



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 22, 2015

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

4:30 p.m.

1. Call to Order - Dr. Townsend, President
2. Roll Call
3. Citizen Input/Public Participation
4. Additions to the Agenda
5. CCDDDB Information (*Pages 3-6*)
*Draft minutes from the 3/18/15 are attached for
information only.*
6. Approval of CCMHB Minutes
 - A. 3/18/15 Board meeting* (*Pages 7-10*)
*Minutes are included in the packet. Action is
requested.*
7. President's Comments
8. Executive Director's Comments
9. Staff Reports
Deferred
10. Board to Board Reports

Deferred

11. Agency Information

12. Financial Information* (Pages 11-21)

A copy of the claims report is included in the packet.

13. New Business

A. Mr. Leon Evans Consultation (Page 22)

Introduction and informal discussion with Mr. Evans, President/CEO, The Center for Health Care Services. Mr. Evans is nationally recognized for the jail diversion model used in Bexar County Texas.

B. FY 2016 Application Program Summaries (Pages 23-223)

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.

C. CCMHB FY 2014 Annual Report* (Pages 224-245)

The FY14 Annual Report is included in the Board packet for review and approval. Action is requested.

14. Old Business

A. Systematic Evaluations for Funded Programs

An update will be provided at the Board meeting.

B. Alliance for the Promotion of Acceptance, Inclusion, and Respect

An oral report recapping this year's event will be made at the Board meeting.

C. Disability Resource Expo (Pages 246-247)

A report from Ms. Barbara Bressner is included in the packet.

15. Board Announcements

Deferred

16. Adjournment

**CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT
OF PERSONS WITH A DEVELOPMENTAL DISABILITY
(CCDDB)
BOARD MEETING**

Minutes – March 18, 2015

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

DRAFT

6:00 p.m.

MEMBERS PRESENT: Joyce Dill, Deb Ruesch, Sue Suter

MEMBERS EXCUSED: Phil Krein, Mike Smith

STAFF PRESENT: Peter Tracy, Lynn Canfield, Nancy Crawford, Mark Driscoll,
Stephanie Howard-Gallo

OTHERS PRESENT: Jennifer Knapp, Linda Tortorelli, Community Choices; Dale Morrissey, Danielle Matthews, Patty Walters, Felecia Gooler, Laura Bennett, Jennifer Carlson, Janice McAteer, Annette Becherer, Developmental Services Center (DSC); Gary Maxwell, Patti Petrie, Champaign County Board; Eric Trusner, PACE; Kathy Kessler, Community Elements (CE); Judi O'Connor, Deloris Henry, Aillinn Dannave, Anne Robin, Champaign County Mental Health Board; Darlene Kloeppel, Regional Planning Commission (RPC); Teresa O'Connor, C-U Autism Network; Sheila Krein, Parent; Cindy Creighton, Parent; Amanda Bohn, United Cerebral Palsy (UCP)

CALL TO ORDER:

Ms. Sue Suter called the meeting to order at 6:05 p.m.

ROLL CALL:

Roll call was taken and a quorum was present.

ADDITIONS TO AGENDA:

None.

CITIZEN INPUT:

Linda Tortorelli announced The Autism Project has been cut from the proposed State of Illinois budget, which would be devastating for the agency.

Sheila Krein from the County Transition Planning Committee and updated the Board on recent activities.

Gary Maxwell from the Champaign County Board urged collaborations between the agencies in the coming year.

CCMHB INPUT:

A copy of the 2/18/15 Board minutes was included in the Board packet for information only.

CCDDB/CCMHB Joint Study Session: The New Workforce Innovation and Opportunities Act (WIOA):

Darlene Kloepfel, Community Services Director at the Champaign County Regional Planning Commission presented on the Act. The Workforce Innovation and Opportunities Act replaces the Workforce Investment Act. The new law combines many current federal workforce education, economic development and employment assistance programs in an effort to connect job seekers to employers in needed business sectors through training and skill matching. The new law emphasizes mainstream employment for persons with disabilities and more resources focused on those with barriers to employment. WIOA encourages more on-the-job training and apprenticeships as good ways to gain needed skills for employment.

Following the presentation, Board members were given an opportunity to ask questions and discuss the presentation.

APPROVAL OF CCDDB MINUTES:

Minutes from the February 18, 2015 CCDDB meeting were included in the Board packet.

MOTION: Ms. Ruesch moved to approve the minutes from the February 18, 2015 CCDDB meeting. Ms. Dill seconded the motion. A voice vote was taken and the motion passed unanimously.

PRESIDENT'S COMMENTS:

None.

EXECUTIVE DIRECTOR'S REPORT:

Mr. Tracy reported he and Lynn Canfield attended the National Association of County Behavioral Health and Developmental Disabilities Director's (NACBHD) Conference in Washington D.C. and shared highlights of the conference with Board members.

STAFF REPORT:

Ms. Canfield's staff report was included in the Board packet for review. Mr. Tony Records is retiring as the Ligas Court Monitor.

AGENCY INFORMATION:

Felicia Gooler from Developmental Services Center (DSC) stated the proposed State of Illinois budget proposed a 23 million dollar cut to early intervention services. She distributed a document detailing specific information regarding the proposed cut.

Laura Bennett from Developmental Services Center (DSC) invited CCMHB members to a DSC Prompting Theatre movie event on April 21, 2015 at the Art Theatre.

FINANCIAL REPORT:

A copy of the claims report was included in the Board packet.

MOTION: Ms. Dill moved to accept the claims report as presented. Ms. Ruesch seconded the motion. A voice vote was taken and the motion passed unanimously.

NEW BUSINESS:

2016 Funding Applications:

A list of funding applications for the CCDDDB was included in the Board packet for information only.

Requests for Consideration of Late Submissions for FY16 Funding:

A Decision Memorandum was included in the Board packet. Late applications were received from The Autism Society (TAS), and United Cerebral Palsy (UCP) Land of Lincoln. These providers missed the original deadline.

MOTION: Ms. Ruesch moved to approve acceptance of applications received from The Autism Society and United Cerebral Palsy for consideration of FY16 funding. In addition, applicants shall be

notified that this does not represent a change in policy and future requests of this kind will not be accepted. Ms. Dill seconded the motion. Extensive discussion followed. A roll call vote was taken. The following members voted aye: Ruesch and Suter. The following member voted nay: Dill. The motion passed.

Integration Transition Successes:

Ms. Jennifer Knapp from Community Choices (CC) reported a woman living in temporary housing is moving into an apartment and receiving some services at Developmental Services Center (DSC). Another client has received a job at a consignment shop that he really wanted.

Jennifer Carlson from Developmental Services Center (DSC) reported on the progress made on the home in Mahomet that was recently purchased.

Annette Becherer from Developmental Services Center (DSC) reported on a man who just was employed by Caterpillar Logistics.

OLD BUSINESS:

Alliance for the Promotion of Acceptance, Inclusion and Respect:

A verbal report by Ms. Canfield was provided at the meeting.

disAbility Resource Expo:

A written report from Ms. Barb Bressner was included in the Board packet. The event will be held at the Fluid Event Center in Champaign on October 17, 2015.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 7:20 p.m.
Respectfully Submitted by: Stephanie Howard-Gallo

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

DRAFT



**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
BOARD MEETING**

Minutes—March 18, 2015

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

DRAFT

4:30 p.m.

MEMBERS PRESENT: Astrid Berkson, Aillinn Dannave, Deloris Henry, Judi O'Connor, Julian Rappaport, Anne Robin, Deborah Townsend

MEMBERS EXCUSED: Susan Fowler, Thom Moore

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

OTHERS PRESENT: Jennifer Knapp, Linda Tortorelli, Community Choices; Sheila Ferguson, Community Elements (CE); Dale Morrissey, Patty Walters, Danielle Matthews, Janice McAteer, Jennifer Carlson, Annette Becherer, Laura Bennett, Developmental Services Center (DSC); Gary Maxwell, Patti Petrie, Champaign County Board; Darlene Kloeppe, Regional Planning Commission (RPC); Beth Chato, League of Women Voters (LWV); Julie Sweeny, Urbana Adult Education; Deb Ruesch, Sue Suter, Champaign County Developmental Disabilities Board (CCDDB); Andy Kulczycki, Community Services Center of Northern Champaign County (CSCNCC); Colan Holmes, Bobbi Trist, Citizens; Bruce Suardini, Prairie Center Health Systems (PCHS)

CALL TO ORDER:

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

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

Mr. Colan Holmes spoke regarding the CCMHB goals and objectives and serving people with mental health issues so it reduces recidivism in jails.

Ms. Bobbi Trist spoke regarding jail issues and treating the mentally ill.

ADDITIONS TO AGENDA:

None.

CCDDB INFORMATION:

Draft minutes from the 2/18/15 CCDDB meeting were included in the packet for information only.

APPROVAL OF MINUTES:

Minutes from the 2/18/15 Board meeting were included in the Board packet for approval.

MOTION: Ms. Dannave moved to approve the minutes from 2/18/15 as presented in the packet. Ms. Berkson seconded the motion. A voice vote was taken and the motion passed.

PRESIDENT'S COMMENTS:

Dr. Townsend commended Community Elements (CE) for returning unused funds to the CCMHB due to a reconciliation process. Liaison assignments were reviewed.

EXECUTIVE DIRECTOR'S COMMENTS:

Mr. Tracy reported that mental health and the criminal justice system is a huge concern for the CCMHB. A consultant from Texas will be coming to C-U in April for a series of meetings with the community and providers.

STAFF REPORTS:

Staff reports from Mr. Driscoll, Ms. Canfield, and Mr. Parsons and the ACCESS Initiative were included in the Board packet.

Dr. Rappaport asked Mr. Driscoll for details on the reconciliation process with Community Elements (CE). Ms. Canfield gave a verbal report on the Association of Community Mental Health Authorities of Illinois (ACMHAI) Quarterly meeting.

Mr. Parsons spoke regarding the rise in violence in our community and his involvement in community meetings regarding this serious issue. Summer youth employment and recreational

activity programs were discussed. Dr. Rappaport stated he was proud the CCMHB supported the work of the ACCESS Initiative.

BOARD TO BOARD:

Dr. Deloris Henry attended the Promise Healthcare Board meeting and Open House. Dr. Anne Robin commented that she was glad to see dental services being offered at Promise.

Ms. Judi O'Connor attended the Community Choices Membership meeting.

Dr. Anne Robin met with Dale Morrissey and Patty Walters of Developmental Services Center (DSC).

Dr. Julian Rappaport attended several Crisis Intervention Team Steering Committee (CITSC) meetings along with Lynn Canfield and Mark Driscoll.

AGENCY INFORMATION:

Sheila Ferguson from Community Elements (CE) reported on a recent collaborative effort with Frances Nelson (FNHC).

Laura Bennett from Developmental Services Center (DSC) invited CCMHB members to a DSC Prompting Theatre movie event on April 21, 2015 at the Art Theatre.

Bruce Suardini from Prairie Center Health Systems (PCHS) announced a new medication assistance program with Drug Court will begin April 6, 2015. He also announced that the proposed cuts by the State of Illinois will cut their agency by \$400,000.

FINANCIAL INFORMATION:

A copy of the claims report was included in the Board packet.

MOTION: Dr. Henry moved to accept the claims as presented. Ms. Berkson seconded the motion. A voice vote was taken and the motion passed unanimously.

NEW BUSINESS:

Systematic Evaluations for Funded Programs:

Dr. Julian Rappaport met with staff and a process has started regarding systematic evaluation for funded programs. A proposal will be forthcoming.

Multi-Year Funding:

Mr. Tracy stated it would be the decision of Board members to grant multi-year funding for particular agencies at the May meeting when funding decisions will be made.

Consideration of Late Applications for FY16 Funding:

A Decision Memorandum was included in the Board packet. Late applications were received from Don Moyer Boys and Girls Club (DMBGC), The Autism Society (TAS), and United Cerebral Palsy (UCP) Land of Lincoln. These providers missed the original deadline.

MOTION: Dr. Henry moved to approve acceptance of applications received from Don Moyer Boys and Girls Club, The Autism Society and United Cerebral Palsy for consideration of FY16 funding. In addition applicants shall be notified that this does not represent a change in policy and future requests of this kind will not be accepted. Ms. Berkson seconded the motion. Extensive discussion followed. A roll call vote was taken. The following members voted aye: Henry, Rappaport, Robin and Townsend. The following members voted nay: Berkson, Dannave, O'Connor. The motion passed.

Correspondence on CCRPC Youth Assessment Center:

A copy of a letter sent to Dr. Patsi Petrie, County Board Chair was included in the Board packet for information only.

OLD BUSINESS:

Alliance for the Promotion of Acceptance, Inclusion and Respect:

Ms. Canfield provided a verbal report on activities.

disAbility Resource Expo:

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

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 5:50 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

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

DRAFT

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

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VENDOR NO	VENDOR NAME	TRN B TR DTE 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										
41	CHAMPAIGN COUNTY TREASURER						HEALTH INSUR FND 620			
		3/30/15 02 VR 620-	33		521990	3/31/15	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	MAR HI, LI, &HRA	3,245.00
		3/30/15 01 VR 620-	34		521991	3/31/15	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	JAN-MAR FSA&HRA ADM	73.50
									VENDOR TOTAL	3,318.50 *
104	CHAMPAIGN COUNTY TREASURER						HEAD START FUND 104			
		4/06/15 01 VR 53-	113		522427	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR SOC/EMOT SVCS	3,419.00
									VENDOR TOTAL	3,419.00 *
161	CHAMPAIGN COUNTY TREASURER						REG PLAN COMM FND075			
		4/06/15 01 VR 53-	112		522430	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR YOUTH ASSMNT CT	2,167.00
									VENDOR TOTAL	2,167.00 *
176	CHAMPAIGN COUNTY TREASURER						SELF-FUND INS FND476			
		3/11/15 01 VR 119-	15		521347	3/12/15	090-053-513.04-00	WORKERS' COMPENSATION	INSWORK COMP 2/6,20 P/	165.46
									VENDOR TOTAL	165.46 *
179	CHAMPAIGN COUNTY TREASURER						CHLD ADVC CTR FND679			
		4/06/15 01 VR 53-	111		522433	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR CAC	3,090.00
									VENDOR TOTAL	3,090.00 *
5780	BP COMPUTER SERVICES									
		4/06/15 01 VR 53-	122		522449	4/09/15	090-053-533.07-00	PROFESSIONAL SERVICES	2ND QTR CONSULT FEE	750.00
									VENDOR TOTAL	750.00 *
17128	CLASSIC EVENTS									
		4/06/15 01 VR 53-	99		522475	4/09/15	090-053-533.95-00	CONFERENCES & TRAINING	INV 2014701 3/18	207.00
									VENDOR TOTAL	207.00 *
18052	COMCAST CABLE - MENTAL HEALTH ACCT									
		3/19/15 01 VR 53-	95		521654	3/20/15	090-053-533.29-00	COMPUTER/INF TCH SERVICES	8771403010088314 3/	84.90



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***	FUND NO. 090	MENTAL HEALTH									
3/19/15	01 VR	53-	95	521654	3/20/15	090-053-534.37-00	FINANCE CHARGES, BANK FEES	8771403010088314 3/			9.50
									VENDOR TOTAL		94.40 *
18203	COMMUNITY CHOICE, INC						SUITE 206				
3/09/15	02 VR	53-	92	521371	3/12/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS		FEB COMMUNITY LIVIN		4,477.00
4/06/15	01 VR	53-	105	522479	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS		APR CUSTOM EMPLOY		4,167.00
4/06/15	01 VR	53-	105	522479	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS		APR SELF DETERMINAT		3,750.00
									VENDOR TOTAL		12,394.00 *
18209	COMMUNITY ELEMENTS										
4/06/15	01 VR	53-	100	522480	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS		FEB TIMES CENTER		5,162.50
4/06/15	01 VR	53-	103	522480	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS		APR CJ & PROB SOLV		13,292.00
4/06/15	01 VR	53-	103	522480	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS		APR CRISIS/ACCESS		19,139.00
4/06/15	01 VR	53-	103	522480	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS		APR INTEGRATED BH		10,400.00
4/06/15	01 VR	53-	103	522480	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS		APR PSYCH/PRIM		3,333.00
4/06/15	01 VR	53-	103	522480	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS		APR EARLY C'HOOD		8,333.00
4/06/15	01 VR	53-	103	522480	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS		APR PLL FRONT END		24,325.00
									VENDOR TOTAL		83,984.50 *
18230	COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY										
4/06/15	01 VR	53-	106	522481	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS		APR RESOURCE CONNEC		5,441.00
									VENDOR TOTAL		5,441.00 *
19260	COURAGE CONNECTION										
4/06/15	01 VR	53-	104	522485	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS		APR AWP		5,579.00
									VENDOR TOTAL		5,579.00 *
19346	CRISIS NURSERY										
4/06/15	01 VR	53-	114	522486	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS		APR BEYOND BLUE		5,833.00
									VENDOR TOTAL		5,833.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC										
3/24/15	01 VR	53-	98	522060	3/31/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS		MAR INT SVCS BAL		3,000.00

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CHAMPAIGN COUNTY

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***	FUND NO. 090	MENTAL HEALTH										
22730	DON MOYER BOYS & GIRLS CLUB	4/06/15	01	VR	53- 115		522494	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR INTEGRATED SVCS VENDOR TOTAL	29,693.00 32,693.00 *
		4/06/15	01	VR	53- 116		522496	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR COMMUNITY HOME	11,250.00
		4/06/15	01	VR	53- 116		522496	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR ENGAGE/SOC MRKT	5,417.00
		4/06/15	01	VR	53- 116		522496	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR TRAUMA TRAINING VENDOR TOTAL	2,500.00 19,167.00 *
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR	4/06/15	01	VR	53- 117		522501	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR FAMILY SUPPORT VENDOR TOTAL	1,083.00 1,083.00 *
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY	4/06/15	01	VR	53- 107		522508	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR SELF HELP	2,411.00
		4/06/15	01	VR	53- 107		522508	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR SENIOR COUNSEL VENDOR TOTAL	11,861.00 14,272.00 *
44570	MAHOMET AREA YOUTH CLUB	4/06/15	01	VR	53- 118		522559	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR UNIV SCREENING	1,250.00
		4/06/15	01	VR	53- 118		522559	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR BLAST VENDOR TOTAL	1,250.00 2,500.00 *
47690	MINUTEMAN PRESS	4/06/15	01	VR	53- 102		522569	4/09/15	090-053-533.89-00	PUBLIC RELATIONS	INV 36172 4/1 VENDOR TOTAL	749.00 749.00 *
56750	PRAIRIE CENTER HEALTH SYSTEMS	4/06/15	01	VR	53- 108		522588	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR SPECIALTY COURT	15,619.00
		4/06/15	01	VR	53- 108		522588	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR CJ SUB TREATMEN	833.00
		4/06/15	01	VR	53- 108		522588	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR PREVENTION	4,712.00
		4/06/15	01	VR	53- 108		522588	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR PLL EXTEND CARE	24,325.00

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***	FUND NO. 090	MENTAL HEALTH								
4/06/15	01 VR	53- 108	522588	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS		APR YOUTH SVCS		8,750.00
								VENDOR TOTAL		54,239.00 *
57196	PROMISE HEALTHCARE									
4/06/15	01 VR	53- 109	522594	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS		APR WELLNESS/JUSTIC		1,666.00
4/06/15	01 VR	53- 109	522594	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS		APR MH SVCS		13,750.00
								VENDOR TOTAL		15,416.00 *
59434	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS									
4/06/15	01 VR	53- 110	522599	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS		APR RAPE/ADVC/COUNS		1,550.00
								VENDOR TOTAL		1,550.00 *
62674	SAVANNAH FAMILY INSTITUTE, INC.									
4/06/15	01 VR	53- 124	522608	4/09/15	090-053-533.07-00	PROFESSIONAL SERVICES		4TH QTR CONSULT FEE		37,500.00
								VENDOR TOTAL		37,500.00 *
67867	SPOC LLC									
3/18/15	07 VR	28- 53	521757	3/20/15	090-053-533.33-00	TELEPHONE SERVICE		INV 1110696 3/11		29.84
								VENDOR TOTAL		29.84 *
76609	UNITED WAY OF CHAMPAIGN COUNTY									
4/06/15	01 VR	53- 125	522631	4/09/15	090-053-533.07-00	PROFESSIONAL SERVICES		4TH QTR 211 PATH SV		3,532.50
								VENDOR TOTAL		3,532.50 *
76921	UNIVERSITY OF ILLINOIS -PSYCHOLOGICAL SERVICES									
4/06/15	01 VR	53- 121	522634	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS		APR GIRLS ADVOCACY		2,083.00
								VENDOR TOTAL		2,083.00 *
78120	URBANA NEIGHBORHOOD CONNECTION CENTER									
4/06/15	01 VR	53- 120	522638	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS		APR COM STUDY CENTE		833.00
								VENDOR TOTAL		833.00 *

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78552	VERIZON WIRELESS-MNTL HLTH	01	VR	53- 101		522645	4/09/15	090-053-533.33-00	TELEPHONE SERVICE	38635688700001 3/20	147.60
										VENDOR TOTAL	147.60 *
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH	01	VR	53- 97		521792	3/20/15	090-053-522.44-00	EQUIPMENT LESS THAN \$50003930	3930 STAPLES 2/20	146.19-
										3930 STAPLES 2/11	24.32
										3930 STAPLES 2/12	185.96
										3930 PAYPAL 2/24	67.50
										3930 AMAZON 2/24	6.57
										3930 COSMO CLUB 2/2	580.53
										3930 AMAZON 2/26	7.80
										3930 AMAZON 2/27	149.91
										3930 STONE CRK 3/5	19.62
										3930 EMBASSY 2/22	820.97
										3930 EMBASSY 2/25	189.16
										VENDOR TOTAL	1,906.15 *
81610	XEROX CORPORATION	01	VR	53- 96		522214	3/31/15	090-053-533.85-00	PHOTOCOPY SERVICES	INV 135153726 3/5	292.69
										VENDOR TOTAL	292.69 *
82500	YOUTH AND FAMILY PEER SUPPORT ALLIANCE	01	VR	53- 119		522665	4/09/15	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR FAM ENGAGEMENT	11,250.00
										APR UNIV SCREENING	2,317.00
										APR YOUTH MOVE	5,577.00
										VENDOR TOTAL	19,144.00 *
602880	BRESSNER, BARBARA J.	01	VR	53- 123		522673	4/09/15	090-053-533.07-00	PROFESSIONAL SERVICES	APR PROFESSIONAL FE	1,969.00
										VENDOR TOTAL	1,969.00 *

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VENDOR NO	VENDOR NAME	TRN B	TR	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH											
611802	DRISCOLL, MARK							MENTAL HEALTH			
	3/09/15	02	VR	53- 90		521469	3/12/15	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	127.5 MILE 1/5-2/20	73.31
	3/09/15	02	VR	53- 90		521469	3/12/15	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARKING 2/20	.75
										VENDOR TOTAL	74.06 *
619548	HOWARD-GALLO, STEPHANIE							MENTAL HEALTH BD			
	3/09/15	02	VR	53- 91		521481	3/12/15	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	63 MILE 1/5-2/18	36.23
										VENDOR TOTAL	36.23 *
644010	TRACY, PETER							MENTAL HEALTH BOARD			
	3/18/15	01	VR	53- 93		521867	3/20/15	090-053-533.84-00	BUSINESS MEALS/EXPENSES	OPH MTG 1/16	33.56
	3/18/15	01	VR	53- 93		521867	3/20/15	090-053-533.95-00	CONFERENCES & TRAINING	1380 MILE 2/22-25	793.50
	3/18/15	01	VR	53- 93		521867	3/20/15	090-053-533.95-00	CONFERENCES & TRAINING	MEAL 2/22-25 WASH D	144.00
										VENDOR TOTAL	971.06 *
									MENTAL HEALTH BOARD	DEPARTMENT TOTAL	336,630.99 *
*** DEPT NO. 054 CILA PROJECT											
609520	CREIGHTON, FRANK										
	4/06/15	01	VR	54- 5		522686	4/09/15	090-054-522.44-00	EQUIPMENT LESS THAN \$5000	REIM FURNITURE 3/14	2,813.12
										VENDOR TOTAL	2,813.12 *
									CILA PROJECT	DEPARTMENT TOTAL	2,813.12 *
									MENTAL HEALTH	FUND TOTAL	339,444.11 *

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VENDOR NO	VENDOR NAME	TRN B TR	TRNS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 106 PUBL SAFETY SALES TAX FND										
*** DEPT NO. 237 DELINQ PREVENTION GRANTS										
161	CHAMPAIGN COUNTY TREASURER				522430	4/09/15	106-237-533.92-00	CONTRIBUTIONS & GRANTS	APR YOUTH ACCSS CNT	20,051.00
									VENDOR TOTAL	20,051.00 *
									DEPARTMENT TOTAL	20,051.00 *
									FUND TOTAL	20,051.00 *

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VENDOR NO	VENDOR NAME	TRN B TR DTE N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 641 ACCESS INITIATIVE GRANT										
*** DEPT NO. 053 MENTAL HEALTH BOARD										
16	CHAMPAIGN COUNTY TREASURER						GENERAL CORP FND 080			
		3/30/15 70 VR 641-	20		521988	3/31/15	641-053-533.01-00	AUDIT & ACCOUNTING SERVC SFY14	AUDITOR SERV	1,570.23
		3/30/15 70 VR 641-	20		521988	3/31/15	641-053-533.01-00	AUDIT & ACCOUNTING SERVC SFY14	HLTH/LIFE 020	147.10
									VENDOR TOTAL	1,717.33 *
41	CHAMPAIGN COUNTY TREASURER						HEALTH INSUR FND 620			
		3/30/15 01 VR 620-	34		521990	3/31/15	641-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	JAN-MAR FSA&HRA ADM	14.70
		3/30/15 02 VR 620-	33		521990	3/31/15	641-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	MAR HI, LI, &HRA	619.00
									VENDOR TOTAL	633.70 *
76	CHAMPAIGN COUNTY TREASURER						TORT IMMUNITY FND076			
		3/30/15 70 VR 641-	20		521993	3/31/15	641-053-533.01-00	AUDIT & ACCOUNTING SERVC SFY14	WK COMP 020	7.60
		3/30/15 70 VR 641-	20		521993	3/31/15	641-053-533.01-00	AUDIT & ACCOUNTING SERVC SFY14	UNEMP 020	19.63
									VENDOR TOTAL	27.23 *
88	CHAMPAIGN COUNTY TREASURER						I. M. R. F. FUND 088			
		3/30/15 70 VR 641-	20		521994	3/31/15	641-053-533.01-00	AUDIT & ACCOUNTING SERVC SFY14	IMRF 020	136.95
									VENDOR TOTAL	136.95 *
90	CHAMPAIGN COUNTY TREASURER						MENT HLTH BD FND 090			
		4/06/15 01 VR 641-	24		522425	4/09/15	641-053-533.89-00	PUBLIC RELATIONS	EBERTFEST SPONSOR	500.00
									VENDOR TOTAL	500.00 *
176	CHAMPAIGN COUNTY TREASURER						SELF-FUND INS FND476			
		3/11/15 01 VR 119-	15		521347	3/12/15	641-053-513.04-00	WORKERS' COMPENSATION	INSWORK COMP 2/6,20 P/	45.41
									VENDOR TOTAL	45.41 *
188	CHAMPAIGN COUNTY TREASURER						SOCIAL SECUR FUND188			
		3/30/15 70 VR 641-	20		521999	3/31/15	641-053-533.01-00	AUDIT & ACCOUNTING SERVC SFY14	FICA 020	105.64
									VENDOR TOTAL	105.64 *

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VENDOR NO	VENDOR NAME	TRN B TR DTE N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
572	ABSOPURE WATER	3/24/15 01 VR 641-	19		522005	3/31/15	641-053-522.02-00	OFFICE SUPPLIES	INV 83516905 2/18	13.45
		3/24/15 01 VR 641-	19		522005	3/31/15	641-053-533.51-00	EQUIPMENT RENTALS	INV 54993951 1/31	9.00
		3/24/15 01 VR 641-	19		522005	3/31/15	641-053-533.51-00	EQUIPMENT RENTALS	INV 55036491 2/28	9.00
									VENDOR TOTAL	31.45 *
18053	COMCAST CABLE - ACCESS INITIATIVE ACCT	3/11/15 03 VR 641-	17		521370	3/12/15	641-053-533.29-00	COMPUTER/INF TCH SERVICES	8771403010217756 MA	102.85
									VENDOR TOTAL	102.85 *
22730	DON MOYER BOYS & GIRLS CLUB	4/06/15 01 VR 641-	25		522496	4/09/15	641-053-533.92-00	CONTRIBUTIONS & GRANTS	APR SVCS/ADMIN TEAM	13,333.00
		4/06/15 01 VR 641-	25		522496	4/09/15	641-053-533.92-00	CONTRIBUTIONS & GRANTS	APR SVCS/SUPP STAFF	18,088.00
		4/06/15 01 VR 641-	25		522496	4/09/15	641-053-533.92-00	CONTRIBUTIONS & GRANTS	APR COORD COUNCIL	1,250.00
									VENDOR TOTAL	32,671.00 *
56750	PRAIRIE CENTER HEALTH SYSTEMS	4/06/15 01 VR 641-	26		522588	4/09/15	641-053-533.92-00	CONTRIBUTIONS & GRANTS	APR CUL/LING COMPT	6,912.00
									VENDOR TOTAL	6,912.00 *
67867	SPOC LLC	3/18/15 07 VR 28-	53		521757	3/20/15	641-053-533.33-00	TELEPHONE SERVICE	INV 1110696 3/11	27.45
									VENDOR TOTAL	27.45 *
78552	VERIZON WIRELESS-MNTL HLTH BD/ACCESS INT	3/19/15 01 VR 641-	22		521776	3/20/15	641-053-533.33-00	TELEPHONE SERVICE	28636916600001 3/2	153.23
									VENDOR TOTAL	153.23 *
78892	VISA CARDMEMBER SERVICES-ACCESS INITIATIVE	3/19/15 01 VR 641-	23		521794	3/20/15	641-053-533.95-00	CONFERENCES & TRAINING	4342 DELTA AIR 3/4	433.70
		3/19/15 01 VR 641-	23		521794	3/20/15	641-053-533.95-00	CONFERENCES & TRAINING	4342 USF CHILD 3/4	495.00
		3/19/15 01 VR 641-	23		521794	3/20/15	641-053-533.84-00	BUSINESS MEALS/EXPENSES	4342 HOULIHANS 2/19	48.06

*** FUND NO. 641 ACCESS INITIATIVE GRANT

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VENDOR NO	VENDOR TRN B TR DTE N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 641 ACCESS INITIATIVE GRANT									
	3/19/15 01 VR 641-	23	521794	3/20/15	641-053-533.84-00	BUSINESS MEALS/EXPENSES	4342 SEVEN SAINT 3/ VENDOR TOTAL		25.35 1,002.11 *
81610	XEROX CORPORATION								
	3/18/15 01 VR 641-	18	521808	3/20/15	641-053-533.85-00	PHOTOCOPIY SERVICES	INV 078408907 3/1 VENDOR TOTAL		790.19 790.19 *
82500	YOUTH AND FAMILY PEER SUPPORT ALLIANCE								
	4/06/15 01 VR 641-	27	522665	4/09/15	641-053-533.92-00	CONTRIBUTIONS & GRANTS	APR YOUTH MOVE VENDOR TOTAL		2,083.00 2,083.00 *
635152	PARSONS, TRACY								
	3/24/15 01 VR 641-	21	522280	3/31/15	641-053-533.12-00	JOB-REQUIRED TRAVEL EXP	363 MILE 1/6-2/25 VENDOR TOTAL		208.73 208.73 *
							MENTAL HEALTH BOARD	DEPARTMENT TOTAL	47,148.27 *
							ACCESS INITIATIVE GRANT	FUND TOTAL	47,148.27 *

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VENDOR NO	VENDOR NAME	TRN B TR DTE N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 685 SPECIALTY COURTS FUND										
*** DEPT NO. 031 CIRCUIT COURT										
622329	JACKSON, TOMMY	4/07/15 03 VR 685-	5		522707	4/09/15	685-031-533.53-00	SPECIALTY COURTS EXPENSES	MTD BUS PASS 4/6	72.00
									VENDOR TOTAL	72.00 *
637400	REYNOLDS, DAVID	4/07/15 03 VR 685-	4		522739	4/09/15	685-031-533.53-00	SPECIALTY COURTS EXPENSES	MTD BUS PASS 3/23	36.00
									VENDOR TOTAL	36.00 *
									CIRCUIT COURT	DEPARTMENT TOTAL
									SPECIALTY COURTS FUND	FUND TOTAL
										108.00 *
										108.00 *

(2)

REPORT TOTAL ***** 672,403.33 *

CEO Message

For the past thirty eight years, Leon Evans has worked tirelessly to improve the lives of people with mental illness. As President and Chief Executive Officer at The Center for Health Care Services, Evans has developed an innovative and highly integrated system of care for people in the San Antonio community who struggle with mental health disorders. Utilizing strong community partnerships and diverse funding sources, Leon's programs have created an effective public safety net that keep people with mental illness out of emergency rooms, jails and prisons and link them to treatment programs that help them lead independent, productive lives.

