff involved in direct services at 1.34 FTE including part of two Family Specialists time (1.25 FTE) and the Assistant Director (0.09 FTE) providing supervision and support and indirect staff (0.05 FTE) responsible for management and administration.

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

Not Applicable
Audit Requirement Waived
Audit in Compliance X
Audit not in Compliance
Auditor Finding

Target Population: Mothers identified as “at risk” of peri- and post-natal depression who reside in Champaign County and are pregnant or have a child or children less than one year of age. “At risk” includes low-income and/or a family history of depression or experienced depression during pregnancy,

limited social supports, or are experiencing marital discord. Sources used to identify “at-risk” mothers include referrals made from various medical providers, internally from Crisis Nursery, and self-referrals.

Data from CUPHD WIC screenings using the Edinburgh Postnatal Depression Scale (EPDS) in FY 2013 found 146 mothers at-risk of perinatal depression (32 from rural Champaign County and 114 from Champaign and Urbana).

Service Locations(s)/Demographics: Clients home, Crisis Nursery, and other community sites. Data was reported for the 33 new clients served in FY13.

Residency by zip code data finds 48% of clients were from Rantoul, 15% from Champaign, 15% from Urbana, and the remaining 22% from other areas of the county.

Demographic data finds 6% (2) were mothers age 18 or younger, and 94% were mothers over age 18; 73% were White, 27% were black/African American; 9% were of Hispanic/Latino origin; and all were women.

Service Description/Type: Screening, Assessment, Individual and Group Counseling. Beyond Blue program operates under the Strong Families Program. Beyond Blue uses a mix of home visits and participation in Parent-Child Interaction (PCI) Groups to reduce mothers feeling of isolation, provide education and counseling about perinatal depression, and support child development and parenting skills.

To begin services an intake is completed including a screening using the Edinburgh Postnatal Depression Scale (EPDS) to identify mothers at risk if not provided/completed by the referral source. Home visits are used to assess depressive symptoms, provide counseling and education, and individualized support and care management. Participation in Parent-Child Interaction (PCI) groups by the mother and child and in perinatal support groups for the mother reduce isolation and address child development, positive parent-child interaction and bonding. Fathers may participate in PCI groups and the groups may include parents from the Strong Families program. Referral and linkage to other services appropriate to the needs of the mother and child is also done. No fees are charged to participants. Services are offered until the child turns one and are then referred as necessary to other child development programs including the Crisis Nursery Strong Families program.

Respite care at Crisis Nursery is offered as an in-kind service of the program. Broader community education about the issue of post-natal depression and Beyond Blue as a resource is also performed.

Direct service staff have Bachelor’s degrees and participate in continuing education. They are supervised by the Assistant Director (MSW), and Executive Director (LCSW). Staff participates in infant mental health training, and supervision led by Infant and Parent Institute Director Michael Trout.

Access to Services for Rural Residents: More than 50% of mothers served will be from rural Champaign County. Staff conducts home visits, and holds PCI groups in rural locations and at Crisis Nursery. Referral sources among many cited includes CUPHD WIC program in Rantoul and other medical providers and social service agencies.

Program Performance Measures

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

maintain regular contact with CUPHD WIC offices in Champaign and Rantoul. Information on the program is also included in patient packets for new mothers.

Crisis Nursery is open 24 hours a day enabling the agency to make referrals and respond to contacts within 24 hours and a home visit within three days. Those engaged in the program have identified risk factors and scored 10 or higher on the Edinburgh Postnatal Depression Scale. Participation in services may continue until the child is one year old when a referral to other child development/early intervention programs may occur.

Measures associated with number of prospective clients screened, those seen within three days of internal referral, or connected to other services as the case is closed are not identified.

CONSUMER OUTCOMES: Three tools are used to measure consumer outcomes: crisis nursery survey instrument, the Edinburgh Postnatal Depression Scale (EDPS), and the Ages and Stages Questionnaire. The measures, particularly the EDPS and ASQ, have a direct relationship to the program but do not have targets established or results reported.

The general survey instrument is an established tool used to measure outcomes for general operations of crisis nurseries around the state and reports results in relation to those measures. Of parents surveyed, 83% reported reduced stress, 97% reported improved parenting skills, and 95% reported reduce risk of child maltreatment. Results less than 85% are reviewed for quality improvement and occurred for the reduced stress result. The Nursery cited the severity of the cases as a contributing factor to the result.

The EDPS is given quarterly and considered by the program to be a strong indicator of improvement although factors outside of the program can contribute to the result. No EDPS results were reported.

The ASQ is administered upon entry into the program and may be repeated. It is used to aid the mother in understanding the child development in relation to developmental milestones. If delays are identified from the ASQ appropriate referrals are made. Number referrals made based on the ASQ is not reported.

A post discharge contact will be made to assess specific impacts of the Beyond Blue program. Outcomes to be evaluated are changes in the mother's symptoms of perinatal depression, its effect on a child's development, the mother's understanding of child development and how to promote positive development, and understanding how to reduce stress.

UTILIZATION: Program defines how services will be classified and reported. No change in is made to targets from FY14 to FY15. Beyond Blue program projects serving 35 mothers reported as treatment Plan Clients (TPCs) and 82 babies/children or other family members reported as Non-Treatment Plan Clients (NTPCs). Service contacts target is 980 and include screenings, home visits, referrals, and telephone contacts. CSEs target is 136 and are broken out by volume of PCI groups, perinatal depression support groups, community presentations and associated activities. Hours of respite care provided as an in-kind service will be reported in the Other category with a target of 2,420 hours.

Program exceeded all targets in FY13, some by significant margins. Of greatest interest is TPCs which was 45 with a target of 35. Service contacts at 1,778, was almost double the target of 980. For FY14, the program is on track to meet or exceed all established targets. Halfway through the year, TPCs stood at 26, nine shy of the target and service contacts were at 670, about two-thirds of the way to the target.

CCMHB Priorities:

Primary Decision Support Considerations:

MHB-DDB Developmental Disabilities Collaboration: No

ACCESS Initiative Sustainability: No

Programs for Youth w/ SED: No

a. Parenting with Love and Limits (PLL): N/A

b. ACCESS Initiative: N/A

c. Quarter Cent for Public Safety: N/A

Adult CJ-Behavioral Health Services/Supports: No

Local Funder-Special Initiatives: No

MOU/IGA Support: No

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: Yes, plus has specific targets for rural Champaign County

Budget-Program Connectedness: Yes

Realignment of FY14 Funding to FY15 Priorities: TBD

Anti-Stigma Efforts:

Technical Criteria:

Approach/Methods/Innovation: Yes

Staff Credentials: Yes

Applicant Review and Input

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

Recommendation: Pending

Draft CCMHB PY15 PROGRAM SUMMARY

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

Program Name: Resource Connection (formerly First Call For Help)

Focus of Application: MH SA DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY15 CCMHB Funding Request: \$80,000

PY15 Total Program Budget: \$268,922

Current Year Funding (PY14): \$65,978

Proposed Change in Funding - PY14 vs. PY15: \$14,022 (21%)

Program Staff – CCMHB Funds: 1.59 FTE

Total Program Staff: 3.02 FTE

Budget Analysis: CCMHB revenue accounts for 30% of total program revenue and is the single largest source of support. The agency seeks to restore most of the reduced funding from FY14. Funds from United Way including designated funds represent 24% of total program revenue. Other sources include contributions and fundraising proceeds generating 26% of revenue. Funding from local governments in northern Champaign County is 9% of program revenue. Various other revenue sources provide another 8% with the remaining 3% of revenue coming from an Emergency Food and Shelter contract.

Regarding expenses, CCMHB funds are allocated almost entirely (98%) for salaries, payroll taxes, and benefits. The remaining 2% is charged to the occupancy expense line. Four positions are supported in part with CCMHB funds equaling 1.59 fulltime equivalent positions (1.54 FTE direct service staff and 0.05 FTE indirect staff).

The agency and program budgets both show a deficit of \$5,000. Program expenses of \$273,922 exceed projected revenue of \$268,922 by \$5,000. CCMHB revenue and expenses balance. The deficit is related to relief funds received from United Way in FY14 to assist those in Gifford impacted by the tornado. Half the funds, \$5,000, are held in reserve and will be spent in FY15. The budget narrative states if all projected funding requests are met the budget will be balanced.

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

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance _____
Audit not in Compliance _____
Auditor Finding _____

Comments:

Target Population: Program serves residents of nine northern most Champaign County townships. While the target population is unchanged the program is in state of transition from First Call For Help information and referral to a greater focus as a resource for residents providing direct access to basic services, a satellite site for providers, and information on services.

Low-income and transient/homeless populations are eligible for direct assistance services including emergency food and prescription assistance.

Service Locations(s)/Demographics: Agency is based in Rantoul and serves as a satellite site for other Champaign and Urbana based providers. Total clients (NTPCs) served by the 2013 program was 1,396.

Residency by zip code data finds 89% were in Rantoul, 4% in Ludlow, 2% from Thomasboro, and 5% in other zip codes from northern Champaign County.

Demographic data finds all were adults with 15% age 60 or older; 62% were white, 31% were black/African American, and 7% were other races including bi-racial/multi-racial; almost 22% were of Latino/Hispanic origin; and 62% were male. Note that some percentages presented may be based on a smaller data set due to lower response rate.

Service Description/Type: Support Services. Agency is proposing to reconfigure services away from information and referral associated with First Call for Help to the Resource Connection serving as a resource hub and satellite site for other providers.

Office space is utilized by some Champaign-Urbana based providers and plans are to promote space available to other programs/providers. Space can be utilized during and after business hours. A range of other services will also be offered including linkage to Parenting with Love and Limits and ACCESS Initiative services as well as other mental health, substance use disorder and developmental disability resources; providing case management for frequent users of the food pantry and other emergency services and client advocacy to assist with accessing services; direct access to resources for meeting basic needs; access to local telephone, fax/copy machine (small fee), and internet; information and referral including bi-lingual assistance.

Qualifications and experience for the primary staff positions is provided in the personnel section of the Budget Narrative form.

Access to Services for Rural Residents: Agency is located in Rantoul the largest community in the northern nine township service area. Office is used as a satellite site by Community Elements and Prairie Center and is available for use by other providers or programs including the ACCESS Initiative. The building also houses the Public Health WIC office.

Program Performance Measures

ACCESS: Program tracks the number of information and referral contacts and number of unduplicated households as an access measure. Another measure is the volume of contacts by providers using the agency as a satellite site. Data for other services/resources available is also tracked and reported.

Volume of information and referral contacts and unduplicated households served has declined the last two years as has the contacts for satellite services although FY14 may see an increase. The number of clients continuing to use services from one year to the next has remained relatively constant.

Unmet needs are also tracked and are primarily associated with basic needs – food, shelter, and utility assistance.

CONSUMER OUTCOMES: Outcomes are the access measures. A client satisfaction survey is done biannually and was completed in 2012. Of the 131 surveys returned only one expressed dissatisfaction with the services and interaction with staff. Eleven surveys were from Spanish speaking households and results were also positive. The survey included a question on cultural sensitivity too that generated positive responses and was an improvement over the prior survey. Responses to a question on use of satellite agency services indicated these services are well received.

An analysis of clients utilizing services at the agency was completed last year by a social work intern. The intern’s analysis found 78% of the households accessing the range of services available did so 6 or less times per year, while 7% accessed services 12 or more times per year. The percentage of high-end users has resulted in plans to provide case management and follow-up to those households. Reference is made to a National Institute of Health study that supports addressing a person’s basic needs and reducing risk factors associated with poverty as part of supporting the community mental health system. No targets associated with reducing contact of the high end users engaged in case management is identified.

UTILIZATION: FY15 targets are 1,470 Non-Treatment Plan Clients (NTPCs) representing unduplicated households served by the program and 6,600 Service Contacts (SCs) representing the number of information and referral contacts. These measures have been tracked and reported in the past. New for FY15 is the tracking and reporting of contacts with satellite providers. This will be reported under the “Other” category and has a target of 2,700.

Total number of SCs reported in FY13 was 6,465 and below the target of 6,900. Midway through FY14 SCs total are 3,773 out of an annual target of 6,500.

For FY13 the target for unduplicated households (NTPCs) was 1,600 while those served totaled 1,396 of which 611 were new in FY13 and 785 were clients served the prior year and continued to access services into FY13. Midway through FY14, NTPCs total 1306 (467 new and 839 continuing to engage from the prior year) out of an annual target of 1,550.

CCMHB Priorities:

Primary Decision Support Considerations:

MHB-DDB Developmental Disabilities Collaboration: No

ACCESS Initiative Sustainability: No

Programs for Youth w/ SED: No

a. Parenting with Love and Limits (PLL): N/A

b. ACCESS Initiative: N/A

c. Quarter Cent for Public Safety: N/A

Adult CJ-Behavioral Health Services/Supports: No

Local Funder-Special Initiatives: No

MOU/IGA Support: No

Overarching Decision Support Criteria:

Underserved Populations: Yes, northern rural Champaign County

Countywide Access: No, primary service area is northern nine townships

Budget-Program Connectedness: Yes
Realignment of FY14 Funding to FY15 Priorities: TBD
Anti-Stigma Efforts: No

Technical Criteria:

Approach/Methods/Innovation: No
Staff Credentials: No

Applicant Review and Input

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

Recommendation: Pending

Draft CCMHB PY15 PROGRAM SUMMARY

AGENCY: The Center for Women in Transition (CWT)

Program Name: A Woman's Place (AWP)

Focus of Application: MH X SA DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY15 CCMHB Funding Request: \$66,948

PY15 Total Program Budget: \$852,742

Current Year Funding (PY14): \$66,948

Proposed Change in Funding - PY14 vs. PY15: 0

Program Staff – CCMHB Funds: 2.12 FTE

Total Program Staff: 17.67 FTE

Budget Analysis: Program revenue comes from multiple sources that include federal, state and local grants, United Way funds, and local contributions and fundraising. Funding requested from CCMHB is 8% of revenue. The single largest source is a state contract providing almost 50% of program revenue with other state grants providing another 14%. Federal funds from the Department of Housing and Urban Development provide 8%, United Way funds including designations add 6%, with fundraising and contributions generating 11%. The remaining 3% are local and private grants and some miscellaneous proceeds.

All CCMHB funds are allocated to the salary and benefits expense lines. These funds support 1.85 FTE directly involved with program services. This includes part of two Domestic Violence Counselors and six Case Manager II positions. The remaining 0.27 FTE is for indirect staff and supports the part of the fiscal manager position.

Revenue and expense totals presented on the expense form indicate whether a balanced budget exists for the agency as whole, for the program as a whole, and for requested funding. Expenses exceed revenue for the agency for a deficit of \$132,354. However, revenue exceeds expenses for A Woman’s Place (AWP) generating excess revenue of \$69,523. But revenue equals expenses for the CCMHB funds requested for AWP. The excess revenue for AWP equals 8% of the AWP budget.

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

- Not Applicable _____
- Audit Requirement Waived _____
- Audit in Compliance _____
- Audit not in Compliance _____
- Auditor Finding X _____

Comments: Material weaknesses were identified regarding staff expertise to prepare financial statements to generally accepted accounting standards. The agency agrees with the finding citing a lack of resources to hire additional staff and will continue to engage the audit firm to prepare the financial statements. The other weakness was lack of controls and segregation of duties for handling cash payments at the Transitions Store and has been addressed through new policies.

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

The program serves Champaign, Douglas, Ford and Piatt Counties with CCMHB funds targeted to residents of Champaign County.

Service Locations(s)/Demographics: Shelter is located in Urbana. Program served 441 victims of domestic violence from Champaign County in FY13.

Residency by zip code reported finds 47% were from Champaign, 27% from Urbana, 9% from Rantoul, 4% from Mahomet, 2% from St. Joseph, and 11% from other areas of the county.

Demographic data reported finds 20% of AWP residents were children and youth, 80% were adults including 4% that were age 60 or older; 55% were white, 38% were black/African American, 3% were Asian, and 4% were other races including bi-/multi-racial; 6% were of Hispanic/Latino origin,; and 86% were female.

Service Description/Type: Counseling/Case Management. CWT-AWP offers range of services including 24 hour domestic violence hotline, emergency shelter, and transitional housing, intake assessments and service planning, individual and family centered counseling, life skills groups, case management, court advocacy, children’s programming, and community education on domestic violence.

Services may be accessed by AWP residents as well as non-residents to enable them to regain control of their lives and free of domestic abuse. Weekly and bi-weekly counseling sessions are offered depending client need. Client services are tracked using the state Infonet database. All services comply with the Illinois Domestic Violence Services Guideline Manual.

Credentials for various staff working at AWP are referenced including staff supported with CCMHB funds. Of the two counselors one is an LCSW and is an Illinois Certified Domestic Violence Professional (ICDVP). The other counselor is scheduled to take ICDVP licensing test. The Case Manager II positions work the evening, overnight, weekend shifts at the shelter and are required to have a high school diploma. All staff at AWP complete the 40 hour state mandated domestic violence training before working with clients.

Access to Services for Rural Residents: AWP operates a 24 hour hotline that provides crisis intervention, information and referral, and safety planning for victims of domestic violence. The agency also contracts with a local cab company to provide transportation to the shelter for victims fleeing abuse. Information on the program is distributed throughout the county. The agency has also applied for grants targeting services to rural areas.

Program Performance Measures

ACCESS: Trained staff answer calls made to the 24 hour hotline and assist clients presenting at the shelter. Timeframes associated with referral to assessment to engagement are described.

Victims of domestic violence can contact the hotline for immediate assistance. Of those seeking domestic violence counseling services, 85% will be contacted by a counselor to have an intake assessment completed within 48 hours. Of those completing the intake assessment, 60% will engage in at least two follow-up counseling appointments. Hotline calls, intakes, and counseling sessions are tracked using the various logs and posted daily to the Infonet database with quarterly reviews by the state and the Illinois Coalition Against Domestic Violence (ICADV).

Applicable Domestic Violence Service Guidelines are also referenced. All counseling is to be provided by staff that has completed the 40 hour training course. All records are to be kept confidential in compliance with the Illinois Domestic Violence Act. No perpetrators can participate in any counseling session. Services must be culturally competence and promote self-help/self-advocacy in the client.

CONSUMER OUTCOMES: As was stated in the Access section, all services conform to the Domestic Violence Service Guidelines. Process for identifying and tracking clients and services in relation to utilization targets is described. Weekly support group planning process is also outlined.

Program defines measures and establishes targets for clients receiving counseling. Target is 85% of clients will report positive responses to Counseling Service Surveys. The surveys meet state standards. Survey questions ask inquiry about increased knowledge on safety planning, community resources, positive feelings about the future, and understanding of the effects of abuse on them and their children. The process for administering the survey is detailed including adjusting service delivery based on results

UTILIZATION: Program defines and sets targets for all services. The target for Treatment Plan Clients (TPCs) - clients staying at the shelter three or more days or non-shelter resident completing a service plan and engaging in three or more counseling session – for FY15 is 320 with 20 TPCs from the prior year continuing to engage in services. The target of Non-Treatment Plan Clients (NTPCs) - clients that receive emergency shelter services and/or have not received more than three counseling sessions – is 60. Service contacts are hotline calls or face to face contacts with people without an open case. Target is 800. Community Service Events (CSEs) are public presentations, classroom presentations, or consultations or collaborations with the other providers/groups and has a target of 150.