As President/CEO, Evans has developed a number of nationally recognized initiatives including the Bexar County Jail Diversion Program; the 24/7 Crisis Care Center; Crisis Intervention Training for public safety officers; and The Restoration Center, an integrated clinic providing psychiatric care, substance abuse services, transitional housing and general health care services for the homeless population. Each year, these programs save thousands of lives and result in millions of dollars of cost savings for the community.

Under Evans' leadership, The Center for Health Care Services has received many awards, including The Center for Medicaid and Medicare (CMS) Innovation Award for the integration of health care within behavioral health services, the American Psychiatric Association's Gold Award for Community Program Innovation and the National Council for Community Behavioral Healthcare's Service Excellence Award.

Evans has served in numerous leadership roles at the local, state and national level, including:

- Texas Council Executive Directors Consortium, Member
- Texas Strategic Health Partnership on Mental Health and Substance Abuse, Steering Committee
- NAMI Texas, Board of Directors
- The Foundation for American Healthcare Leadership
- The National Association of Counties Justice and Public Safety, Steering Committee
- The Youth Aging Out of Foster Care Task Force
- Friends of SAMHSA, Board Member
- National Association of County Behavioral Health and Developmental Disability Directors (NACBHDDD), Past President
- The National Association of Counties Veterans/Military Task Force, Member
- Bexar County Community Justice Task Force, Member

Evans maintains a rigorous travel schedule across the country advocating for improved treatment services for people suffering from mental illness. His contributions continue to transform lives and significantly benefit the community.



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

BRIEFING MEMORANDUM

DATE: April 22, 2015
MEMO TO: Members, Champaign County Mental Health Board
FROM: Peter Tracy
SUBJECT: Program Summaries – FY16 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 FY16 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.

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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

DMHARS – Division of Mental Health and Addiction Recovery Services. This is the new division at the Department of Human Services that brings together the Division of Alcohol and Substance Abuse and the Division of Mental Health.

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

LGTBQ – Lesbian, Gay, Bi-Sexual, Transgender, Queer

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 – Qualified 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.

WHODAS – World Health Organization Disability Assessment Schedule. It is a generic assessment instrument for health and disability and can be used across all diseases, including mental and addictive disorders. The instrument covers 6 domains: Cognition, Mobility; Self-care; Getting along; Life activities; and Participation. Replaces the Global Assessment of Functioning in the DSM-V.

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

Courage Connection – agency previously known as The Center for Women in Transition

CYFS – Center for Youth and Family Solutions (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.

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DRAFT CCMHB PROGRAM SUMMARY 2016

Agency: The Autism Society of Illinois

Program Name: CU Autism Network

Contract Format Requested: Grant

Funding Requested: \$10,000

Target Population: Individuals with Autism Spectrum Disorders (ASD), their family, and other supports as well as professionals and students from the local colleges.

Staff Assessment: The application indicates they reach out to new families and people in rural areas, as well as those from culturally diverse backgrounds.

Service Description/Type: Community resource information, support through meetings, email and phone consults, email, listserv, facebook, networking and education. CUAN holds 8 regular meetings throughout the year. Free activities for children are offered, as well as free “childwatch” for smaller children. Three free family events are hosted each year such as golf, pizza parties and bowling.

Alignment with ID/DD Priorities, Through the “Lens of Integration.” Does the application:

- Focus on a person’s control of his/her day and life? *No.*
- Support a person building connections to the broader community? *Yes.*
- Support a person participating in community settings of their choice and in ways they desire? *N/A*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *Yes.*
- Systematically identify and mobilize a person’s capabilities and create access to community associations, workplaces, and learning spaces? *N/A*
- Incorporate Employment First principles? *N/A*
- Acknowledge support and encouragement of self-advocacy? *Yes.*
- Address cultural competence and outreach to underserved populations? *Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support?

The application addresses family and other support networks.

Program Performance Measures:

Consumer Access:

Meetings are free and free childcare is provided. Local doctors and social workers are provided with New Parent Informational packets for people, parents, or families of someone newly diagnosed with ASD.

Staff Assessment: a quantifiable measure of access (perhaps related to timing or distribution of notice of meetings) does not appear to be included.

Consumer Outcomes:

12 Community Service Events; 50 Regular Treatment Plan clients; and 1775 Non-Treatment Plan Clients; 100 New Parent Packets; an annual Walk in April; increasing access to information in Spanish.

Staff Assessment: TPC and NTPC measures are repeated as utilization targets (as they should be, along with a CSE target), although there is a mismatch among submitted forms (see below). Other measures – new parent packets, annual walk, Spanish language information – fit here.

Utilization/Production Data: FY16 proposed targets: Community Service Events (CSEs) will no longer be a tally of headcounts (board recommendation last year, due to the challenges of arriving at totals and collecting demographic/zip code data) but now a count of events, targeting 12; a target of 2095 Non-Treatment Plan Clients (2000 continuing and 95 new) and a target of 110 total Treatment Plan Clients (85 continuing and 25 new) listed on Part Two form do not match Part One narrative detail, with 1775 Non-TPCs (people who attend fewer than 6 events/other contacts) and 50 TPCs (people who attend 6 or more events).

At mid-year FY15: CSEs, tally of head counts at events, are at 842, against target 1200 (with large annual event to be staged in fourth quarter); TPCs, individuals attending regular meetings, are at 49 against the target 95, and there are 19 new Non-TPCs (individuals who are not members).

FY14: CSEs totaled 1443 against target of 1200; 11 TPCs participated regularly (no target).

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$10,000
PY16 Total Program Expenses: \$10,285 in CCDDDB/CCMHB expense column and \$20,858 in total program column.

Program Staff – CCDDDB/CCMHB Funds: 0 FTE 0 FTE
Total Program Staff: 0 FTE 0 FTE

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?
N/A

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? *Yes.*

Staff Assessment: expense form shows a larger total program budget than revenue form, with deficit of \$10,858 and CCDDDB/CCMHB portion of deficit = \$285.

Budget Narrative: CCDDDB/CCMHB request is the sole source of **revenue** for this program. No staff costs are assigned to the contract. **Expense** form assigns 45% of this revenue to conferences/staff development, 27% to general operating, 16% to professional fees/consultants, 10% to consumables, and 4.8% to local transportation. **Budget narrative** describes this request as for \$12,000 and notes revenue from special events/fundraising, explains each expense item in good

detail, but some subcategories do not total the line item amounts, and line items are not equal to CCDDDB column, though some are equal to those in the total program column; confirms that no personnel costs are charged to this contract; additional comments on increasing incidence of autism spectrum disorders, 4-5 times higher in boys, and high divorce rate of parents.

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

Audit Requirement Waived X

Staff Assessment: Total agency budget for FY16 is projected at \$460,500, so that the State of Illinois will require an audit report; waiver of audit requirement in this case is associated with parent support network status.

Contracting Considerations: If this application is approved by the CCDDDB or CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. Revised and resubmitted financial forms.
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 guarantee that all persons served under the contract are informed of the role of the regional PAS/ISC agency and PUNS enrollment.

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 2016

Agency: CTF Illinois

Program Name: Nursing Services

Contract Format Requested: Grant

Funding Requested: \$8,580

Target Population: seven adults who live in agency's Champaign County group home, have developmental disabilities, who have assessed need for services to maintain independence, and who have need for nursing services under Illinois Department of Human Services (DHS) Rules 115 and 116. Some have more intensive nursing services and observation (medical issues related to aging, e.g.)

Staff Assessment: state funding is noted; potential risk for supplementation of Medicaid.

Service Description/Type: Coordination of medical nursing care, medication training of staff, quality assurance of all medical concerns, input into medical forms and policies, formal monthly site visits by Registered Nurse, monthly medication checks and review of Physician Order Sheets, annual Physical Status Review nursing packets, quarterly medication assessments for those on psychotropic medications, annual physical assessments, tardive dyskinesia screenings, quality assurance on medication errors, annual recertification of med administration for all staff, on call 24/7 for emergencies, informing and participating in team meetings to develop residents' programming and goals.

Staff Assessment: medical support activities identified in Rules 115 and 116, additional support needs as assessed by medical providers; includes detail on state reimbursement for services (\$847 per year for all residents combined), comparison with actual costs.

Alignment with ID/DD Priorities, Through the "Lens of Integration." Does the application:

- Focus on a person's control of his/her day and life? *No.*
- Support a person building connections to the broader community? *Yes, with respect to residence.*
- Support a person participating in community settings of their choice and in ways they desire? *Yes, with respect to maintaining independent living while managing health concerns.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *No.*
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? *Indirectly.*
- Incorporate Employment First principles? *No.*
- Acknowledge support and encouragement of self-advocacy? *No.*
- Address cultural competence and outreach to underserved populations? *Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *No.*

Program Performance Measures:

Consumer Access: 24 hours a day, 7 days a week for all residents of the Champaign County home, with 8 hours per week service in the house.

Staff Assessment: a quantifiable measure of access to these supportive services, mandated with residence, does not appear to be included. On-call is presumed to include reasonably fast response, perhaps measurable.

Consumer Outcomes: residents (and guardians, when applicable) offer feedback on the services during house meetings, satisfaction surveys, and annual planning meetings; needs assessed annually include knowledge of medication and self-administration, which inform new individual goals; programs surveyed annual by Illinois Department of Human Services (2014 result = 98%). Two measures are identified for FY16: 10% decrease in medication errors; individual progress in self-medication skills in 10 of 12 months (documented in monthly QIDP summary notes).

Staff Assessment: quantifiable measures relate to the independence and health of people served.

Utilization/Production Data: *Targets for FY16: 7 Continuing Treatment Plan Clients; 20-25 nursing Service Contacts per month are described in Program Narrative, Part One but not targeted in Part Two form.*

Mid-year FY15: 81 actual hours of SC reported (no target); 7 TPCs actual and target.

FY14: FFS contract, with 335 hours of service for the year, at \$33/hr; applicant report underutilization at mid-year and requested decreased contract maximum. Billings were supported by attendance sheets and nursing notes in residents' clinical files.

Staff Assessment: narrative section includes comments about aging and increased demand for nursing contact hours, balanced by agency staff training, identifies medical supports which may be performed by non-nursing staff; monthly tracking and review of medication errors and incident reports by Safety and Human Rights Committees.

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$ 8,580
PY16 Total Program Expenses: \$15,283 (deficit of \$6,703)

Program Staff – CCDDDB/CCMHB Funds: 0.15 FTE Direct Staff and 0.04 FTE Indirect Staff
Total Program Staff: as above

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?
Yes; Budget Narrative includes legal opinion.

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? *Yes.*

Staff Assessment: budget narrative is clear regarding personnel assigned.

Budget Narrative: CCDDDB/CCMHB request is for 100% of total program **revenue** (though Program Narrative notes small amount of revenue from DHS); staff costs comprise 100% of **expenses**; the relevant responsibilities of each staff person associated with this program are detailed in the Budget Narrative.

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

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or the CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
2. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
3. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.

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 2016

Agency: CTF Illinois

Program Name: Residential and Day Services

Contract Format Requested: Grant

Funding Requested: \$36,500

Target Population: adult resident of CTF's Champaign County group home who, in spite of qualifying diagnosis and service needs, has not previously qualified for funding through Illinois Department of Human Services – Division of Developmental Disabilities (DHS-DDD) for service.

Staff Assessment: pursuing DHS Community Integrated Living Arrangement (CILA) funding with regional Pre-Admission Screening (PAS) agent; if secured, this funding will not be used for another resident but will stop.

Service Description/Type: Residential Services/Developmental Training: 24 hour supervision, case management, interdisciplinary team planning, assessments contributing to Individual Service Plan, nursing services, dietician services, linkage to community resources, transportation, other services as needed. Person centered planning to individualize the services, including work on money management, daily living skills, community integration, vocational skills, and other areas. Residential services as described in DHS Rules 115 and 116, and Developmental Training services subcontracted through another agency provider.

Staff Assessment: Nursing services, mentioned here, are supported through a separate contract.

Alignment with ID/DD Priorities, Through the “Lens of Integration.” Does the application:

- Focus on a person's control of his/her day and life? *Through person-centered plan.*
- Support a person building connections to the broader community? *Yes.*
- Support a person participating in community settings of their choice and in ways they desire? *Indirectly.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *Indirectly.*
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? *No.*
- Incorporate Employment First principles? *No.*
- Acknowledge support and encouragement of self-advocacy? *With respect to self-directed goals.*
- Address cultural competence and outreach to underserved populations? *Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *No.*

Program Performance Measures:

Consumer Access: detailed description of referral process, including for emergency placements, with timing of access determined by the state rather than agency; agency may decline services due to lack of capacity; printed materials in languages other than English as needed; sign language interpreters available; agency benchmarks are reviewed and determined at least annually by management staff and board; diversity training; collaboration with regional PAS agent.

Staff Assessment: a quantifiable measure of access does not appear to be included, but timeliness from referral to service engagement is addressed.

Consumer Outcomes: evaluation of effectiveness, efficiency, progress, and satisfaction by means of monthly review by case manager of daily documentation of individual's progress toward short and long term goals, with recommendations; most typical reasons for discharge from the program are identified; annual review of Individual Service Plan; annual management review of agency outcomes; annual satisfaction surveys; annual regulatory licensure surveys by DHS. Two measures relate directly to this contract: 90% satisfaction by the individual served (in FY14, actual was 98%); progress in self-directed goals in 10 of 12 months, documented by monthly QSP/QIDP summaries (achieved in FY14).

Utilization/Production Data: *FY16 Target:* 1 Treatment Plan Client (TPC).

Mid-year FY15: target is to serve one TPC.

FY14: FFS contract to serve one TPC; billings well-supported by attendance and progress notes and ample documentation as required by CILA rule.

Financial Information:

PY16 CCDDDB Funding Request: \$36,500
PY16 Total Program Expenses: \$65,275

Program Staff – CCDDDB Funds: 0.97 FTE Direct Staff and 0.57 FTE Indirect Staff
Total Program Staff: 0.97 FTE Direct Staff and 0.57 FTE Indirect Staff (unclear)

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?
Yes, in that DHS funding has not been available to this individual.

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? *Yes.*

Staff Assessment: possible errors in the designation of percentages on personnel form; appears to assign 13-16% of four relevant indirect staff (site supervisor, operations administrator, community services administrator, and Direct Support Professional) and 14% of five DSPs and one Case Manager as direct staff.

Budget Narrative: CCDDDB/CCMHB request is for 100% of total program revenue. Staff costs comprise 73% of CCDDDB/CCMHB expenses, with professional fees/consultants (for subcontracted Developmental Training services) at 38%, consumables at 7%, occupancy at 5.9%, depreciation 3%, and general operating 2.4%. The Budget Narrative contains sufficient detail on each expense item (and how it was calculated) and responsibilities of all personnel assigned to this contract, although here the Case Manager is described as Indirect Staff and all DSPs as Direct Staff.

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

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or the CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
2. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
3. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.

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 PY16 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

Type of Contract: Grant

Financial Information:

PY16 CCMHB Funding Request: \$37,080

PY16 Total Program Budget: \$193,593

Current Year Funding (PY15): \$37,080

Proposed Change in Funding - PY15 to PY16: 0

Program Staff – CCMHB Funds: .41 FTE

Total Program Staff: 2.80 FTE

Budget Analysis: Three state contracts are responsible for 71% of total revenue. Funding requested the CCMHB accounts for another 19% of revenue. The National Children's Alliance grant is 5% of the budget. The remaining 6% of revenue comes from various sources including voluntary assessments paid by local law enforcement agencies.

The Executive Director's position is supported with CCMHB funds accounting for the .41 FTE of staff time although a fraction of one percent of the Case Manager's time is also included in personnel expenses. All totaled, 93% of CCMHB funds are allocated for salary, payroll taxes, and benefits. The remaining 7% is allocated to the occupancy and membership dues expense lines. Dues paid with CCMHB funds qualifies the agency to receive other grants such as the one from the National Children's Alliance.

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 145 cases in FY14 of which 134 were from Champaign County. Residency by zip code finds 30% of clients were from Champaign, 30% from Urbana, 14% from Rantoul, 8% from Mahomet

and 18% 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 25% of clients were age 6 or under, 39% were age 7 to 12, and 36% were 13 or older; 58% were white, 31% were black, and 11% were of another race or bi/multi-racial; 9% were of Hispanic/Latino origin; and 76% 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 9 years in the current position. The CAC also contracts with three licensed therapists for crisis intervention counseling. Agency is accredited by the National Children's Alliance.

The CAC also provides comprehensive case management services for victims, coordinates Multidisciplinary Team Case review meetings, community education and prevention services and specialized training for all professionals involved with victims and their families.

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 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 within 48 hours of initial contact 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 was reported at 95%. All cases opened for services are staffed by the Multidisciplinary Team (MDT) immediately following the interview and at the next scheduled monthly case review meeting. Length of engagement with the family averages six to twelve months, longer if the court case is still in process.

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. However, the CAC reports having started using an assessment tool at intake and at discharge. The plan is use the tool as an objective measure of child well-being over the course of their involvement with CAC services.

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

UTILIZATION: Service categories were redefined for FY15. Those same definitions will continue for FY16. Treatment Plan Clients (TPCs) are defined as children and youth residing in Champaign County that have been interviewed as a potential victim of sexual or severe physical abuse and/or are receiving services at the CAC. Non-Treatment Plan Clients (NTPCs) will be children and youth residing in Champaign County and interviewed as non-victim witnesses or are a courtesy use of the facility for an out of county investigation. Screening contacts (SCs) will be the total of TPCs and NTPCs. 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.

Number of interviews fluctuated in the range of 150 to 200 over the last two years and likely to fall in the same range for FY15 based on data reported for the first half of the contract year. Primary service category is TPCs and FY16 target at 130 is unchanged from FY15.

CCMHB FY16 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – ACCESS Initiative Sustainability: N/A

Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): N/A

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: N/A

Priority #5 – Wellness for People with Disabilities: Program provides safe environment for interviews of victims of sexual abuse and/or severe physical abuse as well as case management and support services.

Priority #6 - Local Funder Collaboration on Special Initiatives: N/A

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: Services are accessed through contact with law enforcement or DCFS.

Budget-Program Connectedness: Agency has less than three fulltime staff. Funds are allocated to support the executive director position.

Realignment of FY15 Funding to FY16 Priorities: Funding requested is unchanged from FY15 and consistent with past awards.

Anti-Stigma Efforts: Purpose of the agency is to reduce need for multiple interviews of victim.

Technical Criteria:

Approach/Methods/Innovation: Agency is accredited by the National Children’s Alliance.

Staff Credentials: Clearly stated for the Executive Director and Case Manager.

Applicant Review and Input

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 PROGRAM SUMMARY 2016

Agency: Champaign County Down Syndrome Network

Program Name: CC Down Syndrome Network

Contract Format Requested: Grant.

Funding Requested: \$15,000

Target Population: Families of those with a diagnosis of Down Syndrome, along with professionals and the general public.

Staff Assessment: Services are described in this section as well.

Service Description/Type: Support to families and people with Down Syndrome. New parent packets, books, DVD's, home and hospital visits, are ways they offer support. The DSN offers support at Individualized Education Program (IEP) meetings. Monthly meetings, annual conferences, workshops, social events, presentations, and the annual Buddy Walk are held. The DSN sponsors a newsletter and a website.

Staff Assessment: None.

Alignment with ID/DD Priorities, Through the "Lens of Integration." Does the application:

- Focus on a person's control of his/her day and life? *No.*
- Support a person building connections to the broader community? *Yes.*
- Support a person participating in community settings of their choice and in ways they desire? *Yes.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *Yes.*
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? *N/A*
- Incorporate Employment First principles? *N/A*
- Acknowledge support and encouragement of self-advocacy? *Yes.*
- Address cultural competence and outreach to underserved populations? *Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *Yes.*

Program Performance Measures:

Consumer Access: DSN distributes information to hospitals, schools, places of employment, community agencies and churches. A website is maintained. A monthly newsletter is shared, a facebook page is maintained, and a DSN parent will visit the hospital or home for new parents for

in-person support. For those residents who need transportation to and from meetings, transportation costs are included in the yearly budget.

Staff Assessment: a quantifiable measure does not appear to be included, could relate to timing or distribution of notice of meetings and events.

Consumer Outcomes: The newsletter reaches 125 families. They state they have seen an increase in attendance at events since they have targeted activities to particular age ranges as was requested by families. This section states information brochures are printed in English and Spanish.

Staff Assessment: other valued outcomes might result from peer (member) mentoring encouraged by the organization.

Utilization/Production Data: FY16 Targets: 20 Community Service Events (CSE); 140 Treatment Plan Clients (TPC) = 120 continuing and 20 new.

Mid-year FY15: 18 actual CSEs (no longer a head count, now a count of events) already exceeds target of 15; 166 actual TPCs (regular members) exceeds target of 120; 119 actual Non-TPCs (guests) – no target.

FY14: total of head counts at multiple CSEs = 1198, against target 1250. (Due to several years of steadily well-attended annual event, with good rural participation, this measure was replaced in FY15 with a focus on individuals active with the network.)

Staff Assessment: does the group define Treatment Plan Clients as those attending % of meetings or other standard?

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$ 15,000
PY16 Total Program Expenses: \$ 52,500 (balanced budget)

Program Staff – CCDDDB/CCMHB Funds: no staff costs

Total Program Staff: no staff costs

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?
N/A.

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? *Yes.*

Budget Narrative: CCDDDB/CCMHB request is for 29% of total program **revenue**, with other sources special events/fundraising (69%) and contributions (3%). Conferences are the largest **expense** line, at 50% of CCDDDB/CCMHB amount, with general operating at 28%, consumables 10%, professional fees/consultants 7%, and smaller amounts for transportation and equipment purchase. There are no **personnel** costs. The **Budget Narrative** clearly explains each item, with a note that conference/meetings budget is doubled as the organization seeks to reach more people and get current members more involved.

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

Audit Requirement Waived X

Contracting Considerations: If this application is approved by the CCDDDB or the CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. The applicant shall guarantee that all persons served under the contract are informed of the role of the regional Pre-Admission Screening/Independent Service Coordination (PAS/ISC) agency and enrollment in the Prioritization for Urgency of Need for Services (PUNS) database.

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 2016

Agency: Champaign County Head Start/Early Head Start

Program Name: Social Emotional Disabilities Services

Contract Format Requested: Grant

Funding Requested: \$54,823

Staff Assessment: could be fee-for-service format, combination of reimbursement for hourly and assessments/screenings.

Target Population: Champaign County residents who are aged six weeks through 'kindergarten age,' who have assessed service needs, limited family financial resources, are enrolled in Champaign County Head Start/Early Head Start, and either: score above Ages and Stages Questionnaire Social-Emotional screening tool cutoff and have individual social-emotional goals developed; are referred by parent or teacher for behavioral or social-emotional developmental concerns, with behavioral management plan developed; or participate in play therapy or counseling.

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

Service Description/Type: Ages and Stages Questionnaire and ASQ- Social Emotional screenings for those newly enrolled (anticipate 300 ASQ-SEs,) development of social-emotional goals, Social-Emotional environmental observations of each classroom, individual child observations, development of behavioral plans (Individual Success Plans), individual play therapy, counseling for family members, informational support/training for families, annual staff training and social-emotional articles for parent newsletters, and collaboration/networking meetings.

Staff Assessment: detail on anticipated numbers of persons served per category of service, with later sections referencing higher intensity cases and increased behavioral referrals; estimate of hours of direct support per category could be based on current year utilization.

Alignment with ID/DD Priorities, Through the "Lens of Integration." Does the application:

- Focus on a person's control of his/her day and life? *No.*
- Support a person building connections to the broader community? *No.*
- Support a person participating in community settings of their choice and in ways they desire? *Supports participation in HS/EHS program, preparing for kindergarten.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *No.*
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? *For very young children, preparing for school.*
- Incorporate Employment First principles? *N/A.*
- Acknowledge support and encouragement of self-advocacy? *Indirectly.*
- Address cultural competence and outreach to underserved populations? *Many rural service locations, home visits, priority to residents of medically underserved townships. Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *Yes.*

Program Performance Measures:

Consumer Access: Total program prepares annual Community Assessment, comprised of demographic, income, employment, low-income density areas, health, housing, service gaps, family needs, resources/services, enrollment, (and more) data, and used to identify the unserved and improve program outreach and access. Total program also prepares annual Program Information Report for those enrolled, can report on several factors as needed, evaluates program's recruitment of underserved persons/areas. Detail on classroom (time) options, one with transportation, and home-based service with 2x transportation to groups. During first 45 days of school year, weekly reports on progress of screenings (see Services) and health requirements; monthly reports thereafter.

Staff Assessment: timeliness of reports on progress of screenings is the measure of access to this program.

Consumer Outcomes: total program has a goal for 90% kindergarten readiness, including children served under this contract. Child progress assessments occur three times a year, four times for full-year classrooms. FY14 actual outcomes: of 72 children with delay or disability, 42 were in center-based services through school Early Childhood, and 30 received therapy services; of 79 referrals for individual child observations (behavioral or developmental), 68 led to behavior plan (Individual Success Plan or ISP), 47 of which carried into FY15; 25 children in play therapy and 4 adult family members in counseling.

Staff Assessment: quantifiable measure for outcome for children served through this program is the same as for total program, appropriately related to program's purpose.

Utilization/Production Data: *FY16 Targets:* 1 Community Service Event; 600 Screening Contacts, consisting of ASQ-SEs, Social-Emotional Environmental Observations, and individual child observations; 55 new (and total) Treatment Plan Clients; 30 Continuing and 60 New Treatment Plan Clients (in play therapy or counseling, with individual social-emotional goals, or developing Individual Success Plans (behavioral plans); 8 Other, a total of staff trainings, news articles for parent newsletters, etc.

Mid-year FY15: 0 actual CSEs against target of 1; 676 actual SCs already exceeds annual target of 625; 106 total TPCs (59 new) already exceed annual target of 90; 104 actual Non-TPCs exceed annual target of 55; 15 Other exceeds target of 8.

FY14: 3 actual CSEs against target of 8; 876 actual SCs greatly exceeded target of 625; 188 actual TPCs exceeded target of 100; 304 actual Non-TPCs exceeded target of 60; 21 actual Other exceeded target of 8.

Staff Assessment: Part One and Two form data agree with that reported through quarterly service activity reports. FY16 target for screenings is lowered due to discontinuation of winter room observations.

Unexpected/Unintended Results due to increased demand for the service and intensity of some cases, this section describes two changes in service delivery in current contract year, classroom observations in fall only and two service levels are established. High level will involve team review of ISP every six weeks/two months; lower level reviewed quarterly.

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$54,823
PY16 Total Program Expenses: \$92,023

Program Staff – CCDDDB/CCMHB Funds: 0.60 FTE Direct Staff and 0.05 FTE Indirect Staff
Total Program Staff: 1.00 FTE Direct Staff and 0.25 FTE Indirect Staff

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?
Not explicitly, but N/A.

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? *Yes.*

Staff Assessment: indirect personnel assigned to this contract is 5% of fiscal specialist; direct personnel is 60% of Social Emotional Development Specialist.

Budget Narrative: CCDDDB/CCMHB request is for 59.6% of total program revenue, with the only other source being a small portion of the total agency’s Head Start grant (7%) from Department of Health and Human Services. Staff costs comprise 98% of the CCDDDB/CCMHB expenses, with very small amounts for Consumables and Conferences/Staff Development. The Budget Narrative describes each revenue source, including those for Head Start (total agency), and provides ample detail on each of the expenses and staff responsibilities associated with 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 X

Staff Comments: program is included in Champaign County Audit.

Contracting Considerations: If this application is approved by the CCDDDB or the CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. 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.
2. 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.
3. Program shall warrant that these services are not covered under the Illinois School Code.

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 2016

Agency: Champaign County Regional Planning Commission – Community Services

Program Name: Decision Support Person for CCDDDB

Contract Format Requested: Grant – NEW REQUEST

Funding Requested: \$48,000

Target Population: Champaign County residents eligible or potentially eligible for Department of Human Services – Division of Developmental Disabilities (DHS-DDD) funded services. Includes people who are: enrolled with or seeking to register with PUNS (Prioritization for Urgency of Need for Services); exiting school; hoping to move closer to family in Champaign County; interested in services; or transitioning from Intermediate Care Facilities/Developmental Disabilities (ICFsDD) or State Operated Developmental Centers (SODCs) into community-based homes.

Service Description/Type: data collection, client tracking, and case management activities not currently funded by DHS-DDD, with the purposes of improving local needs assessment and planning and of hastening consumer access to desired/needed services. Establish an all payer database for those accessing or seeking DD services, to track their choices (met or unmet) to strengthen person-centered systems of care; assist individuals in obtaining all documentation required for eligibility for DHS-DDD funded services, speeding up approvals for those drawn from PUNS; refers those determined ineligible to other supportive programs rather than remaining on the waiting list for an eventual denial; assisting those on the PUNS waiting list with emergency planning.

Staff Assessment: because CCDDDB eligibility criteria match those of DHS-DDD, with this unit as the primary support, determination of CCDDDB eligibility is a desirable by-product. Staff credentials are described in this section - Qualified Service Professional (QSP) certifications, experienced in Pre-Admission Screening/Independent Service Coordination (PAS/ISC). Possibly supported by student interns. Staff travel and maintain contact with agency and school providers across the county.

Alignment with ID/DD Priorities, Through the “Lens of Integration.” Does the application:

- Focus on a person’s control of his/her day and life? *Yes.*
- Support a person building connections to the broader community? *Not directly.*
- Support a person participating in community settings of their choice and in ways they desire? *Yes.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *No.*
- Systematically identify and mobilize a person’s capabilities and create access to community associations, workplaces, and learning spaces? *Not explicit, but this is a responsibility of ISC through DHS-DDD contract.*
- Incorporate Employment First principles? *No.*
- Acknowledge support and encouragement of self-advocacy? *Yes.*

- Address cultural competence and outreach to underserved populations? *Additional office space in Rantoul, home visits and relationships with schools/providers countywide. Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *No.*

Program Performance Measures:

Consumer Access: 24/7 crisis line in addition to regular business hours; three office locations, use of rural and other office sites; alternative format documents, ASL interpreters, and spoken language translators available PRN. 100% contacts with those seeking to register or update a PUNS enrollment (an unfunded state mandate). Demographic and choices data will be collected and reported on 100% of those with current funding (and when possible, those with private support). Analysis of potential service gaps. Calls answered within 2 business days. Referrals to other resources made within 1 business day of determination of ineligibility. Consumer/guardian satisfaction surveys address timeliness and ease of access to program, among other items; no target identified, results combine with feedback from referring agencies in annual analysis to inform program improvement.

Staff Assessment: many quantifiable measures relate to feedback from those interacting with the program.

Consumer Outcomes: assisting individuals with DD with obtaining eligibility documentation; documentation of expressed choices, including those not realized; tracking of those choices for follow-up; emergency plans developed for those registered on PUNS. “Collateral measures of success” are: referrals of those not eligible for Medicaid waiver services to other appropriate programs; community needs assessment information for CCDDDB/CCMHB planning and decision processes; service gap information useful to providers.

Staff Assessment: these outcomes are similar to those identified as desirable by stakeholders locally and statewide; quantifiable measures do not appear to have been included (e.g., timeframe for obtaining documentation or analyzing data).

Utilization/Production Data: *No previous data are available. Targets for FY16 are:* 300 new Treatment Plan Clients = those with Medicaid-waiver approval, identifying service choices to be entered into spreadsheet with choices identified as provided or not provided; 200 new Non-Treatment Plan Clients = those not approved for Medicaid waiver, for whom service choices are identified and entered into spreadsheet (identified as provided or not) and PUNS data base, and for whom emergency plans may be developed; 20 Service Contacts = individuals not eligible for Medicaid-waiver approval, so referred to other community resources; 25 Community Service Contacts = presentations, trainings, etc.

Staff Assessment: the distinction between DHS-DDD eligibility (definition of ID/DD) and other Medicaid-waiver eligibility will be important to the CCDDDB/CCMHB if ineligible persons are referred to other funded ID/DD programs.

Financial Information:

PY16 CCDDDB/CCMHB Funding Request:	\$48,000
PY16 Total Program Expenses:	\$523,000

Program Staff – CCDDDB/CCMHB Funds: 0.63 FTE Direct Personnel
Total Program Staff: 5.99 FTE Indirect Personnel

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?
Yes.

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? *Yes.*

Staff Assessment: assigns 3% of Program Manager and 20% of three Case Managers, although Budget Narrative says 25% of two staff.

Budget Narrative: CCDDDB/CCMHB request is for 9.2% of total program revenue, with Illinois DHS Individual Service and Support Advocacy grant the remaining 90.8%. Staff costs comprise 63% of CCDDDB/CCMHB expenses (similar to total program proportion), with professional fees/consultants and consumables each at 10%, specific assistance at 6.7%, and local transportation 1%. The **Budget Narrative** contains sufficient detail about each assigned expense (mismatch with personnel form noted above), with explanation of allocation method for some and program-specific rationale for others (professional fees include psychological evaluations, specific assistance supports individuals obtaining school or other records, e.g.) Staff credentials are identified here.

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

Contracting Considerations: If this application is approved by the CCDDDB or the CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
2. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
3. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.

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 PY16 PROGRAM SUMMARY

AGENCY: Champaign County Regional Planning Commission

Program Name: Youth Assessment Center (CCMHB Companion Grant).

Focus of Application: MH X SA DD

Type of Contract: Grant

Financial Information:

PY16 CCMHB Funding Request: \$26,000

PY16 Total Program Budget: \$341,061

Current Year Funding (PY15): \$26,000

Proposed Change in Funding - PY15 to PY16: No Change

Program Staff – CCMHB Funds: FTE .42

Total Program Staff: FTE 4.38

Budget Narrative: The budget narrative provides an adequate explanation of revenue and budgeted costs.

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:

The primary target population includes youth residing in Champaign County from age 10 to 17 years who have been arrested for challenging behavior and criminal activity. This application is focused on a subset of the entire Youth Assessment Center (YAC) population which has had two or more referrals to YAC. This group is identified as being more likely to have developmental/mental health/family functioning issues which contribute to their delinquency.

Service Locations(s)/Demographics:

The Center is located at 402 N. Randolph St., Champaign and was contributed for use by the Champaign School District (Unit 4).

For FY14, program reported serving 319 youth referred from the Youth Assessment Center for Court Diversion Services. Residency by zip code for youth served finds 40% were from Champaign, 25% from Urbana, 10% from Rantoul, 5% from Broadlands, 3% from Mahomet 3%

from Tolono, and 14% from other areas of the county. Demographic data for youth served finds 10% were age 12 or under and 90% were age 13 to 18; 54% were black, 40% were white, and 6% other races including bi/multi-racial; 6% were of Hispanic/Latino origin; and 58% were male.

Service Description/Type:

The program will strive to do a better job of engaging youth who reoffend by reviewing the literature and making programmatic adjustments. Some ideas related to this effort include: outreach to school officials and school resource officers to improve and encourage participation; use standardized assessment procedures to fine tune interventions; development of partnerships with an expanded array of community groups; development of follow up procedures with PLL, Choices and other options; and cultural competence training with the goal of more effectively engaging African American youth;

Access to Services for Rural Residents:

Law enforcement officers from rural areas can bring youth to the 402 N. Randolph location. Center staff meet with rural officers periodically to inform them about the Center's services. Other locations can be used depending on the needs of the family.

Program Performance Measures

ACCESS: The Center served 436 youth. Case managers completed 233 new assessments. 154 youth were connected to other community based services. 48 low risk youth were monitored, and assessed 31 youth at no risk. 113 youth referred refused services or were not eligible. Of the youth served, the break out of those brought to the Center by law enforcement wasn't specified.

The YAC is open day and evening hours Monday through Saturday for screening and triage.

CONSUMER OUTCOMES: Program success is measured by connecting youth to services and lowering the level of risk. Recidivism is tracked for youth with formal station adjustments.

UTILIZATION: The Center follows up on youth referred for screening but don't engage. For 2016, the Center will focus to reduce the percentage of kids in this category. Treatment plan clients include station adjustments, and non-treatment plan clients are those who have been assessed but found to be low risk.

Based on activity reported through the first half of FY15, program is on track to exceed target for number of youth engaged in Court Diversion Services.

CCMHB FY16 Decision Priorities and Decision Support Criteria

ACCESS Initiative Sustainability: The Center serves youth who also overlap with the ACCESS Initiative target population. In addition, the Center is a major component of our community's system-of-care through the Champaign County Community Coalition.

Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): The Center's target population is a major focus of the System-of-care for multi-agency involved youth.

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: yes

Budget-Program Connectedness: yes

Realignment of FY15 Funding to FY16 Priorities: not necessary

Anti-Stigma Efforts: Not directly involved

Technical Criteria:

Approach/Methods/Innovation: Adequate

Staff Credentials: Adequate

Applicant Review and Input

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 PY16 PROGRAM SUMMARY

AGENCY: Champaign County Regional Planning Commission

Program Name: Youth Assessment Center

Focus of Application: MH ___ SA ___ DD ___ Quarter Cent X

Type of Contract: Grant

Financial Information:

PY16 CCMHB Funding Request: \$240,612

PY16 Total Program Budget: \$341,061

Current Year Funding (PY15): \$240,612

Proposed Change in Funding - PY15 to PY16: No Change

Program Staff – CCMHB Funds: FTE 3.81

Total Program Staff: FTE 4.38

Budget Narrative: The budget narrative provides an adequate explanation of revenue and budgeted costs.

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:

The primary target population includes youth residing in Champaign County from age 10 to 17 years who have been arrested for minor infractions and/or status offenses. In addition, the Center accepts referrals from schools, community agencies, and self-referrals.

Service Locations(s)/Demographics:

The Center is located at 402 N. Randolph St., Champaign and was contributed for use by the Champaign School District (Unit 4).

For FY14, program reported serving 439 youth referred to the Youth Assessment Center. Residency by zip code data reported finds 46% are from Champaign, 24% from Urbana, 10% from Rantoul, 4% from Mahomet, 3% from Broadlands and 13% from other areas of the county. Demographic data reported finds 86% were in the age group 13 to 18 and 14% were 12 or under;

60% were black, 34% white, 6% other races including bi/multi-racial; 5% were of Hispanic/Latino origin; and 58% were male.

Service Description/Type:

Youth referred or brought to the Center by law enforcement are screened with the Youth Assessment and Screening Instrument (YASI) to determine risk and/or protection needs. The YASI is used to triage youth to the most appropriate service/intervention. All youth brought in by law enforcement are assessed by case managers to determine the juvenile justice option which is most appropriate. These options include warn and release or formal station adjustment (in collaboration with juvenile officers). Linkage and aftercare service options include Court Diversion, Peer Court, Parenting with Love and Limits, and a variety of other community based services and supports.

Access to Services for Rural Residents:

Law enforcement officers from rural areas can bring youth to the 402 N. Randolph location. Center staff meet with rural officers periodically to inform them about the Center's services. Other locations can be used depending on the needs of the family.

Program Performance Measures

ACCESS: The Center served 436 youth were served. Case managers completed 233 new assessments. 154 youth were connected to other community based services. 48 low risk youth were monitored, and assessed 31 youth at no risk. 113 youth referred refused services or were not eligible.

Of the youth served, the break out of those brought to the Center by law enforcement wasn't specified.

CONSUMER OUTCOMES: Program success is measured by connecting youth to services and lowering the level of risk. Recidivism is tracked for youth with formal station adjustments.

UTILIZATION: The Center follows up on youth referred for screening but don't engage. For 2016, the Center will focus to reduce the percentage of kids in this category. Treatment plan clients include station adjustments, and non-treatment plan clients are those who have been assessed but found to be low risk.

Based on activity reported through the first half of FY15, program is on track to exceed target for Treatment Plan Clients - youth screened, referred and engaged in services including Court Diversion. Youth refusing to be screened or not able to be contacted are reported as Screening Contacts and has already exceeded target for the year. Non-Treatment Plan Clients – youth screened but no service referral indicated, is on track to meet projection.

CCMHB FY16 Decision Priorities and Decision Support Criteria

ACCESS Initiative Sustainability: The Center serves youth who also overlap with the ACCESS Initiative target population. In addition, the Center is a major component of our community's system-of-care through the Champaign County Community Coalition.

Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): The Center's target population is a major focus of the System-of-care for multi-agency involved youth.

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: yes

Budget-Program Connectedness: yes

Realignment of FY15 Funding to FY16 Priorities: not necessary

Anti-Stigma Efforts: Not directly involved

Technical Criteria:

Approach/Methods/Innovation: Adequate

Staff Credentials: Adequate

Applicant Review and Input

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 PROGRAM SUMMARY 2016

Agency: Community Choices, Inc.

Program Name: Community Living

Contract Format Requested: Fee for Service (FFS)

Funding Requested: \$60,000

Staff Assessment: consider per-member per-month reimbursement rather than hourly.

Target Population: adult residents of Champaign County who have developmental disabilities and, with staff support/natural supports, can live independently.

Staff Assessment: a population who should be known to the Pre-Admission Screening/Independent Service Coordination (PAS/ISC) unit for enrollment in PUNS, possible selection for waiver awards, and ideally for eligibility determination.

Service Description/Type: Community Transitional Support: a two-year, four-phase model for moving into the community: 1) Planning includes assessments, observations, financial discussions, core skills eval; 2) Move Out, focused on schedules and life skills support; 3) Post-Move Out, with community connections and meaningful activities; 4) Maintenance, with decreased staff support (check-ins as needed).

Life Skill Training: individual and small group instruction, approx. 8 sessions of interactive instruction, with topics such as finances, social skills, housekeeping; people may take multiple sessions to build skills in these areas (and self-care, community engagement, well-being) and confidence for life-long learning in the community.

Home Based Service Facilitation – for those with Illinois Department of Human Services – Division of Developmental Disabilities (DHS DDD) funding.

Staff Assessment: Home-Based Service Facilitation is NOT charged to CCDDDB/CCMHB. Rate for Community Transitional Support is \$37.50/hour, for Life Skill Classes, \$750/class.

Alignment with ID/DD Priorities, Through the “Lens of Integration.” Does the application:

- Focus on a person’s control of his/her day and life? *Yes.*
- Support a person building connections to the broader community? *Yes.*
- Support a person participating in community settings of their choice and in ways they desire? *Yes.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *Yes.*
- Systematically identify and mobilize a person’s capabilities and create access to community associations, workplaces, and learning spaces? *Yes.*
- Incorporate Employment First principles? *N/A*
- Acknowledge support and encouragement of self-advocacy? *Part of referral process, then indirectly.*
- Address cultural competence and outreach to underserved populations? *25% of those currently served reside in Mahomet, Fisher, or Rantoul. Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *No.*

Program Performance Measures:

Consumer Access: referral from other agency programs and from several other identified organizations (agencies, schools, parent support groups); outreach through flyers and community events/presentations. Participation in Intake meeting with Community Life Coordinator “to determine if an individual is a good fit for the program,” if person expresses desire to move out of family home within a year

Staff Assessment: a quantifiable measure of access (e.g., time from referral to service initiation) does not appear to be included; may prefer “to determine if the program is a good fit for the individual.”

Consumer Outcomes: 15 total TPCs, 5 completing planning, 3 completing move-out, and 7 completing post-move-out. All participants of Community Transitional Support have outcomes of: completed Person Centered Plan (for moving and sustaining community life); individual goals from the plan met; completed Personal Outcome Measures with improved score in at least one area; and engagement in a new community activity. Life Skill Training outcomes include development and execution of 5 classes and participants’ report of increase in skills (pre and post-test).

Staff Assessment: some overlap with utilization targets; distinct outcomes are identified, not necessarily quantified.

Utilization/Production Data: *Targets for FY16:* total of 15 Treatment Plan Clients (those associated with Community Transitional Support) with total 1,500 direct service hours; 12 Non-Treatment Plan Clients (those associated with Life Skill Training); 5 classes; 2 total Community Service Events.

Mid-year FY15: as a fee for service contract, individuals served = 17 (target 15), with total direct service hours 735 @ \$37/hr, billing just under half of contract max (annual target for hours is 1487).

FY14: CSEs actual 3 exceeded target 4; SCs actual 840 below target 1192; actual total of 16 TPCs against target 18; additional report, 1513 direct service hours (*with contract max \$55,000, \$36/hr.*)

Staff Assessment: rate of class restated as \$750 presumed to refer to each instructional event, regardless of number of participants, here expected to be an average of 5 NTPCs per class (unduplicated total of NTPCs estimated at 12). Part Two form lists 16 unduplicated individuals, but Part One form 15 (the TPCs in Community Transitional Support). \$55,500 for direct service hours for 15 people equates to \$308.3 PMPM rate; \$4,500 to support 6 classes at \$750.

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$60,000
PY16 Total Program Expenses: \$109,538

Program Staff – CCDDDB/CCMHB Funds: 1.00 FTE Direct Staff and 0.18 FTE Indirect Staff
Total Program Staff: 1.75 FTE Direct Staff and 0.23 FTE Indirect Staff

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?
Yes.

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? *Yes.*

Staff Assessment: indirect personnel assigned to this contract include 10% of Executive Director plus 8% of half-time administrative assistant, to be hired; direct personnel includes 100% of the Community Life Coordinator position; Community Support Specialist salary is assigned to total program but not this contract.

Budget Narrative: CCDDDB/CCMHB request is for 54% of total program **revenue**, with other sources being contributions (7%), DHS-DDD (31.5%), Private Pay (1.8%), and Miscellaneous (5.4%). Staff costs comprise 82.7% of the total CCDDDB/CCMHB **expenses**, with general operating at 5%, local transportation and consumables 3.3% each, professional fees/consultants 3%, occupancy 2.1%, and conferences/staff development 0.54%. The Budget Narrative describes each revenue source and expense line with sufficient detail. Miscellaneous revenue and expense (none of the latter is charged to CCDDDB/CCMHB) are the in-kind value of Community Builder living rent-free in exchange for overnight support. The responsibilities of each staff person (indirect and direct) assigned to this contract are described. Note that low costs are due to heavy reliance on volunteers.

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

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or the CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.
2. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
3. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
4. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.

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

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DRAFT CCMHB PROGRAM SUMMARY 2016

Agency: Community Choices, Inc.

Program Name: Customized Employment

Contract Format Requested: Grant

Funding Requested: \$55,000

Staff Assessment: could be structured as fee for service, with reimbursement for hours of service or a per-member-per-month rate.

Target Population: adult residents of Champaign County who have disabilities, are unemployed or underemployed, and are interested in customized employment or supported self-employment; from census data for the county, approx. 2,000, and by ARC of Illinois estimate, 90% of adults with DD are unemployed or underemployed.

Service Description/Type: focus on individualizing the relationship between employees and employers to meet both parties' needs. Discovery – determination of strengths, needs, and desires (through observations, interviews, various settings). Career Planning - exploration of specific career opportunities (classes, internships, financial planning, etc.) Matching Job Seekers and Employers – instruction in social and communication skills associated with particular work environment; targeted job skills training; discussion with potential employers regarding their needs; tours and job shadowing; negotiation of employment contract. Short-Term Employment Support – development of accommodations/supports and natural supports with both parties; agency contact person for concerns; limited job coaching. Long-Term Employment Support – to support employee making a contribution and becoming valued/accepted; to maintain and expand employment (promotions, retraining, benefits, conflict resolution.)

Staff Assessment: Supported Self-Employment is not described – has demand for this service decreased?

Alignment with ID/DD Priorities, Through the “Lens of Integration.” Does the application:

- Focus on a person's control of his/her day and life? *Yes.*
- Support a person building connections to the broader community? *Through employment.*
- Support a person participating in community settings of their choice and in ways they desire? *Yes.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *Through employment-related activities.*
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? *Yes.*
- Incorporate Employment First principles? *Yes.*
- Acknowledge support and encouragement of self-advocacy? *In referral process, then indirectly.*
- Address cultural competence and outreach to underserved populations? *Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *No.*

Program Performance Measures:

Consumer Access: referral from other agency programs, if person expresses desire for community employment and is unemployed or underemployed; referrals from other organizations, including agencies, schools, parent support groups; outreach through flyers and community events/presentations.

Staff Assessment: a quantifiable measure of access (e.g., time from referral to service initiation) does not appear to be included.

Consumer Outcomes: 7 people will complete Discovery or Career Planning (8 others will access service using DRS funding.) Through Job Matching, 5 will acquire paid work and 2 volunteer or intern positions (plus 8 through DRS). Through Short-term Employment Support, 7 will work on problem-solving and 7 will use on-the-job support (8 more through DRS). 30 people will use Long-term Employment Support.

Staff Assessment: some overlap with utilization targets.

Utilization/Production Data: FY16 Targets include: 37 total TPCs (30 continuing and 7 new); 785 total Service Contacts, broken out into service categories; 4 Community Service Events; 1,405 direct service hours, also broken out per service type;

Mid-year FY15: CSE actual 2 on track against target 4; SCs 528 over half of target 890; 36 total TPCs exceed target 29; additional report of 740 direct service hours against anticipated annual 1405.

For FY14: CSE actual 4 matched target 4; SCs 747 against target 758; 32 total TPC exceeded target of 29; additional report, 1165 direct service hours (*with contract max \$50,000, \$43/br.*)

Staff Assessment: Part Two form lists a target of 795 total Service Contacts, Part One form 785.

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$55,000

PY16 Total Program Expenses: \$138,119 (total program revenue \$140,000)

Program Staff – CCDDDB/CCMHB Funds: 0.90 FTE Direct Staff and 0.22 FTE Indirect Staff

Total Program Staff: 2.50 FTE Direct Staff and 0.37 FTE Indirect Staff

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?
Yes, in additional comments section in budget narrative.

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? *Yes.*

Staff Assessment: indirect personnel assigned to this contract include 10% of Executive Director plus 12% of half-time administrative assistant, to be hired; direct personnel are 50% of Employment Specialist and 40% of Director of Employment Services, with the rest of their salaries assigned to total program.

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Budget Narrative: CCDDDB/CCMHB request is for 39.3% of total program revenue, with other sources being Contributions (20%) and DRS Program Service Fees (38.6%). Staff costs comprise 85% of CCDDDB expenses (87% total program expenses), with local transportation and general operating accounting for 3.6% each, occupancy 2.7%, professional fees/consultants 2.2% (includes part of CQL accreditation services and auditor), consumables 2%, and conferences/staff development 0.5%. Each revenue and expense item and assignment of personnel is explained with sufficient detail in the Budget Narrative, specific to program.

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

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. 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.
2. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.
3. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
4. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
5. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.

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 2016

Agency: Community Choices, Inc.

Program Name: Self-Determination Support

Contract Format Requested: Grant

Funding Requested: \$55,000

Staff Assessment: grant format may be most appropriate due to the nature of family and self-advocacy supports.

Target Population: 1) adults with disabilities (including ID/DD), with focus on those no longer served through public schools. 2) family members of adults with disabilities. 3) systems of support in Champaign County and Illinois.

Service Description/Type: Building Community Capacity – collaboration with other organizations to expand local capacity, services, connections; system advocacy and change in specific areas, such as inclusion of people with DD in life skills classes available in the community. Family Support and Education –family advocate group meetings concurrent with self-advocate group meetings; focus on information and networking, with presentations and speakers on many topics including best practices; direct support during transitions or challenges. Social Opportunities – Self-Advocacy through group meetings plus a new group led by self-advocates, will also work on systems advocacy; Social Engagement through family social events and separate events for and planned by teens and adults; Social Coaching for Individual Activities hosted by self-advocates with planning support from staff; Community Connections to develop individual relationships with community members, regardless of disability.

Staff Assessment:

Alignment with ID/DD Priorities, Through the “Lens of Integration.” Does the application:

- Focus on a person’s control of his/her day and life? *Yes.*
- Support a person building connections to the broader community? *Yes.*
- Support a person participating in community settings of their choice and in ways they desire? *Yes.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *Yes.*
- Systematically identify and mobilize a person’s capabilities and create access to community associations, workplaces, and learning spaces? *Not directly.*
- Incorporate Employment First principles? *Not directly.*
- Acknowledge support and encouragement of self-advocacy? *Yes.*
- Address cultural competence and outreach to underserved populations? *Approximately 25% of families participating are from Mahomet, Fisher, or Rantoul, some events staged in rural locations; outreach through the Transition Planning Committee; developing a volunteer carpool. Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *Yes.*

Program Performance Measures:

Consumer Access: no wait, interested parties may have an intake meeting with Community Life Coordinator or simply show up for an event. Referral from several other identified organizations (agencies, schools, parent support groups); outreach through flyers and community events/presentations.

Staff Assessment: a quantifiable measure of access does not appear to be included.

Consumer Outcomes: specific outcomes are included for each service category: development of Supportive Living Service with providers, change state policy around day and residential services, identify and train 5 organizations to offer classes to people with DD; families gain a sense of community, increased knowledge of systems, and engagement in state and local advocacy; self-advocates speak up for themselves, plan and carry out 1 supported project, participate in 1 statewide event; individuals improve social skills, develop relationships, plan and host an event.

Staff Assessment: some of the specific outcomes measures are quantifiable.

Utilization/Production Data: *FY16 Targets:* subdivided according to category of service/support, with 65 Non-Treatment Plan Clients (family) and 75 Non-Treatment Plan Clients (self) for a total 140, further defined per activity, with 10 new and 130 continuing; 264 Service Contacts (family) and 510 Service Contacts (individual) for a total of 774, also further defined per activity; 4 Community Service Events; and 150 direct service hours (family) plus 450 (individual). Targets associated with the new component, Building Community Capacity are not all defined due to pilot year.

Mid-year FY15: 3 actual CSEs against target 4; 506 SCs against target 822; 148 actual Non-TPCs exceed target of 126; additional report of direct service hours = 431, with anticipated total of 912.

FY14: target of 4 CSEs exceeded, with 6 actual; target of 812 SCs exceeded with 1,093 actual; 136 actual Non-TPCs exceeded target of 125; additional report of direct support hours =617.

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$55,000

PY16 Total Program Expenses: \$67,820

Program Staff – CCDDDB/CCMHB Funds: 0.65 FTE Direct Staff and 0.30 FTE Indirect Staff

Total Program Staff: 0.95 FTE Direct Staff and 0.40 FTE Indirect Staff

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?

Not addressed.

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? *Yes.*

Staff Assessment: indirect personnel assigned to this contract are 10% of executive director and 20% of half-time administrative assistant (to be hired); direct personnel consist of 40% of executive director and 25% of full-time Community Life Coordinator.

Budget Narrative: The CCDDDB/CCMHB request is for 76.4% of total program **revenue**, with other sources being contributions (22.2%) and private pay (1.4%). Staff costs comprise 83% of CCDDDB/CCMHB **expenses**, with general operating at 5.5%, professional fees/consultants 3.6%, occupancy 2.7%, local transportation 2.5%, consumables 1.8%, and conferences/staff development 0.7%. The Budget Narrative contains sufficient detail on each revenue source and expense item, with rationale, and responsibilities of each position specific to this contract. *(Budget Narrative also includes the correct total of the Executive Director's salary, distributed across three proposed programs; mismatch with personnel forms appears to be an error.)*

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

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or the CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. The applicant shall guarantee that all persons served under the contract are informed of the role of the regional PAS/ISC agency and PUNS enrollment.
2. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
3. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
4. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.

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 PY16 PROGRAM SUMMARY

AGENCY: Community Elements, Inc.

Program Name: Addictions Counseling Urbana Schools

Focus of Application: MH ___ SA X DD ___

Type of Contract: Grant

Financial Information:

PY16 CCMHB Funding Request: \$53,453

PY16 Total Program Budget: \$53,453

Current Year Funding (PY15): \$0

Proposed Change in Funding - PY15 to PY16: N/A – New proposal for FY16.

Program Staff – CCMHB Funds: 1.13 FTE

Total Program Staff: 1.13 FTE

Budget Analysis: The CCMHB is the sole source of revenue for this new program. Personnel costs account for 94% of program expenses. The remaining 6% is charged off across six other expense lines.

Of the total staff time (1.13 FTE), direct service staff is 1.02 FTE and indirect staff is .11 FTE. Program staff includes a fulltime Master's level clinician and would be a new position. There is also a small percentage of direct service staff time allocated for program supervision/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 _____

Comments: Program is new proposal for FY16.

Target Population: Youth from Urbana, age 11 to 19, enrolled in Urbana School District, going to Urbana Neighborhood Connections Center, or having contact with law enforcement or the Youth Assessment Center and are beginning to use alcohol or other illegal substances, or exhibiting dysfunctional behavior associated with exposure to substance abuse within the family.

Service Locations(s)/Demographics: Services may be delivered at Urbana School District, Urbana Neighborhood Connections Center or at Community Elements Walnut Street location. Proposal is to establish a new program (no prior client data available).

Service Description/Type: Consultation, Screening/Assessment, Early Intervention, and Level I Outpatient Substance Use Disorder Treatment. Proposal results from a request from the Urbana School District for these services. School personnel would assist in program planning and implementation including referral of youth to the program as part of the coordination/consultation process.

Substance use screenings and assessments, individual and group counseling, and family sessions are elements of planned services. The clinician, in possession of a signed consent form, will consult with referral sources/school personnel as part of a collaborative approach to serving the youth. Early intervention and Level I treatment will utilize cognitive behavioral therapy and motivational interviewing to challenge negative peer pressure and thinking patterns. The recovery plan will also address family issues, strengths, and supports. Effort will be made to engage the family as well as the youth in services. Linkage and referral to other services in response to identified needs will also occur.

Credentials for the clinician to be hired will meet substance use disorder standards (Rule 2060). Consultation and early intervention are said to likely comprise the majority of services provided and would not be billable to Medicaid or other third party payors. Where a service provided is billable, the income will be reported.

Access to Services for Rural Residents: Services are limited to youth attending Urbana School District.

Program Performance Measures

ACCESS: School personnel will assist in the identification and referral of youth as well as program planning. Community Elements staff may also refer youth but the majority of referrals are expected to come through the school. Services will be accessible in the school and community.

Timeframes to establish the program, projected time from referral to screening and assessment and then to engagement is not described.

CONSUMER OUTCOMES: Intent of the program is to result in outcomes associated with improved attendance and grades at school, fewer disciplinary actions at school or contact with law enforcement, and engagement in positive leisure and community activities. School based outcomes will be tracked for those students with appropriate releases on file and aggregated for reporting purposes.

Individual client specific outcomes will be defined by youth as they engage in services. Example of a client specific outcome is a youth that cites improved relationships with siblings/family members. The outcomes will be tracked in the youth's clinical records and reported as "participant defined" outcomes.

UTILIZATION: Service levels are identified. Program projects screening 50 youth, engaging 30 youth with no diagnosis in early intervention services (Non-Treatment Plan Clients), and engaging 15 youth in treatment (Treatment Plan Clients). Non-treatment related consultations with faculty/staff and meetings to educate faculty/staff about services will also be tracked and reported.