In FY13, TPCs reported totaled 386 exceeding target of 320. NTPCs came in at 55 slightly below target of 60. Service contacts totaled 732 out of a target of 800. CSEs were 142 exceeding target of 100.

Through the first half of FY14, the program is on track to meet TPCs and service contact targets, and likely to exceed target for CSEs. For NTPCs, utilization is underperforming the current target and target has been adjusted accordingly for FY15.

CCMHB Priorities:

Primary Decision Support Considerations:

MHB-DDB Developmental Disabilities Collaboration: No

ACCESS Initiative Sustainability: No

Programs for Youth w/ SED: No

a. Parenting with Love and Limits (PLL): N/A

b. ACCESS Initiative: N/A

c. Quarter Cent for Public Safety: N/A

Adult CJ-Behavioral Health Services/Supports: Yes, as a resource for victims of domestic violence

Local Funder-Special Initiatives: No
MOU/IGA Support: No

Overarching Decision Support Criteria:

Underserved Populations: yes
Countywide Access: Yes
Budget-Program Connectedness: Yes specific to CCMHB funding but deficit/excess revenue issue exists
Realignment of FY14 Funding to FY15 Priorities: TBD
Anti-Stigma Efforts: Yes, broader program activity related to public education on domestic violence

Technical Criteria:

Approach/Methods/Innovation: yes, complies with state standards
Staff Credentials: Yes, staff is trained meeting state standards

Applicant Review and Input

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

Recommendation: Pending

Draft CCMHB PY15 PROGRAM SUMMARY

AGENCY: The Center for Youth and Family Solutions

Program Name: Family Counseling Program

Focus of Application: MH SA DD ACCESS Qtr Cent

Type of Contract: Fee For Service (FFS)

Financial Information:

PY15 CCMHB Funding Request: \$8,000

PY15 Total Program Budget: \$283,068

Current Year Funding (PY14): \$8,000

Proposed Change in Funding - PY14 vs. PY15: 0

Program Staff – CCMHB Funds: 0.16 FTE

Total Program Staff: 5.3 FTE

Budget Analysis: Total program revenue has declined by 17% since the 2013 fiscal year. CCMHB funds account for 3% of total program revenue. The only state contract identified is from DCFS at 3% of revenue. Support requested from United Way is projected at 4% of revenue. Fees paid by private agencies are by far the largest source of revenue at 81%. Client fees provide 9% of funding but no client is denied service for not being able to pay the fee. The client fee is waived for CCMHB supported clients.

The single largest expense charged to CCMHB funding is salaries, payroll taxes and benefits. These costs represent 93% of CCMHB funding. The remaining 7% is spread across six expense lines. The amount of CCMHB funds allocated to each of these expense lines is roughly the same as CCMHB percentage of program revenue. Small percentages of 5 different therapist positions comprise the 0.16 FTE supported with CCMHB funds.

There is also an error in the total program column of the revenue form that needs to be corrected. If approved for funding the revenue and expense forms will need to be revised.

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

Not Applicable _____
Audit Requirement Waived X _____
Audit in Compliance _____
Audit not in Compliance _____
Auditor Finding _____

Target Population: Primarily low- and very low-income individuals, couples, and families that are experiencing relationship problems, emotional/mental health problems, or problems in daily living that are severe enough to disrupt a significant area of their life. The high poverty rate in Champaign County

and the relationship between poverty and mental health risk is referenced as an indicator of the need for the program.

Service Locations(s)/Demographics: Services are offered on-site at their office located in Champaign. The office is located in a residential neighborhood near an MTD bus stop.

Zip code data reported for 20 clients (individuals and/or family members) served in FY13 finds 30% were from Champaign, 25% from Urbana, 25% from Rantoul, and 20% from the balance of the county. A breakdown of demographic data finds 35% were under age 18, 50% were adults and 15% were age 60 or older; 70 were white, 20% black/African American, and 10% were other races including bi/multi-racial.

Service Description/Type: Outpatient Counseling. Therapists provide strength based, trauma-focused client centered, goal driven counseling services to individuals, couples and families using a family systems perspective. Client's support networks are engaged to maximize resources and maintain changes achieved through therapy.

Access to Services for Rural Residents: In-home services may be provided.

Program Performance Measures

ACCESS: Agency tracks access through a log of initial phone intake and case opening information. Clients are then waitlisted until therapist can be assigned and contact initiated to schedule first appointment. Therapist's appointment schedules are flexible. Clients may wait from one week to several months for an appointment. Clients in crisis are either seen same day or referred to other emergency service.

No data is reported on number of initial intakes, average wait time, volume of crisis contacts.

CONSUMER OUTCOMES: A rating on three identified measures is completed by the therapist and the client to assess the client's progress at case closure. Rated activity include has the client learned new ways to solve their problems, does the client practice what has been learned, and whether the problem the client sought therapy for has been resolved.

No data is reported on the therapist and client rated activities in the application. FY13 performance report indicates therapist/client rating of 100% for having learned new ways to solve problems; 100% use the problem-solving techniques in their daily lives; and 82% reported improvement in the presenting problem. (N=17)

UTILIZATION: Program is fee for service. Program billed 98% of FY13 contract and is on track to bill out the FY14 contract.

Number of unduplicated clients billed to CCMHB in FY13 was 13. Some clients may be engaged in couples or family counseling involving other members in therapy increasing reported demographic data. At the midpoint of FY14, program has billed services for 10 unduplicated clients out of a target of 16. Target for FY is 15 unduplicated clients.

CCMHB Priorities:

Primary Decision Support Considerations:

MHB-DDB Developmental Disabilities Collaboration: No

ACCESS Initiative Sustainability: No
Programs for Youth w/ SED: No
 a. Parenting with Love and Limits (PLL): N/A
 b. ACCESS Initiative: N/A
 c. Quarter Cent for Public Safety: N/A
Adult CJ-Behavioral Health Services/Supports: No
Local Funder-Special Initiatives: No
MOU/IGA Support: No

Overarching Decision Support Criteria:

Underserved Populations: No
Countywide Access: Yes
Budget-Program Connectedness: Yes
Realignment of FY14 Funding to FY15 Priorities: TBD
Anti-Stigma Efforts: No

Technical Criteria:

Approach/Methods/Innovation: Method is clinical based therapy.
Staff Credentials: Not referenced.

Applicant Review and Input

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

Recommendation: Pending

DRAFT CCDDDB/CCMHB PROGRAM SUMMARY 2015

Agency: Developmental Services Center

Program Name: Family Development Center

Contract Format Requested: Grant

Staff Assessment: (1) The contract format should be changed to fee-for-service to conform with CCDDDB efforts to assure that funding is predicated on a "per individual served" basis rather than on a program basis. If appropriate, a case rate process could be considered. (2) Two separate applications were submitted with one to the CCDDDB (contract maximum \$30,000) and the other to the CCMHB (contract maximum \$515,000); however, the same consolidated program summary will be shared with both Boards with the final funding decisions predicated by our integrated planning process.

Funding Requested: \$545,903

Staff Assessment: The application proposes to serve 605 people, or \$900 per person at the requested contract maximum.

Target Population:

This program serves children aged birth to 5 years who are at risk for developmental disabilities but do not meet the level is disability thresholds for admission to the Illinois Early Intervention program.

Staff Assessment: at age three, children are eligible for services under the Illinois School Code, Article 14.

Service Description/Type:

The program mirrors the State's Early Intervention program in terms of services offered and includes developmental screening, evaluation, developmental therapy, speech therapy, PLAY Project, parent support, child care consultation, and use of the Family Resource Center materials.

Staff Assessment: None

CCDDDB Priorities:

1. **Person Centered Planning (PCP)** - The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and Community Based Services (HCBS) final rule. Select applicants will be required to submit, as an addendum to contracts issued, a description of their PCP process which addresses the following items:
 - (a) The process by which the individual selects people who will participate in PCP meetings and activities.

- (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
 - (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.
 - (d) Describe PCP measurable desired outcomes are associated with community integration.
 - (e) Explain the extent to which the individual controls their day and how they live.
 - (f) Describe how support is given to build connections to the broader community.
 - (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.
 - (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.
2. **Incorporate/cite Employment First principles.** N/A.
 3. **Acknowledge and support self-advocacy.**
This item does not appear to have been addressed in the application
 4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.**
There is no explicit reference to avoidance of Medicaid supplementation.
 5. **Address cultural competence and reaching out to underserved populations.**
The consumer access section doesn't specify efforts to reach out to underserved populations.

Demographic Data for FY14, at mid-year, of 529 individuals: all were under the age of 6; 63% were white, 17% black/African American, 4% Asian, and 16% other; 14% were of Hispanic/Latino origin; 61% were male. **In FY13**, of 635 individuals: all were under the age of 6; 58% were white, 25% black/African American, 4% Asian, and 17% other; 12% were of Hispanic/Latino origin; 57% were male.

Zip Code Data for FY14, at mid-year, of 529 individuals: 20% were from Urbana, 44% Champaign, 13% Rantoul, 23% Greater Champaign County. **In FY13**, of 635 individuals: 21% were from Urbana, 44% Champaign, 14% Rantoul, and 21% Greater CC.

Program Performance Measures:

Consumer Access: This section provides information concerning the referral and service initiation process. Timelines for completion of assessments are included.

Consumer Outcomes:

The applicant uses satisfaction surveys for families and also tracks progress toward developmental outcomes desired.

Utilization/Production Data: (targets; current year data, if funded)

The applicant cites increased efforts to cast a wide net to identify children with delays early.

FY15 targets include 405 Continuing and 200 New Treatment Plan Clients (children receiving FDC services), 200 Service Contacts (children receiving a developmental screening), and 300 Community Service Events.

By mid-year FY14, there were 406 Continuing TPCs (against a target of 405), 123 New TPCs (target 190), 88 Service Contacts (target 200), 232 Community Service Events (target 300), and 3,119 total service hours.

In FY13, there were 426 Continuing TPCs (target 550), 209 New TPCs (target 200), 802 NTPCs, 203 Service Contacts (target 200), and 1004 CSEs (target 300).

Staff Assessment: *Despite references to community events associated with minorities, the application does not identify efforts to engage minorities or report on success. This is a critical issue given that minorities tend to be identified at older ages.*

Financial Information:

PY15 CCDDDB/CCMHB Funding Request:	\$545,903
PY15 Total Program Expenses:	\$609,580
Program Staff – CCDDDB/CCMHB Funds:	7.79 FTE
Total Program Staff:	7.79 FTE

Staff Assessment: *(1) The applicant is proposing a deficit budget with revenue of \$545,903 and expenses of \$609,580. In the application, the CCDDDB and CCMHB are the only revenue sources and the estimated expenses should equal the revenue provided in both column 2 and 3. What other sources of funding will be used? Since this will be a “per individual served” contract, there is no justification for the deficit proposed in this application. (2) Staff costs comprise 82% of total expenses, with others being occupancy (5%), transportation (3%), lease/rental (5%), miscellaneous, depreciation. Budget Narrative explains each.*

Budget Narrative:

A new narrative will be required with the revised budget.

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

Not Applicable _____
 Audit Requirement Waived _____
 Audit in Compliance X _____
 Audit not in Compliance _____
 Auditor Finding _____
 FY13 Excess Revenue X _____

Contracting Considerations: If this application is approved by the CCDDDB/CCMHB for funding, the applicant shall be required to revise and submit the following program plan

and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The budget section shall include the following language: “Coordination of Payers: All CCDDDB/CCMHB contracted service providers shall coordinate their services and seek/utilize payment from other revenue sources prior to using CCDDDB/CCMHB funding, thus making the CCDDDB/CCMHB payer of last resort.
2. The CCDDDB/CCMHB revenue and projected expenses in column 3 (i.e., of the budget document) shall match. If the expenses in column 2 are less than the total revenue in column 2, the surplus shall be assigned to the CCDDDB/CCMHB.
3. The applicant shall describe outreach efforts for underserved populations to access services described in this contract.
4. The applicant shall warrant that CCDDDB/CCMHB dollars shall not be used to supplement Medicaid rates.
5. The applicant shall specify the estimated hours of service to be provided for people served under this contract and tie back to the contract maximum.
6. The applicant shall provide Person Centered Planning information as delineated above as an addendum to the final contract.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCMHB PROGRAM SUMMARY 2015

Agency: Developmental Services Center

Program Name: Respite

Contract Format Requested: Grant

Staff Assessment: The contract format should be changed to fee-for-service to conform with CCDDDB/CCMHB efforts to assure that funding is predicated on a "per individual served" basis rather than on a program basis. If appropriate, a case rate process could be considered.

Funding Requested: \$30,000

Staff Assessment: The application proposes to serve 15 families. (\$2,000 per family at the requested contract maximum.)

Target Population:

Children and adults with developmental disabilities who live at home with their families. No age requirement.

Staff Assessment: The application does not state if these 15 people have Medicaid awards or not.

Service Description/Type:

The program offers temporary relief to the primary caregiver of the family at any time, day or night, as defined by the caregiver. The family has a choice on how to use this service to best meet their needs. Services may include: the provider goes to the family's home to care for the person with a disability when the primary caregiver is not working; the provider may accompany to person to and from community activities with or without the primary caregiver; the provider may provide assistance during a crisis/emergency. The program offers families the flexibility of choosing their own provider for respite services, using a voucher system. This allows the family to use a provider with whom the child/family member is already familiar with.

CCDDDB Priorities:

1. **Person Centered Planning (PCP) - The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and Community Based Services (HCBS) final rule. Select applicants will be required to submit, as an addendum to contracts issued, a description of their PCP process which addresses the following items:**
 - (a) The process by which the individual selects people who will participate in PCP meetings and activities.
 - (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.

- (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.
- (d) Describe PCP measurable desired outcomes are associated with community integration.
- (e) Explain the extent to which the individual controls their day and how they live.
- (f) Describe how support is given to build connections to the broader community.
- (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.
- (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.

2. **Incorporate/cite Employment First principles.** N/A.
3. **Acknowledge and support self-advocacy.** *This is not addressed in the application.*
4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.**
Application does not address Medicaid. The application proposes to serve people not currently receiving DHS respite funding.
5. **Address cultural competence and reaching out to underserved populations.** *The application states throughout the interview process, information is gathered regarding cultural considerations. Rural outreach is not described, but 35% of current (DHS-DDD) Respite participants live outside of C-U.*

Program Performance Measures:

Consumer Access: DSC staff meets with each prospective person and their family to discuss services. Information is gathered and presented to a committee. Within 30 days of follow-up, intake is presented to the committee within 30 days of application for respite services.

Consumer Outcomes: The applicant measures their outcomes by the number of families served and the number of hours of service provided. At the present time, there is a waiting list for this program. People served/families are randomly selected to complete a Satisfaction Survey offered one a year. Satisfaction is also discussed at the person’s ISP meeting.

Utilization/Production Data: *(targets; current year data, if funded)*
Treatment Plan Clients—15

Staff Assessment: Illinois DHS-DDD rates for Respite Services are \$9.76 (Level 3), \$12.48 (Level 2), and \$16.66 (Level 1). Without more detail on the specific blend, comparison to proposed contract maximum is not possible.

Financial Information:

PY15 CCMHB Funding Request:	\$30,000
PY15 Total Program Expenses:	\$30,000

Program Staff – CCMHB Funds:	\$27,200 is total CCMHB salary, no FTE given
Total Program Staff:	\$27,200 is total CCMHB salary, no FTE given

Staff Assessment: (1) Total Program Salary is all part time Respite staff combined in one line of personnel form. (2) CCMHB revenue is to be 100% of program budget. (3) Staff costs comprise 100% of program expenses.

Budget Narrative:

A simple budget; each expense, revenue, and personnel line is adequately described.

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

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X
Audit not in Compliance _____
Auditor Finding _____
FY13 Excess Revenue N/A

Contracting Considerations: If this application is approved by the CCMHB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The budget section shall include the following language: "Coordination of Payers: All CCMHB contracted service providers shall coordinate their services and seek/utilize payment from other revenue sources prior to using CCMHB funding, thus making the CCMHB payer of last resort.
2. The CCMHB revenue and projected expenses in column 3 (i.e., of the budget document) shall match. If the expenses in column 2 are less than the total revenue in column 2, the surplus shall be assigned to the CCMHB.
3. The applicant shall describe outreach efforts for underserved populations to access services described in this contract.
4. The applicant shall warrant that CCMHB dollars shall not be used to supplement Medicaid rates.
5. The applicant shall specify the estimated hours of service to be provided for people served under this contract and tie back to the contract maximum.
6. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.
7. The applicant shall provide Person Centered Planning information as delineated above, as an addendum to the final contract.
8. The consumer outcomes measurements should be reworked to directly connect to community integration benchmarks as delineated in the individuals PCP.

Applicant Review and Input:

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

Recommendation: Pending

Draft CCMHB PY15 PROGRAM SUMMARY

AGENCY: East Central Illinois Refugee Mutual Assistance Center

Program Name: Family Support & Strengthening

Focus of Application: MH SA DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY15 CCMHB Funding Request: \$13,500

PY15 Total Program Budget: \$191,592

Current Year Funding (PY14): \$13,000

Proposed Change in Funding - PY14 vs. PY15: \$500 (4%)

Program Staff – CCMHB Funds: 0.4 FTE

Total Program Staff: 5.56 FTE

Budget Analysis: CCMHB funding is 7% of total program revenue. The primary source of support is identified as fundraising plus contributions generating 58% of program revenue. The budget narrative indicates the large amount of fundraising proceeds listed is a target and based in part on the amount required to balance the budget. Other sources include United Way funding and designations providing 17% of revenue, the amount generated from service fees charged is 11%, and various small contracts and foundation grants are projected at 7%.

Salaries and associated taxes and benefits are 91% of expenses charged to CCMHB. The remaining 9% is spread across six other expense lines. CCMHB supports small percentages of seven direct service staff salaries and wages that in all totals 0.4 FTE.

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

Not Applicable _____

Audit Requirement Waived _____

Audit in Compliance _____

Audit not in Compliance _____

Auditor Finding _____

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

Service Locations(s)/Demographics: Office in Urbana and various locations in the community for group meetings.

Agency reports 43% of clients are from Asia, 46% are of Hispanic origins, 7% are from Africa, and the remaining 4% come from the balance of the world. Newly arrived immigrants are primarily from Africa, Mexico, Central and South America, the Middle East, and Asia. Of those served, 33% were children and youth and 67% were adults including 4% age 60 or older. Most clients are female at 53% of those served.

Service Description/Type: Prevention. Building on the natural support networks within the different ethnic communities, the program assist client’s transition to a new culture.

Program activities include: ongoing assistance to mutual support groups; linkages with mainstream service providers; counseling for families in crisis; Peer to Peer Workshops, educational programs and bi-annual newsletter. Family Strengthening workshops are promoted to those refugees new to the community and those known to have an interest/need associated with the workshop topic. The program also collaborates with the Center for Women In Transition, the Child Advocacy Center, DCFS, local police departments and the courts. Services are provided in nine different languages.

Staff is bi-lingual/multi-lingual and is knowledgeable of social services.

Access to Services for Rural Residents: Program is open to any refugee/client. Services are provided in Urbana or Champaign.

Program Performance Measures

ACCESS: Program conducts outreach with and accepts referrals from multiple sources. Native language counseling provided by bi-lingual/multi-lingual staff is available. Appointments for families in crisis are a priority. Program also assists with interpretive services for clients medical/mental health appointments. Staff can also assist agencies with understanding the client’s native culture.

CONSUMER OUTCOMES: Program solicits direct feedback from families served as well as through exit surveys. Brief statements summarize results for each measure. One statement refers to working with providers that are serving some ECIRMAC clients. Another addresses domestic violence and culturally inappropriate behavior.

UTILIZATION: Primary service category is Community Service Events (CSEs) reflecting volume of mutual support groups and Family Strengthening workshops held. Types of documentation maintained in records to support activities reported is referenced.

Program describes current level of activities and compares to targets. Program reported 99 CSEs for FY13 exceeding target of 72 CSEs and has 44 at the midpoint of FY14. Target for FY15 is the same as in prior years – 72 CSEs.

CCMHB Priorities:

Primary Decision Support Considerations:

MHB-DDB Developmental Disabilities Collaboration: No

ACCESS Initiative Sustainability: No

Programs for Youth w/ SED: No

a. Parenting with Love and Limits (PLL): N/A

b. ACCESS Initiative: N/A

c. Quarter Cent for Public Safety: N/A

Adult CJ-Behavioral Health Services/Supports: No

Local Funder-Special Initiatives: No
MOU/IGA Support: No

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: No
Budget-Program Connectedness: Yes
Realignment of FY14 Funding to FY15 Priorities: TBD
Anti-Stigma Efforts: No

Technical Criteria:

Approach/Methods/Innovation: Yes
Staff Credentials: Yes

Applicant Review and Input

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

Recommendation: Pending

Draft CCMHB PY15 PROGRAM SUMMARY

AGENCY: Family Service of Champaign County

Program Name: Counseling

Focus of Application: MH X SA DD ACCESS Qtr Cent

Type of Contract: Fee for Service

Financial Information:

PY15 CCMHB Funding Request: \$50,000

PY15 Total Program Budget: \$90,060

Current Year Funding (PY14): \$50,000

Proposed Change in Funding - PY14 vs. PY15: 0

Program Staff – CCMHB Funds: 1.26 FTE

Total Program Staff: 2.26 FTE

Budget Analysis: CCMHB funding is the single largest source of support at 56% of total program revenue. Program fees – client co-pays, private insurance payments, or contracts with third parties – account for 21% of program revenue. Other sources include contributions at 14%, United Way designations at 4%, and a City of Urbana/Cunningham Township contract for 3%. The only state funding is a DCFS contract providing 2% of revenue.

Salaries, payroll taxes and benefits are 79% of CCMHB charged expenses. Another 13% is allocated to the occupancy expense line. The remaining 8% is spread across nine other expense lines including the miscellaneous expense line.

Direct service staff total 1.01 FTE of the 1.26 FTE supported with CCMHB funds. Direct service staff includes a portion of all three part-time therapists time plus a small percentage of the program Director’s time. Indirect staff accounts for the remaining .25 FTE and supports administration and other office support staff.

The budget narrative includes a description of how costs are allocated. Costs charged off to an expense line are proportional to the amount of revenue provided by the Board.

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

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X _____
Audit not in Compliance _____
Auditor Finding _____

Target Population: Open to children, adolescents and adults. A high percentage of clients are low-income. Agency has collaboration contracts with Illinois Department of Children and Family Services (IDCFS), Greater Community Aids Program (GCAP), DSC, Lutheran Social Services, and Center for Youth and Family Solutions to give those agencies' clients priority. Added to the priority groups are referrals from the Champaign County Problem Solving Courts (Drug Court) and will have the co-pay fee waived at the request of the court.

Service Locations(s)/Demographics: Office based although some Drug Court clients have been seen off-site. Program Director participates in Problem Solving Court team meetings when a client of the court is engaged in counseling. Program reported serving 84 clients in FY14.

Residency by zip code data finds 49% of clients were from Champaign, 30% from Urbana, 5% from Rantoul, 5% from Mahomet, and 11% from the balance of the county.

Demographic data finds 8% of clients were age 18 or younger, and 92% were over age 18; 82% were white, 11% were black/African American, and 7% were other races including bi-racial/multi-racial, and 66% were female.

Service Description/Type: Outpatient Counseling. The program offers individual, couple, and family counseling to address mental health and substance use issues. Client services following intake, include an assessment scheduled within two days of intake and treatment plan developed by the client in consultation with the therapist and is reviewed at regular intervals. Counseling addresses wide range of issues such as anger management, abuse that may include adult and/or child abuse, child behavioral issues, family discord, grief, and substance abuse. Creative approaches are used to engage the client.

The Counseling program includes services to Champaign County Problem Solving Courts. Such clients are identified as a priority population among others for the program. The Program Director and therapists may prepare required reports and attend court hearings and Drug Court Team meetings. Clients served will have fees waived if requested by the Court. A therapy group is proposed that would provide transition and/or follow-up services to Problem Solving Court clients as they transition from supervision of the Court back to daily living. On a related matter, the program has entered into a Memorandum of Understanding with the Youth Assessment Center to provide counseling to select populations.

Staff is Masters level licensed clinicians with experience working with diverse populations including persons with a developmental disability.

Access to Services for Rural Residents: Services are delivered on-site with evening office hours available. Attempts are made to promote services to rural residents and to organizations/professionals serving that population.

Program Performance Measures

ACCESS: Office location in Champaign is on an MTD line and program has evening hours available. Clients are seen by therapists within days of initial intake and services are coordinated with other providers for integrated care planning.

Sliding fee scale enables low-income families/clients to access services. The program has increased the volume of fee waivers and reduced sliding fee charged for regular clients that could not afford them to provide them with access to services. Fees waived for Specialty Court clients on request by the Court.

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

Client scores for GAF and ORS indicate positive progress/client outcomes. Initial GAF scores averaged 70 at start of therapy and 78 at case closure indicating an improvement in overall functioning of the client. The ORS is completed by adults. The average score at start was 30 and at case closure 36 indicating an improvement in well-being and relationships.

Of 30 cases closed in FY13, 10% did not engage long enough to complete a treatment plans. Of client cases closed with a treatment plan 80% met target of 90% of treatment goals completed.

UTILIZATION: Program is fee for service. Projected unduplicated clients for FY15 are 100 and a reduction from 152 in the current year. Program reported 84 clients served in FY13 and 36 halfway through FY14. The FY14 contract is currently under billed due in part to staff vacancies. Clients unable to pay sliding fees are being addressed through waivers and reduction in fees.

CCMHB Priorities:

Primary Decision Support Considerations:

MHB-DDB Developmental Disabilities Collaboration: No

ACCESS Initiative Sustainability: No

Programs for Youth w/ SED: Yes

a. Parenting with Love and Limits (PLL): N/A

b. ACCESS Initiative: N/A

c. Quarter Cent for Public Safety: Yes, accepts referrals for the Youth Assessment Center.

Adult CJ-Behavioral Health Services/Supports: Yes, identified as a priority population and some clients are involved in Drug Court.

Local Funder-Special Initiatives: No

MOU/IGA Support: No

Overarching Decision Support Criteria:

Underserved Populations: No

Countywide Access: Yes

Budget-Program Connectedness: Yes

Realignment of FY14 Funding to FY15 Priorities: TBD

Anti-Stigma Efforts: No

Technical Criteria:

Approach/Methods/Innovation: Yes

Staff Credentials: Yes, all are licensed clinicians

Applicant Review and Input

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

Recommendation: Pending

Draft CCMHB PY15 PROGRAM SUMMARY

AGENCY: Family Service of Champaign County

Program Name: Self-Help Center

Focus of Application: MH X SA X DD X ACCESS _____ Qtr Cent _____

Type of Contract: Grant

Financial Information:

PY15 CCMHB Funding Request: \$28,928

PY15 Total Program Budget: \$36,915

Current Year Funding (PY14): \$28,428

Proposed Change in Funding - PY14 vs. PY15: \$500

Program Staff – CCMHB Funds: 0.61 FTE

Total Program Staff: 0.77 FTE

Budget Analysis: CCMHB is the single largest source of support providing 78% of total program revenue. Contributions are the next largest source at 11% followed by a grant from Carle Foundation Hospital at 7% of revenue. Miscellaneous revenue from conferences and workshops are projected to provide the remaining 4% of revenue. No state funds support the program. The \$500 increase requested from CCMHB is to support scholarships to attend the Self Help Centers bi-annual conference.

Salary, payroll taxes, and benefits represent 68% of expenses charged to CCMHB. The conference line expense, primarily to support the bi-annual conference, is 11% of CCMHB funded costs. Occupancy is the next largest expense at 5%. The balance of CCMHB funding is allocated across eight expense lines including miscellaneous expenses.

CCMHB supported staff totals 0.61 of which 0.49 FTE is direct program staff. This includes most of the part-time coordinator’s position plus a small percentage of the Program Director. Indirect staff is 0.12 FTE and supports administration and other office support staff. The \$500 increase requested will fund scholarships to attend the bi-annual self-help conference.

The budget narrative includes a description of how costs are allocated. Costs charged off to an expense line are proportional to the amount of revenue provided by the Board.

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

- Not Applicable _____
- Audit Requirement Waived _____
- Audit in Compliance X _____
- Audit not in Compliance _____
- Auditor Finding _____

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

Service Locations(s)/Demographics: Program operates out of Family Service in Champaign. Workshops organized by the program may be at Family Service or in the community. Groups themselves meet at locations of their choosing and function independent of the Self-Help Center. The bi-annual self-help conference will be held in the fall of 2014. Demographic data is not collected on contacts.

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

Family Service hired a new Self-Help Coordinator in January. The Coordinator is a Master's degree and has considerable experience and knowledge of community resources. The coordinator position has had some turnover over the last two years.

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

Program Performance Measures

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

CONSUMER OUTCOMES: Limited information is collected on contacts but does include if the contact is from a professional or lay person and the topic/group associated with the inquiry. Events organized by the Self-Help Center include evaluations by participants and results are compared to ratings from events in 2005 that serve as a benchmark. Workshop and self-help conference evaluations had good to excellent ratings of 95% to 100%. There is no national standard or benchmark for this type of program.

UTILIZATION: Program measures activities as Community Service Events (CSEs). For FY13 program slightly exceeded projected target of 280 with a reported 292 CSEs. Due to staff turnover, the program has underperformed in the first half of FY14 reporting 117 CSEs. Target for FY15 unchanged at 280 CSEs.

CCMHB Priorities:

Primary Decision Support Considerations:

MHB-DDB Developmental Disabilities Collaboration: No

ACCESS Initiative Sustainability: No

Programs for Youth w/ SED: No

- a. Parenting with Love and Limits (PLL): N/A
- b. ACCESS Initiative: N/A
- c. Quarter Cent for Public Safety: N/A

Adult CJ-Behavioral Health Services/Supports: No
Local Funder-Special Initiatives: No
MOU/IGA Support: No

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: Yes
Budget-Program Connectedness: Yes
Realignment of FY14 Funding to FY15 Priorities: TBD
Anti-Stigma Efforts: Yes

Technical Criteria:

Approach/Methods/Innovation: Yes
Staff Credentials: Yes

Applicant Review and Input

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

Recommendation: Pending

Draft CCMHB PY15 PROGRAM SUMMARY

AGENCY: Family Service of Champaign County

Program Name: Senior Counseling & Advocacy

Focus of Application: MH SA DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY15 CCMHB Funding Request: \$142,337

PY15 Total Program Budget: \$475,129

Current Year Funding (PY14): \$142,337

Proposed Change in Funding - PY14 vs. PY15: 0

Program Staff – CCMHB Funds: 3.79 FTE

Total Program Staff: 12.44 FTE

Budget Analysis: At 30%, the CCMHB is the largest single source of revenue. The IDOA Adult Protective Services contract is the second largest source of revenue at 23% with other state contracts providing an additional 5%. The ECIAAA has one large contract for outreach and information services accounting for 21% and four smaller contracts add another 14% of revenue. United Way contributes 4% with other local funders and various sources provide the remaining 3% of program revenue.

Salaries, taxes and benefits are 87% of expenses charged to CCMHB. The occupancy and transportation expenses are each 4% of expenses with the remaining 5% charged off across eight other expense lines.

All seventeen direct service positions in the program are supported in part with CCMHB funds. The percentages of staff supported by CCMHB range from 1% to 31% and total 3.28 FTE direct service staff. Another six positions provide administration and other support services account for the remaining 0.51 FTE supported with CCMHB funds.

The budget narrative includes a description of how costs are allocated. Costs charged off to an expense line are proportional to the amount of revenue provided by the Board.

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

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance _____
Audit not in Compliance _____
Auditor Finding _____

Target Population: Adults age 60 and older living at home/non-institutional setting and need for assistance with anxiety, depression or other mental health issue, isolation, family issues, abuse or neglect

including self-neglect and/or need to access services or benefits. Section also cites SAMHSA and Administration on Aging findings on percentages of seniors exhibiting clinically depressive symptoms as well as behavioral health risk factors and lack of access to care. Populations at higher risk of depression and anxiety or associated risk factors are targeted.

The range of program funding broadens the scope of those eligible for services to include grandparents raising grandchildren, adults providing care to aging family members, and to adults with disabilities age 18 to 59 who may be experiencing abuse, neglect or financial exploitation.

Service Locations(s)/Demographics: Initial screening by telephone and followed up with home visit(s) as necessary for assessment. Services delivered during regular business hours. Program served 1,487 clients in FY13.

Residency by zip code data finds 41% were from Champaign, 31% from Urbana, 7% from Rantoul, 4% from Mahomet, 3% from Savoy as well as Tolono, and 11% from other areas of the county.

Demographic data finds 96% were seniors 60 years or older and 4% were adults under 60 – likely to be care givers seeking assistance; 63% were white, 34% black/African American, 2% were Asian, and less than 1% other races including bi-/multi-racial; 2% were of Hispanic/Latino origin; and 73% were women. Note some percentages presented may be based on a smaller data set due to lower response rate.

Service Description/Type: Outpatient Counseling, Support Services, and Information and Referral. The Senior Counseling and Advocacy program offers multiple coordinated services based on the presenting need and others identified through assessments.

The program has implemented the evidence based PEARLS (Program to Encourage Active Rewarding Lives) designed to empower seniors to manage mild depressive symptoms and improve quality of life. Clients with a chronic mental health illness or other clinical condition (schizophrenia, bipolar disorder, substance use disorder or dementia) are not eligible for PEARLS and would be referred to Community Elements or other appropriate provider.

Other program services include Solution Focused Brief Therapy used to set goals and identify solutions and problem-solving techniques. Supportive counseling is offered to assist with grief, anxiety and changing life roles. Chronic disease self- management for diabetes or other medical conditions uses evidence based programs from Stanford University. Advocacy provides information and referral addressing range of issues and risk factors associated with onset of depression and anxiety.

The ECIAAA has designated the program as the Coordinated Point of Entry (CPOE) for Champaign County. The CPOEs are transitioning to Aging and Disability Resource Centers. An Aging and Disability Resource Center (ADRC) is an effort to streamline access to long-term services and support (LTSS) options for older adults and individuals with disabilities. ADRCs simplify access to LTSS, and are a key component to long-term care systems reform.

All caseworkers have a minimum of a Bachelor’s degree. Four staff have Master’s degrees including an LCSW, an LPC, an RN. Program manager has a Master’s degree and considerable work experience in the field. Staff are trained in PEARLS, Solution Focused Brief Therapy, and are Certified Aging Information and Referral Specialists. Clinical supervision and training in therapeutic techniques is provided.

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

Program Performance Measures

ACCESS: Timeframes for responding to referrals and engaging in services are identified by type of client and primary service activity. PEARLS screening/eligibility is described with engagement for up to 19 weeks for clients meeting criteria. Fifty percent of those engaging in PEARLS will complete the program. Solution Focused Brief therapy involves up to eight sessions and has a performance target of 70% of those engaging completing the program. Supportive counseling services are open ended with a target of 90% of clients engaging within two weeks of assessment.

CONSUMER OUTCOMES: Results for FY13 measures are provided. Measures associated with empowerment and personal satisfaction increased for 95% clients (target was 85%), and for client access to resources the target of 80% was met. The other measure associated with decrease of unmet needs was achieved by 85% of clients (target was 80%).

Measures for FY15 are clearly identified for PEARLS, Solution Focused Brief Therapy, and others associated with addressing symptoms of depression and anxiety, social isolation, increased empowerment, greater access to resources, and reduced unmet needs.

UTILIZATION: Categories are defined in the service section of the application as well as under Utilization. Results are compared to targets for each service category used.

Treatment Plan Clients, seniors with long-term and/or complex needs including mental health issues, have a comprehensive assessment completed and others for depression, anxiety, cognitive functions or other unmet need, and have a treatment plan. Engagement is greater than three sessions. Non-Treatment Plan Clients have a comprehensive assessment completed but no treatment plan and the presenting issue can be addressed in three sessions. Services typically include advocacy and some supportive counseling. Service contacts are telephone contacts providing information and assistance to seniors, family members/care givers, professionals, and others. The Other category tracks services to care givers-adults caring for an elderly family member and grandparents raising grandchildren.

Utilization for FY13 exceeded all targets, some by significant margins: total served included 303 TPCs (target 295), 1,010 NTPCs (target 850), 8,340 Service Contacts (target 5,000), and 174 Other (target 160). Program is on track to meet or exceed targets for FY14.

For FY15 the target for TPCs is 298, for NTPCs it is 1,250, for SCs it is 8,600, and for Other it is 200 caregivers.

CCMHB Priorities:

Primary Decision Support Considerations:

MHB-DDB Developmental Disabilities Collaboration: No

ACCESS Initiative Sustainability: No

Programs for Youth w/ SED: No

- a. Parenting with Love and Limits (PLL): N/A
- b. ACCESS Initiative: N/A
- c. Quarter Cent for Public Safety: N/A

Adult CJ-Behavioral Health Services/Supports: No
Local Funder-Special Initiatives: No
MOU/IGA Support: No

Overarching Decision Support Criteria:

Underserved Populations: Yes
Countywide Access: Yes
Budget-Program Connectedness: Yes
Realignment of FY14 Funding to FY15 Priorities: TBD
Anti-Stigma Efforts: No

Technical Criteria:

Approach/Methods/Innovation: Yes, evidence based models referenced
Staff Credentials: Yes, staff trained in PEARLS, Solution Focused Brief Therapy, and CIRS-A

Applicant Review and Input

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

Recommendation: Pending

Draft CCMHB PY15 PROGRAM SUMMARY

AGENCY: Mahomet Area Youth Club (MAYC)

Program Name: Bulldogs Learning and Succeeding Together (BLAST) (new program proposal)

Focus of Application: MH SA DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY15 CCMHB Funding Request: \$15,000 (new program proposal)

PY15 Total Program Budget: \$226,200

Current Year Funding (PY14): N/A

Proposed Change in Funding - PY14 vs. PY15: N/A

Program Staff – CCMHB Funds: 0.53 FTE (error on personnel form)

Total Program Staff: 2.5 FTE (error on personnel form)

Budget Analysis: CCMHB funding is 7% of total program revenue. Single largest source is from fundraising projected at 57% of program revenue. Application for United Way funding plus designations totals 18% of program revenue. Other sources include a foundation grant for 5%, membership dues at 3% and miscellaneous sources at 4%.

All of the CCMHB requested funding is allocated to salaries. Because of an error on the personnel form the amount of staff time supported with CCMHB funds is estimated at 0.53 FTE. This would include 15% of the Executive Director and Program Director time and 23% of the Enrichment Coordinator time.