CCMHB FY16 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – ACCESS Initiative Sustainability: Proposal is a response to a request from Urbana School District. Program would involve school personnel in planning, implementation, ongoing consultation and coordination of services, and in referral of youth.

Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): Program cites PLL as one of the resources youth may be referred to depending on assessed need.

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: N/A

Priority #5 – Wellness for People with Disabilities: N/A

Priority #6 - Local Funder Collaboration on Special Initiatives: CCMHB is the only source of support identified for the program.

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: Access is limited to Urbana School District students. Services would be provided at school, in the community and at Community Elements.

Budget-Program Connectedness: CCMHB is the sole source of support.

Realignment of FY15 Funding to FY16 Priorities: Is a new proposal requiring realignment of funds to implement.

Anti-Stigma Efforts: Not specifically referenced as being addressed.

Technical Criteria:

Approach/Methods/Innovation: Proposed service continuum is described including use of motivational interviewing, delivered in school or community setting.

Staff Credentials: Identified for the new vacant position.

Applicant Review and Input

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 PROGRAM SUMMARY 2016

Agency: Community Elements, Inc.

Program Name: Coordination of Services: DD/MI

Contract Format Requested: Grant

Funding Requested: \$31,945

Staff Assessment: due to varying service intensity, a fee-for-service contract format may be appropriate (hourly reimbursement or per assessment).

Target Population: adult residents of Champaign County who have diagnoses of both developmental disability and mental health disability and a need for coordinated services. Emphasis on those living in residential settings for persons with DD, family or other settings but struggling with self-care, or at-risk for hospitalization or homelessness due to inadequate support for their co-occurring conditions.

Staff Assessment: this population is often referenced by stakeholders as having significant unmet needs.

Service Description/Type: strength-based approach, case identification, screening for mental illness, direct support to individuals and their families, technical assistance to other professionals involved in the care, treatment planning, advocacy, effort to improve coordination between providers of DD and MH services.

Staff Assessment: staff credentials are identified (Qualified Intellectual Disabilities Professional, Qualified Mental Health Professional, Master of Social Work) with supervision by Licensed Clinical Social Worker; intensive case management activities are included, in fact more intensive than anticipated; leverages other funding, refers to Access & Benefits Case Manager; in spite of diligence, there appears to be a risk for supplementation.

Alignment with ID/DD Priorities, Through the “Lens of Integration.” Does the application:

- Focus on a person’s control of his/her day and life? *No.*
- Support a person building connections to the broader community? *No, but strengthens connections among the person’s providers.*
- Support a person participating in community settings of their choice and in ways they desire? *No.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *Yes.*
- Systematically identify and mobilize a person’s capabilities and create access to community associations, workplaces, and learning spaces? *Yes.*
- Incorporate Employment First principles? *No.*
- Acknowledge support and encouragement of self-advocacy? *No.*
- Address cultural competence and outreach to underserved populations? *Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *Yes.*

Program Performance Measures:

Consumer Access: Demographic info is collected on all served and, when possible, those referred. Clinician accommodates meetings/opportunities (including at schools) to introduce the program, consult on referrals, and make service entry more welcoming. Information and outreach at community wide special events. Client satisfaction surveys using “Client Writes.”

Staff Assessment: a quantifiable measure does not appear to be included.

Consumer Outcomes: Satisfaction survey tool is tailored for this program, specific questions identified. Rather than quantifiable benchmarks, program will rely on comparison with measures of traditional mental health case management and other programs. In addition, time from referral to engagement will be tracked: four weeks is target, variance is reported, and if clinician’s caseload has an opening, it is to be filled within two weeks.

Staff Assessment: also focus on identifying and overcoming barriers to participation and assisting people with the complex, overlapping service systems.

Utilization/Production Data: *FY16 Targets:* 12 Community Service Events, 15 Service Contacts, 22 Continuing and 10 New Treatment Plan Clients.

Mid-year FY15: 7 actual CSEs against target 12; 3 actual SCs against target of 18; 23 TPCs against target 30 (still waiting for information on the 20 who continued into FY15); additional report 595 direct service hours.

FY14: 15 actual CSEs exceeded target of 6; 16 actual SCs below target 20; 26 total TPCs against target 40, plus one Non-TPC; additional report of 1202 direct service hours (contract max \$35,060 for rate \$29/hr).

Staff Assessment: Data above are summarized from quarterly service activity reports submitted by the agency during FY15 and FY14 and do not match data reported in the Part Two form. Utilization section includes comments about non-billable activities with Medicaid clients, but some activities described may be billable for those with Medicaid waiver funding (CILA, HBS, etc.) and should be coordinated with PAS/ISC staff.

Unexpected/Unintended Results section contains remarks about the behavioral health services system state of transition, agency monitoring of third party revenue to increase capacity and expand services, and impact of previous year increased Medicaid billings on this request (i.e., resulting in the decreased request).

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$31,945
PY16 Total Program Expenses: \$60,672

Program Staff – CCDDDB/CCMHB Funds: 0.52 FTE Direct Staff and 0.07 FTE Indirect Staff
Total Program Staff: 1.02 FTE Direct Staff and 0.14 FTE Indirect Staff

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates? *Yes, but in practice it appears there may be inadvertent supplementation; will rely on agency reporting and collaboration with RPC PAS/ISC to reduce the risk.*

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? *Yes.*

Staff Assessment: indirect personnel assigned to this contract consist of 2% and less of six positions (billing supervisor, facility operations, CEO, corporate compliance manager, IT and support services); direct personnel are 50% of Community Support Clinician II and 2% of Community Support Manager.

Budget Narrative: CCDDDB/CCMHB request is for % of total program revenue, with other sources Department of Mental Health (Medicaid and non-Medicaid) at 24.7%, program service fees – insurance (net) at 18.5%, program service fees – client fees (net) at 4.1%. Staff costs comprise 91% of CCDDDB/CCMHB expenses, with others all 2.5% or less: depreciation, local transportation, general operating, occupancy, professional fees/consultants, consumables, membership dues, conferences/staff development, equipment purchases, and lease/rental (\$2). The Budget Narrative includes all revenue and expense items, with further detail on subcategories within most expense lines; methodology for assignment of admin wages and agency cost allocation are included, along with note about program costs (directly related to services and clients).

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

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or the CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.
2. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
3. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
4. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.
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.

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 PY16 PROGRAM SUMMARY

AGENCY: Community Elements, Inc.

Program Name: Criminal Justice

Note: Application combines the FY15 Criminal Justice Problem Solving Court contract with the FY15 Criminal Justice Integrated Behavioral Health contract into one proposal for FY16.

Focus of Application: MH SA DD

Type of Contract: Grant

Financial Information:

PY16 CCMHB Funding Request: \$306,816

PY16 Total Program Budget: \$517,083

Current Year Funding (PY15): \$\$284,304

Proposed Change in Funding - PY15 to PY16: \$22,512 (8%) See Budget Narrative

Program Staff – CCMHB Funds: 4.97 FTE

Total Program Staff: 8.59 FTE

Budget Analysis: The Criminal Justice proposal combines two existing contracts into one application. Another adjustment for FY16 is the \$306,816 request includes \$48,000 for the Champaign County Health Care Consumers (CCHCC) subcontract that had been included in the Crisis Access Benefits Engagement contract last year. While there appears to be an increase in funding requested from the CCMHB for FY16, when the CCHCC subcontract is factored in the amount requested is actually lower than FY15.

At 59% of total program revenue, the CCMHB remains the single largest source of support irrespective of the slight increase in total program funding from FY15 to FY16. The next largest source is the reentry program contract awarded by the Champaign County Board accounting for 19% of the program budget. Other sources include fee for services contracts with the state - Medicaid and Division of Alcohol and Substance Abuse (DASA), and insurance. Services billable to insurance and DASA account for the projected increase in revenue from other sources.

On the expense side, 75% of CCMHB funds are allocated to personnel (salaries, payroll taxes, and benefits). The CCHCC subcontract is about 16% of CCMHB funds. The remaining 9% is spread across ten other expense lines. Staff supported in whole or part with CCMHB funds total 4.97 FTE, including 4.64 FTE direct service staff and .33 indirect staff (administration).

Total staff time dedicated to the program regardless of fund source is 8.59 FTE. This includes a fulltime case manager at the jail, a reentry program case manager and reentry supervisor, two clinicians and a supervisor providing substance abuse services at the jail, probation, and TIMES Center, a case manager serving criminal justice involved clients in the community, a portion of a benefits case manager time, and then time allocated by a manager and director responsible for program administration as well as indirect staff. Then there is the additional benefit application assistance provided through the CCHCC subcontract.

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 currently or formerly involved with the criminal justice system or at risk of criminality. Subsets within this target population include, current and prospective clients referred by jail personnel or appearing on the Jail datalink system, adults involved with Problem Solving Courts (Drug Court) referred for mental health assessments, and those in the community with a history of criminal justice involvement in the last six months or released from incarceration.

Service Locations(s)/Demographics: Services are delivered at the jail, court services/probation office, Community Elements Walnut Street location, TIMES Center, and other community settings.

Demographic and residency data is for FY14 and combines data from the Criminal Justice Problem Solving Courts and Criminal Justice Integrated Behavioral Health contracts for a total of 707 clients. The majority are clients who interacted with case managers at the jail. Residency by zip code finds 52% were from Champaign, 23% from Urbana, 7% from Rantoul, and 18% from other areas of the county. Demographic data reported finds 100% were adults with 2% age 60 or older; 45% were black, 44% were white, and 11% other races including bi-racial/multi-racial; 4% were of Hispanic/Latino origin; and 65% were males.

Service Description/Type: Case Management, Screening, Assessment, Outpatient Counseling, and Community Support in accordance with Rule 132 for mental health services and Rule 2060 for substance use disorder services. Adults in the jail, in Drug Court, or with recent involvement with the criminal justice system may be referred to the program for screening including criminogenic risk, and as appropriate for a mental health assessment and/or substance use assessment. The assessment drives treatment recommendations consistent with medical necessity and Minkoff's Four Quadrant Model. Recommended treatment is based on the severity of the mental illness, substance use disorder, or co-occurring disorders. Clients with identified risk factors but not indicated as medically necessary, can participate in early intervention services based on a service plan rather than a treatment plan. Risk factors for recidivating are considered in determining level and intensity of services. The program has established a bi-weekly Forensic Team meeting to enable all criminal justice staff plus the crisis coordinator and reentry staff to review and coordinate services, staff cases, and resolve complex clinical situations.

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.

Substance use disorder assessments and treatment including Moral Reconciliation Therapy (MRT), anger managements and early intervention groups are accessible at the jail, at the Court Services/Probation office, and at Community Elements Walnut Street location. Motivational enhancement therapy may be used with clients reluctant to engage in substance use disorder treatment. Drug Court clients engaged in substance use disorder treatment through Prairie Center may be referred for mental health services to

improve functioning and increase prospect of successful outcome in Drug Court. See the Prairie Center Drug Court program summary for more information.

Clients considered eligible for but not enrolled in Medicaid or other benefit programs will be referred to the bilingual CCHCC Health Navigator or to the Community Elements Benefits Case Manager for assistance with enrollment applications.

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 managers.

Access to Services for Rural Residents: Alternative arrangements can be made to insure access to services including coordination of transportation or home visits. For court involved clients or those required to report to probation, clients can access services at the Courthouse/Court Services office.

Program Performance Measures

ACCESS: Timeframes for engaging clients are described. For clients participating in Drug Court there is no delay in accessing services. For those released from prison, the target is first contact initiated within 48 hours of referral and an assessment is within five working days. Screening and assessments are completed at the jail where indicated. For individuals in the community, screenings can be completed on a walk-in basis followed by a mental health or substance use disorder assessment within one week.

CONSUMER OUTCOMES: The three clients categories – Problem Solving Court clients, Jail Services clients, and Justice Involved clients (community) – will be used to measure recidivism. FY13 and FY14 client data will be used to establish a baseline with recidivism calculated for clients starting with those served in 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. The three measures of well-being and satisfaction are: Overall how has your problem or situation changed?; If you had a friend who needed similar help, would you refer them to our organization?; Overall how satisfied are you with our organization? Results for FY14 related to these measures are pending.

A survey specific to criminal justice involved clients was complete and results reported. While based on a very small sample size, results for those responding outperformed comparison groups/benchmarks.

UTILIZATION: The Non-Treatment Plan Clients (NTPCs) and Treatment Plan Clients (TPCs) services categories are defined and targets established. Targets have been adjusted in response to past performance. Program is on track to exceed FY15 target of 750 NTPCs – those receiving screenings, case management and early intervention – reporting 447 served in first half of FY15. For TPCs - clients completing a treatment plan and engaging in services – target is 212 and reporting 87 served through the first half of FY15. Activity associated with the CCHCC benefits assistance subcontract will be reported through the Crisis Access Benefits Engagement program.

CCMHB FY16 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – ACCESS Initiative Sustainability: N/A

Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): N/A

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: Proposal represents the primary approach for engaging adults at the jail, in the community, and drug court to address mental health and behavioral health needs.

Priority #5 – Wellness for People with Disabilities: The CCHCC subcontract as well as the 10% of the benefit case manager's time provide assistance with enrolling in Medicaid or other benefit programs.

Priority #6 - Local Funder Collaboration on Special Initiatives: Proposal incorporates funding from the Champaign County Board to support screening and support services to adults reentering the community from the jail or state institutions and that do not require mental health services.

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: Access to services is tied to involvement with the criminal justice system.

Budget-Program Connectedness: Budget aligns with services and includes a slight reduction in total cost to the CCMHB while projecting an increase in billable activity to state fee for service contracts.

Clarification on staffing pattern was requested and provided during the review process. Realignment of FY15 Funding to FY16 Priorities: Proposal consolidates two existing criminal justice contracts into one.

Also moves CCHCC subcontract over from the Crisis contract.

Anti-Stigma Efforts: This criteria is not specifically addressed.

Technical Criteria:

Approach/Methods/Innovation: Addressed through integration of substance use disorder treatment, use of evidenced based MRT, anger management, and early intervention groups.

Staff Credentials: Primary staff credentials are identified particularly Masters level clinicians.

Applicant Review and Input

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 PY16 PROGRAM SUMMARY

AGENCY: Community Elements, Inc.

Program Name: Crisis, Access, Benefits, & Engagement

Focus of Application: MH X SA DD

Type of Contract: Grant

Financial Information:

PY16 CCMHB Funding Request: \$228,627

PY16 Total Program Budget: \$732,758

Current Year Funding (PY15): \$229,665

Proposed Change in Funding - PY15 to PY16: -\$1,038 (-.5%) See Budget Narrative

Program Staff – CCMHB Funds: 4.6 FTE

Total Program Staff: 14.02 FTE

Budget Analysis: The total amount requested from the CCMHB declined by a very small amount from FY15 to FY16. However, funding for FY15 contract included the \$48,000 subcontract with Champaign County Health Care Consumers (CCHCC) that is now part of the FY16 Criminal Justice application. When the shift of the CCHCC subcontract is taken into account, the application does seek an increase in funding of approximately \$47,000.

CCMHB funding represents 31% of the total program budget and is the single largest source of support. Two state contracts account for 42% of the program budget. Fee for service contracts with Presence Hospital, Carle Foundation Hospital, and the University of Illinois represent 21% of projected program revenue. The remaining 4% of program revenue is from insurance or client fees.

On the expense side, salaries, payroll taxes, and benefits account for 88% of total program costs and a proportional amount is charged off to CCMHB. This percentage is 5 points higher in FY16 than FY15. The total FTE supported with CCMHB funds has a slight increase from last year. The total FTE supported with CCMHB funds is 4.6 FTE. Direct service staff total 4.02 FTE and indirect staff (administration) total .58 FTE. Two fulltime positions supported in part with CCMHB funds are vacant.

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: 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: The crisis line is open 24 hours a day. The crisis team responds to hospital emergency rooms and may respond to community sites with law enforcement as well as consult with law enforcement on specific cases. The Access program provides screening over the telephone or in person and offers “walk-in” mental health assessments, five days a week at the Walnut Street location. Crisis assessments are available to walk-ins during these same times.

Demographic and residency data is for clients receiving assistance from a benefits case manager in FY14. Clients assisted totaled 255. Residency by zip code finds 59% from Champaign, 23% from Urbana, 8% from Rantoul, and 10% from the balance of the county. Demographic data finds all were adults with 4% age 60 or older; 52% were white, 45% were black, and 3% other races; and 59% were male.

Service Description/Type: Crisis, Access, and Support Services. Crisis and Access services offer multiple points of entry to services. Initial contact points provide screening, assessment and other assistance to consumers seeking help with a crisis or other mental health issue. The Crisis and Access services 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.

Access engages clients at intake providing support, screening, assessment, 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. The Crisis staff now has a shared responsibility with the Access program for staffing the walk-in hours, now available five days per week, that provide screening, mental health assessments, and crisis assessments. This reduces any delay for the presenting individual to engage with crisis staff and if hospital admission criteria is met, assist with that process. Other 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, participation in crisis training for law enforcement, 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 including consultation on specific cases

Assistance with applying for benefits/entitlement programs (Medicaid, Supplemental Security Income, Social Security Disability Insurance) is provided by the Benefits Case Manager. Assistance with enrolling in Medicaid and other benefit programs will also occur through the subcontract with Champaign County Health Care Consumers (see Community Elements Criminal Justice application program summary). The subcontract supports a bi-lingual Health Navigator position and targets individuals 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. Access staff can complete an initial screening over the telephone. The Crisis Coordinator does community education throughout the county. Crisis team will consult with law enforcement on crisis contacts in the county.

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. Percentage of Access calls answered live for the prior 30 days was reported at 98% and was said to have an overall average of 90 to 100%.

CONSUMER OUTCOMES: Narrative presented in this section of the application focused on clients being able to initiate services with minimal wait-time. Clients can now present at the walk-in clinic for an assessment rather than wait for an appointment. For a person in crisis an assessment will be initiated by the crisis team at point of contact. Referral to services follows the assessment and can involve varying lengths of time to engage in the particular service. Wait times are said to be tracked and updated weekly but no average wait times are reported here. Clients referred for assistance with applying/enrolling in a benefit/entitlement program are said to 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. The three measures of well-being and satisfaction are: Overall how has your problem or situation changed?; If you had a friend who needed similar help, would you refer them to our organization?; Overall how satisfied are you with our organization? No results are reported for these broad based measures or number of surveys completed.

UTILIZATION: Targets for FY16 include 4,400 service contacts (crisis line calls), 900 Non-Treatment Plan Clients (assessments completed), 40 Community Service Events (community education activity and trainings), and 330 entitlement program applications reported under Other. 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.

Past performance reported for FY14 and through the first half of FY15 indicates the FY16 target for number of assessments completed may be too high and possibly for benefit applications as well. Past crisis line call volume reported is in line with established target.

CCMHB FY16 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – ACCESS Initiative Sustainability: N/A

Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): N/A

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: Crisis component aligns with this priority. Elements of access and benefits case management also provide support to the criminal justice involved population.

Priority #5 – Wellness for People with Disabilities: N/A

Priority #6 - Local Funder Collaboration on Special Initiatives: N/A

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: Yes through telephone based services and crisis team response. Non-crisis assessment and benefit application assistance requires travel to walnut Street location.

Budget-Program Connectedness: Budget aligns with services. Funding for CCHCC subcontract has been shifted to the criminal justice proposal. However, services provided under the subcontract would continue to be reported through this program.

Realignment of FY15 Funding to FY16 Priorities: After adjusting for the shift of the CCHCC subcontract, total funding requested for this program reflects an increase of \$47,000.

Anti-Stigma Efforts: Addressed through community education by Crisis Coordinator.

Technical Criteria:

Approach/Methods/Innovation: Program will integrate Crisis and Access responsibilities and develop closer working relationship with law enforcement on crisis response.

Staff Credentials: Described for primary staff.

Applicant Review and Input

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 PY16 PROGRAM SUMMARY

AGENCY: Community Elements, Inc.

Program Name: Crisis Assessment Center Development

Focus of Application: MH X SA X DD _____

Type of Contract: Consultation (grant)

Financial Information:

PY16 CCMHB Funding Request: \$85,125

PY16 Total Program Budget: \$85,125

Current Year Funding (PY15): \$0

Proposed Change in Funding - PY15 to PY16:0

Program Staff – CCMHB Funds: .28 FTE

Total Program Staff: .28 FTE

Budget Analysis: The proposal is to hire a consultant with support provided by Community Elements Executive Director and other administrative staff. Cost for the consultant is \$60,000. Balance of requested funds is for salary and benefits for administrative team. The deliverable is a comprehensive plan for the development of a crisis assessment center. The plan would be completed by December 2015.

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: Program is new proposal for FY16.

Target Population: Intent of the proposal is to implement a planning process to develop a crisis assessment center. The process would consider the need for crisis assessment and associated services – detoxification and psychiatric respite – and for linkage to other behavioral health services and housing with supportive services.

The proposal is a response to on-going discussions in the community by stakeholders, providers, and consumer advocates related to the development of a crisis assessment center/recovery center.

Service Locations(s)/Demographics: As a planning proposal, the application does not include delivery of direct services.

Service Description/Type: Consultation. The crisis assessment center planning process would solicit input from community stakeholders and affected constituencies, research into evidence based practices, facility and program requirements, and include a proposed budget plan including projected funding. Applicable licensure and reimbursement requirements, level of security needed, programming demands, and physical plant are also to be addressed. Building on existing initiatives and commitments, effort would be made to engage other community partners in the process. Many have already indicated an interest in participating.

Regarding the specific requirements for the consultant - the intent is to engage a consultant experienced in overseeing similar community initiatives and associated planning process.

Access to Services for Rural Residents: Proposal does not include delivery of direct services. The planning process would include how to address access for rural residents.

Program Performance Measures

ACCESS: Comprehensive planning process intended to lead to development of an Assessment Center providing assessment, referral/linkage, on-site treatment, and support services/follow-up.

CONSUMER OUTCOMES: Outcome is a comprehensive plan for the development of a crisis assessment center. Some realignment of services by providers/community partners may occur as the planning process transitions to implementation/development.

UTILIZATION: Not applicable as no direct services are proposed. Deliverable is the preparation of the comprehensive plan for a crisis assessment center.

CCMHB FY16 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – ACCESS Initiative Sustainability: N/A

Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): N/A

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: Proposal aligns with the priority.

Priority #5 – Wellness for People with Disabilities: Proposal alludes to incorporating wellness as part of the continuum of services/providers.

Priority #6 - Local Funder Collaboration on Special Initiatives: Proposal refers to involving key stakeholders including other local funders in the planning process.

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: Planning process will consider accessibility of the crisis assessment center for rural residents.

Budget-Program Connectedness: Primary expense is professional fees to hire consultant although some funds are allocated for administrative staff time spent on the project.

Realignment of FY15 Funding to FY16 Priorities: Proposal aligns with FY16 priorities. The planning process itself is a one-time expense.

Anti-Stigma Efforts: No reference is made in the proposal to the addressing stigma as part of the assessment center planning process.

Technical Criteria:

Approach/Methods/Innovation: The proposal is intended to result in a comprehensive plan for moving forward with the development of a crisis assessment center.

Staff Credentials: This criteria is not applicable. Some broad criteria for the consultant is mentioned.

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 PY16 PROGRAM SUMMARY

AGENCY: Community Elements, Inc.

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

Focus of Application: MH X SA DD

Type of Contract: Grant

Financial Information:

PY16 CCMHB Funding Request: \$103,695

PY16 Total Program Budget: \$771,765

Current Year Funding (PY15): \$100,000

Proposed Change in Funding - PY15 to PY16: \$3,695 (increase of 3.7%)

Program Staff – CCMHB Funds: 2 FTE

Total Program Staff: 15.33 FTE

Budget Analysis: Funding requested from CCMHB represents 14% of the total program budget. Three other sources account for all but 1% of remaining program funding. Support from the Illinois Department of Human Services Healthy Families program is projected to provide 35% of total revenue. The Ounce of Prevention funding would provide 27% of the program budget. And funding from the Illinois State Board of Education would be 23% of the total revenue. The 1% is funding to be provided through the Illinois Children’s Mental Health Partnership.

On the expense side, personnel accounts for 82% of costs paid by CCMHB. Professional fees are 4% of expenses with the remaining 14% of funds allocated across nine other expense lines. Program staff supported in part with CCMHB funds total 2 FTE of which 1.76 FTE are involved in direct service. All sixteen direct service staff are supported at some level, typically 12% of salary, with CCMHB funds. One of the bilingual staff positions was vacant at time of application.

The amount awarded in FY15 was reduced in response to having excess revenue in several of the preceding years. There is the potential for the program to have excess revenue again in FY15.

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: Families with children age birth to 5. Program is comprised of three distinct program components whose eligibility criteria varies but 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 83 new clients served in FY14. Residency by zip code data finds 47% were from Champaign, 31% from Urbana, 15% from Rantoul, and 7% from other areas of the county. Demographic data finds 22% were teen parents and 78% were adults; 51% were black, 35% were white, and 14% were other races including bi-/multi-racial; 10% were of Hispanic/Latino origin; and 82% 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.

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

All ECMHD staff have either Associate, Bachelors or Masters Degrees and receive extensive specialized training. Some staff are bi-lingual increasing access to services by the Spanish speaking community.

Access to Services for Rural Residents: Delivering services to rural residents is described as standard practice. Program provides home based services and transportation to groups held in the community.

Program Performance Measures

ACCESS: Program eligibility for each component is described. Referral and collaboration with multiple healthcare providers and participation in in the Birth to Three Service Coordinating Council are referenced. Program goal is within 48 hours of referral the client will be contacted by a member of ECMHD staff.

Efforts to engage families can continue for up to three months. Once engaged, clients may stay in services for long periods, possibly lasting years. As a result, a limited number of openings are available in each program during the year. Of the three program components, only Prevention Initiative maintains a waitlist. 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 compared to established benchmarks. 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 an Advisory Group comprised of participants and stakeholders, for input on program improvements.

Program identifies targets of 90% completion rates for select measures and reports all measures were met in FY14 and on track for FY15.

UTILIZATION: Program Service categories are well defined. Program reports activity as service contacts, Treatment Plan Clients (TPCs), and community service events. Activity reported for FY14 was slightly below targets in each category due to training requirements for new staff limiting their ability to engage in services. Service contacts are below projected levels through the first half of FY15. Community service events are on track and TPCs are very close to targets as of the midpoint for FY15.

No changes are made to targets for TPCs (total of 230 including 140 continuing and 90 new) and community service events (140) for FY16. Service contacts are reduced from 260 to 200.

CCMHB FY16 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – ACCESS Initiative Sustainability: N/A

Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): N/A

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: N/A

Priority #5 – Wellness for People with Disabilities: N/A

Priority #6 - Local Funder Collaboration on Special Initiatives: N/A

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: Program provides services in the natural environment of the home.

Budget-Program Connectedness: Program is primarily state funded with CCMHB the only local source of revenue. Program has in recent past been unable to spend down all CCMHB funds resulting in payback of excess revenue. Potential for excess revenue under FY15 contract exists.

Realignment of FY15 Funding to FY16 Priorities: Amount awarded for the FY15 contract was reduced in response to excess revenue.

Anti-Stigma Efforts: Not a focus of the program.

Technical Criteria:

Approach/Methods/Innovation: Screening and assessment tools are identified. Services are delivered in the home or community.

Staff Credentials: Minimum education requirements are noted and that the various program components also have additional training that must be completed.

Applicant Review and Input

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 PY16 PROGRAM SUMMARY

AGENCY: Community Elements, Inc.

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

Focus of Application: MH X SA DD

Type of Contract: Grant

Financial Information:

PY16 CCMHB Funding Request: \$283,079

PY16 Total Program Budget: \$283,079

Current Year Funding (PY15): \$291,903

Proposed Change in Funding - PY15 to PY16: -\$8,824 (decrease of 3%)

Program Staff – CCMHB Funds: 4.62 FTE

Total Program Staff: 4.62 FTE

Budget Analysis: The CCMHB is the sole source of revenue for this program. On the expense side, salary, payroll taxes and benefits represent 79% of total program costs. The consumables line that includes PLL materials for youth and families as well as food for the evening sessions is 5% of the budget. The remaining 16% of the budget is spread across nine other expense lines.

Staff time supported by the budget totals 4.62 FTE of which 4.3 FTE is for direct service and .32 FTE is for indirect support/administration. Direct service staff include three fulltime PLL trained therapists. Two are Master’s level therapists and the third is a new Bachelor’s level therapist that replaced a Master’s level position with the approval of Savannah Family Institute. The Savannah Family Institute licenses and supervises the program under a separate contract with the CCMHB. Other staff positions include the fulltime Family Support Specialist and a part-time Peer Support Specialist, both currently vacant, and part of the Director of Youth and Family Services time for program supervision.

The PLL contract had excess revenue in FY14 and is projected to have excess revenue in FY15. While the reduced request for FY16 funding is greater than the amount of excess revenue paid back for FY14, the lower amount requested is likely a function of a projected reduction in personnel costs.

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 on station adjustment, or probation for misdemeanor, or in trouble at school, home or the community. The Youth Assessment Center may refer station adjusted youth

based on Youth Assessment and Screening Instrument (YASI) scores. Youth screened with the YASI and score as low risk are referred this program while youth with moderate/high risk scores are referred to PLL-Extended Care at Prairie Center for follow-up. 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 but may be held at other locations if more convenient to the participating families.

Demographic and residency data is calculated on the 81 new youth/families served in FY14. Residency by zip code finds 55% were from Champaign, 18% from Urbana, 5% from Rantoul, 5% from Tolono, and 17% from the balance of the county. Demographic data finds 22% of youth were age 12 or younger and 78% were age 13 to 18; where indicated 45% were white, 37% were black, and 18% were other races including bi/multi-racial; 5% were of Hispanic/Latino origin; and, 70% 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 at intake 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.

Two of the three therapists are Master’s level PLL certified clinicians and the third is a Bachelor’s level clinician who is working toward certification. Savannah Family Institute signed off on the Bachelors level clinician working as a PLL Therapist as the position requires a Master’s degree. The lead Therapist is an LCSW and supervises the team. The Family Support Specialist positions requires a Bachelor’s degree and must complete PLL training. A part-time PLL Peer Support position who is a graduate of the program assists the team.

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.

Savannah Family Institute has established a target of 70% of referrals completing the intake process will attend the first group session. For FY14, 90% of referrals completing an intake attended the first group session.

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. The PLL-FE program demonstrated positive results for all CBCL measures and expected levels of change for most FACES IV measures.

Savannah Family Institute has established a target of 70% for families attending two more sessions will complete or graduate from the program. For FY14, the program had a graduation rate of 90%.

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.

Program served 81 new families in FY14 and 73 completed the program. Only one clinician met the clinical minimum for that year. Based on partial data for FY15, program projects serving close to the same number as FY14. Staff, working with Savannah Family Institute, has created and is implementing a marketing plan to reconnect with referral sources that includes regular communication and meetings with designated school and community agencies staff.

CCMHB FY16 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – ACCESS Initiative Sustainability: Program is part of the ACCESS Initiative system of care.

Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): The Community Elements PLL-FE program is one of two using the PLL model. This program targets station adjusted youth and those youth experiencing problems at home or school.

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: N/A

Priority #5 – Wellness for People with Disabilities: N/A

Priority #6 - Local Funder Collaboration on Special Initiatives: The program originated as an initiative of the CCMHB and is the sole source of support for the program.

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: Program may assist with identifying transportation options and/or hold sessions at a location in the community acceptable to participating families.

Budget-Program Connectedness: Budget aligns with program and required staffing.

Realignment of FY15 Funding to FY16 Priorities: Proposal requests reduced funding for FY16. Program in recent years has had to payback excess revenue.

Anti-Stigma Efforts: Not a focus of the program.

Technical Criteria:

Approach/Methods/Innovation: PLL is an evidence based model. Pre and Post-test measures are used to track and report change in the family.

Staff Credentials: All staff have been trained in the PLL model. Allowance has been made for a Bachelors level clinician to be trained as a PLL Therapist.

Applicant Review and Input

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 PY16 PROGRAM SUMMARY

AGENCY: Community Elements, Inc.

Program Name: Psychiatric/Primary Care Services

Focus of Application: MH X SA DD

Type of Contract: Grant

Financial Information:

PY16 CCMHB Funding Request: \$115,699

PY16 Total Program Budget: \$1,038,575

Current Year Funding (PY15): \$40,000

Proposed Change in Funding - PY15 to PY16: \$75,699 (increase of 189%)

Program Staff – CCMHB Funds: 1.65 FTE

Total Program Staff: 9.67 FTE

Budget Analysis: Funding requested from CCMHB for FY16 is 11% of the total program budget and is almost twice the amount awarded last year by the Board. The primary source of support is a grant supporting psychiatric services from the DHS-Office of Mental Health accounting for 72% of projected program revenue. Payments received from insurance, Medicaid/ Non-Medicaid, Medicare, and client fees are expected to generate the remaining 17% of program revenue.

Expenses paid with CCMHB funds are salaries, payroll taxes, and benefits (83%) and professional fees/consultants (17%). Personnel costs support 1.65 FTE of which 1.42 FTE are direct service staff. Direct service staff includes 80% of a fulltime program supervisor, 50% of a fulltime case manager position that is listed as vacant, 10% of a psychiatric nurse, and 2% of the psychiatrist's time.

The increase in funding requested from the Board is explained in by part by the amount of time charged off to CCMHB for direct staff costs. The program supervisor position increases from 40% to 80% and the case manager position is new for FY16. An increase in indirect staff time is another factor. Also contributing to the increase is the professional fees/consultant line. It cannot be determined from the budget narrative or service description how the \$20,000 allocated to the professional fees/consultant expense line will be used or why it is needed.

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, 18 or older, with mild to severe mental health disturbance and chronic physical health conditions such as diabetes, hypertension, or obesity, and have mental and/or physical health need not being met.

Service Locations(s)/Demographics: Services are delivered at the Community Elements Walnut Street location. Demographic and residency data is based on the 157 clients admitted to the program in FY14. Residency by zip code for those served finds 55% were from Champaign, 29% from Urbana, 9% from Rantoul, and 7% from the balance of the county. Demographic data reported finds all were adults with 6% age 60 or older; 48.5% were black, 46.5% were white; and 5% were other races including bi/multi-racial; 3% were of Hispanic/Latino origin, and 60% were male.

Service Description/Type: Early Engagement, Care Coordination, Wellness Education, Access to Primary Care Services and Psychiatric Consultation. The intent of the program is to enable clients receiving psychiatric care or on the waitlist for such services to access primary care services to address medical issues that improve the well-being of the client. Clients stabilized through medication would be transferred to the primary care provider for continued care related to the medications and chronic health conditions.

Early engagement is an outreach function intended to build trust with the client leading to their engagement in services and will be the responsibility of the new case manager. All clients interested in the program will have an initial brief screening completed using the Duke Health Profile. The profile establishes benchmarks across six dimensions. Completion of a mental health assessment and treatment plan enable the program to bill Medicaid for eligible services. Care coordination links the client to primary care services delivered onsite eight hours/one day per week by a Nurse Practitioner employed by Promise Healthcare as well as to other services. Consultation between the Nurse Practitioner and Psychiatrist may be held on some cases to facilitate the integration of primary care with mental health care including prescribing psychotropic medications. Wellness education group and individual care would be provided by a case manager and a licensed practical nurse. This would provide education on managing various chronic conditions including diabetes, stress, medication regimen, and emotional regulation.

Credentials for the funded staff positions are referenced. The Nurse Practitioner from Promise Healthcare has experience working with patients with a mental illness, prescribing psychotropic medications, and consultation with psychiatrists.

Access to Services for Rural Residents: Services are provide on-site at Community Elements Walnut Street location in Champaign. As part of the early engagement activity staff will be in contact with local shelters and hospitals. Consumers with managed care plans that include transportation will be informed of this benefit and how it can be utilized.

Program Performance Measures

ACCESS: Existing clients may be referred internally as the engage in other services. For a new client referral may be made following completion of an assessment. In that Promise Healthcare uses the Walnut Street location as a satellite site, patients of Frances Nelson Health Center may be seen there as well and then referred for mental health services. Target is to engage the client within 48 hours of referral and to complete the Duke Health Profile within two weeks of contact. Time from referral to contact and then to completion of the health profile will be tracked by hand and on the client data system.

Criteria for admission to program is described. Program reports 85% of those referred have met admission criteria. Of those admitted, 95% are projected to engage in services with 30 days of initial contact and

75% will be connected with a primary care provider. Clients engaging with the Nurse Practitioner have the opportunity to schedule future appointments at Frances Nelson Health Center. All clients will complete a release of information to enable care coordination.

CONSUMER OUTCOMES: Fifty-five percent of active program participants that complete the Duke Health Profile follow up survey three months after admission will report an increase in the physical and mental health indicators measured by the instrument. Also at the three month mark, a client satisfaction survey will be administered with a goal of 80% of respondents affirming that needs were being met and had experienced increased coordination of health services. Contingent on access to Carle emergency department utilization data, frequency of visits will decrease by 20% compared to the same period the prior year. Community Elements will work with Promise Healthcare to determine if tracking specific physical healthcare outcomes can occur.

Program acknowledges difficulty identifying psychiatric patients stable on medication that can be moved to the care of the Nurse Practitioner.

UTILIZATION: Program served 157 clients in FY14, exceeding FY14 Treatment Plan Client target of 150 and is on track to meet or exceed target of 200 for FY15. Service encounters underperformed in FY14 and are slightly below projected levels for FY15. Targets for FY16 are adjusted upward, presumably as a result of increased staff dedicated to the program as well as past performance levels.

CCMHB FY16 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – ACCESS Initiative Sustainability: N/A

Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): N/A

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: Proposal does not specifically address the criminal justice involved population. It has the potential to be part of the service continuum through referrals from the criminal justice case managers.

Priority #5 – Wellness for People with Disabilities: Proposal is aligned with this criteria. Enables patients to access medical care provided on-site by Frances Nelson Health Center.

Priority #6 - Local Funder Collaboration on Special Initiatives: The CCCMHB is the only local funder identified. All other support are state grants or fee for service contracts. Proposal does involve collaboration with Promise Healthcare enabling access to physical healthcare for Community Elements clients being seen at the Walnut Street location.

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: Service is only accessible at the Community Elements Walnut Street location.

Budget-Program Connectedness: Significant increase in support is requested from the CCMHB. The increase is to support part of a new case manager position and an increase in the program supervisor's time charged off to CCMHB.

Realignment of FY15 Funding to FY16 Priorities: Would require realignment of funding to meet the requested increase of \$75,699.

Anti-Stigma Efforts: While not specifically referenced as an anti-stigma effort, early engagement activity is intended to build trust with the client leading to participation in services.

Technical Criteria:

Approach/Methods/Innovation: Proposal describes engagement process, screening tool, and coordination of services with Promise Healthcare for integration of medical care with mental health/psychiatric services.

Staff Credentials: Brief description provided for direct service staff.

Applicant Review and Input

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 PY16 PROGRAM SUMMARY

AGENCY: Community Elements, Inc.

Program Name: TIMES Center (Screening MI/SA)

Focus of Application: MH SA DD

Type of Contract: Fee For Service

Financial Information:

PY16 CCMHB Funding Request: \$73,537

PY16 Total Program Budget: \$470,778

Current Year Funding (PY15): \$48,000

Proposed Change in Funding - PY15 to PY16: \$25,537 (increase of 53%)

Program Staff – CCMHB Funds: 1.27 FTE

Total Program Staff: 8.94 FTE

Budget Analysis: Funding requested from the CCMHB is less than 16% of total funding and paid on a fee for service basis. Other revenue comes from a variety of sources but the majority of funding are local dollars. The single largest source of projected revenue for FY16 comes from fundraising at 25% with another 7% coming from contributions. Support from two other local funders is responsible for 11% of program revenue (United Way 8%, and City of Urbana 3%). Program fees generate 2% of funding. Projected funding from three state contracts would generate 31% of revenue. Federal Housing and Urban Development (HUD) grant is 8% of funding.

Salary, payroll taxes and benefits are 73% of the total expense charged off to CCMHB and is in line with the percentage for the program as a whole. The remaining 27% of CCMHB funding is cost allocated across ten other expense lines. Staff allocated to the CCMHB contract total 1.27 FTE of which 1.17 is direct service staff time. The TIMES Center supervisor, a case manager, and a recovery advocate are the primary positions supported in part with CCMHB funds.

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: 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: TIMES Center is the only service location. Demographic and residency data is calculated on a reported 368 individuals served. Client demographics reported finds all were adult men with 5% age 60 or older; 47% were white, 50% were black and 3% were other races; and 3% were of Hispanic/Latino origin.

Residency by zip code indicates 80% were from Champaign (70% from 61820), 15% from Urbana, 4% from Rantoul and 1% from the balance of the county. The zip code (61820) that includes TIMES Center accounts for 258 of the 368 residents. 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: Screenings and Outpatient Group Counseling. Any adult presenting at TIMES Center is screened for mental health, alcohol and substance abuse, and for those with criminal justice involvement a screen for criminogenic risk, as part of the intake process. Referral for a mental health assessment or substance use disorder may be made based on the assessment. Criminogenic risk results in linkage to a criminal justice case manager. Support may also be provided for accessing medical care and behavioral health care, and assistance with enrolling in benefit plans/entitlement programs. Groups offered onsite include relapse prevention groups, MRT groups including MRT vocational groups, as well as other groups on coping skills, moving forward, and emotional regulation. Motivational interviewing may be used as part of the process of engaging residents in the specialized groups.

Screenings completed as well as participation in the groups are billable activities under the fee for service contract. Substance use treatment and recovery groups will also be offered but are not billable as staff providing those services onsite are part of the criminal justice grant application.

Credentials referenced include staff trained on completing the screening instruments, on the MRT model, and the Supervisor's experience in crisis intervention and knowledge of community resources. Community Elements DASA license to provide level and II outpatient services at TIMES Center is noted. The supervisor collaborates with the criminal justice team attending weekly staffing with the team to discuss progress of TIMES Center clients and will attend the Forensic Team meetings held for all criminal justice program staff.

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. Commitment is also made to continue to work with law enforcement and other community partners to address the needs of the homeless population involved with the criminal justice system.

During cold weather emergencies, TIMES Center coordinates with emergency services, law enforcement and other providers and church/volunteer organizations to ensure access to meals and warming shelters for all persons who are homeless.

CONSUMER OUTCOMES: All admissions to TIMES Center are to be screened for mental health, alcohol/substance abuse issues, and as appropriate criminogenic risk. 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 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. The three measures of well-being and satisfaction are: Overall how has your problem or situation changed?; If you had a friend who needed similar help, would you refer them to our organization?; Overall how satisfied are you with our organization?

Provider reports almost 100% of residents completed the survey with 69% reporting their situation had changed for the better, since being at TIMES Center, 80% indicated they would recommend the program to a friend, and 67% being satisfied with the program. While not quantified, the agency reported the highest ratings were for assisting residents with finding employment, locating other services, improving ability to handle life's problems, and with their financial and living situation. Areas where no improvement was reported was for family relationships and medical condition.

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.

UTILIZATION: The FY 2016 target for clients served at TIMES Center is 380, a slight decrease from the FY15 target. Clients screened 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. Residents will be screened within five days of presenting at the shelter.

Contract is fee for service, screenings as well as participation in relapse prevention groups and other treatment groups are billable activities. Program is on track to bill out FY15 contract.

CCMHB FY16 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – ACCESS Initiative Sustainability: N/A

Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): N/A

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: Services provided include a screening for criminogenic risk as well as MRT groups targeted to criminal justice involved residents. Linkage is also provided to the criminal justice program. Supervisor and other staff also will participate in case reviews with criminal justice case managers as well as participate in Forensic Team meetings to coordinate services.

Priority #5 – Wellness for People with Disabilities: Linkage and referral to Community Elements benefits case manager or CCHCC health navigator for assistance enrolling in benefits plans/entitlement programs as well as to medical services.

Priority #6 - Local Funder Collaboration on Special Initiatives: While not specific to the criteria, it is worth noting the program is supported by other funders, and relies heavily on local fundraising and contributions to operate TIMES Center.

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: Person that is homeless must present at TIMES Center to receive services.

Budget-Program Connectedness: Budget aligns with services.

Realignment of FY15 Funding to FY16 Priorities: Funding increase requested would likely require realignment of funding.

Anti-Stigma Efforts: Relapse prevention groups attempt to address barriers associated with individual's reluctance to engage in treatment.

Technical Criteria:

Approach/Methods/Innovation: Program utilizes MRT and specialized MRT groups. Staff would participate in case reviews and other coordination meetings with criminal justice program staff.

Staff Credentials: Some references to training completed by staff is made as is the TIMES Center being licensed as site for delivery of level I and II outpatient treatment for substance use disorders.

Credentials referenced include staff trained on completing the screening instruments, on the MRT model, and the Supervisor's experience in crisis intervention and knowledge of community resources. Community Elements DASA license to provide level and II outpatient services at TIMES Center is noted.

Applicant Review and Input

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 PY16 PROGRAM SUMMARY

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

Program Name: Resource Connection

Focus of Application: MH SA DD

Type of Contract: Grant

Financial Information:

PY16 CCMHB Funding Request: \$65,978

PY16 Total Program Budget: \$258,068

Current Year Funding (PY15): \$65,290

Proposed Change in Funding - PY15 to PY16: \$688 (increase of 1%)

Program Staff – CCMHB Funds: 2.04 FTE

Total Program Staff: 3.17 FTE

Budget Analysis: The Resource Connection program receives funding from a wide range of sources with all but 3% which comes from an Emergency Food and Shelter grant, being local funding. The amount requested from CCMHB is 26% of program revenue. The largest source of projected revenue at 31% comes from contributions and fundraising activities. The United Way allocation including designated funds provides 23% of program revenue. The Village of Rantoul plus lesser amounts from surrounding townships provides 8% of program funds. The remaining 9% is income based revenue generated primarily from of renting office space.

Program costs allocated to CCMHB funds are entirely personnel related. The salary expense line is allocated 97% of the funds with the remaining 3% for payroll taxes. Of the four staff supported in part (2.04 FTE) with CCMHB funds, 1.62 FTE are direct service staff with the highest percentages of staff time allocated to the service coordinator and the intake coordinator positions.

Agency notes concern about continued funding for the Rantoul Area Project grant they receive from the state. Reduced state funding to other providers may impact their use of agency as a satellite site.

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 serves residents of nine northern most Champaign County townships. 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 unduplicated households (NTPCs) served by the 2014 program was 1,571. Residency by zip code data finds 88% were from Rantoul, 3% in Ludlow, 2% from Thomasboro, and 7% in other zip codes from northern Champaign County, Champaign and Urbana. Demographic data finds all were adults with 13% age 60 or older; 47% were white, 27% were black, and 26% were other races including bi-racial/multi-racial; 23% were of Latino/Hispanic origin; and 65% were female.

Service Description/Type: Information and Referral and Support Services. Residents will continue to have access to information and referral services as well as other basic services provided by CSCNCC and those available from providers using the agency as a satellite site. Program is said to promote and enhance wellness through access to basic services and providers using satellite offices.

Office space is utilized by some Champaign-Urbana based providers and space available is promoted to other programs/providers. Space can be utilized during and after business hours. As part of on-going information and referral activity, information on mental health and other CCMHB funded services not accessible onsite is provided 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. Referral to 211 is made as needed.

Other support services offered are 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. Bi-lingual services and materials are also available. A Resource Connection fair is planned to promote services available through the agency and from other community providers using the facility.

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. 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 has declined by about 3% for each of the last two years while the number of unduplicated households is up by 11%, primarily due to an increase in new households served. The agency is said to be seeing more households overall but the frequency of contact has declined.

Contacts for satellite services specific to CCMHB funded agencies (primarily Community Elements, Prairie Center, and Champaign County Regional Planning Commission) declined in FY14. Sixteen other non-CCMHB agencies are reported to use the facility over the course of the year and these contacts are

tracked as well. New activity included use of the facility by Promise Healthcare for a dental clinic event, use by Regional Planning Commission for service contacts with station adjusted youth. The location has also been used as a community awareness site for several DSC consumers living a local group home.

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

CONSUMER OUTCOMES: Outcomes are primarily the access measures referred to above. A client satisfaction survey is done every other year. Results from 2014 found all 100 surveys returned including ten from Spanish speaking households expressed satisfaction with the services and interaction with staff. The survey included a question on cultural sensitivity too that generated positive responses. Those answering 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 in 2013 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. In response to the impact high-end users have on services, the program has been providing 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. Targets associated with engaging the high end users in case management are not identified. Agency reports the volume of high end users and frequency of contacts have remained stable.

UTILIZATION: Volume of information and referral contacts are reported as service contacts. Number of unduplicated households receiving assistance from the agency are reported as Non-Treatment Plan Clients. The number of contacts with other providers is reported in the Other category. Comparisons are provided for each of these service categories for the prior year and midway through the current contract. Some fluctuation has occurred most notably in number of unduplicated households seeing a slight increase but frequency of contact being lower. Information and referral contacts and contacts with other providers at the agency are both down slightly through the first half of FY15.

Targets for FY16 have been adjusted to reflect service trends. The program plans to hold a community service event to educate the community about the program and services available.

CCMHB FY16 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – ACCESS Initiative Sustainability: N/A

Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): Site is available for use by PLL but has not been utilized. The Youth Assessment Center does use the facility to meet with station adjusted youth from Rantoul.

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: N/A

Priority #5 – Wellness for People with Disabilities: Access to services meeting basic needs and specialized care by providers using the facility for satellite offices is cited by the agency as serving a wellness function.

Priority #6 - Local Funder Collaboration on Special Initiatives: Support for the agency and the Resource Connection program relies almost exclusively on local sources of funding. While the program itself is not a new initiative it does fill a need for residents of northern Champaign County, enabling them to access some services without having to travel to Champaign or Urbana.

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.
Countywide Access: Primary service area is northern nine townships of Champaign County.
Budget-Program Connectedness: CCMHB funds are allocated to personnel expenses.
Realignment of FY15 Funding to FY16 Priorities: CCMHB funding was reduced in FY14.
Anti-Stigma Efforts: This criteria is not a focus of the program.

Technical Criteria:

Approach/Methods/Innovation: Program services as a satellite site for other providers as well providing services to assist with meeting basic needs. Information and referral is provided for needs that cannot be addressed onsite.
Staff Credentials: Agency has small number of staff. Credentials and experience are noted for each position.

Applicant Review and Input

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 PY16 PROGRAM SUMMARY

AGENCY: Courage Connection (previously known as The Center for Women in Transition)

Program Name: Courage Connection (previously known as A Woman's Place)

Focus of Application: MH X SA DD

Type of Contract: Grant

Financial Information:

PY16 CCMHB Funding Request: \$66,948

PY16 Total Program Budget: \$767,358

Current Year Funding (PY15): \$66,948

Proposed Change in Funding - PY15 to PY16: 0

Program Staff – CCMHB Funds: 2.12 FTE

Total Program Staff: 17.52 FTE

Budget Analysis: A wide range of sources provide funding for the domestic violence program. Funding from the CCMHB provides 9% of program revenue. The single largest source of support is a state contract at 55% with two other state contracts adding another 17% of revenue. Support from the Department of Housing and Urban Development is responsible for 7%. Various other sources including Untied Way, the City of Urbana, corporate giving, and fundraising are responsible for the remaining 12% of revenue.

On the expense side, all of the CCMHB funds are allocated to personnel costs. Salaries account for 88% of CCMHB funds with the remaining 12% for payroll taxes. Other funders pay the remaining personnel expenses as well as all other operating costs. Staff time charged off to CCMHB equates to 2.12 FTE of which 1.85 FTE are direct service and .27 FTE are indirect/administration. The direct service staff includes a portion of two counselor's positions (.5 FTE and .15 FTE) and 20% of each of the six case manager II 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 X _____
Audit not in Compliance _____
Auditor Finding _____

Target Population: Adults and their children who self-report as being 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 268 victims of domestic violence from Champaign County in FY14. Residency by zip code reported finds 42% were from Champaign, 29% from Urbana, 10% from Rantoul, and 19% from other areas of the county. Demographic data reported finds 28% of AWP residents were children and youth, 72% were adults including 2% that were age 60 or older; 54% were white, 40% were black, and 6% were other races including bi-/multi-racial; 12% were of Hispanic/Latino origin; and 85% were female.

Service Description/Type: Counseling/Case Management. Courage Connection 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 (not therapy), life skills groups, case management, court advocacy, children's programming, and community education on domestic violence.

Services may be accessed by residents of the domestic violence emergency shelter as well as victims of domestic violence living in the community to enable them to regain control of their lives and free of domestic abuse. Weekly and bi-weekly counseling sessions are offered depending on client need and service plan. Client services are tracked using the state InfoNet database. All services comply with the Illinois Domestic Violence Services Guideline Manual. Staff credentials meet state requirements as specified in the manual.

Access to Services for Rural Residents: Courage Connection 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.

Program Performance Measures

ACCESS: 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 competent and promote self-help/self-advocacy in the client. 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).

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 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. Outcome of survey is not reported.

UTILIZATION: Program defines and sets targets for all services. Targets for FY16 are unchanged from FY15. Target for Treatment Plan Clients (TPCs) - clients staying at the shelter three or more days or non-shelter residents completing a service plan and engaging in three or more counseling sessions 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.

Targets set for FY14 were not achieved for TPCs, NTPCs, and screening contacts. The greatest gap was for NTPCs. Screening contacts and TPCs were within 10% of target. Community Service events exceeded the target. Activity reported through the first half of FY15 indicates a similar outcome as FY14.

CCMHB FY16 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – ACCESS Initiative Sustainability: N/A

Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): N/A

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: Program provides supports to victims of domestic violence including emergency and transitional housing, counseling, court advocacy, and case management.

Priority #5 – Wellness for People with Disabilities: N/A

Priority #6 - Local Funder Collaboration on Special Initiatives: N/A

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: Domestic violence hotline is open 24/7. Almost 30% of clients are from outside Champaign and Urbana.

Budget-Program Connectedness: Funding comes from wide range of sources. CCMHB funds support counseling and case management activity.

Realignment of FY15 Funding to FY16 Priorities: No change in amount requested and is consistent with funding allocated for the last ten years.

Anti-Stigma Efforts: Program activity includes community education on domestic violence.

Technical Criteria:

Approach/Methods/Innovation: Complies with Illinois Domestic Violence Services Guideline Manual.

Staff Credentials: Complies with state standards as specified in the Guidelines Manual.

Applicant Review and Input

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 PY16 PROGRAM SUMMARY

AGENCY: Crisis Nursery

Program Name: Beyond Blue Champaign County

Focus of Application: MH X SA DD

Type of Contract: Grant

Financial Information:

PY16 CCMHB Funding Request: \$75,000

PY16 Total Program Budget: \$176,700

Current Year Funding (PY15): \$70,000

Proposed Change in Funding - PY15 to PY16: \$5,000 (increase of 7%)

Program Staff – CCMHB Funds: 1.45 FTE

Total Program Staff: 3.60 FTE

Budget Analysis: Revenue for the program comes primarily from local sources. Funds requested from the CCMHB is 43% of revenue with a similar amount (42%) coming from fundraising and contributions. United Way funds designated for Crisis Nursery account for another 7% of program revenue. The remaining 8% are funds from a state contract allocated to the program.

Personnel costs represent 90% of expenses charged off to CCMHB funds. The transportation expense line is the next largest cost at 5% with the remaining 5% charged off across another five expense lines. CCMHB funds support 1.45 fulltime equivalent positions (FTE) with staff involved in direct services at 1.40 FTE including part of two Family Specialists time (1.25 FTE) and for supervision by the Program Coordinator (0.15 FTE), 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. Referral sources include various medical providers, internally from Crisis Nursery, and self-referrals.

As an indicator of need, program cites data from CUPHD WIC screenings completed in 2014 using the Edinburgh Postnatal Depression Scale (EPDS). The EPDS screens identified 124 mothers (23 from rural

Champaign County and 101 from Champaign and Urbana) who scored a 10 or higher indicating they were at-risk of perinatal depression.

Service Locations(s)/Demographics: Clients home, Crisis Nursery, and other community sites. Demographic and residency data was reported for 35 new clients – mothers - served in FY14. Residency by zip code data finds 29% were from Champaign, 20% from Urbana, 23% from Rantoul, and the remaining 28% from other areas of the county. Demographic data finds 11% were mothers age 18 or younger, and 89% were mothers over age 18; 54% were white, 43% were black, and 3% other races including bi-racial/multi-racial; 3% 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.

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 assess for 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. The groups may include parents from the Strong Families program to reduce stigma. Referral and linkage to other services also occurs. 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. Community education is intended to reduce stigma associated with post-natal depression and promote Beyond Blue as a resource.

Direct service staff have Bachelor's degrees and participate in continuing education. They are supervised by the Strong families program Coordinator (LCSW), and Executive Director (LCSW). Staff may also consult with Ann Chan, LCSW regarding clinical assessments and interventions for postnatal depression.

Access to Services for Rural Residents: More than 50% of mothers served will be from rural Champaign County. Staff conducts home visits, and may hold PCI groups in rural locations. Referral sources among many cited includes CUPHD WIC program in Rantoul.

Program Performance Measures

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

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.

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, 76% reported reduced stress, 98% reported improved parenting skills, and 93% reported reduce risk of child maltreatment. Results less than 85% are reviewed for quality improvement. The Nursery cited the severity of the cases as a contributing factor to the reduced stress 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. Program reports 78% of mothers surveyed in FY14 showed a decrease in symptoms between first and final screenings.

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. Program reports of 52 ASQs completed in FY14, four resulted in a referral to an outside agency for further evaluation.

A post discharge contact six months after discharge is made to assess specific impacts of the Beyond Blue program. Outcomes 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 is made to targets from FY15 to FY16. The 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 FY14, some by significant margins and is on track to do so again for FY15.

CCMHB FY16 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – ACCESS Initiative Sustainability: N/A

Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): N/A

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: N/A

Priority #5 – Wellness for People with Disabilities: N/A

Priority #6 - Local Funder Collaboration on Special Initiatives: Program originated as a special initiative in conjunction with the Champaign County Board of Health. While the Board of Health has not contributed financial support for a number of years, program is funded primarily from local sources.

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: Program originated as an initiative to serve rural Champaign County. Of total families served, more than 50% of those families will be from outside Champaign and Urbana.

Budget-Program Connectedness: Budget aligns with services with high percentage of CCMHB funds allocated to direct service personnel.

Realignment of FY15 Funding to FY16 Priorities: Program requests an increase in funding for FY16.

Anti-Stigma Efforts: Community education, home visits, and holding groups in community locations are all referenced as playing some role in efforts to reduce stigma associated with post-natal depression.

Technical Criteria:

Approach/Methods/Innovation: Screening and assessment tools as well as client engagement in services is clearly identified.

Staff Credentials: Provided for direct service staff and program supervisor.

Applicant Review and Input

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 PROGRAM SUMMARY 2016

Agency: Developmental Services Center

Program Name: Apartment Services

Contract Format Requested: Grant

Funding Requested: \$405,185

Staff Assessment: fee for service (FFS) reimbursement would capture varying intensity of support.

Target Population: Champaign County residents with Intellectual and/or Developmental Disabilities (ID/DD) who benefit from support to live in the community: 24 in secured, Housing and Urban Development (HUD) subsidized building; approx 40 others throughout the county (primarily in Champaign and Urbana, by choice); services/supports range from 4-27 hours/range, as 17 served have significant health involvement and 23 have little or no family support.

Staff Assessment: PUNS (Prioritization for Urgency of Need for Services) enrollment; effort to acquire state funding for any eligible is noted. Will support through this program disqualify people from long-term waiver awards as it may have already done for some older individuals?

Service Description/Type: assistance in acquiring skills for independence, long-term support for areas not mastered, and increased support when skills are compromised by health problems. Areas of support include: money management, cooking, cleaning, and other home management and personal care; social skills, safety, and other community integration; support for positive health habits and meeting medical needs; linkage to benefits and other services. Crisis support available 24/7. Services provided at home and in community, determined by individual's plan, reviewed monthly and revised as needed.

Staff Assessment: Person Centered Planning Process aligned with values of Council on Quality and Leadership; 120 hours staff training required by Illinois Department of Human Services – Division of Developmental Disabilities (DHS-DDD) plus training specific to persons served and on relevant topics when needed. Agency is landlord for HUD building; rent based on income, adjusted with changes.

Alignment with ID/DD Priorities, Through the “Lens of Integration.” Does the application:

- Focus on a person's control of his/her day and life? *Yes.*
- Support a person building connections to the broader community? *Yes.*
- Support a person participating in community settings of their choice and in ways they desire? *Yes.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *Not explicitly.*
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? *Not explicitly.*
- Incorporate Employment First principles? *No.*
- Acknowledge support and encouragement of self-advocacy? *No.*

- Address cultural competence and outreach to underserved populations? *Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *No.*

Program Performance Measures:

Consumer Access: individual with an interest is referred, case evaluated by Admissions Committee, decision based on whether they are in crisis, how long they've been on the waiting list, and whether support needs can be met. Measure is to serve 63 people.