It is possible that the application to CCMHB for the BLAST program overlap with the ACCESS Initiative for the “Universal Screening-Members Matter!” program application. This observation is based on discrepancies in the financial forms. The total agency budget has \$244,000 in revenue but the applications have budgets of \$226,200 and \$229,000 respectively. In addition the budget shows excess revenue of \$15,000 for the agency as a whole and \$67,000 for each of the programs. The excess revenue may be due in part to the personnel forms not being correct. Setting aside the issues with the personnel form, the agency has submitted two applications with expenses totaling \$455,200 and revenue of \$244,000.

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

Not Applicable
Audit Requirement Waived
Audit in Compliance
Audit not in Compliance
Auditor Finding

Target Population: Program is open to any student in the Mahomet-Seymour School District. Free or reduced priced afterschool care and enrichment programming is offered to those with disadvantaged

backgrounds/financial hardship including those eligible for free or reduced priced lunch. Thirty-one percent of students currently participating meet the low-income criteria.

Service Locations(s)/Demographics: After-school programming provided at Mahomet-Seymour School District sites. No demographic data available as the program is a new proposal for FY15.

Service Description/Type: Prevention based programming. Program is a collaborative effort with Mahomet-Seymour School District providing enrichment activities, academic support and community based programming. Impact of BLAST services is defined in relation to the forty developmental assets identified by the Search Institute. Developmental assets are activities and experiences that influence a child’s positive growth and healthy functioning. The BLAST program is said to support 25 or more of the developmental assets with various examples cited.

Enrichment programming is offered twice per semester in six week series four days per week in 60 to 90 minutes sessions at three schools. Activities are age appropriate providing a wide range of experiences. When enrichment programming is not offered students may participate in a schools’ after school programs. The middle school and high school host a MAYC afterschool club with activities and help with homework. High school students can also participate in a robotics class. Students also have the opportunity to experience community based activities.

CCMHB funds will be used to continue services for low-income students and expand outreach to students with non-economic risk factors, e.g. special education students.

Access to Services for Rural Residents: Program serves Mahomet-Seymour School District. Transportation home may be provided by a bus or other means, in some cases this has been a principal-teacher team.

Program Performance Measures

ACCESS: Information is distributed through various avenues to all students in the school district. Efforts include information sent home from school with students, community meetings, posting on the school website and list-serve, and personal phone calls by MAYC staff.

To enroll, a registration packet must be completed including the payment of the registration fee. The low-income population is given priority. Classes are filled on a first come first served basis with the option to select second and third choices. Demand for some classes has resulted in shifting volunteers to allow for additional students to participate. From start of registration to participation is approximately three weeks. Registration, attendance/participation is tracked by the program. Expansion to special education students will be explored.

CONSUMER OUTCOMES: Two measures are identified. The first is number enrolled and level of attendance. The second is a parent survey on satisfaction with classes, access to information, and programming suggestions. The parent survey will be conducted twice per year. Enrollment and participation data and parent survey results will be compared to other similar programs in the region and nation.

Additional measures related to school attendance and academic performance, need for mental health services, and college/job readiness are planned.

UTILIZATION: Data on past MAYC attendance compared to initial success of the BLAST program started in the fall of 2013 is provided. Offering services on-site at schools has had a significant impact on participation.

Program sets utilization targets but does not define what will be counted against the respective targets. Treatment Plan Clients is set at 13. What determines classification as treatment plan client within the program is not addressed. Target for Non-Treatment Plan Clients is set at 290. This is presumed to be participants in the program. Service contacts are set at 150 and Community Service Events at 110.

CCMHB Priorities:

Primary Decision Support Considerations:

MHB-DDB Developmental Disabilities Collaboration: No

ACCESS Initiative Sustainability: No

Programs for Youth w/ SED: No

a. Parenting with Love and Limits (PLL): N/A

b. ACCESS Initiative: N/A

c. Quarter Cent for Public Safety: N/A

Adult CJ-Behavioral Health Services/Supports: No

Local Funder-Special Initiatives: No

MOU/IGA Support: No

Overarching Decision Support Criteria:

Underserved Populations: Yes, low-income students

Countywide Access: No

Budget-Program Connectedness: No

Realignment of FY14 Funding to FY15 Priorities: TBD

Anti-Stigma Efforts: No

Technical Criteria:

Approach/Methods/Innovation: Yes, linked to developmental assets but not used as screening instrument

Staff Credentials: No

Applicant Review and Input: The applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

Draft CCMHB PY15 PROGRAM SUMMARY

AGENCY: Prairie Center Health Systems, Inc.

Program Name: Criminal Justice Substance Use Treatment

Focus of Application: MH ___ SA X DD ___ ACCESS ___ Qtr Cent ___

Type of Contract: Grant

Financial Information:

PY15 CCMHB Funding Request: \$44,600

PY15 Total Program Budget: \$52,514

Current Year Funding (PY14): \$10,000

Proposed Change in Funding - PY14 vs. PY15: \$34,600 (346%)

Program Staff – CCMHB Funds: 1.12 FTE

Total Program Staff: 1.19 FTE

Budget Analysis: This program was established in FY14 using funds redirected from the suspended Mental Health Court program. An increase of \$34,600 is requested from CCMHB. For FY15 program funding comes from two sources. Funding requested from the CCMHB represents 85% of total program funding. The other source providing the remaining 15% of revenue is a DHS DASA fee for service contract.

Salaries, payroll taxes, and benefits are 93% of CCMHB funded expenses. Another 2% of CCMHB funding is allocated to the professional fees and consultants line with the remaining 5% spread across five other expense lines. The budget narrative includes description of activities, materials or other costs associated with each expense line.

Direct service personnel equal 1.05 FTE of the 1.12 FTE supported with CCMHB funds. Direct service staff includes .94 FTE of an addictions counselor position plus time (.11 FTE) associated with clinical supervision. The other .07 FTE is for indirect staff providing administration and support services.

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

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X _____
Audit not in Compliance _____
Auditor Finding _____

Target Population: Adults incarcerated at the jail with an identified substance use issue. Correctional Healthcare Company and Community Elements may identify and refer inmates. Service coordination for existing clients and brief intervention and engagement for new clients while incarcerated with continued

treatment upon release is offered. Clients are assessed using DSM and ASAM placement criteria to determine level of care.

Service Locations(s)/Demographics: At the Champaign County Jail and after release at Prairie Center Killarney Street location.

For FY14 CCMHB funding is \$10,000 and at the midpoint of the contract has reported 4 clients engaged treatment. Two clients were from Urbana, one from Champaign and one from St. Joseph. All were adults and three were men. Three were black/African American and one was white.

Service Description/Type: Screening, Assessment, Outpatient Counseling, Case Management. Program acknowledges low engagement rates at the jail and post release as well as low referrals through the first half of FY14. In an effort to increase referral and engagement rates, Prairie Center seeks support to fund essentially a fulltime position dedicated to the program.

Daily activities by staff includes review of the Arraignment/Bond Court List for existing clients to enable coordination of treatment while incarcerated including counseling and updated assessment and for continued engagement upon release. Effort will be made to identify new clients in the jail too. Staff will meet with new inmates and conduct brief intervention services using motivational interviewing, and complete the GAIN Short Screen (Global Appraisal of Individual Needs). That process will include review of screenings completed by Correctional Healthcare and Community Elements and participation in weekly treatment staffings to coordinate referrals, treatment, and client progress.

A mental health diagnosis will trigger a substance use disorder screen due to high rates of co-occurring disorders of criminal justice populations. If indicated by the screening a culturally sensitive, strengths based assessment will be used to determine substance use disorder diagnosis, level of care, and case management needs. Counseling in the jail and service planning for post-release treatment would follow the assessment. Walk-in sessions at Prairie Center will be available for any inmate seeking assistance after release from the jail.

Services are provided by a Certified Alcohol Drugs Counselor or licensed clinician with Masters or Bachelors level degrees. Clinical supervision is provided by the Clinical Coordinator (LCSW or LCPC).

Access to Services for Rural Residents: Eligibility for services linked to incarceration in the jail. Upon release a person may engage in services at the Prairie Center office on Killarney Street in Urbana. Program may provide transportation.

Program Performance Measures

ACCESS: Jail based services and outpatient services are offered on weekdays. Outpatient and Intensive Outpatient treatment includes morning and evening hours four days a week. Eligible clients will have an appointment scheduled within five days of release from jail or can walk-in treatment appointments. If an assessment has not been completed the person can also receive an assessment as a walk-in client. Services may begin within 5 days once the appropriate service array has been determined. Length of engagement varies and is dependent on treatment goals and level of care.

Access measures are identified. Limited data is available for the FY 14 program but results are reported. Performance measures established for FY15: 75% of inmates that are current clients will engage in treatment while incarcerated; 75% of inmates referred for treatment will engage in treatment while

incarcerated; and 75% of inmates engaged in treatment while incarcerated will engage in treatment post-release.

CONSUMER OUTCOMES: Two outcome measures specific to the jail population were implemented in FY14 and will continue in FY15. Limited data is available for the FY 14 program but results are reported. The two consumer outcome performance measures for FY15: 50% of inmates engaging in treatment in the jail who will be in treatment 30 days after release; 75% of inmates who are engaged in treatment will not return to jail within three months of release (recidivism measure).

Broader agency wide consumer outcome measures are evaluated using the Mental Health Statistics Improvement Program (MHSIP) Consumer Satisfaction Survey. Similar to Clients Writes used by Community Elements, the survey provides clients feedback on services and results benchmarked against other behavioral health providers. Four broad based satisfaction measures include general satisfaction with services, with treatment outcomes, with quality and appropriateness of services, and with access to services. Each measure reported very high levels of satisfaction exceeding national and regional benchmarks.

UTILIZATION: Service categories are well defined and targets established for FY15.

Service contacts represent the number of assessments completed at the jail or following release. Projected volume is 20 for FY15. Target is 5 for FY14 and had completed 4 through the first half of the contract.

Treatment Plan Clients (TPCs) represents inmates who have or complete a treatment plan after release. Target for FY15 is 24. Target is 12 for FY14 and had completed 2 through the first half of the contract.

Non-Treatment Plan Clients (NTPCs) are inmates receiving screenings and/or brief intervention services while incarcerated but do not engage in treatment services following release. Target for FY15 is 48. Target is 8 for FY14 and had completed 2 through the first half of the contract.

Activity reported as "Other" represents total number of service hours. This can include time spent completing screenings, assessments, brief intervention, or individual or group counseling. Target for FY15 is 400 hours. Target is 350 for FY14 and reported 46 hours through the first half of the contract.

CCMHB Priorities:

Primary Decision Support Considerations:

MHB-DDB Developmental Disabilities Collaboration: No

ACCESS Initiative Sustainability: No

Programs for Youth w/ SED: No

a. Parenting with Love and Limits (PLL): N/A

b. ACCESS Initiative: N/A

c. Quarter Cent for Public Safety: N/A

Adult CJ-Behavioral Health Services/Supports: Yes

Local Funder-Special Initiatives: No

MOU/IGA Support: No

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: No, limited to the jail/criminal justice involved population

Budget-Program Connectedness: Yes
Realignment of FY14 Funding to FY15 Priorities: TBD
Anti-Stigma Efforts: No

Technical Criteria:

Approach/Methods/Innovation: Yes
Staff Credentials: Yes

Applicant Review and Input

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

Recommendation: Pending

Draft CCMHB PY15 PROGRAM SUMMARY

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

Program Name: Drug Court

Focus of Application: MH ___ SA X DD ___ ACCESS ___ Qtr Cent ___

Type of Contract: Grant

Financial Information:

PY15 CCMHB Funding Request: \$187,425

PY15 Total Program Budget: \$263,409

Current Year Funding (PY14): \$178,500

Proposed Change in Funding - PY14 vs. PY15: \$8,925 (5%)

Program Staff – CCMHB Funds: 3.49 FTE

Total Program Staff: 4.94 FTE

Budget Analysis: The CCMHB is the single largest source of support at 78% of program revenue. The second largest source is a DHS-DASA contract providing 21% of program revenue followed by Medicaid at 5%. The remaining 3% is a mix of sources including insurance and client fees.

Personnel expenses associated with salaries, payroll taxes, and benefits are 78% of CCMHB funded costs. The lease/rental expense line is 7% of costs charged to CCMHB followed by the professional fees/consultants and occupancy expense lines at 4% each. The remaining 8% is spread across eight expense lines but primarily for consumables and general operating expenses. The budget narrative includes description of activities, materials or other costs associated with each expense line.

Of the 3.49 FTE staff supported with CCMHB funds 3.17 FTE is direct service staff that provide case management, counseling, and clinical supervision. The remaining .32 FTE of staff time is associated with administration and staff support.

Budget narrative explains use of CCMHB funds as supporting activities not eligible for funding from other sources and will not be used to supplement DASA or Medicaid funds. Activities cited include time spent on various reports and documentation, case management, travel, training, and for cancelled or no show client appointments.

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

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X _____
Audit not in Compliance _____
Auditor Finding _____

Target Population: Adults are referred by Champaign County Court and Treatment Alternatives for Safer Communities (TASC). All referred clients have non-violent felony convictions, may have been incarcerated in the past and have a history of attempted treatment for substance use disorders. Clients are assessed using DSM and ASAM placement criteria to determine level of care.

Service Locations(s)/Demographics: Champaign County Drug Court, PCHS location on Killarney Street in Urbana for outpatient care and on Hill Street in Champaign for residential treatment. Agency reported serving 75 clients including two from outside Champaign County in FY13.

For Champaign County clients, residency by zip code finds 49% were from Champaign, 26% from Urbana, 5% from Rantoul, and 20% from the balance of the county.

Demographic data finds all were adults (1 client age 60 or older); 60% were black/African American, 38% were white, and 2% other races including bi-/multi-racial; 1% (1client) of Hispanic/Latino origin; and 62% were male.

Service Description/Type: Assessment, Outpatient and Intensive Outpatient Counseling, and Case Management. Range of services includes assessments, individual and group counseling, and intensive case management. Program uses the evidence based Matrix Intensive Outpatient curriculum with educational modules on substance abuse, cross-addiction, relapse prevention, corrective thinking and family dynamics. Groups can include gender specific group therapy, life skills, and co-occurring disorders groups. Life skills groups address a range of issues. PCHS references the SAMHSA 10x10 Wellness Campaign as being incorporated into services.

PCHS Drug Court staff works closely with other members of the Drug Court Team and other community partners. The team includes Judge Ford, representatives from State’s Attorney, Public Defender, Probation, TASC, and Community Elements. Weekly reports are provided to the Team by PCHS staff. Clients receive an intensive level of treatment and are frequently monitored for compliance. Length of engagement is considerable. A minimum of one year of sobriety is required before a client may graduate from Drug Court and must also be enrolled in school, employed, and/or volunteering in the community at the point of graduation.

Program staff is licensed and/or certified addictions counselors (CADC) with Masters or Bachelors level degrees. Clinical supervision provided by experienced and licensed staff (LCPC or LCSW). Staff is diverse and representative of the clients served. Program staff training is on-going and includes drug court specific events.

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

Program Performance Measures

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

Assessments will be completed at PCHS Killarney Street office or at the jail within 3 days of referral. Drug Court clients are a priority population. Treatment begins within three days of the completed assessment. Case management is provided if barriers to treatment exist. If more intensive, long term

treatment is necessary the case manager and clinician will coordinate on referral and placement in a long-term residential facility and then coordinate step down from the facility back into PCHS outpatient services.

Access measures are unchanged for FY15 and include: client assessed within three days; client engaged in treatment within three days of assessment; will receive case management if barriers identified; and number of graduates. FY13 results reported exceeded 95% for each measure. Drug Court graduates totaled 17.

CONSUMER OUTCOMES: Three outcome measures linked to graduation from Drug Court are cited: Number of graduates; no legal involvement six months prior to graduation; and, involvement in 12-step program or other community support at time of graduation. All graduates met these measures.

Recidivism rate for graduates is not cited as a measure. However, an analysis of recidivism for all past graduates prepared by the Drug Court Coordinator found the highest recidivism rate occurred within one year of graduation, a 13% rate, and declined over the following five years.

Broader agency wide consumer outcome measures are evaluated using the Mental Health Statistics Improvement Program (MHSIP) Consumer Satisfaction Survey. The survey provides clients feedback on services and results are benchmarked against other behavioral health providers. Four broad based satisfaction measures include general satisfaction with services, with treatment outcomes, with quality and appropriateness of services, and with access to services. Each measure reported very high levels of satisfaction exceeding national and regional benchmarks.

UTILIZATION: Service categories are well defined. Treatment Plan Clients (TPCs) represents Drug Court client served by Prairie Center and target is 95, a slight downward adjustment from FY14. Service contacts tracked are a mix of assessments (45), and hours of case management (675) and outpatient treatment (11,000). Community Service Events (CSEs) are set at 5 and represent number of media contacts and graduations. The "Other" category is used to project number of graduates – for FY15 target is 15.

For the FY13 program, the program served 75 TPCs out of a projected 100. Service contacts came in at 11,072 under the annual target of 11,720 and CSEs came in at 6 out of projected 5 events. Graduates totaled 17 below target of 25. Midway through FY14, program is on track to meet TPCs, Service Contacts and CSEs. Graduation rate will not be determined until June 2014.

CCMHB Priorities:

Primary Decision Support Considerations:

MHB-DDB Developmental Disabilities Collaboration: No

ACCESS Initiative Sustainability: No

Programs for Youth w/ SED: No

- a. Parenting with Love and Limits (PLL): N/A
- b. ACCESS Initiative: N/A
- c. Quarter Cent for Public Safety: N/A

Adult CJ-Behavioral Health Services/Supports: Yes

Local Funder-Special Initiatives: No

MOU/IGA Support: No



Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: No, access contingent upon participation in Drug Court

Budget-Program Connectedness: Yes

Realignment of FY14 Funding to FY15 Priorities: TBD

Anti-Stigma Efforts: No

Technical Criteria:

Approach/Methods/Innovation: Yes

Staff Credentials: Yes

Applicant Review and Input

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

Recommendation: Pending

Draft CCMHB PY15 PROGRAM SUMMARY

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

Program Name: ER to SA Treatment Liaisons (new program proposal)

Focus of Application: MH ___ SA X DD ___ ACCESS ___ Qtr Cent ___

Type of Contract: Grant

Financial Information:

PY15 CCMHB Funding Request: \$100,000

PY15 Total Program Budget: \$100,000

Current Year Funding (PY14): N/A – new program proposal for FY15

Proposed Change in Funding - PY14 vs. PY15: N/A

Program Staff – CCMHB Funds: 2.1 FTE

Total Program Staff: 2.1 FTE

Budget Analysis: The CCMHB would be the sole source of funding for the new program. This program is linked to Prairie Center’s efforts to reestablish the drug and alcohol detoxification program in collaboration with Presence Hospital. Some in-kind resources to be provided by Presence Hospital are referred to in the application budget narrative.

Some start-up expenses are identified associated with the recruitment and hiring of two Emergency Room (ER) Liaisons. Salaries, payroll taxes, and benefits would be 96% of program expenses. The equipment expense line is less than 2% of expenses. This is for the purchase of 2 laptop computers and two signature pads as a start-up cost. The remaining 2% of expenses is spread across five expense lines. One of these lines is general operating expense for the purchase of two cellphones as a start-up expense. No funds are allocated to the lease/rental or occupancy lines as the staff would be housed at Presence Hospital and supported as part of the in-kind contribution made to the program.