Staff Assessment: appears not to include a quantifiable measure related to referral or admission processes.

Consumer Outcomes: Measures for those participating to make progress toward their own independent living objectives (94% actual at mid-year compared with FY15 target of 80%) and to have opportunities to engage in new activities of interest (mid-year actual of 16 new opportunities compared with FY15 target of 35.) Continues these measures and targets for FY16.

Utilization/Production Data: *FY16 targets:* 63 Treatment Plan Clients (TPCs), 60 continuing and 3 new; 0 Non-TPCs; descriptions but no targets for Service/Screening Contacts (SCs) (phone and in person meetings with prospective participants; tours of apartment building) or Community Service Events (CSEs) (informational meetings, formal presentations to many organizations).

Mid-Year FY15: 60 continuing and 4 new actual TPCs against targets of 60 and 3; 4 SCs; and total of 5,545 direct service hours (*approx \$37/hr at half of contract max.*)

FY14: actual 57 continuing and 8 new TPCs against targets of 57 and 6; 22 SCs; and total of 7,436 direct service hours (*at \$413,052, \$55/hr, \$6,355 annual case rate, or \$530 per member per month.*)

Staff Assessment: this section contains a note about access to the program, in that focus is on long-term services to continuing TPCs, new capacity as they exit the program.

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$ 405,185
 PY16 Total Program Expenses: \$ 405,185
 (total program rev is \$484,698, expenses \$510,515, so \$25,817 deficit is not charged to the CCDDDB)

Program Staff – CCDDDB/CCMHB Funds: 7.91 FTE Direct Staff and 0.65 FTE Indirect Staff
 Total Program Staff: 10.00 FTE Direct Staff and 0.83 FTE Indirect Staff

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates? *Yes, in that those with HBS (Medicaid waiver) funding are not served under the contract.*

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? *Yes.*

Staff Assessment: charges 79% of 7 full-time and 1 part-time Apartment Services Case Managers and one Community Living Coordinator, 67% of another ASCM, 52% of Program Director, 36% of RN Coordinator, 4%

of RN, and a small amount for staff overtime. Indirect staff costs are 4% and less of 20 positions (HR, accounting, maintenance, admin.)

Budget Narrative: Projected revenue from United Way (5% of total program revenue), CCDDDB/CCMHB (84% of total), and DHS FFS (HBS?) and DHS training reimbursement (11% of total). **Expenses** (no salary increase) are described in detail (some program-specific, often related to staff offices, some allocated) on benefits, professional fees/consultants, consumables, general operating, occupancy, conferences/staff development, etc. Staff costs comprise 88% of requested CCDDDB/CCMHB amount, 93% of total program budget. Good detail on each staff position's responsibilities to this program.

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

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or the CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
2. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
3. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.
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.

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 2016

Agency: Developmental Services Center

Program Name: Clinical Services

Contract Format Requested: Grant

Funding Requested: \$173,773

Staff Assessment: contract could be formatted as fee-for-service, reimbursing for completed assessments (e.g.) related to some services and hourly or per-member, per-month related to others.

Target Population: Champaign County residents with intellectual and/or developmental disabilities, not otherwise funded for this program's services. A majority of those currently served are engaged in other agency programs (including Service Coordination), but the program also serves those with no other agency involvement.

Staff Assessment: includes detail that those seeking a specific clinical support for a short-term, at times, end up requesting services through other agency programs.

Service Description/Type: psychological assessment, for eligibility and for those whose level of functioning may have changed; counseling assessment and planning, individual and group counseling and counseling in response to crisis; initial and annual psychiatric assessment, medication review, and crisis intervention; occupational therapy evaluation and consultation; clinical consultant collaboration with interdisciplinary teams. Consultants on contract meet with people at agency offices and in community and include: one Licensed Clinical Psychologist, four Licensed Clinical Social Workers, two Licensed Clinical Professional Counselors, one Licensed Professional Counselor, one Licensed Marriage and Family Therapist, a Psychiatrist, a Speech Therapist, and an Occupational Therapist. Staff and family members may assist with appointment scheduling and transportation.

Staff Assessment: detail on how much of the current year contract budget is devoted to each service category (psychological 10%, counseling, planning, crisis 60%, psychiatric 25%, occupational therapy 5%).

Alignment with ID/DD Priorities, Through the "Lens of Integration." Does the application:

- Focus on a person's control of his/her day and life? *Yes.*
- Support a person building connections to the broader community? *Yes, indirectly?*
- Support a person participating in community settings of their choice and in ways they desire? *Yes.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *Not directly.*
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? *No.*
- Incorporate Employment First principles? *No.*
- Acknowledge support and encouragement of self-advocacy? *No.*

- Address cultural competence and outreach to underserved populations? *Outreach through school meetings community-wide, Transition Planning Committee, agency website, networking (parent and professional), collaboration with other providers and parent groups. Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *Yes.*

Program Performance Measures:

Consumer Access: Champaign County residents not otherwise engaged with agency programs may self-refer or be referred by family, friends, professionals involved in their support. Those currently involved with the agency may request clinical services, or the request may be made on their behalf by family, physicians, other team members. Data tracked include: referral date, service/support sought, reason for referral, and who requested. Those in crisis or at-risk are prioritized, and cases reviewed for other funding options (e.g., insurance) and capacity of the pertinent consulting clinician's practice. 90 people are to be served in FY16. Sufficient detail on documentation and monitoring of supports and services; comment about the development of other resources in the community (freeing up capacity for those with very limited treatment options/specialized needs.)

Staff Assessment: measure overlaps with a measure of utilization (number of people served); based on data collected, a measure could address time from referral to service onset for crisis versus non-crisis cases or measure access to other resources/funding options (useful in identifying service gaps and specific system advocacy).

Consumer Outcomes: 1) FY16 target of 100% quarterly reviews conducted by Clinical Coordinator of assessment, progress, and volume of sessions for all engaged in counseling through this contract; matches FY15 target, met at mid-year. 2) FY16 target of 100% review and documentation of psychiatric patient progress and efforts to reduce medications; this is also the FY15 target, met at mid-year. 3) FY16 target of 90% consumer satisfaction (surveys) continues the FY15 target (actual outcome data available at end of contract year and included in Annual Performance Outcomes Report).

Staff Assessment: section contains comment about focus on individual choice, assessed need, cultural considerations; interventions and trainings through collaboration of direct and management staff and clinicians.

Utilization/Production Data: *FY16 Targets:* 86 total Treatment Plan Clients - 65 continuing and 21 new – those whose case records and Individual Service Plans are funded by CCDDDB or CCMHB; 2 continuing and 2 new Non-Treatment Plan Clients – those with service and support records but no formal ISP, funded by CCDDDB or CCMHB; 25 Service Contacts – phone and in-person contacts with those interested in services, including I&R contacts, initial screenings/assessments, crisis services; 2 Community Service Events.

Mid-year FY15: 63 continuing and 3 new TPCs (actual) against targets of 65 and 21; 3 continuing and 1 new Non-TPCs exceed/on track with targets of 2 and 2; 12 Service Contacts on track with target of 25; 1 CSE on track with target of 2.

FY14: 67 continuing and 21 new TPCs (actual) exceeded targets of 65 and 15; 1 continuing and 7 new Non-TPCs against targets of 2 and 2; 29 Service Contacts exceeded target of 25; 0 CSEs below target of 2.

Staff Assessment: FY14 and FY15 data reported in this section are from the agency's submitted quarterly service activity reports, slight mismatch with Part Two form (where one SC actual total is lower than reports).

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$173,773
PY16 Total Program Expenses: \$174,342

Program Staff – CCDDDB/CCMHB Funds: 1.11 FTE Direct Staff and 0.18 FTE Indirect Staff
Total Program Staff: same (total program salary costs are \$231 greater than CCDDDB portion)

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?
Does the application clearly explain what is being purchased by the CCDDDB and CCMHB?

Staff Assessment: indirect personnel includes 1% (and less) of the salaries of each of 20 positions (HR, accounting, maintenance, training coordinator, admin); direct personnel includes 50% of Clinical Coordinator, 45% of Program Director, 10% of Certified Occupational Therapy Assistant, 5% of Vice President, and 1% of Registered Nurse.

Budget Narrative: CCDDDB/CCMHB request is for 99.7% of total program revenue, with small amount of DHS reimbursement for training as other source. Staff costs comprise 49.4% of CCDDDB/CCMHB budgeted expenses, with 46% for professional fees/consultants, 0.9% for local transportation, 0.7% for general operating, 0.65% for miscellaneous, and several smaller amounts. The Budget Narrative describes each revenue and expense item in sufficient detail, includes reference to submitted Allocated Expense formula (reviewed annually with agency audit). The responsibilities of personnel assigned to the contract are described, with reference to key staff use of holistic, person-centered model; although the role of Case Coordinators is described in this section of the Budget Narrative, no portion of a Case Coordinator salary is assigned in the personnel form.

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

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.
2. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
3. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption

- to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
4. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.
 5. The applicant shall specify the estimated hours of each type 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. Applicant shall warrant that these services are not covered under the Illinois School Code.

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 2016

Agency: Developmental Services Center

Program Name: Community Employment

Contract Format Requested: Grant

Funding Requested: \$222,800

Staff Assessment: 3% increase over FY15 level; could be fee-for-service to capture varying service intensity; if case rated, \$4,456 per individual per year or \$371.33 per member per month.

Target Population: adult residents of Champaign County who have an Intellectual or Developmental Disability (ID/DD) and are seeking support for finding or keeping a job.

Staff Assessment: those with state funding will not be served under this contract.

Service Description/Type: person-centered discovery process: interviews of individuals and those who know them; research into particular jobs of interest; resume/portfolio development; interview preparation; job matching; advocacy for accommodations; development of adaptive tools; support of self-advocacy at work; benefits information; 'soft skills' support; and feedback from peers.

Staff Assessment: 120 hours of training required by Illinois Department of Human Services – Division of Developmental Disabilities (DHS-DDD) for all staff plus certification through national Association of People Supporting Employment First.

Alignment with ID/DD Priorities, Through the “Lens of Integration.” Does the application:

- Focus on a person’s control of his/her day and life? *Indirectly.*
- Support a person building connections to the broader community? *Yes.*
- Support a person participating in community settings of their choice and in ways they desire? *Yes.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *No.*
- Systematically identify and mobilize a person’s capabilities and create access to community associations, workplaces, and learning spaces? *Yes.*
- Incorporate Employment First principles? *Yes.*
- Acknowledge support and encouragement of self-advocacy? *Yes.*
- Address cultural competence and outreach to underserved populations? *Rural outreach described. Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *No.*

Program Performance Measures:

Consumer Access: referrals from self, families, friends, or current employers, or to follow post graduation (observations while still in school); CCDDDB/CCMHB contract used for those requesting support beyond Division of Rehabilitation Services (DRS) contract funding (90 days). Admission to the agency and program depends on documentation of ID/DD. Measure is to support 90 individuals, toward full inclusion in community work (and non-work) settings.

Staff Assessment: a quantifiable measure related to access or referral processes does not appear to be included.

Consumer Outcomes: focus on securing jobs and keeping them; employment plan results from interviews, leads to specific job search and development efforts, employment supports, and presumably greater job satisfaction and a greater number of businesses hiring individuals with ID/DD.

Staff Assessment: FY15 measure for 75% of individuals maintaining job for one year is met at mid-year with actual 78%, continued for FY16; FY15 measure for eight new employers will continue for FY16, mid-year FY15 actual of two.

Utilization/Production Data: FY16 targets: 50 Treatment Plan Clients (TPCs) (none funded by the state), with 44 continuing and 6 new; no Non-TPCs; 2 Service/Screening Contact (SCs) = meetings with prospective consumers, tours of sites and visits to locations of interest to the individual; 2 Community Service Events (CSEs) = formal presentations/tours to organizations.

Mid-year FY15: 45 continuing and 1 new actual TPCs, against targets of 44 and 6; 1 SC against target 2; 1 actual CSE against target of 2.

FY14: 36 continuing and 14 new actual TPCs (total 50) compared with targets of 45 and 10 (total 55); 3 actual SCs against target of 2; 1 CSE against target of 2.

Staff Assessment: unintended results section notes limited opportunities in outlying areas, rural residents relocating to CU. FY14 total direct service hours = 3,241.75, contract maximum \$210,000, rate of \$65/hr; mid-year FY15 similar.)

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$222,800
PY16 Total Program Expenses: \$364,570

Program Staff – CCDDDB/CCMHB Funds: 2.59 FTE Direct Staff and 0.96 FTE Indirect Staff
Total Program Staff: 4.25 FTE Direct Staff and 1.6 FTE Indirect Staff

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?
Yes.

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? Yes.

Staff Assessment: indirect staff costs (\$46,506) are comprised of 1%-6% of 20 positions (human resources, accounting, maintenance, admin); direct staff costs (\$98,214) are 61% of 2 Employment Specialists (ES), 58% of 1 ES, 55% of 1 ES, 18% of a Program Director, and 6% of a Registered Nurse.

Budget Narrative: CCDDDB/CCMHB revenue is 61% of total program, with other revenue DHS FFS training reimbursement (0.5%) – though it is entered in a different line on revenue form - and DRS

(38%). Staff costs comprise 82% of CCDDDB/CCMHB budgeted **expenses**, same proportion as total program. The **Budget Narrative** contains sufficient detail on all items: expenses do not incorporate a salary increase, are detailed per category, many based on program-specific projections, some allocated; personnel section describes responsibilities of each position assigned to the contract.

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

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
2. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
3. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.
4. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.

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 2016

Agency: Developmental Services Center

Program Name: Connections

Contract Format Requested: Grant

Funding Requested: \$85,000

Staff Assessment: if fee-for-service, payments could be associated with integrated outcomes as many are group activities, some with fees and materials.

Target Population: people with Intellectual and/or Developmental Disabilities (ID/DD) and desire to connect with their communities, including those not currently served in other agency (DSC) programs. Emphasis on individuals' interests and defining 'connection' for themselves (friends, contributing to the community, volunteer in areas of interest, lifelong learning, peer support, exposure to other cultures).

Staff Assessment: Medicaid-waiver funded participants are not charged to this contract.

Service Description/Type: individual and small group activities developed by participants' interest, during afternoon/evening/weekend, brief or overnight, including (e.g.): self-advocacy group with fundraising activities to attend Speak Up and Speak Out Summit and Alliance for Change trainings; diabetes support/education group; art events; other activities of interest.

Staff Assessment: note about Council on Quality and Leadership "commitment to promote an increase in social capital."

Alignment with ID/DD Priorities, Through the "Lens of Integration." Does the application:

- Focus on a person's control of his/her day and life? *Yes.*
- Support a person building connections to the broader community? *Yes.*
- Support a person participating in community settings of their choice and in ways they desire? *Yes.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *Potentially.*
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? *Interest-based rather than skills-based.*
- Incorporate Employment First principles? *No.*
- Acknowledge support and encouragement of self-advocacy? *Yes.*
- Address cultural competence and outreach to underserved populations? *Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *No.*

Program Performance Measures:

Consumer Access: Interested individuals contact program staff directly; other agency staff seek referrals/requests and present them to Admissions Committee (program budget considered). FY16 measure for 20% of the 70 participants to be from outside Champaign and Urbana.

Staff Assessment: support can be through volunteers screened by agency or staff with (DHS-DDD) required 120 hours of training; while there is no measure associated with referral process, rural access is meaningfully addressed.

Consumer Outcomes: FY15 target for offering 15 different types of event appears on track, with 12 types at mid-year. Continues for FY16. A new measure for FY16 is for self-advocates to participate in at least two activities related to cultural diversity.

Staff Assessment: includes note that 29 people have been involved in 26 separate events.

Utilization/Production Data: FY16 Targets: 70 New Treatment Plan Clients (TPCs), 10 New Non-TPCs (peers accompanying CCDDDB- or CCMHB-funded TPCs on activities, as a measure of the program's impact), 40 Other = total number of activities.

Mid-year FY15: 30 actual New TPCs against target of 70; 11 actual New Non-TPCs exceed target of 10; (second quarter data on direct service hours missing), 40 Other = total number of activities.

FY14: 57 actual CSEs exceeded target of 50; 3 actual SCs were below target 20; 86 actual TPCs exceeded target of 70; no Non-TPCs below target 5.

Staff Assessment: Part Two Form report of FY14 CSE and SC actual does not match quarterly service reports, so the latter are used above.

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$85,000

PY16 Total Program Expenses: \$85,000

Program Staff – CCDDDB/CCMHB Funds: 1.46 FTE Direct Staff and 0.2 FTE Indirect Staff

Total Program Staff: same

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?

Yes.

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? Yes.

Staff Assessment: Indirect staff salaries (\$10,101 total) consist of 1% of 20 positions (human resources, accounting, admin, maintenance); direct staff salaries (\$46,154) consist of 100% of one Employment Counselor, 15% of an Apartment Services Case Manager and a Family Home Maintenance Tech, 10% of Training Coordinator, 5% of Vice President, 1% of a Registered Nurse.

Budget Narrative: CCDDDB/CCMHB request is for 100% of program revenue. Expenses (no salary increase) are described in detail (some program-specific, often related to staff offices, some allocated) on benefits, professional fees/consultants, consumables, general operating, occupancy, conferences/staff development, etc. Staff costs comprise 84% of total program budget, with other

large line items consumables and conferences (5% each) and miscellaneous (2.8%). The responsibilities of each staff position assigned to this program are described.

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

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.
2. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
3. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
4. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.

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 2016

Agency: Developmental Services Center and Community Choices

Program Name: Employment First

Contract Format Requested: Grant – NEW REQUEST

Funding Requested: \$80,000

*Staff Assessment: a new program request supporting a **collaborative** approach to system change, appropriate for grant format.*

Target Population: individuals with Intellectual and/or Developmental Disabilities (ID/DD), their families, provider agency staff, local businesses/employers.

Staff Assessment: as presented to the CCDDDB and CCMHB in November 2014 and to Department of Human Services – Division of Rehabilitation Services in December, which subsequently funded it (suspended by new administration).

Service Description/Type: educational events (success stories, benefits planning, etc.) for individuals and family members of those in day program, waiting list, or transitioning out of school; staff training by national expert plus train-the-trainer component, supporting culture change and sustainability; disability awareness outreach to local businesses/potential employers; system reform/advocacy statewide.

Alignment with ID/DD Priorities, Through the “Lens of Integration.” Does the application:

- Focus on a person’s control of his/her day and life? *Yes.*
- Support a person building connections to the broader community? *Yes.*
- Support a person participating in community settings of their choice and in ways they desire? *Yes, with respect to employment.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *Through employment-related and community education activities.*
- Systematically identify and mobilize a person’s capabilities and create access to community associations, workplaces, and learning spaces? *Yes.*
- Incorporate Employment First principles? *Yes.*
- Acknowledge support and encouragement of self-advocacy? *Indirectly.*
- Address cultural competence and outreach to underserved populations? *Countywide. Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *No.*

Program Performance Measures:

Consumer Access: targets people currently in day program, on waitlist for day services, and transitioning from high school.

Staff Assessment: note about the benefit to those seeking employment, regardless of provider support. Does not appear to include a quantifiable measure related to access or referral.

Consumer Outcomes: measures related to the three areas of focus include: 6 information sessions for approx 15 participants each with one-on-one consult offered after session; training for management and direct support staff throughout one year, plus 'train-the-trainer;' 48 employers will be invited to participate, with training, and 12 of these will receive 'disability-aware business' designation (criteria to be developed).

Staff Assessment: has national consultant been identified? Consistent with the Office of Disability Employment Policy's Employment First Community of Practice efforts?

Utilization/Production Data: For FY16: Non-Treatment Plan Clients = those attending events (target of 15); Service Contacts = number of employers invited + number staff in training + number of state agencies/ reps contacted (target of 48).

Staff Assessment: Service Contacts target should be higher than 48 if 48 employers will be invited to launch (see Consumer Outcomes) and staff in training and state contacts are also to be counted toward the total. Alternatively, contact events could be counted instead of numbers of persons involved, which could be reported in Other.

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$80,000
PY16 Total Program Expenses: \$80,000

Program Staff – CCDDDB/CCMHB Funds: 1.00 FTE Direct Staff and no Indirect Staff assigned.
Total Program Staff: same

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?
No.

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? *Yes.*

Staff Assessment: Direct staff is one full-time Community Employment Specialist.

Budget Narrative: (Revenue comments repeat Service Description from Part One form.)

CCDDDB/CCMHB request is 100% of program **revenue**. Staff costs comprise 44% of total program **expense** with 43% for professional fees/consultants (consists of: 0.5 FTE salary + payroll taxes + benefits at Community Choices, for outreach and education component; costs of national experts for consultation and training on Customized Employment and Employment First) and 6% (or \$5,000) each for Transportation and Miscellaneous (primarily media and community outreach.)
Good detail.

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

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.
2. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
3. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
4. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.

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 2016

Agency: Developmental Services Center

Program Name: Family Development Center

Contract Format Requested: Grant

Funding Requested: \$545,903

Staff Assessment: FY15 contract level; consider fee for service reimbursement for multiple services within program.

Target Population: children from birth to five years of age, with or at risk of developmental disabilities, and their families, in Champaign County. Fills gaps in Early Intervention (EI) program, allowing uninterrupted, comprehensive services.

Staff Assessment: this section includes reference to evidence-based services not funded otherwise; at age three, children are eligible for services under the Illinois School Code, Article 14.

Service Description/Type: early detection through developmental screenings in a variety of community settings (especially homes), family-centered interventions maximizing the family's strengths, in familiar routines and environments, promoting a coordinated system of care. Comprehensive services: Developmental Therapy, Speech Therapy, Comprehensive Evaluation, Developmental Play Groups, Parent Support Groups, Child Care Consultation, and PLAY Project (evidence-based, with training certification required of staff).

Staff Assessment: includes detail on staff credentials, degrees, and specialized trainings related to EI, the PLAY project, DENVER Developmental training tool, and related areas. Developmental Screening is not funded through state EI program. 27% of children screened were bilingual, 66% were members of underrepresented groups.

Alignment with ID/DD Priorities, Through the "Lens of Integration." Does the application:

- Focus on a person's control of his/her day and life? *With respect to family input to service plan.*
- Support a person building connections to the broader community? *N/A*
- Support a person participating in community settings of their choice and in ways they desire?
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *No.*
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? *Refers to family's strengths.*
- Incorporate Employment First principles? *N/A*
- Acknowledge support and encouragement of self-advocacy? *N/A*
- Address cultural competence and outreach to underserved populations? *41% of those served under this contract are residents of county outside CU and Rantoul; collaboration with rural schools, child care centers, churches, food pantries, and libraries to link children and services. Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *Yes – young children.*

Program Performance Measures:

Consumer Access: includes a measure of timeliness of completed assessment (within 14 days of evaluation, 90%, which appears on track for FY15 and will continue for FY16). Detail on referral sources, family driven planning, and emphasis on developing natural supports and strengths.

Consumer Outcomes: includes a measure of satisfaction with services (current target of 90% will continue in FY16) and individual children's progress toward developmental outcomes (current target of 90% is on track with actual mid-year outcome of 100% and will continue in FY16). Family input into service design with initial and ongoing evaluations; standardized tests (DENVER II, Battelle Developmental Inventory II, Infant Toddler Developmental Assessment, Preschool Language Scale, Rossetti Infant Toddler Language Scale, etc.) at intervals not greater than six months.

Utilization/Production Data: *FY16 Targets:* Treatment Plan Clients (TPCs) are children receiving services through this contract; Service/Screening Contacts (SCs) are developmental screenings, primarily conducted in child's home with parent present; Community Service Events (CSEs) are community events, college class presentations, child care center informational consults.

Mid-year FY15: 171 actual CSEs against target 300; 12 actual SCs against target 200; 555 actual TPCs against target 663 (continuing was met with 434 against target 433); 3,217.50 hours direct service.

FY14: 519 actual CSEs exceed target 300; 223 actual SCs exceed target 200; 680 actual TPCs exceed target 595; direct service hours of 5,865 (*total CCMHB/CCDDB investment of \$530,003, with cost \$90.37/hr or \$779.42/individual for the year.*)

Staff Assessment: Note about state payment delays and limited reimbursement for services, with negative impact on independent therapists and team interactions so important in early intervention; collaboration is a focus of this program.

Financial Information:

PY16 CCDDB/CCMHB Funding Request: \$545,903
PY16 Total Program Expenses: \$722,008 (\$545,903 of expenses are charged to this contract; with the CCDDB/CCMHB portion, as well as total program, as balanced budgets.)

Program Staff – CCDDB/CCMHB Funds: 7.02 FTE Direct and 1.31 FTE Indirect Staff
Total Program Staff: 9.25 FTE Direct and 1.68 FTE Indirect Staff

Does the application warrant that CCDDB/CCMHB funding will not supplement Medicaid rates?
Yes.

Does the application clearly explain what is being purchased by the CCDDB and CCMHB? *Yes.*

Staff Assessment: Indirect staff salaries (\$60,539 total) consist of from 1% to 8% of 20 positions (human resources, accounting, admin, maintenance); direct staff salaries (\$393,691) consist of 76% of three Child Development Specialists, one Screening Coordinator, one Speech Language Pathologist, one Office Manager, and one Program Director, 60% of a fourth Child Development Specialist, 57% of a fifth Child Development Specialist, 23% of a

Vice President, 11% of a Program Director (Quality Assurance) and the Training Coordinator, and 8% of a Registered Nurse.

Budget Narrative: CCDDDB/CCMHB request comprises 75.6% of total program **revenue**, with other sources being State Early Intervention (18%), United Way (5.8%), and DHS training reimbursement (0.5%). Staff costs comprise 81% of total **expenses** budgeted to CCDDDB/CCMHB (the same proportion as total program), with Lease Rental at 5.6% and Occupancy at 5.4% and several smaller items, all of which are explained in the narrative, in good detail, some based on current year actual expenses, some allocated according to formula reviewed by auditors. The responsibilities of each staff position charged to this contract are explained.

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

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or the CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. The applicant shall specify the estimated hours of each type of service to be provided for people served under this contract and tie back to the contract maximum.
2. 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.
3. Applicant shall warrant that these services are not covered under the Illinois School Code.

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 2016

Agency: Developmental Services Center

Program Name: Individual and Family Support

Contract Format Requested: Grant

Funding Requested: \$376,144

Staff Assessment: could be organized as fee-for-service, reimbursing for hours of service and for various supports.

Target Population: children and adults with intellectual and developmental disabilities, living in Champaign County, and not receiving Medicaid waiver funding for these services. Flexibility is emphasized. Priority given to those with significant behavioral, medical, training, or support needs.

Staff Assessment: notes alignment with Council on Quality and Leadership principles; care should be taken to avoid using CCDDDB funding for services covered by the School Code, Article 14, as this would be in violation of the establishing statute.

Service Description/Type: supports based on medical, behavioral, residential, and personal resource considerations. Day supports in integrated, community-based settings with full-time staff; part-time program staff, including family members, cover evening and weekend needs. Program will also purchase services from another agency or independent contractor, if assessment. Includes a variety of services and supports planned in collaboration with families, teachers, and other support persons, including: assessment, planning, direct staff support, social skills/social thinking training, emergency respite, minor home modification, therapy/sensory/accessibility equipment, enhanced independent living skills training, legal funding and support, various community activities (Tae Kwan Do, horseback riding lessons, overnight trips to art classes, fitness club memberships, etc.)

Staff Assessment: staff training is identified as 120 hours mandated by the Illinois Department of Human Services – Division of Developmental Disabilities (DHS-DDD), plus any training related to individuals' specific needs; are some direct service arrangements for a short term? Per-person costs range from \$100 to several thousand; financial forms designate 6.1% of budget to specific assistance, the purchase of recommended supports for individuals, and a small portion (?) of direct staff activities relate to the review of these requests.

Alignment with ID/DD Priorities, Through the "Lens of Integration." Does the application:

- Focus on a person's control of his/her day and life? *Yes.*
- Support a person building connections to the broader community? *Yes.*
- Support a person participating in community settings of their choice and in ways they desire? *Yes.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *Yes.*
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? *Yes.*
- Incorporate Employment First principles? *No.*

- Acknowledge support and encouragement of self-advocacy? *No.*
- Address cultural competence and outreach to underserved populations? *Outreach through website, Transition Planning Committee, parent and professional networks, collaboration with agency providers and parent groups, and Individualized Education Program (IEP) and Multi-Disciplinary Conference (MDC) meeting attendance in schools county-wide. Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *Yes.*

Program Performance Measures:

Consumer Access: detail on referral follow up call and screening for program, including assessment of interests, aspirations, cultural considerations, etc; determination by Admissions Committee depends on capacity to meet these, may refer to other agencies or waiting list; refers all to PAS/ISC unit for PUNS enrollment, and when state funding is secured, county funding is discontinued, creating capacity.

Staff Assessment: measure overlaps with utilization (to serve 47 people); a quantifiable measure of access could relate to time from referral to assessment to intake, e.g.

Consumer Outcomes: 1) Target of 90% of those desiring them will participate in at least two community activities per month - continues current year target, met at mid-year. 2) Target of 100% individuals/guardians participating in their choice of service provider - continues current year target met at mid-year. 3) Consumer satisfaction survey target of 90% in FY16, continued from current year, for which actual outcome will be available in June; outcomes are said to be choice-driven, delivered in various integrated environments, and to diverse client population.

Utilization/Production Data: *Targets for FY16:* 2 Community Service Events (CSE); 5 Service Contacts – phone and in-person meetings with persons interested in services (I&R, initial screening, crisis); 21 total Treatment Plan Clients (TPC) – those open with other agency programs, including Service Coordination; and 29 total Non-Treatment Plan Clients (NTPC) – those not otherwise engaged with agency services.

Mid-year FY15: actual CSE of 1 against target of 2; 1 actual SC against target of 5; total actual of 16 TPCs (14 continuing and 2 new) against target of 21; total actual 18 Non-TPCs (18 continuing and 0 new) against target 29; 2,480 hours direct support in first two quarters.

FY14: 1 CSE against target 3; 7 SCs against target 10; 16 continuing and 7 new TPCs exceeded target of 19; 17 continuing and 6 new Non-TPCs exceeded target of 21; direct support hours totaled 9,618.

Staff Assessment: This section of Part One Narrative includes a note about many referrals for individuals/families in crisis, unique service needs, intensive supports. Information on actual specific assistance costs (purchase of supports for individuals) is needed in order to determine case rate or hourly rate associated with the direct support hours. Slight mismatch in FY15 continuing TPC total reported in Part Two form and that of submitted quarterly service reports (used above.)

Unexpected/Unintended Results section includes case study of successful diversion to community based services (avoiding residential placement of a youth) and long-term individual success.

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$ 376,144
PY16 Total Program Expenses: \$ 494,169 (total program has an \$85,312 deficit, CCDDDB/CCMHB budget is balanced)

Program Staff – CCDDDB/CCMHB Funds: 6.2 FTE Direct Staff and 0.65 FTE Indirect Staff
Total Program Staff: 8.15 FTE Direct Staff and 0.83 FTE Indirect Staff

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates? *Yes.*

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? *Yes.*

Staff Assessment: Between 1% and 4% of 20 indirect staff positions are assigned to this contract (HR, accounting, maintenance, admin) totaling \$30,674. Direct staff consist of: 76% of 1 program manager and 7 Family Home Maintenance Technicians (2 to be hired); overtime of \$17,517; part-time staff salaries totaling \$53,000; and 4% of program director, vice president, and RN.

Budget Narrative: CCDDDB/CCMHB request is for 92% of total program revenue, with DHS FFS (7.4%) and training reimbursement (0.6%). Staff costs comprise 81% of total CCDDDB/CCMHB budgeted expenses, with specific assistance at 6.1%, consumables and local transportation both at 2.3%, miscellaneous at 2%, lease/rental at 1.9%, smaller amounts for many other lines. The **Budget Narrative** provides sufficient detail for each revenue and expense item (no salary increase, many expenses based on FY15 actual; program director reviews requests for specific assistance to individuals), and for each position assigned in personnel form, responsibilities specific to the program.

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

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or the CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
2. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
3. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to

those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.

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. Applicant shall warrant that these services are not covered under the Illinois School Code.

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 2016

Agency: Developmental Services Center

Program Name: Integrated/Site Based Services – Community 1st

Contract Format Requested: Grant

Funding Requested: \$549,128 CCDDDB + \$356,313 CCMHB

Staff Assessment: no increase from FY15 funding levels; program summary will treat these applications as a single request for \$905,441. For 50 individuals, \$18,109 annual case rate or \$1,509 per member per month.

Target Population: adults with Intellectual and/or Developmental Disabilities (ID/DD) who receive services in community and at agency program sites, transitioning toward greater community involvement and connection.

Staff Assessment: those waiting for services are referred to Champaign County Regional Planning Commission's Pre-Admission Screening/Independent Service Coordination (PAS/ISC) unit for enrollment in Prioritization for Urgency of Need for Services (PUNS) database. If a program participant receives Medicaid waiver funding, their participation is no longer charged to this contract, and a new person without state funding can be added.

Service Description/Type: aligned with core values of Council of Quality and Leadership, this day program seeks to transition to greater community integration of service activities by: strengthening connections (family, friends, community) through volunteering, civic involvement, self-advocacy; participation in recreational, social, educational, fitness, creative, and other activities; making friends and acquaintances by regular patronage of various local businesses and public spaces; job exploration driven by identified interests and long term employment goals.

Staff Assessment: requests multi-year funding for transition from sheltered work to community based, involves culture/attitude change.

Alignment with ID/DD Priorities, Through the "Lens of Integration." Does the application:

- Focus on a person's control of his/her day and life? *Begins to.*
- Support a person building connections to the broader community? *Yes.*
- Support a person participating in community settings of their choice and in ways they desire? *Yes.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *Yes.*
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? *Referenced, but the means are not described.*
- Incorporate Employment First principles? *Yes.*
- Acknowledge support and encouragement of self-advocacy? *Yes.*
- Address cultural competence and outreach to underserved populations? *26% of current participants live outside Champaign and Urbana; transportation to many rural areas, outreach to rural*

through Individualized Education Program (IEP) meetings, transition events, and Transition Planning Committee. Cultural and Linguistic Competence Plan is under review.

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *No.*

Program Performance Measures:

Consumer Access: referrals from many identified sources are presented to Admissions Committee, participation based on individual's interests. Measure is to provide services to 50 people.

Staff Assessment: measure related to access, e.g. time from referral to committee's decision or percentage of those interested in services receiving a tour/interview, within timeframe. Outreach through IEPs is again mentioned.

Consumer Outcomes: under the current contract, 2 volunteer sites are used, people access events in the community, and groups are forming based on identified interests, and 8 people have greater community involvement, working toward minimum of 40% of day hours in community. FY16 measures are for 15 people to do so, for 2 new volunteer activities to be developed, and 4 to do job exploration through Community Employment program.

Staff Assessment: note about staff training, 120 hours mandated by Illinois Department of Human Services – Division of Developmental Disabilities (DHS-DDD) for all Direct Support Professionals.

Utilization/Production Data: FY16 Targets: 4 Community Service Events (CSEs), including formal presentations to groups and informational meetings/tours for parents and professionals; 4 Service Contacts (SCs), including meetings with potential participants, tours, visits to home, school, etc; 41 Continuing and 9 New Treatment Plan Clients (TPCs), specifically people with no state funding for this service; and 20 New Non-Treatment Plan Clients (NTPCs), specifically peers accompanying TPCs in community activities; Other is a count of high school students involved with program sites.

Mid-Year FY15: 8 actual CSEs at target 8; 3 SCs against target 8; 46 TPCs against target 50 (actual 41 continuing and 5 new); 95 total Non-TPCs exceeds target of 20; 16,668 direct service hours (into \$452,720, or half of \$905,441, is \$27/hour.)

FY14: 25 actual CSEs exceeded target 8; 32 actual SCs exceeded target 8; 47 actual TPCs below target 50 (actual 44 continuing and 3 new); 7 actual Non-TPCs exceeded target of 5; 32,715 total direct service hours. (Using amended contract maximum \$744,709, hourly rate of \$22.76.)

Staff Assessment: "unintended result" that some who are now more active in the community are earning less money.

Financial Information:

PY16 CCDDDB and CCMHB Funding Request: \$905,441

PY16 Total Program Expenses: \$5,475,029 (total program deficit of \$547,636, compared to total agency deficit of \$420,755 and no deficit in CCDDDB/CCMHB budget)

Program Staff – CCDDDB/CCMHB Funds: 13.44 FTE Direct and 1.2 FTE Indirect Staff

Total Program Staff: 79.01 FTE Direct and 7.15 FTE Indirect Staff

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?
Yes.

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? Yes.

Staff Assessment: Indirect staff salaries total \$55,712 and consist of 1% to 15% of 20 positions (human resources, accounting, admin, maintenance). Direct staff salaries total \$377,737 and consist of: 17% of 7 Drivers, 2 Program Directors, 36 Developmental Instructors (2 to be hired, plus DI overtime), 5 Developmental Training Managers, 7 Employment Counselors (1 to be hired), 1 Operations Manager, 1 Program Manager, 1 Transportation Coordinator, 1 Vocational Supervisor, 1 Account Manager, 5 Production Workers (plus production worker overtime), and 7 Production Crew Leaders; 15% of a COTA; 13% of 1 Personal Support Specialist (to be hired), 1 Production Crew Leader, and 1 Individual Support Counselor; 8% of 1 Program Director; 6% of 1 Registered Nurse; 5% of 1 Maintenance Technician; 3% of 1 Maintenance Technician, 2 Vice Presidents, and 1 Program Director; and 2% of a Maintenance Technician.

Budget Narrative: CCDDDB/CCMHB requests are for 18% of total program revenue, with other sources DHS Fee for Service (42.4%), Sales of Goods and Services (35.3%), HFS Purchase of Care (3%), Ford County MHB (0.4%), DHS reimbursement for training (0.1%), and Other Grants (0.04%). Staff costs comprise the largest expense (62% of this combined request), followed by cost of production (12.3%), client wages/benefits (6.8%), occupancy (4.5%), lease/rental (4.1%), local transportation (3.6%), and many smaller amounts. **Budget Narrative** explains each revenue and expense item in detail, with some expenses program-specific and some allocated (formula reviewed annually by auditors), and describes the responsibilities of personnel assigned to this program, though not distinguishing among the two Vice Presidents or the various Program Directors.

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

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.
2. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
3. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
4. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to

those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.

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.

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 2016

Agency: Developmental Services Center

Program Name: Service Coordination

Contract Format Requested: Fee-for-Service

Funding Requested: \$398,872

Staff Assessment: the current year contract is fee-for-service, reimbursing for hours of service; a per-member, per-month (PMPM) format or combination approach could be appropriate.

Target Population: people who have intellectual and developmental disabilities and who request support to maintain independence in community, at work, and at home. Person-Centered Planning model of support and delivery focuses on aspirations, supports based in relationships, alignment with Council on Quality and Leadership values.

Staff Assessment: costs per person served range from \$1000 to several thousand depending on service coordination needs, based on "each individual's medical, behavioral, residential, and personal resource considerations."

Service Description/Type: intake screening, advocacy, assessment, information services, crisis intervention, 24 hour call emergency support, intermittent direct service, monitoring and development of individualized service plan, collaboration with Champaign County Regional Planning Commission's Pre-Admission Screening/Independent Service Coordination (PAS/ISC) unit when emergency or nursing home placement is sought, Social Security Representative Payee support, and linkage to (and application for) programs such as food stamps, medical card, health benefits for workers with disabilities, circuit breaker, SSDI and SSI benefits, housing support, and LIHEAP. As the central point of contact, collaboration with members of interdisciplinary team on person-centered service plan (PCP) and implementation, focused on integrated environments.

Staff Assessment: staff credentials include Qualified Intellectual Disabilities Professional (QIDP) certification, bachelor's degree in social service field plus year of direct work experience with individuals with ID/DD; 120 hours of Illinois Department of Human Services – Division of Developmental Disabilities (DHS-DDD) mandated Direct Support Professional training plus 40 hours of QIDP training and 12 hours of continuing education each year. Collaboration with PAS/ISC on cases may be a focus of system transformation at state level, driven by federal mandate, so that the role of local dollars and requirements associated with this funding should be clearly understood.

Alignment with ID/DD Priorities, Through the "Lens of Integration." Does the application:

- Focus on a person's control of his/her day and life? *Yes.*
- Support a person building connections to the broader community? *Yes.*
- Support a person participating in community settings of their choice and in ways they desire? *Yes.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *Yes.*

- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? *Yes.*
- Incorporate Employment First principles? *Not directly.*
- Acknowledge support and encouragement of self-advocacy? *No.*
- Address cultural competence and outreach to underserved populations? *Outreach through website, Transition Planning Committee, parent and professional networks, collaboration with other provider agencies and parent groups, and presence at Individualized Education Program (IEP) and Multi-Disciplinary Conference (MDC) meetings in schools county-wide. Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *No.*

Program Performance Measures:

Consumer Access: Describes process from initial contact follow-up - reason for referral, eligibility determination, social and medical history and other info used to determine agency ability to respond to request for service - through screening/intake process - gathering info on individual's interests, aspirations, strengths, preferences, traditions, cultural considerations - to Admissions Committee consideration of these along with medical, behavioral, instructional, social, and personal support needs. Services offered when there is capacity to do so within the framework of person-centered planning based on interests, etc. If services are not offered, referral may be made to other provider agencies or to DSC wait list. Includes quantifiable measures of access to service coordination, with or without other program involvement: 1) time (30 days) from follow-up contact to Admissions Committee review, with a target of 90% for FY16, continuing the current year target, mid-year outcome 100%; 2) agency will initiate annual communication with 100% of individuals/families regarding their status on waiting lists for program services – continues current year target with mid-year outcome of 100%.

Staff Assessment: contains note that all who are on waiting lists for agency services or have expressed an interest in receiving services are referred to the PAS/ISC unit for PUNS enrollment.

Consumer Outcomes: Increased variety of services and number of persons served due to local funding, with the discovery of dramatic increase in need for direct support. Example of quick response (48 hours) to need for emergency placement, identified by law enforcement. Two quantifiable measures are described: 1) target of 90% customer satisfaction (from survey results) continues the current year target, for which actual outcome data will be available in June; 2) staff and (minimum of) 25 individuals will complete a Personal Outcome Measure, according to Council on Quality and Leadership guidelines.

Staff Assessment: one of the principles of conflict-free case management is that service needs be assessed by an entity which does not then deliver the needed services; relatedly, eligibility for services is established by an independent entity. There is an apparent error in this and other applications, where satisfaction survey data for FY15 will be "available in June 2016" rather than June 2015.

Utilization/Production Data: *Targets for FY16: 360 unduplicated persons to be served.*

Mid-year FY15: estimated total 357 Treatment Plan Clients (TPC) near target 360; mid-year actual total of 4800 service hours.

FY14: 1 actual Community Service Event against target of 3; 258 Service/Screening Contacts exceeded target 125; 367 actual TPCs (354 continuing and 13 new) exceeded target of 364; 28 actual new Non-Treatment Plan Clients exceeded target of 8; total 8,506 service hours.

Staff Assessment: includes a note about increased complexity and need for direct community support by staff in this program, related to aging of individuals and their families, increased medical concerns, increased complexity of health care funding; rate of \$40.01/hour (\$10.01/quarter hour) is equal to state rate for similar service. Mid-year unduplicated persons served = 301 in RTS data. A per-member, per-month rate based on current year data would be \$110.43 if RTS total is correct, \$93.11 if Part Two form detail is correct. Different PMPM rates could be developed per categories of service.

Unexpected/Unintended Results section notes increased demand for emergency placement support due to homelessness, abuse, or death of a caregiver.

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$398,872
PY16 Total Program Expenses: \$696,313 (total program has a \$139,853 deficit; CCDDDB/CCMHB budget is balanced)

Program Staff – CCDDDB/CCMHB Funds: 7.22 FTE Direct Staff and 0.76 FTE Indirect Staff
Total Program Staff: 12.63 FTE Direct Staff and 1.26 FTE Indirect Staff

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?
Yes.

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? Yes.

Staff Assessment: indirect staff costs (\$34,424) are 5% and less of 20 positions' salaries (human resources, maintenance, admin, accounting, training coordinator); direct staff costs are 57% of 8 Case Coordinators (plus \$640 overtime) and 2 Consumer Appointment Facilitators, 32% of Registered Nurse Coordinator, 29% of Clinical Coordinator and Program Director, and 5% of Registered Nurse.

Budget Narrative: CCDDDB/CCMHB request is for 71.7% of total program revenue, with 27.7% from DHS FFS and 0.65% reimbursement for DHS training. Staff costs comprise 88% of total CCDDDB/CCMHB budgeted expenses, with local transportation at 2.5%, occupancy at 2%, lease/rental at 1.8%, general operating 1.6%, and several smaller items. The **Budget Narrative** provides sufficient detail for each revenue and expense item, most based on current year levels and specific to the program, some based on Allocated Expense formula reviewed in annual audit.

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

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or the CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

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1. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.
2. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
3. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
4. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.

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 PY16 PROGRAM SUMMARY

AGENCY: Don Moyer Boys and Girls Club

Program Name: Community Engagement and Social Marketing

Focus of Application: MH X SA X DD

Type of Contract: Grant.

Financial Information:

PY16 CCMHB Funding Request: \$90,000

PY16 Total Program Budget: \$90,000

Budget and personnel documents do not match up with service description. If approved for funding this problem will be fixed during contract negotiation process.

Current Year Funding (PY15): \$230,000 (ACCESS Initiative funding)

Proposed Change in Funding - PY15 to PY16: N/A

Program Staff – CCMHB Funds: FTE 1.0

Total Program Staff: FTE 1.0

Budget Narrative: The budget narrative does not match up with other budget documents which indicates an application system error. If approved for funding this issue will be addressed during the contract negotiation process.

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: None

Target Population:

The primary target population includes youth aged 10-18 experiencing social, emotional, and behavioral challenges, as well as serious emotional disturbance (SED). The program will work to build alliances and partnerships with community based organizations and other natural supports. These will include social service agencies, family support organizations, faith-based organizations, and civic and social groups that intersect with our populations of interest.

Most youth involved with this program have experienced significant trauma, are involved with multiple child serving agencies/systems, and live in poverty,

Service Locations(s)/Demographics:

This is a countywide program which is primarily focused on minority youth who are over represented in the juvenile justice, child welfare, behavioral health, and alternative education systems. Staff are based at the Don Moyer Boys and Girls Club and Family Peer Support Alliance offices.

Demographic data is aggregated from multiple programs from FY15 for a total of 119 served. Residency by zip code for youth served finds 51% were from Champaign, 30% from Urbana, 11% from Rantoul, and 8% from other areas of the county. Demographic data finds 7% were age 12 or under and 93% were age 13 to 18; 80% were black, 13% were white, and 7% other races including bi/multi-racial; 4% were of Hispanic/Latino origin; and 65% were male.

Service Description/Type:

In general, this program will continue working with families previously involved with the ACCESS Initiative and will continue social marketing efforts to engage youth and families of color who are disproportionately over represented in child serving systems.

Specifically, this program is responsible for several major service components of the Champaign County System of Care for multi-agency involved youth and their families which include social marketing and community engagement, along with youth and family engagement and peer supports. Staff will work to build and strengthen community and family network partnerships; collaborate with community based partners to expand the availability of a full range of services, develop and promote prevention and early intervention strategies to increase awareness about children's mental health and the impact of trauma and coordinate the activities of the Family Peer Support Alliance.

The System-of-Care social marketing component will include Community Action Teams, social marketing campaigns (e.g., address stigma, improve access to services, promote health seeking behaviors), universal screening initiatives, linkage and engagement, youth/family peer advocacy and supports.

This program will work in conjunction with the Family Peer Support Alliance agency which will provide Family Support Specialists assigned to families for service coordination, advocacy, coaching, and care plan development.

Access to Services for Rural Residents:

This program is planned to be countywide.

Program Performance Measures

ACCESS:

The program will engage youth in schools, youth development programs, churches, and other community settings in various locations in Champaign County. Family Peer Support Alliance

workers will meet with youth and families at locations of their choosing which is frequently in family's home.

CONSUMER OUTCOMES:

The program will offer two social marketing campaigns about the impact of trauma, child mental health awareness, and recovery and awareness strategies. There will be five social marketing events designed to promote health seeking behaviors and improve access to community resources. These events will focus to address disparities and improve outcomes for minority youth and families. Other access strategies will involve co-branded engagement plans which provide screening, peer to peer advocacy, and public education events.

UTILIZATION:

Service contacts will include the numbers of trainings, presentations, strategic meetings

CCMHB FY16 Decision Priorities and Decision Support Criteria

ACCESS Initiative Sustainability: This application represents several of the primary components of the ACCESS Initiative sustainability plan. These include the family and youth organization (i.e., family-driven youth-guided), social marketing efforts, system-of-care development, and recreation).

Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): This application is closely linked to services/supports for children with SED, and includes PLL as a Wraparound component.

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: yes

Budget-Program Connectedness: requires contract negotiation.

Realignment of FY15 Funding to FY16 Priorities: not necessary

Anti-Stigma Efforts: Not directly involved

Technical Criteria:

Approach/Methods/Innovation: Adequate

Staff Credentials: Adequate

Applicant Review and Input

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 PY16 PROGRAM SUMMARY

AGENCY: Don Moyer Boys and Girls Club

Program Name: Youth Engagement Services

Focus of Application: MH X SA X DD _____

Type of Contract: Grant

Financial Information:

PY16 CCMHB Funding Request: \$50,000
*PY16 Subcontract – Family Support: \$135,000
*PY16 Subcontract – Universal Screening \$ 27,000
PY16 Total Program Budget: \$212,000
*subcontracts are with the Youth and Family Peer Support Alliance

Budget and personnel documents do not match up with service description. If approved for funding this problem will be fixed during contract negotiation process.

Current Year Funding (PY15): \$230,000 (ACCESS Initiative funding)
Proposed Change in Funding - PY15 to PY16: N/A

Program Staff – CCMHB Funds: FTE 5.0
Total Program Staff: FTE 8.39

Budget Narrative: The budget narrative does not match up with other budget documents which indicate an application system error. If approved for funding this issue will be addressed during the contract negotiation process.

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: None

Target Population:

1. The primary target population includes middle and high school aged youth who are experiencing social, emotional and behavioral challenges, have histories of trauma, and manifest multi system involvement.

2. Screening of cohorts who are not typically identified at an early point in the progression of their problems/symptoms.
3. Parents and caregivers of youth with SED and multi system involvement.

Service Locations(s)/Demographics:

This is a countywide program which is primarily focused on minority youth who are over represented in the juvenile justice, child welfare, behavioral health, and alternative education systems. Staff are based at the Don Moyer Boys and Girls Club and Family Peer Support Alliance offices.

Demographic data is aggregated from multiple programs from FY15 for a total of 119 served. Residency by zip code for youth served finds 51% were from Champaign, 30% from Urbana, 11% from Rantoul, and 8% from other areas of the county. Demographic data finds 7% were age 12 or under and 93% were age 13 to 18; 80% were black, 13% were white, and 7% other races including bi/multi-racial; 4% were of Hispanic/Latino origin; and 65% were male.

Service Description/Type:

Services offered at the Don Moyer Boys and Girls Club will include (1) the EVOLVE program which includes psychoeducational groups and individual mentoring services; (2) Youth M.O.V.E. to promote health seeking behaviors through public education workshops, youth awareness events, and Youth M.O.V.E. Kickbacks.

In addition, the program will provide consultation and technical assistance to community partners to improve outcomes for the populations of interest.

Through subcontracts with the Youth and Family Peer Support Alliance, the project will provide (1) peer coaching and advocacy; (2) system navigation and support; (3) psychoeducational groups for families to better understand youth problems, symptoms, treatment, improved parenting skills; (4) peer facilitated workshops; (5) family access connection events; and (6) family engagement training designed to support youth guided and family driven principles.

Also through subcontract with Youth and Family Peer Support Alliance, use of screening instruments to identify youth and families strengths and needs. Instruments include: The Strengths and Difficulties Questionnaire; Developmental Assets Profile; Childhood Severity of Psychiatric Illness; Massachusetts Youth Screening Instrument; and the Child Adolescent Needs and Strengths (CANS).

In general, these services are intended to carry on with system of care efforts to create youth and family organizations as a means of infusing youth guided and family driven values into the system of care.

Access to Services for Rural Residents:

This program is planned to be countywide.

Program Performance Measures

ACCESS:

Screening: will be available to youth and families involved with family and youth organizations, youth development programs, Rantoul Schools and the Youth Detention Center.

Youth Engagement Services: Services will be implemented in school, youth development organizations, churches, and other community settings.

The program will engage youth in schools, youth development programs, churches, and other community settings in various locations in Champaign County. Family Peer Support Alliance workers will meet with youth and families at locations of their choosing which is frequently in family's home.

CONSUMER OUTCOMES:

Screening: Promotion of early problem/need identification; system impact with improved identification by community partners; reduction of stigma; increase the numbers of youth and families connected with services/supports.

Youth Engagement Services: Decrease youth isolation; increase self-care awareness and skills; increase parent self-advocacy and self-efficacy.

The program will offer two social marketing campaigns about the impact of trauma, child mental health awareness, and recovery and awareness strategies. There will be five social marketing events designed to promote health seeking behaviors and improve access to community resources. These events will focus to address disparities and improve outcomes for minority youth and families. Other access strategies will involve co-branded engagement plans which provide screening, peer to peer advocacy, and public education events.

UTILIZATION:

Screening: 210 youth and families will be screened; 105 youth and families will be linked to services and supports; 30 youth/families will be enrolled in Peer Coaching and Advocacy Services.

Youth Engagement Services: 100 youth will participate in Youth M.O.V.E. activities or youth engagement trainings; 80 youth will participate in EVOLVE activities; 40 youth will receive EVOLVE mentoring services; 50 families will receive system navigation support; 15 families will receive Peer Coaching and Advocacy Services.

CCMHB FY16 Decision Priorities and Decision Support Criteria

ACCESS Initiative Sustainability: This application represents several of the primary components of the ACCESS Initiative sustainability plan. These include the family and youth organization (i.e., family-driven youth-guided), screening services, peer support and advocacy, and referral and service linkage.

Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): This application is closely linked to services/supports for children with SED and underserved minority populations. These are also key components to addressing youth violence problems in Champaign County.

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: yes

Budget-Program Connectedness: requires contract negotiation.

Realignment of FY15 Funding to FY16 Priorities: not necessary

Anti-Stigma Efforts: Yes, as it pertains to stigma issues directly related to African Americans and their perceptions of mental illnesses.

Technical Criteria:

Approach/Methods/Innovation: Adequate

Staff Credentials: Adequate

Applicant Review and Input

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 PY16 PROGRAM SUMMARY

AGENCY: East Central Illinois Refugee Mutual Assistance Center

Program Name: Family Support & Strengthening

Focus of Application: MH SA DD

Type of Contract: Grant

Financial Information:

PY16 CCMHB Funding Request: \$13,000

PY16 Total Program Budget: \$216,219

Current Year Funding (PY15): \$13,000

Proposed Change in Funding - PY15 to PY16: 0

Program Staff – CCMHB Funds: 0.36 FTE

Total Program Staff: 5.72 FTE

Budget Analysis: Multiple revenue sources are identified in the budget. All but 11% of the revenue comes from local sources. Funding from CCMHB is 6% of program revenue. Projected revenue from contributions and fundraising account for 52% of the budget. United Way funding including designated funds is 15% of revenue with another 5% generated from other public and private funders. Interpreter and document translation services are projected to provide 11% of revenue. The 11% of non-local funds is from a state contract.

Personnel expenses account for 90% of costs paid with CCMHB funds. The remaining 10% is spread across six other expense lines. CCMHB supports small percentages of seven direct service staff positions that in all totals 0.36 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: Locations used include agency's office in Urbana and various locations in the community for group meetings. Agency includes information on country or region of origin prior to resettling to Champaign County. Those served by the agency in FY14 totaled 1,940. Residency by zip code data finds 45% were from Champaign, 39% from Urbana, 8% from Rantoul, and

8% from other areas of the county. Demographic data finds 32% were children or youth, and 68% were adults; 50% were white, 8% were black, and 42% were Asian; 45% were of Hispanic/Latino origin; and 55% were women.

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. 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.

Program activities include: ongoing assistance to mutual support groups; linkages with mainstream service providers; counseling for families in crisis; one on one counseling/education about American culture and society, Peer to Peer Workshops, Saturday tutoring and enrichment for children and youth, educational programs on topics including parenting, money management, and health, and bi-annual newsletter. The program also collaborates with Courage Connection, 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: While 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 for eight measures, each tied to specific services. Brief statements summarize results for each measure. One statement refers to working with eight providers that are serving twenty-six ECIRMAC clients. Another related to domestic violence states counseling provided to nine families, and two individuals were assisted with obtaining Orders of Protection. Saturday morning sessions have 35 to 40 participants each week on average.

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 compared to targets. Program reported 92 CSEs for FY14 exceeding target of 72 CSEs and has 44 at the midpoint of FY15. Target for FY16 is the same as in prior years – 72 CSEs.

CCMHB FY16 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – ACCESS Initiative Sustainability: N/A

Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): N/A

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: N/A

Priority #5 – Wellness for People with Disabilities: N/A

Priority #6 - Local Funder Collaboration on Special Initiatives: N/A

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: Limited in that services are delivered in Champaign and Urbana.

Budget-Program Connectedness: Program relies heavily on private contributions and fundraising as primary source of revenue. CCMHB funds are 6% of the budget and support 5% of staff positions.

Realignment of FY15 Funding to FY16 Priorities: No increase is requested.

Anti-Stigma Efforts: Program helps new immigrants, refugees and asylees assimilate through education, counseling and other support services. Also assists providers, schools and justice system.

Technical Criteria:

Approach/Methods/Innovation: Uses natural support networks, peer support and mentoring.

Staff Credentials: Staff is bi-lingual/multi-lingual

Applicant Review and Input

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 PY16 PROGRAM SUMMARY

AGENCY: Family Service of Champaign County

Program Name: Counseling

Focus of Application: MH X SA DD

Type of Contract: Fee for Service

Financial Information:

PY16 CCMHB Funding Request: \$45,000

PY16 Total Program Budget: \$92,085

Current Year Funding (PY15): \$50,000

Proposed Change in Funding - PY15 to PY16: -\$5,000 (decrease of 10%)

Program Staff – CCMHB Funds: 0.88 FTE

Total Program Staff: 1.08 FTE

Budget Analysis: The CCMHB is the largest source of support providing almost half (49%) of program revenue. Contributions made to Family Service and allocated to the program account for 22% of projected revenue. Client co-pays and other payments from third parties are expected to generate 20% of program revenue. Other smaller sources include 5% from United Way designated funds, 2% from the City of Urbana, and 2% from a DCFS contract.

Personnel costs represent 79% of expenses charged off to CCMHB funds. The occupancy expense line accounts for another 12%. The remaining 9% is allocated across 8 other expense lines. Personnel supported in part with CCMHB funds total 1.08 FTE of which .88 FTE is for direct service staff and .2 FTE for indirect support (agency fiscal and administrative staff). Direct service staff includes three part time therapists, one position is currently vacant, plus a small percentage of the Program Director's time for supervision.

The amount requested by Family Service is 10% lower than the amount requested and awarded for FY15. For FY14, the fee for service contract was under billed by about 20% and likely will under bill the current contract by a similar amount. The reduced request for FY16 is warranted based on recent billing history and number of clients served.

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 and without insurance that includes mental health coverage. Referrals from the Champaign County Problem Solving Courts (Drug Court) are a priority population and will have the co-pay fee waived at the request of the court.

Agency has contracts or memorandum of understanding with CHOICES, Inc., Crisis Nursery, Illinois Department of Children and Family Services (IDCFS), Greater Community Aids Program (GCAP), DSC, Lutheran Social Services, and the Center for Youth and Family Solutions to give those agencies' clients with mental health, substance use, or developmental disabilities priority for mental health counseling.

Service Locations(s)/Demographics: Office based although Drug Court clients may be 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 69 clients in FY14. Residency by zip code data finds 51% of those clients were from Champaign, 22% from Urbana, 12% from Rantoul, and 15% from the balance of the county. Demographic data finds 22% of clients were age 18 or younger, and 78% were over age 18; 83% were white, 15% were black, and 2% were other races including bi-racial/multi-racial; 6% were of Hispanic/Latino origin; and 61% were female.

Service Description/Type: Outpatient Counseling. The program offers individual, couple, and family counseling to address mental health and substance use issues using a strength based model. 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 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 attends Drug Court Team meetings and reports on client progress. Also of note, the program has a Memorandum of Understanding with the Youth Assessment Center among others to provide counseling to select populations.

Staff is Masters level licensed clinicians with experience working with diverse populations including persons with an intellectual disability/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 two 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 and there is typically no limit to number of sessions/length of engagement by the client. 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 Drug Court clients on request by the Court.

Measure(s) associated with number of clients seen within two days of intake or average length of engagement are not provided.

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 68 at start of therapy and 79 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 38 indicating an improvement in well-being and relationships.

Of 38 cases closed in FY14, 1% did not engage long enough to complete a treatment plans. Of client cases with a treatment plan that were closed, 50% met target of 90% of treatment goals completed.