Staffing totals 2.1 FTE for the program and supported by CCMHB. Direct service staff are the two fulltime ER Liaisons (2 FTE). Indirect staff associated with administration and staff support including supervision account for the remaining 0.1 FTE. Prairie Center notes services provided by the Liaisons are not billable to any medical insurance, Medicaid, or other third party payer.

Prairie Center is collaborating with Presence Hospital and other community partners to reestablish the program. Presence Hospital has committed use of the 4th floor of the hospital for the detox program as an in-kind contribution. Prairie Center is working with community partners to identify means to support operating expenses

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

Not Applicable _____

Audit Requirement Waived _____

Audit in Compliance X
Audit not in Compliance _____
Auditor Finding _____

Target Population: Adults intoxicated or in withdrawal from drugs and/or alcohol.

Prairie Center operated a detoxification program for many years until state budget cuts compromised the agency’s ability to run the program and was closed down in 2011. Since that time anyone needing detox services must travel out of county up to 75 miles away or go to an emergency room or go through withdrawal on their own. Emergency rooms are not staffed or licensed as specialized detoxification units. Lack of a local detox program is an issue for law enforcement that has been noted in recent criminal justice reports presented to the County Board.

Service Locations(s)/Demographics: Adults presenting at local emergency rooms and the Presence Hospital Community Resource Center will be engaged by the liaisons. As a new program proposal no demographic data is available. Program does reference past performance experience of having provided 850 stays averaging 3.28 days to 650 unduplicated individuals in a year. Catchment area was not defined but presumed to be regional.

Service Description/Type: Screening, Assessment, Linkage and Referral. The Emergency Room (ER) Liaisons serve as the link connecting adults seeking detox services or substance abuse treatment presenting at ERs to the Detox program.

The liaisons will use motivational interviewing to engage clients and provide services in accordance with SAMHSAs Screening, Brief Intervention, and Referral to Treatment (SBIRT) model. Upon receiving release of information authorization, the Liaisons will discuss the case with ER personnel. The Liaisons will complete substance abuse or withdrawal screening followed by brief intervention appropriate to the SBIRT model or a substance abuse assessment and then a referral to treatment or detoxification services as warranted. Assistance with transportation may be provided from the ER to the detox program or treatment facility. Following admission to the detox program, staff will continue applying brief intervention techniques to assess the client’s willingness to engage in treatment and if open to treatment complete an assessment and referral to the appropriate level of care.

Beyond connecting clients willing to engage in detox or treatment to appropriate services, staff will educate and train ER personnel on the signs and symptoms of drug and alcohol intoxication and/or withdrawal, the Stages of Change Model, state guidelines for admission criteria for detoxification services, and other services available from Prairie Center.

The ER Liaisons will be licensed substance abuse treatment clinicians.

Access to Services for Rural Residents: Services are accessed through the local emergency rooms or the Presence Hospital Community Resource Center being developed.

Program Performance Measures

ACCESS: Measures for various elements of the access process are proposed.

ER Liaisons on-call will respond to requests from the emergency rooms or the Community Resource Center within two hours 95% of the time.

All clients (100%) referred who are medically stable and have executed the appropriate release executed will be screened (various screening tools are referenced). Of those found in need of detoxification services same day access will be available 85% of the time. Champaign County residents will receive priority for placement. Of those screened found not to need detoxification but substance use disorder treatment is indicated an assessment will be completed 100% of the time, if appropriate based on the client's medical and cognitive condition and interest in doing so.

CONSUMER OUTCOMES: Three consumer outcome measures are identified. Two relate to detoxification services and the other to referral to services after an assessment. All three establish targets meet or exceed DASA region III averages.

Detox Measure #1: 92% of clients receiving detoxification services will complete a minimum of two days of services

Detox Measure #2: 70% of clients receiving detoxification services will successfully complete withdrawal from alcohol or other drugs

Treatment Referral Measure: 60% of clients completing an assessment with an ER Liaison will receive referral to treatment, being offered the opportunity to begin treatment within 5 business days.

UTILIZATION: Service categories are well defined.

Clients will be identified as Non-Treatment Plan Clients (NTPCs) as treatment plan occur after interaction with the ER Liaisons. Target for NTPCs in FY15 is 250 Champaign County residents.

Service contacts are the number of screens, assessments, brief interventions, and referrals made by the Liaisons. Target for service contacts is 2,200 hours.

Community Service Events are set at 6 and represent the number of collaborative meetings and education/training events held with emergency room and Community Resource Center staff.

The Other category will be used to report staff training as part of the start-up of the program. The 360 hours reported here will cover staff training on SBIRT, medical and detox protocols, and agency policies, procedures and client tracking database.

CCMHB Priorities:

Primary Decision Support Considerations:

MHB-DDB Developmental Disabilities Collaboration: No

ACCESS Initiative Sustainability: No

Programs for Youth w/ SED: No

- a. Parenting with Love and Limits (PLL): N/A
- b. ACCESS Initiative: N/A
- c. Quarter Cent for Public Safety: N/A

Adult CJ-Behavioral Health Services/Supports: Yes, assuming the detox program is able to open

Local Funder-Special Initiatives: No

MOU/IGA Support: No

Overarching Decision Support Criteria:

Underserved Populations: Yes, is part of plans to restore detoxification services in Champaign County.
Countywide Access: No, access is through local emergency rooms
Budget-Program Connectedness: Yes
Realignment of FY14 Funding to FY15 Priorities: TBD
Anti-Stigma Efforts: No

Technical Criteria:

Approach/Methods/Innovation: Yes
Staff Credentials: No

Applicant Review and Input

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

Recommendation: Pending

Draft CCMHB PY15 PROGRAM SUMMARY

AGENCY: Prairie Center Health Systems, Inc.

Program Name: Parenting with Love and Limits – Extended Care (PLL-EC)

Focus of Application: MH X SA DD ACCESS X Qtr Cent

Type of Contract: Grant

Financial Information:

PY15 CCMHB Funding Request: \$301,045

PY15 Total Program Budget: \$301,045

Current Year Funding (PY14): \$288,895

Proposed Change in Funding - PY14 vs. PY15: \$12,150 (4%)

Program Staff – CCMHB Funds: 4.77 FTE

Total Program Staff: 4.77 FTE

Budget Analysis: The CCMHB is the sole source of revenue for the program.

Personnel costs – salaries, payroll taxes, and benefits – are 82% of expenses. Consumables are 4% of expenses and support purchase of required PLL workbooks and related materials, food for parent meetings and special events, and general office supplies. The occupancy expense line accounts for another 4% of expenses. Local transportation for staff travel to meet with youth and families at various locations is 3% of expenses. The remaining 7% is charged off in varying amounts to seven other expense lines.

Direct service staff is 4 of the 4.77 FTE. The four staff include the lead PLL Therapist plus two other Therapists and the PLL Case Manager. The remaining 0.77 FTE supports administration and other support staff classified as indirect staff.

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

Not Applicable
Audit Requirement Waived
Audit in Compliance X
Audit not in Compliance
Auditor Finding

Comments: The FY13 Parenting with Love and Limits contract had excess revenue (revenue over expenses) of \$7,032. Contract terms require repayment of the excess revenue. The FY14 contract may end the year in an excess revenue position based on revenue/expense reports filed.

Target Population: Youth age 10 to 17 involved with the juvenile justice system. The youth may be on probation, charged with a felony, and/or are chronic offenders. Any youth to be served must also have a

parent/caregiver willing to participate in PLL. Youth diagnosed with a Serious Emotional Disturbance (SED) are eligible. Youth are screened with the Youth Assessment and Screening Instrument (YASI) and score moderate to high risk (low risk scores are referred to PLL- Front End for follow-up). Many of the youth have a history of emotional/behavioral problems and frequently co-occurring issues – substance use disorder, truancy, domestic violence, and/or runaways.

Those not appropriate for PLL include sex offenders, youth with severe developmental disabilities, or actively psychotic. And no youth may participate who does not have a parent or caregiver willing to participate.

Service Locations(s)/Demographics: Groups are held at Prairie Center – Urbana Office, at the Juvenile Detention Center, or other location appropriate to the needs of the participants. Total of new youth/families served in FY13 was 64.

Residency by zip code data finds 45% were from Champaign, 27% from Urbana, 13% from Rantoul, 6% from Fisher and 9% from the balance of the county.

Demographic data finds 10% of youth were age 12 or under and 90% were age 13 to 17; 53% were black/African American, 33% were white, and 14% were other races including bi-racial/multi-racial; 8% were of Hispanic/Latino origin; and 63% were male. Note that some percentages presented may be based on a smaller data set due to lower response rate.

Service Description/Type: Outpatient Group and Family Counseling using the Brief Family Therapy Model. After initial contact, a family focused, culturally sensitive motivational interview is held to engage the youth/family. PLL-Extended Care provides a series of eight group and family coaching sessions including behavioral contracts, skill building, wound work, and family therapy to equip the family with tools, skills, and understanding needed to meet real life situations and to set and maintain expectations while rebuilding the relationship between youth and family.

After graduating from the program, follow-up contacts are made at 30, 60, and 90 days as well as providing tune up sessions as needed. All four PLL staff provide multi-system supports, advocacy and, linkage to meet other needs. The Case Manager co-facilitates PLL groups as well providing additional family support including advocacy with courts and schools.

The three Therapists and Case Manager have Masters or Bachelor degrees and have been trained in the PLL model.

Access to Services for Rural Residents: Services are delivered on-site at Prairie Centers Urbana office or at the Juvenile Detention Center and staff will assist with transportation as needed. Other locations such as home, school, or other community sites may also be used for motivational interviews and individual family therapy.

Program Performance Measures

ACCESS: PLL collaborates with various juvenile justice system stakeholders as part of a coordinated referral process. Non-traditional approaches to contact with youth and support at various points in the juvenile justice process builds trust and relationship with the youth and family as part of the engagement process. Through the motivation interview process youth and families committed to participating in PLL execute a PLL Participation and Graduation Agreement. Following the commitment, the family will be

scheduled for the next group. Other bi-lingual staff at PCHS and as needed outside interpreters are used for non-English speaking participants.

Under the license agreement and supervision contract with CCMHB, Savannah Family Institute (SFI) tracks referrals and engagement data. For FY13, 87% of referrals contacted attended the first group session. PLL has established a rate of 70% as the target. For FY14 results will be posted to the "PLL Dashboard" that tracks a range of data including referrals and engagement rates, demographic data, and graduation rates.

CONSUMER OUTCOMES: Measures are defined in the SFI Center of Excellence Agreement. Staff completes Child Behavioral Checklist (CBCL) and FACES IV at defined intervals. In FY13, the Youth CBCL and FACES IV had completion rates of 87% and the Parent FACES IV completion rate was 89%.

Staff submits weekly reports on client referrals and engagement to SFI. Bi-weekly supervision is provided by SFI through video/teleconferences. Quarterly reports and a Year-End Report are prepared by SFI and reviewed with the PLL team and stakeholders.

A recidivism study by an independent body has been completed and was presented to the Board last November. The study demonstrated the effectiveness of the program in reducing recidivism.

UTILIZATION: The license agreement with SFI supports a maximum of 100 youth (Treatment Plan Clients or TPCs) served by the PLL-EC program and sets a clinical minimum of 16 youth served by the lead PLL therapist and 24 youth served by each of the other two therapists. This establishes a range of 66 to 100 youth to be served by the PLL-Extended Care program. The four year average (FY10 through FY13) is 75 families initially engaging in the program although some may have an administrative discharge or drop out before completing all sessions. Over this four year period the program had a graduation rate of 70% equal to the established benchmark.

Data provided by SFI finds for FY13, the program served 99 youth and their families including 74 new youth/families. Twenty three families were still in engaged at the end of the year and thirteen families received an administrative discharge (only attended one session) and are excluded from the graduation rate calculation. Of the remaining 63 youth served, 52 graduated from PLL-EC for a graduation rate of 83%.

Treatment Plan Clients is number of youth served and has a target of 78 for FY15 including 66 new families. Screening Contacts represent the number of referrals to the program and has a target of 160 for FY15.

CCMHB Priorities:

Primary Decision Support Considerations:

MHB-DDB Developmental Disabilities Collaboration: No

ACCESS Initiative Sustainability: No

Programs for Youth w/ SED: Yes

a. Parenting with Love and Limits (PLL): Yes

b. ACCESS Initiative: Yes

c. Quarter Cent for Public Safety: No

Adult CJ-Behavioral Health Services/Supports: No

Local Funder-Special Initiatives: No

MOU/IGA Support: No

Overarching Decision Support Criteria:

- Underserved Populations: Yes
- Countywide Access: Yes
- Budget-Program Connectedness: Yes
- Realignment of FY14 Funding to FY15 Priorities: TBD
- Anti-Stigma Efforts: No

Technical Criteria:

- Approach/Methods/Innovation: Yes, PLL is an evidenced based model.
- Staff Credentials: Yes, staff are PLL trained.

Applicant Review and Input

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

Recommendation: Pending

Draft CCMHB PY15 PROGRAM SUMMARY

AGENCY: Prairie Center Health Systems, Inc.

Program Name: Prevention Program

Focus of Application: MH ___ SA X DD ___ ACCESS ___ Qtr Cent ___

Type of Contract: Grant

Financial Information:

PY15 CCMHB Funding Request: \$60,337
PY15 Total Program Budget: \$239,348

Current Year Funding (PY14): \$56,550
Proposed Change in Funding - PY14 vs. PY15: \$3,787 (7%)

Program Staff – CCMHB Funds: .96 FTE
Total Program Staff: 4.24 FTE

Budget Analysis: The funding requested from CCMHB is 25% of program revenue and the second largest source of support. The DHS DASA contract is the largest source of funding accounting for 59% of revenue. Other sources include funds from the Ford County Mental Health Board and the Vermilion County United Way that together provide 11% and a 21st Century grant from Urbana School District adds another 4%. The remaining 1% of revenue is raised through contributions.

Staff salaries, payroll taxes, and benefits are 77% of expenses charged off to CCMHB funds. The next largest expense is professional fees and consultants line at 5%. The consumables and occupancy lines are 4%. The remaining 10% is charged off across seven other lines including transportation at 3%.

Personnel directly involved with services include the Prevention Director and two Prevention Specialists with CCMHB funds supporting 30% of each position (0.9 FTE). Remaining staff are various administrative and staff support positions that provide indirect support to the program (0.06 FTE).

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

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X _____
Audit not in Compliance _____
Auditor Finding _____

Comments: The FY13 Prevention contract had excess revenue (revenue over expenses) of \$787. Contract terms require repayment of the excess revenue.

Target Population: Three groups are listed, youth primarily 4th through 8th grade, parents of school age children and the community at large. Results of Illinois Youth Survey used to identify schools to target for services. When possible the program also responds to schools requests for services.

Service Locations(s)/Demographics: At schools and other community sites throughout the county.

Of the community service events (classroom sessions/community presentations) made by the Prevention program, 41% were in Urbana, 29% were in Champaign, 14% were in Mahomet, 11% were in St. Joseph, with three communities in northern Champaign County making up the remaining 5%.

Service Description/Type: Prevention. Services are designed to fit the audience – youth, parents and community. Youth focused services use the Too Good for Drugs and Too Good for Violence curricula that address alcohol, tobacco and other drugs (ATOD), life skills and violence prevention. This is a research/evidence based curricula that has proven effective with diverse populations and are recognized by SAMHSA as model programs. The Staff is trained in the curricula and is encouraged to attend trainings on programming for diverse populations.

The communications campaign on the risk and harms associated with marijuana use at Urbana Middle School and Urbana High School that began this year will continue in FY15. This initiative is supported in large part with state funding.

Parent education occurs through materials shared with students and parent workshops held when requested by schools/community organizations or parent groups. The session(s) are designed to meet the needs of the requesting organization, with an emphasis on increasing parental knowledge of ATOD and parenting skills when dealing with ATOD issues. Community oriented activities include participation in events to increase awareness of the dangers associated with ATOD.

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

Program Performance Measures

ACCESS: Curricula used were selected for proven effectiveness with diverse populations and settings. The evidence based Too Good for Drugs is ten sessions usually presented over ten weeks in the classroom while The Too Good for Violence is seven sessions delivered over a seven week period. Some afterschool programming may be done on request with sessions on life skills, substance abuse education or violence prevention.

CONSUMER OUTCOMES: Pre-and Post-Tests from the two curriculums are used to assess youth knowledge and teacher perceptions of the material and youth response. The national average change from pre- to post test in scores is 10%. The program reports scores above and below that target. The program also makes an observation regarding retention of information from one year to the next as students are exposed to advancing levels of material particularly in the middle schools where sessions are held at each grade level, i.e. scores are higher in 7th grade over those in sixth grade and 8th grade higher than those reported in 7th grade.

Results from four schools (Urbana Middle School, Franklin Middle School, Mahomet Middle School, and Ludlow Grade School) were included as indicative of overall performance. Results for Too Good for Drugs pre- and post-test at the three schools reported an increase in knowledge ranging from 5% to 12%.

Post-test scores ranged from 80% to 89%. The 89% score had a pre-test result of 84%. Results from Too Good for Violence pre- and post-test scores at one school reported an increase of 23% between tests.

Teacher satisfaction surveys cited for the Too Good for Violence had very positive results regarding changes in student’s behavior. Parent feedback is positive noting changes in student behavior as well as providing families with the opportunity to discuss drugs and violence. Community events enjoy broad support through coalition building efforts.

UTILIZATION: Program reports prevention presentations/class room sessions as Community Service Events (CSEs). FY15 target of 900 CSEs remains has not changed for several years.

For FY13, program exceeded target by 22% reporting 1,096 events and is on track to match or surpass that performance in FY14.

CCMHB Priorities:

Primary Decision Support Considerations:

MHB-DDB Developmental Disabilities Collaboration: No

ACCESS Initiative Sustainability: No

Programs for Youth w/ SED: No

a. Parenting with Love and Limits (PLL): N/A

b. ACCESS Initiative: N/A

c. Quarter Cent for Public Safety: N/A

Adult CJ-Behavioral Health Services/Supports: No

Local Funder-Special Initiatives: No

MOU/IGA Support: No

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: Yes

Budget-Program Connectedness: Yes

Realignment of FY14 Funding to FY15 Priorities: TBD

Anti-Stigma Efforts: Yes

Technical Criteria:

Approach/Methods/Innovation: Yes, uses evidence based curricula

Staff Credentials: Yes, staff trained in curricula

Applicant Review and Input

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

Recommendation: Pending

Draft CCMHB PY15 PROGRAM SUMMARY

AGENCY: Prairie Center Health Systems, Inc.

Program Name: Youth Services

Focus of Application: MH ___ SA X DD ___ ACCESS ___ Qtr Cent ___

Type of Contract: Grant

Financial Information:

PY15 CCMHB Funding Request: \$126,798

PY15 Total Program Budget: \$184,143

Current Year Funding (PY14): \$105,000

Proposed Change in Funding - PY14 vs. PY15: \$21,798 (21%)

Program Staff – CCMHB Funds: 2.62 FTE

Total Program Staff: 3.43 FTE

Budget Analysis: The CCMHB is the primary source of funding at 69% of program revenue. State funding from DHS-DASA contributes 22% of revenue and another 6% comes from Title XX Donated Funds Initiative monies. The remaining 3% is generated through Medicaid.

Salaries, payroll taxes, and benefits are 84% of costs charged off to CCMHB funds. The conference/staff development line is 4% of expenses that pays for the Seven Challenges Model license fee and technical assistance associated with maintaining fidelity to the model as well as training costs for individual staff to maintain their clinical license. Consumables are 3% of expenses that include purchase of the Seven Challenges Curriculum and the Seven Challenges journals used by youth. Professional Fees/Consultants is also 3% of expenses. The remaining 6% of funding is allocated across six other expense lines including the equipment line for the purchase of a laptop computer for the new half-time case manager position.

Personnel supported with CCMHB funds total 2.62 FTE. Direct service staff is 2.2 FTE of that total. This includes 80% of each of two fulltime additions counselor’s time plus the addition of a new halftime case manager position. The Clinical Director position has 10% of their time allocated to the program. Indirect staff accounts for the remaining 0.42 FTE and is for administration and other support staff. The new Case Manager position accounts for the vast majority of the requested increase in funding.

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

- Not Applicable _____
- Audit Requirement Waived _____
- Audit in Compliance X _____
- Audit not in Compliance _____
- Auditor Finding _____

Comments: The FY13 Youth Services contract had excess revenue (revenue over expenses) of \$2,038. Contract terms require repayment of the excess revenue. The FY14 contract may end the year in an excess revenue position based on revenue/expense reports filed.

Target Population: Youth age 12 to 18 and report use, abuse or dependence with alcohol and/or other drugs. Referrals sources identified include ACCESS Initiative partners, Juvenile Probation, PLL and schools including READY. Family members, teachers, social workers and others involved in the youths' lives may be educated about Seven Challenges as part of the youths' treatment.

Service Locations(s)/Demographics: Services provided at READY School, Champaign County Probation, and Prairie Center Urbana Office, with home visits as needed to build trust and engage the family. Agency reported serving 134 clients in FY13.

Residency by zip code finds 51% were from Champaign, 20% from Urbana, 10% from Rantoul, 4% from Mahomet and 15% were the balance of the county.

Demographic data indicates all were youth between the ages of 13 and 18; 50% were black/African American, 46% were white, and 4% were other races including bi-racial/multi-racial; 4% were of Latino/Hispanic origin; and 74% were males. Note that some percentages presented may be based on a smaller data set due to lower response rate.

Service Description/Type: Outpatient Counseling using Seven Challenges model. Initial screening of youth will be done with the CRAFFT a six question screening tool, and based on screening results an assessment completed using the Global Appraisal of Individual Need (GAIN-Q) followed by development of the treatment plan. Motivational interviewing and trauma focused cognitive behavioral therapy is used to engage the youth in the evidenced based Seven Challenges treatment model.

The Seven Challenges counseling program addresses substance abuse issues as well as co-occurring problems and life skills. Individual and group counseling sessions address coping skills, life skills, self-esteem, family issues, and HIV education. Education of adults – family, teachers, and peers about understanding and responding to youths substance use is also done. Seven Challenges has been proven to work effectively with a variety of cultures, races and ethnicities, genders, sexual orientation, and disabilities.

The program proposes to add a part-time case manager to improve treatment outcomes. The position would assist youth and their families address barriers to treatment such as transportation. Linkage to other community resources to meet basic needs, healthcare including mental health would be provided as well as serving as a parent liaison to increase parental involvement.

Services will be provided by staff with Masters or Bachelors' degrees, licensed and/or Certified Alcohol and Drug Counselor (CADC) and trained in the Seven Challenges model with supervision provided by experienced and licensed staff (LCPC or LCSW).

Access to Services for Rural Residents: Services are provided at READY School, Juvenile Probation, and at Prairie Centers Urbana Office. Some home visits are made. Assistance with transportation may be provided.

Program Performance Measures

ACCESS: Three measures associated with access are identified. Youth referred to the program will be assessed within five days of referral and engage in treatment within five days after an assessment is completed. Target for an assessment within five days of referral and engagement with five days of assessment are set at 75% for FY15.

Results reported for FY13 were 76% for assessment measure and 79% for engagement measure. Barriers to access e.g. youth incarcerated following referral or suspended from school and unable to locate are same as reported last year.

A third measure for FY15 is 95% of youth with a potential barrier will receive case management. Results reported for FY13 was 81% although case management was not a funded activity at the time.

Home visit may be done to build trust with youth/family. Assistance with arranging transportation is provided if needed. Counseling sessions are available days and most weeknights. PCHS uses interpreters as needed.

CONSUMER OUTCOMES: Program implemented a pilot research study in FY14 in collaboration with the U of I School of Social Work. Data is being collected at intake for baseline data and established intervals thereafter for those youth choosing to participate. Baseline and case closure data will be collected from non-participants. Regardless of participation all youth will be assessed with the GAIN-Q and have access to treatment through the Seven Challenges model. The School of Social Work is expected to use results of the study as part of a federal grant application that would include PCHS as a partner.

Outcomes to be measured as appropriate to the youth's circumstance include: 80% of youth enrolled in school will see an improvement in school problems, 40% of youth employed will see an improvement in work problems, 50% of youth identified with health problems will see an improvement in health problems, 40% of youth with identified mental health problems will see improvement in mental health problems, and 50% of youth will decrease HIV/infectious disease risk behaviors, 80% of youth enrolled in the program will decrease substance use, and 50% of youth involved with the juvenile justice system will decrease criminal/violent behavior. No results are available as the study is in progress.

For FY15, the outcome measures and associated performance targets remain the same. Data will be collected through use of the GAIN-Q at intake and at discharge.

Broader measures of consumer perspectives on agency services are collected Mental Health Statistics Improvement Program (MHSIP) Client Satisfaction Survey. Measures are associated with satisfaction with services, with treatment outcomes, and quality and appropriateness of treatment. Each measure reported very high levels of satisfaction exceeding national and regional benchmarks.

UTILIZATION: Program defines service categories. Targets for FY15 are unchanged from the prior year with exception of "Other" category. Youth engaging in services following an assessment are Treatment Plan Clients (TPCs). Target is 115. Service Contacts represent screenings completed and is set at 75. Community Service Events (presentations at schools and in the community) is set at 12. Other (hours of service including screenings, assessment, treatment, and case management) is increased from 750 in FY14 to 1,100 reflecting additional hours from case management services.

FY13 performance finds targets were exceeded all but one service category. Service contacts reported totaled 100 double the target of 50. TPCs totaled 134 surpassing the target of 80. Of the TPCs served, 37 started services the prior year and continued treatment in FY13. Other representing hours of service

totaled 1,048 compared to the target of 750. Community Service Events (CSEs) were 10 out of projected 12. Adjustments to most targets were made for FY14 due performance levels in FY13.

Midway through FY14, the program appears on track to meet or exceed targets. Service contacts are at 40 of projected 75. TPCs reported stand at 75, including 36 continuing clients from FY13, out of projected 115 for the year. Service hours (Other category) are at 615 out of target of 750. As noted above, this target has been adjusted upward for FY15. CSEs are at 6 of the target of 12.

CCMHB Priorities:

Primary Decision Support Considerations:

MHB-DDB Developmental Disabilities Collaboration: No

ACCESS Initiative Sustainability: No

Programs for Youth w/ SED: No

a. Parenting with Love and Limits (PLL): N/A

b. ACCESS Initiative: N/A

c. Quarter Cent for Public Safety: N/A

Adult CJ-Behavioral Health Services/Supports: No

Local Funder-Special Initiatives: No

MOU/IGA Support: No

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: Yes

Budget-Program Connectedness: Yes

Realignment of FY14 Funding to FY15 Priorities: TBD

Anti-Stigma Efforts: No

Technical Criteria:

Approach/Methods/Innovation: Yes, uses evidence based Seven Challenges Model

Staff Credentials: Yes, staff licensed or CADAC and trained in model.

Applicant Review and Input

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

Recommendation: Pending

Draft CCMHB PY15 PROGRAM SUMMARY

AGENCY: Promise Healthcare

Program Name: Mental Health Services at Frances Nelson

Focus of Application: MH SA DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY15 CCMHB Funding Request: \$175,000

PY15 Total Program Budget: \$502,819

Current Year Funding (PY14): \$148,774

Proposed Change in Funding - PY14 vs. PY15: \$26,226 (18%)

Program Staff – CCMHB Funds: 1.27 FTE

Total Program Staff: 5.45 FTE

Budget Analysis: Funding requested from CCMHB is 35% of program revenue. While the amount requested from CCMHB is higher than last year the percentage of program revenue provided is lower. The CCMHB remains the single largest source of funding for the program. Anticipated services billable to Medicaid represent 25% of program revenue. Services billable to Medicare are projected to generate 5% of revenue. Other fee for service revenue sources account for 3% of revenue. Contributions allocated to the program are a significant source of support at 25% of revenue. The remaining 7% of program remaining are funds allocated from the federal Health Resources and Services Administration (HRSA) grant. One last observation on program revenue – the FY15 proposed program budget increased by \$173,844 or over 50% from the FY14 application.

Staff salaries, payroll taxes, and benefits are 88% of costs to be paid with CCMHB funds. The consumables and lease/rental expense lines are both 3% of costs and the remaining 6% of CCMHB funds is allocated across five other expense lines.

Personnel supported with CCMHB funds are 1.27 FTE of the total program staff of 5.45 FTE. The program employs two fulltime clinicians (2 FTE) and a halftime psychiatrist (.5 FTE). CCMHB funds support half of each of the three positions (1.25 FTE) with the remaining 2% of staff time associated with administration. The program is proposing to increase the psychiatrist’s time from .3 FTE to .5 FTE for FY15. The increase in the psychiatrist’s time is supported in part with the increased funding requested from CCMHB.

Besides funding the balance of the clinicians and psychiatrist’s time, other revenue sources also support additional staff services including prescription assistance, benefits applications, case management, medical services, and general administration and support.

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

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance _____
Audit not in Compliance _____
Auditor Finding X

Comments: The auditor’s identified material weaknesses associated with journal entries, preparation of financial statements, and separation of duties. Agency response to the findings indicated deficiencies were in part related to the purchase of Frances Nelson Health Center (FNHC) late in the fiscal year. The agency has hired new staff to complete journal entries and financial statements, has purchased a new accounting software system, and adopted a new accounting and internal control policy has been adopted by the Board.

Target Population: To receive services the individual must be a medical patient at FNHC. Referrals for counseling and psychiatric services are made primarily by physicians/medical providers. A limited number of new patients may be accepted directly in counseling. All psychiatric patients are referred from FNHC physicians or the two counselors.

FNHC has 7,041 patients. Of clients seen for counseling 53% are uninsured and for psychiatric care 38% are uninsured. FNHC charges a sliding fee scale for self-pay patients with the majority receiving a 100% discount and asked to only pay a nominal fee. Treatment of depression accounts for 60% of encounters with another 30% related to anxiety including PTSD.

Agency cites research and other references supporting integration of behavioral and primary healthcare in a primary care setting as well direct experience of the agency.

Service Locations(s)/Demographics: On-site at FNHC. Program reported serving 247 clients in FY13.

Residency by zip code finds 50% were from Champaign, 25% from Urbana, 10% from Rantoul, 5% from Mahomet, and 10% from other areas of the county.

Demographic data finds 9% were children and adolescents and 91% were adults including 3% age 60 or older; 73% were white, 25% were black/African American, and 2% were other races including bi-/multi-racial; 26% were of Hispanic/Latino origin; and 76% were female. Note that some percentages presented may be based on a smaller data set due to lower response rate.

Service Description/Type: Counseling and Psychiatric services delivered in a primary health care environment. On-site mental health services enable integration of mental health services with physical health care. The Mental Health Services Program has two distinct service elements.

Counseling and case management for adults and children is provided by two fulltime counselors (LCPC and LCSW) one of whom is bilingual. About half of the bilingual counselor’s time will be spent serving Spanish speaking patients. Clients are assessed within 3 weeks of a medical provider’s referral and a treatment plan is completed at the second session with the counselor. Crisis contacts are handled the same day. Case management includes linkages to other providers.

The second element is psychiatric services provided by a .5 FTE psychiatrist. Medication management/monitoring are provided to patients with acute or chronic/serious mental illness and consultation with medical staff about specific patients and/or diagnosis and treatment. Besides the case specific consults, the psychiatrist also leads monthly “Lunch and Learn” meetings with primary care

providers and nurses to share information about cases and medications, trends in patient care and community issues. The medical director working with the psychiatrist, and medical providers have identified a list of psychiatric medications that can be supported by the primary care providers.

Access to Services for Rural Residents: Access is tied to patient status at FNHC. Twenty-five percent of clients served in FY13 were from outside of Champaign and Urbana.

Program Performance Measures

ACCESS: Program defines timeframes between referral and engagement/completion of assessment for counselors/psychiatric care as FY15 measure of access.

Counseling: 95% of patients including those speaking Spanish will complete a mental health assessment within three weeks of referral.

Psychiatry: 95% of patients will be scheduled for an appointment within 30 days of referral.

Results reported for FY14 were close to or exceeded targets. The targets were the same for counseling as proposed for FY15 with results reported of 97% of English speaking patients and 94% of Spanish speaking patients completing an assessment within three weeks of referral. For psychiatry the target was 75% of patients scheduled for an appointment within 30 days of referral with results reported of 100% of patients being scheduled within the defined timeframe.

CONSUMER OUTCOMES: Program identifies measures associated with timeframes for completion of the Global Assessment of Functioning (GAF) scale for adults and Children’s Global Assessment of Functioning (C-GAF) for children. Changes in GAF scores are reported for those clients engaging in services for greater than six months. Many clients are said to attend four or less sessions and do not engage in services for this length of time.

Measure: 95% of clients will have a GAF score completed at start of treatment.

Measure: 85% of on-going clients will have a repeat GAF scale completed every six months or at case closure.

Results for reported for FY14 were close to or exceeded the measures. 97% of English speaking patients and 94% of Spanish speaking patients had a score completed at start of treatment and 94%. At the six month interval 100% of English speaking patients and 94% of Spanish speaking patients had a repeat score completed. Reported change in scores for those completing the six month GAF found 50% of scores increased.

UTILIZATION: Program sets clear targets for all services for FY15. For counseling, target is 320 TPCs with 80 continuing to engage from the prior year, completing 1500 service contacts and to be reported as Other 100 case management contacts. For bilingual counseling (Spanish speaking services), target is 75 TPCs with 15 continuing from the prior year, completing 400 service contacts and to be reported as Other 50 case management contacts.

For psychiatric services, target is 165 TPCs with 70 continuing to engage from the prior year, completing 1,150 service contacts and to be reported as Other 100 case management contacts. Community Service Events listed at 10 represent Lunch and Learn sessions. The number of patients served and service contacts completed is increased from FY15 due to the change in psychiatrist’s time at the agency.

Through the first half of FY14, all services appear on track to meet projected service levels with the exception of case management contacts. Program reports engaging 210 patients in counseling out of an annual target of 260 and another 49 Spanish speaking patients out of an annual target of 75. Counseling service contacts total 798 of projected 1,200 and another 168 of 450 contacts with Spanish speaking clients. Case management contacts for all counseling patients combined are at 30 of projected 150. Patients receiving psychiatric care total 80 out of an annual target of 110 and have completed 397 service contacts out of projected 875.

CCMHB Priorities:

Primary Decision Support Considerations:

- MHB-DDB Developmental Disabilities Collaboration: No
- ACCESS Initiative Sustainability: No
- Programs for Youth w/ SED: No
 - a. Parenting with Love and Limits (PLL): N/A
 - b. ACCESS Initiative: N/A
 - c. Quarter Cent for Public Safety: N/A
- Adult CJ-Behavioral Health Services/Supports: No
- Local Funder-Special Initiatives: No
- MOU/IGA Support: No

Overarching Decision Support Criteria:

- Underserved Populations: Yes
- Countywide Access: Yes
- Budget-Program Connectedness: Yes
- Realignment of FY14 Funding to FY15 Priorities: TBD
- Anti-Stigma Efforts: No

Technical Criteria:

- Approach/Methods/Innovation: Yes
- Staff Credentials: Yes

Applicant Review and Input

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

Recommendation: Pending

Draft CCMHB PY15 PROGRAM SUMMARY

AGENCY: Promise Healthcare

Program Name: Frances Nelson Wellness and Justice

Focus of Application: MH X SA DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY15 CCMHB Funding Request: \$40,000

PY15 Total Program Budget: \$89,007

Current Year Funding (PY14): \$36,000

Proposed Change in Funding - PY14 vs. PY15: \$4,000 (11%)

Program Staff – CCMHB Funds: 1.12 FTE

Total Program Staff: 2.06 FTE

Budget Analysis: Funding requested from CCMHB is 45% of program revenue. Funding allocated from the Health Resources and Services Administration (HRSA) grant accounts for 37% of revenue. The remaining 18% of revenue comes from contributions to the agency.

Staff salaries, payroll taxes, and benefits are 93% of expense charged off to CCMHB funds. The lease/rental expense line is 4% of CCMHB funded expenses with the remaining 3% of costs spread across four other expense lines.

Personnel whose time is in part supported by the CCMHB total 1.12 FTE. This includes 50% of the Wellness Coordinator responsible for case management. Other staff includes 20% of two enrollment Assistants time to assist clients with Medicaid or other benefit applications and 10% of two Medication Assistance Coordinators time to help client’s access prescription assistance programs.

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

Not Applicable
Audit Requirement Waived
Audit in Compliance
Audit not in Compliance
Auditor Finding X

Comments: The auditor’s identified material weaknesses associated with journal entries, preparation of financial statements, and separation of duties. Agency response to the findings indicated deficiencies were in part related to the purchase of Frances Nelson Health Center (FNHC) late in the fiscal year. The agency has hired new staff to complete journal entries and financial statements, has purchased a new accounting software system, and adopted a new accounting and internal control policy has been adopted by the Board.

Target Population: Frances Nelson Health Center (FNHC) patients or prospective clients with a chronic medical condition and a mental health diagnosis and includes those with criminal justice system involvement. Prospective clients of FNHC will have to select the agency as their medical home and enroll as a patient.

FNHC is accepting new patients enabling the Wellness Coordinator to support referrals from the Community Elements and Prairie Center criminal justice programs. Included in service targets are subsets associated with serving individuals criminal justice system

Service Locations(s)/Demographics: On-site at FNHC and education events in the community. This is a new program started in FY14. Data reported is based on service contacts that total 323 for the first half of the FY14 contract.

Residency by zip code finds 44% were from Champaign, 30% from Urbana, 12% from Rantoul, 3% from Mahomet and 11% from other areas of the county.

Demographic data finds all were adults with 22% age 60 or older; 53% were white, 43% were black/African American, and 4% were other races including bi-/multi-racial; 5% were of Hispanic/Latino origin; and 60% were women. Note that some percentages presented may be based on a smaller data set due to lower response rate.

Service Description/Type: Case Management. The intent of the program is to remove barriers to patients achieving optimum physical and mental health. Staff will collaborate with referring agencies/programs and FNHC staff to identify patients whose wellness can be improved through case management.

Assistance provided by staff include enrolling in benefit programs, access prescription assistance, and assignment of a primary care provider to facilitate access to care as well as meeting other basic needs or legal issues. Staff will collaborate with other providers to bring services on-site such as the U of I Extension Service for nutrition classes or for access to Land of Lincoln Legal Assistance Foundation attorneys. Outreach will occur through participation in various community events around the county and for underserved populations.

No sliding fees will be charged for wellness services. Sliding fees may apply to medical and mental health services.

Program staff, as appropriate to their respective positions, has experience providing case management, knowledge of community resources, benefit application and enrollment processes, and pharmaceutical assistance programs.

Access to Services for Rural Residents: Wellness services will be open to any Champaign County resident. Outreach activity will include events outside of Champaign and Urbana.

Program Performance Measures

ACCESS: The Wellness and Justice program plans to identify 600 potential participants including 50 involved with the criminal justice system. Potential participants may be referred internally or by partners in the community. The coordinator will initiate contact within 72 hours of referral to complete the screening/initial assessment to establish a wellness assistance score.

Effort will be made to identify patients involved with the jail or Department of Corrections for contact by the coordinator. Assistance with enrolling in Medicaid or insurance or other benefit programs to expand their access to care.

To be considered enrolled in wellness services the patient will have to engage beyond the initial contact and have more than one need addressed. Approximately 100 patients are expected to engage at this level including 25 with criminal justice involvement. Assessments will be repeated at six months or end of engagement.

Each community outreach and service collaboration event will have a report prepared summarizing level of participation, nature of event, effectiveness/appropriateness of the material, and recommendations.

Current levels of contacts and engagements are provided. See the Utilization section below.

CONSUMER OUTCOMES: Measures proposed for FY14 are not included for FY15. Program reports difficulty with the original tool used to track some outcomes and have made adjustments focusing more on needs and barriers as measures.

A wellness assistance score will be calculated on all 600 referrals. The score will count the issues a patient needs support/assistance with to move towards wellness. Of the 600 to be scored, 75% will show an improvement in their wellness score.

An example of the wellness assistance score is provided. A score of zero indicates no help is needed. A patient needing help with enrolling in Medicaid, being assigned to medical home or physician, and getting their psychiatric medication prescription filled would have a score of 3. Staff will assist patients to move toward a wellness score zero and their needs are met.

UTILIZATION: Service categories are defined in some fashion throughout the Program Performance Measures section of the application. The number of issues coordinators assist patients to resolve will be tracked and reported. Contacts, patients engaging in case management and those involved with criminal justice will be tracked through the health records database. The wellness assistance score will be tracked on another database.

Patients engaging in case management will be reported as a Non-Treatment Plan Clients (NTPCs) and has a target for FY15 of 110 including 10 that continue to engage from the current year. Of those to be served, 25 are expected to have criminal justice involvement. Based on current levels of engagement NTPCs are the only service category target adjusted from FY14 and has been reduced from the current target of 200.

Service contacts are patients referred and will have a wellness assessment score completed. Target is set at 200 with 50 of these contacts being criminal justice related referrals. Community Service Events is activity associated with promoting the program and has a target of 12. Other will be used to report agency collaborations on-site at FNHC that are related to wellness and has a target of 6.

Through the first half of FY14 the program has completed 323 service contacts, engaged 39 patients (NTPCs), and completed 9 CSEs and 5 collaborations.

CCMHB Priorities:

Primary Decision Support Considerations:

MHB-DDB Developmental Disabilities Collaboration: No
ACCESS Initiative Sustainability: No
Programs for Youth w/ SED: No

- a. Parenting with Love and Limits (PLL): N/A
- b. ACCESS Initiative: N/A
- c. Quarter Cent for Public Safety: N/A

Adult CJ-Behavioral Health Services/Supports: Yes, is a subset of population served.

Local Funder-Special Initiatives: No

MOU/IGA Support: No

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: Yes

Budget-Program Connectedness: Yes

Realignment of FY14 Funding to FY15 Priorities: TBD

Anti-Stigma Efforts: No

Technical Criteria:

Approach/Methods/Innovation: Yes

Staff Credentials: Yes

Applicant Review and Input

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

Recommendation: Pending

Draft CCMHB PY15 PROGRAM SUMMARY

AGENCY: Rape Advocacy, Counseling, & Education Services

Program Name: Counseling & Crisis Services

Focus of Application: MH SA DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY15 CCMHB Funding Request: \$24,000

PY15 Total Program Budget: \$133,182

Current Year Funding (PY14): \$18,600

Proposed Change in Funding - PY14 vs. PY15: \$5,400 (29%)

Program Staff – CCMHB Funds: 0.5 FTE

Total Program Staff: 2.4 FTE

Budget Analysis: Funding requested from CCMHB represents 18% of program revenue. The Illinois Coalition Against Sexual Assault (ICASA) contract at 69% of revenue is the single largest source of support. Other funding includes United Way funds plus designations provides 8%, a City of Urbana/Cunningham Township grant is 3% and the 2% remaining revenue is generated through contributions and fundraising.

Personnel expenses for salaries, payroll taxes, and benefits accounts for 93% of expense charged to CCMHB funds. The remaining funds are allocated to the professional fees and consultants expense line including part of the cost for contracted clinical supervision and to the consumables expense line. All staff supported with CCMHB funds are involved in direct service with time divided equally between the Assistant Director and the Child and Adolescent Counselor positions.

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

Not Applicable

Audit Requirement Waived

Audit in Compliance

Audit not in Compliance

Auditor Finding

Target Population: Survivors of sexual assault and non-offending significant others age three and older. Many long-term clients are adult survivors of childhood sexual abuse.

Service Locations(s)/Demographics: Office and other secure location that provides space that allows for confidential meetings (separate office or meeting space with door). Program served 51 clients in FY13.

Residency by zip code finds 57% were from Rantoul (reflects large number of youth served from Lincoln’s Challenge Academy), 20% from Urbana, 12% from Champaign, and 11% from other areas of the county.

Demographic data finds 6% were age 12 or under, 61% were age 13 to age 18 (again, primarily Lincoln’s Challenge cadets), and 33% were adults; 41% were white, 37% were black/African American, 4% were Asian, and 18% were other races including bi-/multi-racial, 14% were of Hispanic/Latino origin, and 92% were female.

Service Description/Type: Counseling, Crisis Intervention, and Medical Advocacy. Services include individual and group counseling. Some counseling may be over the telephone. Counseling hours include evening hours one night per week. Groups may be offered on a time limited, rotating basis depending on caseloads.

Counseling services are provided by the Assistant Director and the Child and Adolescent Counselor. The Assistant Director is an LPC and has completed various levels of ICASA training including the required crisis intervention training as well as adult counselor training, and child counselor training. She also completed the Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) training through the ACCESS Initiative in FY12. Her responsibilities also include providing clinical supervision to other staff and interns. The Child and Adolescent Counselor has an MSW and is pursuing licensure. She has also completed the various ICASA training referenced above.

Program also operates the 24 hour Rape Crisis Hotline that is typically the first point of contact. Emergency medical advocacy is being added to the services supported with CCMHB funds. This activity is part of the crisis response providing support services to those presenting at emergency rooms for medical care and evidence collection. Referrals to other support services within the agency or at other organizations are provided the day after a medical advocacy contact. All staff and volunteers on the crisis hotline and that respond to medical advocacy contacts have completed 40 hours of crisis intervention training mandated by the state.

Access to Services for Rural Residents: The counselor will meet clients at a safe, neutral location such as a school or social service agency that has space available to conduct a confidential meeting. Program has a toll free crisis hotline. Assistance with securing transportation to emergency rooms is available as part of the medical advocacy services.

Program Performance Measures

ACCESS: Initial contact is typically made through the 24 hour Rape Crisis Hotline. After office hours hotline is managed through an answering service that connects caller to staff or volunteer on call. The hotline provides access to crisis and medical advocacy services around the clock. Most medical advocacy contacts are referrals by emergency room personnel or law enforcement. There is no specific screening or referral process for these services.

Counseling appointments generally follow the day after first contact. The agency has evening hours one day a week. Groups when offered are typically in the late afternoon or early evening. The program does not have a waitlist at this time.

CONSUMER OUTCOMES: Agency reports the primary source for outcome measurement was the ICASA annual outcome evaluation of direct services by rape crisis centers has indefinitely suspended data collection. The researchers are preparing an article for publication on the prior three years of results

RACES propose to develop a system to collect outcome data. The outcome survey will be piloted in May, 2014. The survey will then be administered twice per year in six month intervals. Measures are not identified beyond a broad reference to collecting more information related to core services.

UTILIZATION: Service categories are well defined and all targets established for FY15 have been increased over the prior year. Treatment Plan Clients (TPCs) are clients engaging in five or more sessions and has a target of 55. Non-Treatment Plan Clients (NTPCs) are clients engaging in fewer than five sessions and has a target of 30. Service contacts are crisis intervention contacts with individuals that do not engage in services, i.e. “non-clients,” and has a target of 45. Community Service Events (CSEs) represent information and referral contacts by staff and has a target of 250 individuals assisted. Other will be used to track Emergency Medical Advocacy contacts and has a target of 8.

For FY13, TPCs had target of 50 and served 43 including 13 clients that continued treatment from the prior year. NTPCs had a target of 25 and served 6. Service contacts had a target of 25 and completed 19. CSEs had a target of 150 and completed 188 information and referral contacts.

Targets for FY14 are the same as FY13. Midway through the current contract, TPCs total 18 including 16 continuing clients from the prior year. The adult survivors of childhood sexual abuse are reported to engage for longer periods of time and are reflected in the number continuing clients served. The number of continuing clients also impacts the counselor’s ability to serve new clients. The total for NTPCs is 4. There have been 15 service contacts completed (non-client crisis interventions). And CSEs is 81 information and referral contacts.

CCMHB Priorities:

Primary Decision Support Considerations:

- MHB-DDB Developmental Disabilities Collaboration: No
- ACCESS Initiative Sustainability: No
- Programs for Youth w/ SED: No
 - a. Parenting with Love and Limits (PLL): N/A
 - b. ACCESS Initiative: N/A
 - c. Quarter Cent for Public Safety: N/A

Adult CJ-Behavioral Health Services/Supports: Yes, as a resource for victims of domestic violence

Local Funder-Special Initiatives: No

MOU/IGA Support: No

Overarching Decision Support Criteria:

- Underserved Populations: Yes
- Countywide Access: Yes, through 24 hour hotline
- Budget-Program Connectedness: Yes
- Realignment of FY14 Funding to FY15 Priorities: TBD
- Anti-Stigma Efforts: No

Technical Criteria:

- Approach/Methods/Innovation: Yes, meets ICASA standards
- Staff Credentials: Yes, credentials and training described in budget narrative form

Applicant Review and Input

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

Recommendation: Pending

Draft CCMHB PY15 PROGRAM SUMMARY

AGENCY: Urbana Adult Education Center (new applicant)

Program Name: Student Wellness Resource (new program proposal)

Focus of Application: MH X SA DD ACCESS Qtr Cent

Type of Contract: Grant

Financial Information:

PY15 CCMHB Funding Request: \$100,151

PY15 Total Program Budget: \$100,151

Current Year Funding (PY14): N/A – new program proposal for FY15

Proposed Change in Funding - PY14 vs. PY15: N/A

Program Staff – CCMHB Funds: 4.06 FTE

Total Program Staff: 2.03 FTE Total program staff reflects the staff supported with CCMHB funds (2.03 FTE). The 4.06 FTE figure is the result of an error on the personnel form.

Budget Analysis: The CCMHB is the sole source of revenue listed for the program. The budget narrative form includes a statement on the source of general operating funds but none are allocated to the program.

Virtually all expenses (97%) are for salaries, payroll taxes, and benefits. The remaining 3% is equally divided between the consumables line – assessment kits, instructional materials, and promotional materials – and the conference/staff development line – for costs associated with staff to maintain licensure. Two fulltime staff would provide direct service. The two positions to be hired are a Counselor and a Social Worker. Indirect staff is the remaining 0.03 FTE and allocated to the Finance Director.

There are quality issues with the personnel form that impacts the expense form and number of FTEs. The result is the expression of a deficit in the amount of \$62,706 for the column used to list expenses to be paid with only CCMHB funds. The Expense Form also includes a program column that is to include all expenses paid and did not reflect a deficit. Because the CCMHB is the only source of revenue the program column was used here to calculate the percentage of funds associated with budgeted line items.

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

- Not Applicable X
- Audit Requirement Waived
- Audit in Compliance
- Audit not in Compliance
- Auditor Finding

Target Population: Students enrolled at the Urbana Adult Education Center that have a social, emotional, or behavioral disorder per the most recent Individual Education Plan (IEP) or Mental Health Assessment or that self-refer or are referred by school personnel.

Service Locations(s)/Demographics: Urbana Adult Education Center (UAEC). As a new program proposal no demographic data is available.

Service Description/Type: Assessment, Support Services and Counseling. The aim of the Student Wellness Resource program is to ensure the personal and academic success in the classroom of assisted students. Assessments, personal, academic and career counseling, and support services to referred students will be provided. Individual and group services will be available and provided on-site on a weekly basis. Reasonable accommodations will be made for students unable make it to weekly appointments at UAEC.

The two staff positions to be hired are a Counselor and Social worker. The Counselor will be required to have a Master’s degree in Counseling from an accredited program. The Social Worker will be required to have a Master’s of Social Work from an accredited program. Both will either be licensed or eligible for licensure in Illinois.

Access to Services for Rural Residents: Assistance will be provided as needed for rural students to ensure consistent participation in services. The applicant also refers to using this grant to conduct outreach to rural populations in surrounding counties.

Program Performance Measures

ACCESS: Urbana Adult Education references current enrollment of 1,000 students a year and estimates 10% would be served by the program. The majority will be identified through the enrollment process at Urbana Adult Education. Others may be recruited through community organizations or events.

After referral or self-report, students will assessed by the Counselor or Social Worker. Assessment tools/methods are described and vary depending on whether the student is 21 or under or 22 and older. A service plan will then be prepared based on individual needs. If identified needs are beyond the capacity of the program a referral will be made to the appropriate resource.

Assessments will be completed within 48 hours after referral received. Eligible students will be engaged in services within 14 days of completed assessment. Length of engagement will last the duration of the student’s participation in UAEC services. Target established is 75% of assessed students will be engaged in services within 14 days of completed assessment.

CONSUMER OUTCOMES: Case notes on contacts and sessions will be prepared by staff and entered into the database system used by Urbana Adult Education. Student progress will be measured through self-report, school personnel and intake and discharge measures. Engagement in the classroom will increase by 60% compared to level identified in the initial assessment.

Graduation rates for engaged students will be measured and has a target of 75%. Current graduation rate for this population is estimated at 30%. The length of time to graduate is also said to be greater and will as a result of participation in services more closely align with the general student population.

UTILIZATION: Target of 75 Treatment Plan Clients (TPCs) is set for FY15. No other service categories have targets. No explanation or description of what constitutes a TPC within the context of the program is included as requested in the application instructions.

CCMHB Priorities:

Primary Decision Support Considerations:

MHB-DDB Developmental Disabilities Collaboration: No

ACCESS Initiative Sustainability: No

Programs for Youth w/ SED: No

a. Parenting with Love and Limits (PLL): N/A

b. ACCESS Initiative: N/A

c. Quarter Cent for Public Safety: N/A

Adult CJ-Behavioral Health Services/Supports: No

Local Funder-Special Initiatives: No

MOU/IGA Support: No

Overarching Decision Support Criteria:

Underserved Populations: No/Cannot Be Determined

Countywide Access: No/Cannot Be Determined. Proposes outreach beyond Champaign County

Budget-Program Connectedness: No, due to quality issues of some financial forms

Realignment of FY14 Funding to FY15 Priorities: TBD

Anti-Stigma Efforts: No

Technical Criteria:

Approach/Methods/Innovation: No, beyond assessment tools no evidence based models are identified.

Staff Credentials: Yes

Applicant Review and Input

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

Recommendation: Pending

Draft CCMHB PY15 PROGRAM SUMMARY

AGENCY: Urbana Adult Education Center (new applicant)

Program Name: Youth Positive - Y+ (new program proposal)

Focus of Application: MH ___ SA ___ DD ___ ACCESS ___ Qtr Cent X

Type of Contract: Grant

Financial Information:

PY15 CCMHB Funding Request: \$89,747

PY15 Total Program Budget: \$89,747

Current Year Funding (PY14): N/A – new program proposal for FY15

Proposed Change in Funding - PY14 vs. PY15: N/A

Program Staff – CCMHB Funds: 4.06 FTE

Total Program Staff: 2.03 FTE Total program staff reflects the staff supported with CCMHB funds (2.03 FTE). The 4.06 FTE figure is the result of an error on the personnel form.

Budget Analysis: The CCMHB is the sole source of revenue listed for the program. The budget narrative form includes a statement on the source of general operating funds but none are allocated to the program.

Virtually all expenses (97%) are for salaries, payroll taxes, and benefits. The remaining 3% is equally divided between the consumables line – assessment kits, instructional materials, and promotional materials – and the conference/staff development line – for costs associated with staff to maintain licensure. Two fulltime staff would provide direct service. The two positions to be hired are a Counselor and a Transitions Coach. Indirect staff is the remaining 0.03 FTE and allocated to the Finance Director.

There are quality issues with the personnel form that impacts the expense form and number of FTEs. The result is the expression of a deficit in the amount of \$71,357 for the column used to list expenses to be paid with only CCMHB funds. The Expense Form also includes a program column that is to include all expenses paid and did not reflect a deficit. Because the CCMHB is the only source of revenue the program column was used here to calculate the percentage of funds associated with budgeted line items.

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

Not Applicable X
Audit Requirement Waived _____
Audit in Compliance _____
Audit not in Compliance _____
Auditor Finding _____

Target Population: Students age 16 to18 with juvenile justice system involvement that are enrolled at the Urbana Adult Education Center.

Service Locations(s)/Demographics: Urbana Adult Education Center (UAEC). As a new program proposal no demographic data is available.

Service Description/Type: Assessment, Support Services and Counseling. The aim of the Student Wellness Resource program is to ensure the personal and academic success in the classroom of assisted students. Assessments, personal, academic and career counseling, and support services to referred students will be provided. Individual and group services will be available and provided on-site on a weekly basis. Reasonable accommodations will be made for students unable make it to weekly appointments at UAEC.

The two staff positions to be hired are a Counselor and Social worker. The Counselor will be required to have a Master’s degree in Counseling from an accredited program. The Social Worker will be required to have a Master’s of Social Work from an accredited program. Both will either be licensed or eligible for licensure in Illinois.

Access to Services for Rural Residents: Assistance will be provided as needed for rural students to ensure consistent participation in services. The applicant also refers to using this grant to conduct outreach to rural populations in surrounding counties.

Program Performance Measures

ACCESS: Urbana Adult Education references current enrollment of 1,000 students a year and estimates about one-quarter are age 16 to 18 with about half from that age group eligible for services. The majority will be identified through the enrollment process at Urbana Adult Education. Others may be recruited through community programs and distribution of information at the Juvenile Detention Center and Lincoln’s Challenge Academy.

After referral or self-report, students will assessed by the Counselor or Social Worker. Assessment tools/methods are described. A service plan will then be prepared based on individual needs. If identified needs are beyond the capacity of the program a referral will be made to the appropriate resource.

Assessments will be completed within 48 hours after referral received. Eligible students will be engaged in services within 14 days of completed assessment. Length of engagement will last the duration of the student’s participation in UAEC services. Target established is 75% of assessed students will be engaged in services within 14 days of completed assessment.

CONSUMER OUTCOMES: Engagement in the classroom will increase by 60% compared to level identified in the initial assessment. Student progress will be measured through self-report, school personnel and intake and discharge measures.

Graduation rates for engaged students will be measured and has a target of 75%. Current graduation rate for this population is estimated at 30%. The length of time to graduate is also said to be greater and will as a result of participation in services more closely align with the general student population.

UTILIZATION: Target of 82 Treatment Plan Clients (TPCs) is set for FY15. No other service categories have targets. No explanation or description of what constitutes a TPC within the context of the program is included as requested in the application instructions.

CCMHB Priorities:

Primary Decision Support Considerations:

MHB-DDB Developmental Disabilities Collaboration: No
ACCESS Initiative Sustainability: No
Programs for Youth w/ SED: Yes
 a. Parenting with Love and Limits (PLL): No
 b. ACCESS Initiative: No
 c. Quarter Cent for Public Safety: Yes
Adult CJ-Behavioral Health Services/Supports: No
Local Funder-Special Initiatives: No
MOU/IGA Support: No

Overarching Decision Support Criteria:

Underserved Populations: No/Cannot Be Determined
Countywide Access: No/Cannot Be Determined. Proposes outreach beyond Champaign County
Budget-Program Connectedness: No, due to quality issues of some financial forms
Realignment of FY14 Funding to FY15 Priorities: TBD
Anti-Stigma Efforts: No

Technical Criteria:

Approach/Methods/Innovation: No, beyond assessment tools no evidence based models are identified.
Staff Credentials: Yes

Applicant Review and Input

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

Recommendation: Pending

Draft CCMHB PY15 PROGRAM SUMMARY

AGENCY: The UP Center of Champaign County

Program Name: Clinical Crisis Counseling (new program proposal)

Focus of Application: MH X SA ___ DD ___ ACCESS ___ Qtr Cent ___

Type of Contract: Grant

Financial Information:

PY15 CCMHB Funding Request: \$29,394

PY15 Total Program Budget: \$30,144

Current Year Funding (PY14): N/A – new program proposal for FY15

Proposed Change in Funding - PY14 vs. PY15: N/A

Program Staff – CCMHB Funds: 0.58 FTE

Total Program Staff: 0.58 FTE

Budget Analysis: Virtually all of program revenue (98%) is CCMHB funds. The remaining 2% of revenue comes from contributions and fundraising proceeds. The requested funds will used to establish a new program.

Salaries and payroll taxes are 68% of all expenses to be paid by the CCMHB. These funds support a halftime (.5 FTE) counselor position to be hired, and indirect staff (0.08 FTE) providing administration and general office support. Other costs include the lease/rental expenses line at 16% of CCMHB funds to rent for a private office space and the equipment line at 5% to be used to purchase a computer and printer for the counselor. The specific assistance line at 4% is for gas cards to defray rural residents travel costs, and the remaining 7% of CCMHB funds are allocated across four expense lines in varying amounts. If the application were fully funded an audit would be required and that expense has not been included in the budget or requested as part of the application.

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

Not Applicable X

Audit Requirement Waived _____

Audit in Compliance _____

Audit not in Compliance _____

Auditor Finding _____

Target Population: This program will serve lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) individuals (and parents or significant others) 13 and older. Adolescents and young adults will be the primary target population.

The program is intended to serve individuals experiencing a crisis related to sexual and/or gender identity and not in need of long-term mental health services. Additional detail is included on sessions for youth and insurance coverage eligibility related to maintaining confidentiality of the individual's sexual identity.

Service Locations(s)/Demographics: Services will be provided at the UP Center in additional space for private/confidential sessions. Evening and weekend appointments will be offered. As a new program proposal no demographic data is available.

Service Description/Type: Crisis/Outpatient Counseling related to sexual identity. The Counselor will provide individual and group counseling and clinical support to weekly youth group meetings. Presence of the counselor at the weekly meetings provides the opportunity for youth to meet with an adult to discuss the issue at hand while Youth Coordinator continues the meeting. With the Youth Coordinator and Counselor attending the weekly group, recruiting volunteers to assist with weekly groups, which has been an issue, will not be necessary.

At the initial intake, the Crisis Clinician will complete an assessment with the individual experiencing a crisis associated with their sexual/gender identity, including a mental health inventory, a clinical assessment, and determination of eligibility. The Clinician will work with individuals not meeting the eligibility criteria to establish alternative options. Linkage and referral will also occur for clients whose crisis counseling needs are beyond the capacity of the clinician. Clients may engage for up to 8 sessions (five if client is between age 12 and 17 before parental consent required) with possible extensions. The crisis clinician will carry a caseload of up to 18 clients at a time with 8 weekly clients and 10 bi-weekly clients. Five hours a week will be dedicated to other activities including walk-in appointments.

The UP Center will hire a Master's level licensed counselor or social worker on a part-time basis.

Access to Services for Rural Residents: Rural clients may be assisted with the cost of transportation/gas. Some sessions may be held in rural areas contingent on demand for services from the local area.

Program Performance Measures

ACCESS: The UP Center will promote the new service on their webpage, newsletter and staff/volunteer contacts and through community outreach. Clients will self-refer with a telephone call or by e-mail.

The Crisis Clinician will schedule an appointment within 7 to 10 days of client contact or if caseload is full will conduct a telephone assessment and as appropriate schedule a crisis appointment or make a referral. Program projects an intake completed on 100% of client contacts and 90% eligible for the short-term crisis counseling services offered. Referrals to other providers or services will be made as appropriate based on the assessment, including the 10% not eligible for the UP Center services. Length of engagement is up to 8 sessions with extension based on re-evaluation and program capacity. All referrals to the program, results of intake, and ongoing engagement will be tracked on a form by the Crisis Clinician.

CONSUMER OUTCOMES: Client outcomes will be measured using the Mental Health Inventory (MHI-38) administered at intake and following 8 sessions or at case closure. The MHI-38 measures both distress symptoms and well-being based on 38 self-report items experienced over the past month. Aggregated results of the MHI-38 will be used to determine client's changes over time. Results are expected to show a decrease in client's distress symptoms that may include decreased suicidal ideation, anxiety or depression and an increase in well-being. In addition to the MHI-38, clients will be given a short series of open-ended questions about their experience with the program.

Benchmarks or targets associated with projected level of change measured with the MHI-38 are not provided.

UTILIZATION: Service categories are defined and targets established for FY15. As a new program proposal, no data is available for the prior year.

Treatment Plan Clients (TPCs) target is 50 youth engage in crisis counseling sessions. Maximum caseload is 18 clients. Non-Treatment Plan Clients (NTPCs) represent clients in crisis that present during walk-in hours and weekly youth group participants needing to talk with the counselor during one of the meetings. Target for NTPCs is 24.

Service contacts are broken down by the various activities to be counted including screening/assessments completed, volume of individual sessions provided, walk-in crisis contacts, weekly group crisis contacts, and number of group sessions. Target for Service Contacts is 552.

The Other category will be used to report the number of group sessions for a second group. It is not clear why this is counted separately from Service Contacts. In any case, the target for Other is 72.

CCMHB Priorities:

Primary Decision Support Considerations:

MHB-DDB Developmental Disabilities Collaboration: No

ACCESS Initiative Sustainability: No

Programs for Youth w/ SED: Yes

a. Parenting with Love and Limits (PLL): N/A

b. ACCESS Initiative: N/A

c. Quarter Cent for Public Safety: N/A

Adult CJ-Behavioral Health Services/Supports: No

Local Funder-Special Initiatives: No

MOU/IGA Support: No

Overarching Decision Support Criteria:

Underserved Populations: Yes

Countywide Access: Yes

Budget-Program Connectedness: Yes

Realignment of FY14 Funding to FY15 Priorities: TBD

Anti-Stigma Efforts: Yes

Technical Criteria:

Approach/Methods/Innovation: Yes

Staff Credentials: Yes

Applicant Review and Input

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

Recommendation: Pending

Draft CCMHB PY15 PROGRAM SUMMARY

AGENCY: The UP Center of Champaign County

Program Name: Youth & Volunteers

Focus of Application: MH X SA ___ DD ___ ACCESS ___ Qtr Cent ___

Type of Contract: Grant

Financial Information:

PY15 CCMHB Funding Request: \$29,114
PY15 Total Program Budget: \$31,624

Current Year Funding (PY14): \$14,600
Proposed Change in Funding - PY14 vs. PY15: \$14,514 (100%)

Program Staff – CCMHB Funds: 0.58 FTE
Total Program Staff: 0.58 FTE

Budget Analysis: The CCMHB is virtually the sole funder of the program providing 92% of revenue. The remaining 8% of program revenue comes from contributions and fundraising proceeds. The program is requesting a 100% increase in support from the CCMHB.

Funds allocated for salaries and payroll taxes represent 59% of expenses charged to CCMHB funds. The lease/rental expense line is 12%, consumable line is 10% and conference/staff development line is 10% of CCMHB funded costs. General operating line is 4%, and the remaining 5% is spread across three other expenses lines including the specific assistance line used to purchase gas cards to assist rural clients with transportation expenses. The Conference/staff development line includes funding to send the Youth Coordinator and a youth in the program to a national conference as well as costs to attend local training. Consumables include food and supplies for youth group meetings and special events. Lease/rental costs increased as the amount of space used has expanded plus the fees paid for special events space. If the application were fully funded an audit would be required and that expense has not been included in the budget or requested as part of the application.

Program personnel and CCMHB funded personnel are the same at 0.58 FTE. Direct program staff is the halftime Youth Coordinator (0.5 FTE) with indirect staff accounting for the 0.08 FTE for administration and other general office support.

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

Not Applicable _____
Audit Requirement Waived X _____
Audit in Compliance _____
Audit not in Compliance _____
Auditor Finding _____

Target Population: Youth between 13 - 18 years old identifying as Lesbian, Gay, Bisexual, Transgendered, Questioning, and/or Ally that are residents of Champaign County. The application consumer outcomes section points out that this cohort has significantly higher incidence of attempted suicide (45%) than the general population of their heterosexual peers (8%). They also experience increased levels of victimization than their peers, and this leads to increased levels of depression and anxiety, and decreased self-esteem.

Service Locations(s)/Demographics: At the UP Center for weekly groups and sites in the community for special events. As a new contract, data available is for the first half of FY 2013. Total youth served through the first half of FY14 is 17.

Residency by zip code finds 36% are from Rantoul, 29% from Urbana, 22% from Champaign, and 13% from other areas of the county. Demographic data reported finds all were youth between the ages of 13 and 18; 79% were white and 21% were of other races including bi-racial/multi-racial; and 54% were male. Note that some percentages presented may be based on a smaller data set due to lower response rate.

Service Description/Type: Prevention and Support Services. The program will focus on the development, implementation, and evaluation of peer support, education, and social programming in a safe, culturally diverse, and hate-free environment. Weekly youth group meetings are held on wide range of topics such as bullying, coming out, dating, drug use, relationship violence, suicide, and stigma. Youth only open hours are three afternoons per week. Special events may also be held. The Youth Coordinator will use the Gay Affirmative Practice model for working with youth and is designed to uphold and support youth's LBGTQ identity and aligns with principles of social work. The Coordinator is developing a Youth Advisory Board to guide program development.

Access to Services for Rural Residents: Parents and youth may be assisted with the cost of transportation/gas. Some events may be held in rural areas of the county.

Program Performance Measures

ACCESS: Access to the program will be promoted to schools and community organizations through distribution of resource packets, face to face meetings and other contacts. Youth access will be measured based on frequency of participation. Eligible youth will complete a mental health inventory during intake and after participation in program services. The Gay Affirmative Scale (GAS) will be used to measure the coordinators performance and is to be administered quarterly. No data is reported for any of the activities described.

The UP Center has worked with the U of I School of Social Work to develop and revise evaluation materials that are being used in FY14 to confidentially assess youth outcomes associated with their involvement with the UP Center. The measures track changes in youth over time. The same outcomes will be used in FY15 but little if any information on what the outcome measures are is presented.

CONSUMER OUTCOMES: Program goal is to provide a safe, accepting space using a facilitated, gay-affirming, peer support model. Reduced victimization, feelings of depression and anxiety, and increased self-esteem are identified as outcomes and presumably measured using the mental health inventory referenced in the access outcome section.

Reduction of suicides and attempted suicides and other self-harm activities is identified. LBGTQ youth research is cited regarding the higher rates of attempted suicide for the population served versus the

general population. Program will measure youths' perceived levels of confidence and suicidal ideations before and after participating in this program. Evaluation data about suicidal ideation is being collected and analyzed but initial results are not yet available. Anecdotal evidence presented cited several youth reporting decreased suicidal thoughts and feelings since being involved with UP Center.

UTILIZATION: Service categories are defined and targets established. Participating youth are reported as Non-Treatment Plan Clients (NTPCs) with projected participation of 50 youth for FY15 including 25 youth that started in FY14 and continue to participate in the new program year. Service contacts are being redefined and will represent the frequency of youth's participation in weekly meetings and/or come during drop-in hours. Target is 1,296 service contacts. Community Service Events is projected at 30 representing outreach activity including group presentations, participation in community events or fairs and attendance at conferences. The number of NTPCs served coupled with the redefined service contacts reflecting level of participation is of primary interest for FY15.

For FY13 program engaged 33 youth (NTPCs) out of projected 42. Through the first half of FY14 the program has engaged 17 youth (NTPCs) out of the annual target of 50. Community Service Events totaled 46 in FY13 exceeding target of 25.

CCMHB Priorities:

Primary Decision Support Considerations:

MHB-DDB Developmental Disabilities Collaboration: No

ACCESS Initiative Sustainability: No

Programs for Youth w/ SED: No

a. Parenting with Love and Limits (PLL): N/A

b. ACCESS Initiative: N/A

c. Quarter Cent for Public Safety: N/A

Adult CJ-Behavioral Health Services/Supports: No

Local Funder-Special Initiatives: No

MOU/IGA Support: No

Overarching Decision Support Criteria:

Underserved Populations: Yes, although lacks diversity

Countywide Access: Yes

Budget-Program Connectedness: Yes

Realignment of FY14 Funding to FY15 Priorities: TBD

Anti-Stigma Efforts: Yes

Technical Criteria:

Approach/Methods/Innovation: Yes, use of Gay Affirmative Practice (GAP) model

Staff Credentials: No

Applicant Review and Input

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

Recommendation: Pending

13.A

CHAMPAIGN COUNTY ALLIANCE

FOR THE PROMOTION OF

Acceptance, Inclusion, & Respect

Upcoming Events:

16th Annual Roger Ebert's Film Festival
April 23 - April 27, Virginia Theatre
Alliance Panel Discussion
Thursday, April 24, Illini Union
Alliance Art Show/Sale
You never know where we'll pop up!!



CU Autism Network's Annual Autism Walk
Sunday, April 27 11:30AM, Hessel Park in Champaign

Children's Mental Health Awareness Week
May 4 through May 10
National Children's Mental Health Day
Thursday, May 8



Down Syndrome Network's Annual "Buddy Walk"
Saturday, October 11, Champaign County Fairgrounds

Eighth Annual disAbility Resource Expo
Saturday, October 18, 9AM -2PM



Depression Screening Event
Wednesday, November 5, Noon, Parkland Room D244

2014 ALLIANCE MEMBERS:

ACCESS INITIATIVE

CHAMPAIGN COMMUNITY COALITION

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES AND MENTAL HEALTH BOARDS

COMMUNITY ELEMENTS

CROSSPOINT HUMAN SERVICES

CUNNINGHAM CHILDREN'S HOME

DEVELOPMENTAL SERVICES CENTER

DISABILITY RESOURCE EXPO

NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI)

PARKLAND COLLEGE COUNSELING & ADVISING CENTER DEAN OF STUDENTS OFFICE FINE & APPLIED ARTS DEPARTMENT

THE PAVILION BEHAVIORAL HEALTH SYSTEM

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN SCHOOL OF SOCIAL WORK

We're All in This Together

The Champaign County ALLIANCE for the Promotion of Acceptance, Inclusion, and Respect (formerly The Champaign County Anti-Stigma Alliance) is a collaborative campaign to challenge discrimination and promote inclusive communities. The ALLIANCE has used the arts to initiate dialogue about acceptance and dignity and their effect on persons with disabilities, their loved ones, and the community itself.

www.facebook.com/allianceforAIR

ACCESS Initiative

Champaign Community Coalition

Champaign County
Developmental Disabilities Board
and Mental Health Board

Community Elements

Crosspoint Human Services/SASS
Cunningham Children's Home

Developmental Services Center

disAbility Resource Expo: Reaching Out for Answers

Family Service of Champaign County

National Alliance on Mental Illness - Champaign County

Parkland College - Counseling & Advising Center, Dean of Students Office, Fine & Applied Arts Department

The Pavilion Behavioral Health System

University of Illinois at Urbana-Champaign School of Social Work

CHAMPAIGN COUNTY

ALLIANCE

FOR THE PROMOTION OF

Acceptance, Inclusion, & Respect

CHAMPAIGN COUNTY

ALLIANCE

FOR THE PROMOTION OF

Acceptance, Inclusion, & Respect

Visit us under the tent for the

2014 Alliance

Art Sale

*Thursday, Friday, Saturday
2:00 p.m. to 8:30 p.m.*



"Spring Blossom" by Stephanie Y.



"Arizona Desert" by Mary Jo D.

*Find more of our art at
Springer Cultural Center
and Cafe Kopi.*

CHAMPAIGN COUNTY

ALLIANCE

FOR THE PROMOTION OF

Acceptance, Inclusion, & Respect

visit the

8th Annual

**DISABILITY
RESOURCE
EXPO**

Saturday, October 18

*Fluid Event Center
Country Fair Drive*

13.B.

Disability Resource Expo: Reaching Out For Answers
Board Report
April, 2014

The Expo Steering Committee held it's first meeting on April 10, where they began to plan for the 8th annual Disability Resource Expo (DRE). Lorelea Liss with Family Service, and Benita Gay with Community Elements will be joining the Steering Committee for 2014. We will be exploring several additional new members this year. The Expo will be held on Saturday, October 18, 2014. Taking into consideration various aspects of the Expo, but foremost our need for additional space, the Steering Committee has determined the best site for the 2014 Expo would be the new Fluid Event Center in Champaign. Jeff Grant, co-owner of the Fluid Event Center, is in the process of drawing up a contract, which they will submit to us very soon.

Exhibitors – In keeping with our goal of stepping things up each year, Nancy Crawford, Barb Bressner and Jim Mayer are tentatively planning to attend the national Abilities Expo in Schaumburg, which will be held June 27-29. Our previous attendance at this Expo has brought some exciting new and innovative technology to the DRE, and we hope to have similar results this year.

Marketing/Sponsorship – The Marketing/Sponsorship Committee met on April 1. The 2013 Expo gave us the opportunity to refresh our promotional materials, and we plan on utilizing those revisions this year with very minor edits. We will ensure that the DRE website developed in 2013 will be noted on all promotional items for 2014. The committee determined that the promotion of the Expo through MTD ads was very effective last year, and would like to increase our exposure through the MTD for the 2014 Expo. They would also like to increase use of the window clings that were developed by C-U Banners, as they were a wonderfully visible and cost effective advertising medium. Barb B. will have a booth at the Autism Walk on April 26, where we will distribute Save-The-Date flyers. She will also have a booth at the Health Alliance sponsored Senior Health & Fitness Fair on May 28. Barb attended the WCIA Home & Garden Show on March 29 to assist in assembling a new sponsorship database for this year. Development of the 2014 Resource Book was discussed. It was recommended that we explore a potential outside source to assist in its development.

Volunteers – We will be looking at ways in which to utilize volunteers early on in our planning process, as well as during the event itself. Champaign County Court Services has already provided us with one volunteer who assisted Nancy C. and Barb B. in clean-up and organization of Expo materials at PNC in early April following some water/mold damage which occurred in our storage area there.

Entertainment – The Entertainment Committee has yet to meet this year.

Respectfully submitted

Barb Bressner, Consultant