UTILIZATION: Program is fee for service with payment based on billed service activity. Projected unduplicated clients was 120 for FY15 and is reduced to 100 for FY16. Program reported 69 clients served in FY14 and 39 halfway through FY15. As noted in the budget analysis section, the contract is currently under billed due in part to staff vacancies.

CCMHB FY16 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – ACCESS Initiative Sustainability: N/A

Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): Program has entered into a Memorandum of Understanding with the Youth Assessment Center to accept referrals for counseling.

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: Program serves Drug Court participants referred for counseling and participates in Drug Court team meetings.

Priority #5 – Wellness for People with Disabilities: N/A

Priority #6 - Local Funder Collaboration on Special Initiatives: N/A

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: Services are office based with the exception of some community based sessions provided to Drug Court participants.

Budget-Program Connectedness: Three part-time therapists are supported in part with CCMHB funds. The CCMHB is the single largest source of support for the program.

Realignment of FY15 Funding to FY16 Priorities: Agency reduced request amount by 10% based on past billing history and number of clients served.

Anti-Stigma Efforts: This criteria is not addressed in the application.

Technical Criteria:

Approach/Methods/Innovation: Program refers to using a strength based model with clients. Treatment plan is client driven.

Staff Credentials: All direct service staff are Master's level licensed therapists.

Applicant Review and Input

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 PY16 PROGRAM SUMMARY

AGENCY: Family Service of Champaign County

Program Name: Self-Help Center

Focus of Application: MH X SA X DD X

Type of Contract: Grant

Financial Information:

PY16 CCMHB Funding Request: \$28,428

PY16 Total Program Budget: \$31,248

Current Year Funding (PY15): \$28,948

Proposed Change in Funding - PY15 to PY16: -\$500 (decrease of 1.7%)

Program Staff – CCMHB Funds: .69 FTE

Total Program Staff: .76 FTE

Budget Analysis: The CCMHB is practically the sole source of support for this small program, accounting for 91% of total revenue. Other sources include Carle Foundation Hospital at 8% of revenue with the remaining 1% coming from contributions. In off years when there will not be a self-help conference the program reduces the amount requested by \$500, as these funds support scholarships to the conference.

Salary plus payroll taxes and benefits account for 81% of expenses charged to CCMHB. The remaining 19% is allocated across 10 other expense lines. CCMHB supported staff totals 0.69 FTE of which 0.57 FTE is direct program staff. This includes most of the half-time coordinator's position plus a small percentage of the Program Director position. Indirect staff is 0.12 FTE and supports administration and other office support 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 _____

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

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

Service Description/Type: Support Services. The Self Help Center provides a wide range of services to assist with start-up and support of groups and raise community awareness of the groups available. Staff maintains a database of all support groups in Champaign County, provides consultation and educational materials for those wanting to start a self-help group, publishes and distributes a self-help directory and specialized lists by general topic, maintains online web presence with information on groups, publishes newsletter for group leaders and professionals, conducts workshops and participates in community events. The self-help conference is held every other year with the next scheduled for the fall of 2016.

The Coordinator has a Master's degree in Counseling and has considerable experience and knowledge of community resources.

Access to Services for Rural Residents: Information on self-help groups is accessible by telephone, online and by e-mail. Libraries and churches are sent the Self-Help Newsletter, directories and other meeting information. Program also 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 for consumers, group facilitators, and professionals.

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. There is no national standard or benchmark for this type of activity. Small Group Workshop evaluations had a good to excellent rating on all evaluations submitted. The self-help conference evaluation results reported found on the question rating the overall conference experience 93% answered good to excellent - the other 7% did not answer this specific question.

UTILIZATION: Program reports activities as Community Service Events (CSEs). For FY14 program had a target of 280 with reported volume of 266 CSEs. The missed target is associated with staff turnover in the coordinator position. Through the first half of FY15 program, program appears on track to meet current target of 280 Target for FY16 set slightly lower at 270 CSEs.

CCMHB FY16 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – ACCESS Initiative Sustainability: N/A

Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): N/A

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: N/A

Priority #5 – Wellness for People with Disabilities: N/A

Priority #6 - Local Funder Collaboration on Special Initiatives: There is only one other funder supporting the program.

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: Via telephone, e-mail, and the web.

Budget-Program Connectedness: At over 90% of revenue, CCMHB funding sustains the program. Costs are allocated equal to percentage of budget.

Realignment of FY15 Funding to FY16 Priorities: Slight decrease in request is because there is no self-help conference in FY16.

Anti-Stigma Efforts: Program connects consumers and professionals to local support groups and provides training for self-help group facilitators.

Technical Criteria:

Approach/Methods/Innovation: Training and support services provided to group leaders and community.

Staff Credentials: Coordinator's education and experience are cited.

Applicant Review and Input

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 PY16 PROGRAM SUMMARY

AGENCY: Family Service of Champaign County

Program Name: Senior Counseling & Advocacy

Focus of Application: MH X SA DD X

Type of Contract: Grant

Financial Information:

PY16 CCMHB Funding Request: \$142,337

PY16 Total Program Budget: \$495,636

Current Year Funding (PY15): \$142,337

Proposed Change in Funding - PY15 to PY16: 0

Program Staff – CCMHB Funds: 3.48 FTE

Total Program Staff: 12.0 FTE

Budget Analysis: At 29%, the CCMHB is the largest single source of program revenue. Multiple ECIAAA contracts, including one large contract for outreach and information services, account for 39% of revenue. IDOA contracts, including Adult Protective Services contract as the second largest single source of revenue, provides 25% of funding. The remaining revenue includes United Way funding at 4% and other local funders and various sources at 3%. Several contracts require local matching funds ranging from 10% to 15% of the amount awarded. CCMHB funds are not referenced as a source of the match.

Salaries, taxes and benefits are 87% of expenses charged to CCMHB. The occupancy and transportation expense lines combined account for 7% of expenses with the remaining 6% charged off across eight other expense lines. Direct service staff account for 2.97 FTE of 3.48 FTE supported with CCMHB funding. All sixteen direct service positions are supported to some extent by the CCMHB. The level of CCMHB support varies from a low of 1% in a couple of cases to a high of 29%. Most positions are in the range of 15% to 29%.

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 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. The range of program funding broadens the scope of those eligible for services to include grandparents raising grandchildren or others raising

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related minors, 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.

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. State data on suicide rates being proportionally higher than other segments of the population are also referenced. Populations at higher risk of depression and anxiety or associated risk factors are targeted.

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 1,729 clients in FY14. Residency by zip code data finds 39% were from Champaign, 30% from Urbana, 8% from Rantoul, 5% from Tolono, 4% from Mahomet, and 14% from other areas of the county. Demographic data finds 95% were seniors 60 years or older and 5% were adults under 60 – likely to be care givers seeking assistance; 63% were white, 35% black, 3% were Asian or of other races including bi-racial/multi-racial; 1% were of Hispanic/Latino origin; and 76% were women.

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 Counseling and Advocacy program is the Coordinated Point of Entry (CPOE) for Champaign County, a designation made by the East Central Illinois Area Agency on Aging.

The program offers a range of services as well as linkage, referral and advocacy when an assessed need requires engagement with another provider. Based on assessed need clients may participate in the evidence based PEARLS (Program to Encourage Active Rewarding Lives) designed to empower seniors to manage mild depressive symptoms and improve quality of life. Note that 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 are referred to Community Elements or another provider.

Other services a client may engage in 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 using evidence based programs from Stanford University. Options Counseling uses a client led tool, with caseworker support, to help the senior and/or caregiver to identify future needs. Advocacy provides information and referral addressing range of issues and risk factors associated with onset of depression and anxiety.

All caseworkers have a minimum of a Bachelor's degree. 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: Services are delivered in the client's home and over the telephone. Transportation may be provided to assist client access medical and social services.

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

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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. While results in relation to successful completion of specified service are not summarized in the application, program sets well defined access measures.

CONSUMER OUTCOMES: Performance results for FY14 measures are provided. For PEARLS, the target was 70% of clients engaged in this service would show a 40% improvement on the PEARLS assessment tool – result reported was 71% met this threshold. For Brief Solution Based Therapy, the target was 70% of clients engaged in this service would show improvement based on the assessment tool – result reported was 73% met this threshold. Other results reported included 71% of clients assessed as experiencing depression or anxiety had improved assessment scores after six months of intervention (target was 60%); 74% of clients with social isolation indicated decreased levels after six months of intervention (target was 70%); 98% of clients reported increased feeling of empowerment and satisfaction (target was 85%); 93% of clients reported increased access to needed resources (target was 80%); and, 85% with identified unmet needs had been met at case closing (target was 80%).

Performance outcomes for FY16 are unchanged from those referenced above for PEARLS – 70% show 40% improvement; Solution Focused Brief Therapy – 70% show improvement; and for clients showing improvement associated with addressing symptoms of depression and anxiety (60%); social isolation (70%); increased empowerment (85%); greater access to resources (80%); and reduced unmet needs (80%). Specific tools used to measure each outcome are referenced.

UTILIZATION: Services categories with targets defined. Results are compared to targets for each service category used. Treatment Plan Clients (TPCs), 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 (NTPCs) have a comprehensive assessment completed but no treatment plan and the presenting issue can be addressed in three sessions. Service contacts (SC) 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.

FY14, program met or exceeded targets, except for NTPCs that slightly underperformed. Total served included: 351 TPCs (target 295); 1,161 NTPCs (target 1,200); 9,420 Service Contacts (target 8,500); and 217 Other (target 185). Program is on track to meet or exceed targets for FY15.

For FY16 the target for TPCs is 320; for NTPCs 1,250; SCs it is 8,650, and for Other it is 200 caregivers.

CCMHB FY16 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – ACCESS Initiative Sustainability: N/A

Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): N/A

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: N/A

Priority #5 – Wellness for People with Disabilities: Program provides supports to seniors experiencing isolation, mild depressive symptoms, chronic disease self-management for diabetes and other medical conditions and responds to reports of abuse and neglect (seniors as well as persons with intellectual disabilities/developmental disabilities).

Priority #6 - Local Funder Collaboration on Special Initiatives: N/A

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: Program conducts home visits throughout the county.

Budget-Program Connectedness: Program funding is based on support from multiple sources/contracts, some requiring matching funds. CCMHB funds are allocated across all direct service positions.

Realignment of FY15 Funding to FY16 Priorities: Funding requested is unchanged from FY15 and consistent with past awards.

Anti-Stigma Efforts: Not specifically addressed in the application.

Technical Criteria:

Approach/Methods/Innovation: Services are described including specific models and associated measures of performance are identified with results reported, and tools used to measure outcomes referenced.

Staff Credentials: Minimum staff qualifications are noted as well as credentials for supervisors.

Applicant Review and Input

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 PY16 PROGRAM SUMMARY

AGENCY: Mahomet Area Youth Club

Program Name: Bulldogs Learning and Succeeding Together (BLAST)

Focus of Application: MH X SA X DD _____

Type of Contract: Grant

Financial Information:

PY16 CCMHB Funding Request: \$15,000
PY16 Total Program Budget: \$248,100

Current Year Funding (PY15): \$15,000
Proposed Change in Funding - PY15 to PY16: None

Program Staff – CCMHB Funds: FTE 0.61
Total Program Staff: FTE 2.5

Budget Narrative: The contract maximum pays a portion of the executive director, the Enrichment Coordinator, and the Club Coordinator's salaries.

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:

The program is focused on low income and disadvantaged youth from first grade through senior high school. The program reports 26% of students qualify for free and reduced lunch and this exceeds the district's percentage of low income families (19%).

Service Locations(s)/Demographics:

This program is limited to youth from the Mahomet area located in West Champaign County.

This is a new program for FY15. Program reported serving 453 youth in the first six months of the contract. Residency by zip code data finds 97% are from Mahomet with the remaining 3% from other areas of the county including Champaign and Urbana. Demographic data reported finds 17% were age 6 or younger, 75% were age 7 to age 12, and 8% were age 13 or older; 93% were white, 3% were black, and 4% were other races including bi-/multi-racial; 2% were of Hispanic/Latino origin; and 55% were male.

Service Description/Type:

The BLAST program is open to students K-12 and includes enrichment activities, academic help, and cultural and community based programming. The program is in partnership with Mahomet Seymour Public Schools and uses school facilities for programming. BLAST enrichment classes are offered in 6-week sessions and 60-90 minutes of after school programming at several sites. All programs are age appropriate and have included cooking classes code studio, Zumba, Crafty Kids, Being Creative with Literacy, Histories Mysteries, music, wacky science, glass art, veterinary medicine, Club Math-tastic, tae kwan do, and others. Blast activities support 25 of the 40 developmental assets.

Access to Services for Rural Residents:

This program is designated as a county program (i.e., outside of the cities of Champaign and Urbana). BLAST participants must live in the Mahomet Seymour School District.

Program Performance Measures

ACCESS:

Information and a sign up packet are disseminated to all Mahomet Seymour School District students. Information about BLAST is also on several websites. All MAYC members parents are contacted to encourage participation in the program.

CONSUMER OUTCOMES:

Participation in the BLAST program is a demonstration of success as measured by daily attendance during the 6-week cycles. A parent survey is also used to document satisfaction with the program.

UTILIZATION:

The majority of MAYC BLAST participants/members are non-treatment plan clients who are enrolled as members of the club.

The program has been so successful that MAYC is close to the maximum of programming they are able to offer.

Primary category for reporting service activity is Non-Treatment Plan Clients representing number of children and youth engaged in BLAST. Program has exceeded annual target after two quarters.

CCMHB FY16 Decision Priorities and Decision Support Criteria

ACCESS Initiative Sustainability: This application represents several of the primary components of the ACCESS Initiative sustainability plan. These include social marketing efforts in Mahomet, system-of-care development, educational enrichment, and recreation).

Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): This application is closely linked to services/supports for children with SED and could be part of a WRAP plan..

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: No – Limited to Mahomet area in the county.

Budget-Program Connectedness: Yes

Realignment of FY15 Funding to FY16 Priorities: not necessary

Anti-Stigma Efforts: Not directly involved

Technical Criteria:

Approach/Methods/Innovation: Adequate

Staff Credentials: Adequate

Applicant Review and Input

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 PY16 PROGRAM SUMMARY

AGENCY: Mahomet Area Youth Club

Program Name: Universal Screening MAYC Members Matter

Focus of Application: MH X SA X DD _____

Type of Contract: Grant

Financial Information:

PY16 CCMHB Funding Request: \$15,000

PY16 Total Program Budget: \$73,100

Current Year Funding (PY15): \$15,000

Proposed Change in Funding - PY15 to PY16: None

Program Staff – CCMHB Funds: FTE 0.375

Total Program Staff: FTE 1.0

Budget Narrative: The entire contract maximum pays a portion of the executive director's salary.

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 _____

Comments: None

Target Population:

The universal screening service will be provided to all MAYC members 10 years and older as a component of the Members Matter program. The focus of the program is youth from low income families.

Service Locations(s)/Demographics:

This program is limited to youth from the Mahomet area located in West Champaign County.

Program appears to have duplicated demographic reports submitted for this program and the BLAST program. Reported activity is 453 youth served in the first six months of the FY15 contract. Residency by zip code data finds 97% are from Mahomet with the remaining 3% from other areas of the county including Champaign and Urbana. Demographic data reported finds 17% were age 6 or younger, 75% were age 7 to age 12, and 8% were age 13 or older; 93% were

white, 3% were black, and 4% were other races including bi-/multi-racial; 2% were of Hispanic/Latino origin; and 55% were male.

Service Description/Type:

The service description is of the Mahomet Area Youth Club's total program including Members Matter and BLAST. The universal screening component is not specifically broken out, but this section provides a detailed overview of all of the services and supports which are available to club members. The range of activities and supports include recreation, educational enrichment, socialization, homework assistance and encouragement, collaboration with schools, workforce development and employment assistance, community service opportunities, entrepreneurial training and assistance, and information, referral and linkage assistance.

Access to Services for Rural Residents:

This program is designated as a county program (i.e., outside of the cities of Champaign and Urbana).

Program Performance Measures

ACCESS:

Recruitment is based on formal presentations by staff and referrals for memberships are primarily related to schools and juvenile justice involvement. MAYC makes a strong effort to provide scholarships predicated on family income.

CONSUMER OUTCOMES:

The program focuses on the following: (1) teaching members to be self-sufficient in school and develop age appropriate life skills, (2) discuss and seek out educational or vocational opportunities, (3) develop skills for appropriate decision making, (4) learn and share information about the importance of community service, (5) expand parental involvement through the MAYC parent group.

UTILIZATION:

The majority of MAYC members are non-treatment plan clients who are enrolled as members of the club. Program is on track to meet or exceed annual target of 110 for this category.

CCMHB FY16 Decision Priorities and Decision Support Criteria

ACCESS Initiative Sustainability: This application represents several of the primary components of the ACCESS Initiative sustainability plan. These include social marketing efforts in Mahomet, system-of-care development, and recreation).

Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): This application is closely linked to services/supports for children with SED and could be part of a WRAP plan..

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.
Countywide Access: No – Limited to Mahomet area in the county.

Budget-Program Connectedness: Needs additional information about the details of the universal screening component.

Realignment of FY15 Funding to FY16 Priorities: not necessary

Anti-Stigma Efforts: Not directly involved

Technical Criteria:

Approach/Methods/Innovation: Adequate

Staff Credentials: Adequate

Applicant Review and Input

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 PROGRAM SUMMARY 2016

Agency: Persons Assuming Control of their Environment, Inc.

Program Name: Opportunities for Independence

Contract Format Requested: Grant

Funding Requested: \$37,223

Staff Assessment: could be a fee-for-service contract with reimbursement for hours of direct service or per event/product.

Target Population: Champaign County residents who have Intellectual and/or Developmental Disabilities (ID/DD) and a need identified by Independent Living Needs Assessment instrument developed by Illinois Division of Rehabilitation Services (DRS) along with the Centers for Independent Living (CIL, in the areas of Civil Rights and the Law, Housing, Communication, Personal Assistance, Education and Training, Daily Living/Self Care Employment, Self Help/Personal, Equipment/Assistive Technology, Social Recreation, Finance and Benefits, Transportation, Health Care Medical, Youth and Family (transition).

Staff Assessment: references CCDDDB eligibility criteria for ID/DD, which match those of Illinois DHS-DDD.

Service Description/Type: this program makes services and supports of the total agency, a Center for Independent Living, available to those with ID/DD: I&R, skills training, peer counseling, advocacy, transition; single point of access for DD systems of care, linkage to appropriate services. PCP is said to be 'inherent within the concept of consumer control' (philosophy of the total agency) and broadened by it. In this program, that consumer control and philosophy are enhanced by career interest, job etiquette, on the job conflict resolution, and pre-employment skills training, consistent with Employment First Act; residential support through housing search and homeownership skills training; self-advocacy support; individual and small group training; participants have control over individual goals and approach through an Independent Living Plan, reviewed quarterly; program itself is reviewed by a Consumer Advisory committee.

Staff Assessment: includes many activities of case management and direct support but lacks estimate of volume of each.

Alignment with ID/DD Priorities, Through the "Lens of Integration." Does the application:

- Focus on a person's control of his/her day and life? *Yes.*
- Support a person building connections to the broader community? *Indirectly.*
- Support a person participating in community settings of their choice and in ways they desire? *Yes.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *Peer counseling.*
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? *Yes.*
- Incorporate Employment First principles? *Yes.*
- Acknowledge support and encouragement of self-advocacy? *Yes.*

- Address cultural competence and outreach to underserved populations? *Rural outreach efforts are described, including input from Advisory Committees. Accessible website and materials. Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *No.*

Program Performance Measures:

Consumer Access: *first come, first served. Timelines and activities referral process are clear (response contact within 3 working days of initial consumer contact, completion of information and referral checklist with demographic, disability, and other info, needs assessment, receipt of appeals process, screening for Medicaid eligibility). Agency diversity-enhancing goals and outreach processes are described.*

Staff Assessment: Medicaid through Reintegration program is noted, while screening for other Medicaid funding (CIL-A, Home Based Support) is not mentioned but should also take place; good detail on measures of access; measures of consumer outcome are also identified in this section.

Consumer Outcomes: *agency outcomes report is based on areas of Independent Living Needs Assessment (see target population section) and Independent Living Plan goals. Outcomes data collected monthly, a goal is counted as met only when the participant feels they have achieved it, whether informally, through peer interaction, or with staff support (as long as it's related to association with PACE.) Identifies the 13 outcomes from FY14 for this program. Agency continues to participate in statewide, comprehensive outcome system project of CILs, to be tested for validity (starting in the current contract year); will result in comprehensive outcomes for FY16 for this program.*

Staff Assessment: includes examples of approaches to meeting individually identified goals in assessed need areas; FY16 outcomes targets are being developed, not identified here.

Utilization/Production Data: *FY16 Targets: 10 continuing and 10 new Treatment Plan Clients; 10 new Non-Treatment Plan Clients; 375 Service Contacts; 15 Community Service Events.*

Mid-year FY15: actual 11 CSEs, on track to exceed target of 15; 169.5 hours of SCs on track with annual target of 375; actual 11 TPCs against target 20; actual 8 Non-TPCs against target 10.

FY14: 60 actual CSEs exceeded target of 25; actual 138.5 hours of SCs far below target of 800 (contract max \$58,623 = \$423/hr – funds were redirected to improve meeting spaces used by staff, people served, and board); 11 total TPCs below target of 30 (persons served report = 10); 3 total Non-TPCs below target of 15.

Staff Assessment: This section of Part One Program Narrative offers a detailed summary of results for the current and previous contract years. Many of these results do not match data derived from quarterly service activity reports (and summarized above). Specific services and accomplishments are identified, including in the areas of self-advocacy and anti-stigma education. Also notes the State's move toward integration of services/supports. In spite of unique

philosophy and wide variety of supports, low utilization during FY14 (and previously) resulted in smaller contract award for FY15, hence lower targets, against which actual utilization continues to be low.

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$37,223

PY16 Total Program Expenses: \$37,223

Program Staff – CCDDDB/CCMHB Funds: 0.80 FTE Direct Staff

Total Program Staff: 0.80 FTE Direct Staff

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?
Addresses the issue but not completely.

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? *Yes.*

Staff Assessment: Direct Support Staff salary is the only one assigned to this contract; no admin/indirect included.

Budget Narrative: CCDDDB/CCMHB request is 100% of total program **revenue**. Staff costs comprise 77% of CCDDDB/CCMHB **expenses**, with lease/rental at 9.5% (same as rental share of total agency budget), occupancy at 4.2%, consumables at 3.2%, and smaller amounts for professional fees/consultants, general operating, conferences/staff development, local transportation. Budget Narrative has information about all agency revenue sources, calculation and rationale for each expense assigned to this contract (although salary does not match personnel form detail.)

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

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or the CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.
2. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
3. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
4. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.

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. Applicant shall warrant that these services are not covered under the Illinois School Code.

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 PY16 PROGRAM SUMMARY

AGENCY: Prairie Center Health Systems, Inc.

Program Name: Criminal Justice Substance Use Treatment

Focus of Application: MH ___ SA X DD ___

Type of Contract: Grant

Financial Information:

PY16 CCMHB Funding Request: \$10,500

PY16 Total Program Budget: \$16,569

Current Year Funding (PY15): \$10,000

Proposed Change in Funding - PY15 to PY16: \$500 (increase of 5%)

Program Staff – CCMHB Funds: 0.28 FTE

Total Program Staff: 0.35 FTE

Budget Analysis: The CCMHB is one of two revenue sources for the program and is responsible for 63% of total program revenue. The remaining 34% of revenue is from a state Division of Alcohol and Substance Abuse (DASA) fee for service contract.

With such a small program budget, personnel accounts for high percentage of costs (93%) charged off to CCMHB. Another 5% is allocated to the professional fees/consultation expense line with the remaining 2% allocated to the local transportation expense line. Of the CCMHB funded .28 FTE, .2 is allocated to the case manager position with the rest allocated for supervision and administration.

The budget narrative explains use of CCMHB funds as supporting activities not billable to DASA or used to supplement DASA billed services. Examples of non-billable activities include review of jail daily rosters, case coordination with criminal justice partners and jail based providers, clinical supervision, staff training, staff meetings, and travel to and from the jail.

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. Correct Care Solutions, Community Elements, and Sheriff Department staff may identify and refer inmates, or an inmate can self-refer.

Service Locations(s)/Demographics: At the Champaign County Jail and after release at Prairie Center Killarney Street location.

For FY14, program reported new 5 clients engaged in treatment at Prairie Center following release. Data is only available for those clients presenting for an assessment. Three clients were from Urbana, one from Champaign and one from St. Joseph. All were adults and four were men. Three were black and two were white.

Service Description/Type: Screening, Brief Intervention Services, and Case Management. The focus is to identify existing clients and others that can benefit from treatment upon release and engage them while incarcerated.

Daily activities by staff includes review of the Arraignment/Bond Court List to identify existing clients. For these clients, staff will coordinate services to enable the client to re-engage in treatment upon release as well as provide brief intervention services. For any other inmates referred, staff will conduct brief intervention services using motivational interviewing, and complete the GAIN Short Screen (Global Appraisal of Individual Needs) and as appropriate case management. Staff will also participate in weekly treatment staffings to coordinate referrals, treatment, and client progress with other providers in the facility. A mental health diagnosis will trigger a substance use disorder screen due to high rates of co-occurring disorders of criminal justice populations. The case manager can schedule an assessment at the PCHS office, to be completed after the persons release from the correctional center or the inmate may present for an assessment as a walk-in.

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). Agency states all staff provide consumer driven, strengths based, trauma informed services with sensitivity to culture, race and ethnicity among other attributes.

Access to Services for Rural Residents: Eligibility for services linked to incarceration in the jail. Upon release a person may receive priority access to services at the PCHS office on Killarney Street in Urbana.

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 assessment scheduled within five days of release from jail or can come in as walk-in. 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 tied to assessment and engagement timeframes are identified and results reported. While a small number of inmates sought an assessment after release and were completed within the five day timeframe. Of those referred for treatment following assessment, all engaged with the five day timeframe.

New measures associated with contacts occurring within the correctional center have been added. These include those inmates offered brief intervention services and those that engage, and those inmates that schedule an assessment prior to release.

CONSUMER OUTCOMES: Two outcome measures specific to the jail population are identified: 75% of inmates receiving services at the jail, 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). Results

reported for FY14 exceed targets. However, through the first half of FY15 no inmates have engaged in services post release.

Broader agency wide consumer outcome measures are evaluated using the Mental Health Statistics Improvement Program (MHSIP) Consumer Satisfaction Survey. 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 with targets established for FY16.

For FY16, service contacts are reconfigured to reflect number of service hours provided at the jail with a target of 130 hours. In the past this represented the number of assessments completed at the jail or following release.

Treatment Plan Clients (TPCs) represents inmates who have or complete a treatment plan after release. Target for FY16 is reduced to 4. Program did not meet higher target for FY14 and for first half of FY15 has not reported any TPCs.

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 FY16 is increased to 20. Program exceeded FY 14 target of 8 and is on track to meet or exceed FY15 target of 15.

CCMHB FY16 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – ACCESS Initiative Sustainability: N/A

Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): N/A

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: Program seeks to identify and connect past or current clients or others with substance use issues to treatment upon release. Screening, brief intervention services, and case management may be provided to persons while incarcerated.

Priority #5 – Wellness for People with Disabilities: N/A

Priority #6 - Local Funder Collaboration on Special Initiatives: N/A

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: Limited to inmates at the jail and after release.

Budget-Program Connectedness: CCMHB is primary funder. Personnel is predominant expense.

Realignment of FY15 Funding to FY16 Priorities: Program started with FY14 application cycle. Funding request seeks 5% increase for FY16.

Anti-Stigma Efforts: Is not identified as a component of the program.

Technical Criteria:

Approach/Methods/Innovation: Attempts to engage clients while incarcerated and encourage them to pursue treatment on release.

Staff Credentials: General statement on qualifications required is provided.

Applicant Review and Input

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 PY16 PROGRAM SUMMARY

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

Program Name: Drug Court Vivitrol Pilot

Focus of Application: MH ___ SA X DD ___

Type of Contract: Grant

Financial Information:

PY16 CCMHB Funding Request: \$10,192

PY16 Total Program Budget: \$77,842

Current Year Funding (PY15): \$0 (new program proposal for FY16)

Proposed Change in Funding - PY15 to PY16: --

Program Staff – CCMHB Funds: .12 FTE

Total Program Staff: .12 FTE

Budget Analysis: Revenue to support the Drug Court Vivitrol Pilot comes from three sources. The amount requested from CCMHB represents 13% of revenue for the pilot program. The other 87% of revenue identified as contributions representing donations Carle Foundation Hospital and Alkermes Pharmaceuticals to cover cost of the Vivitrol medication. At this time, DASA and Medicaid rules would not allow PCHS to bill for Vivitrol therapy.

The CCMHB funds would be used to pay all the costs for personnel and professional fees, and a very small amount used for consumables. Personnel expenses are 68% of costs allocated to CCMHB. Professional fees, for costs associated with the medical director's time, are 30% of CCMHB charged expenses. The remaining 2% is for consumables. Staff time allocated to the program is a mix of nursing staff and a clinical director plus some administration. All of the contributions/donations are applied to the consumables expense line.

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: Limited to Champaign County Drug Court participants, adults 18 or older, with a diagnosed opioid disorder/opiate dependence in accordance with Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria, are found medically fit by a physician, and sign appropriate releases to participate in pilot project. Potential participants may be referred to the pilot project by any member of the Drug Court team.

Service Locations(s)/Demographics: Services will be delivered at the PCHS Hill Street facility in Champaign. As a new project no demographic data is available. See the Specialty Court program summary for demographic data for the larger program.

Service Description/Type: Medically Assisted Treatment for Opioid Use Disorder/Opiate Dependence. The pilot project is a collaborative initiative led by Judge Ford who oversees Champaign County Drug Court. The pilot project utilizes extended-release naltrexone – Vivitrol – to treat opioid dependence by blocking opioid receptors in the brain, reducing cravings, and preventing relapse. Participants in the pilot continue to engage in other Drug Court treatment.

The pilot involves coordination between the various partners on the selection of prospective participants, completion of clinical assessment and physical with laboratory tests, patient education, adherence to medical and clinical protocols, sharing of health records with authorization, and sharing of outcome data.

Specific services aligned with CCMHB funding are those provided by PCHS physician/medical director including the physical examination and laboratory tests, addressing medical needs associated with use of Vivitrol, and the clinical staffings on client by medical and clinical staff. Other related services to be supported include nursing services in support of the physician's duties, administering the monthly Vivitrol injections, documenting services and tracking medication, and communicating with the physician on any patient related matters.

The physician is a board certified Addictionologist. The nursing staff will be either Registered or Licensed Practical Nurses.

Access to Services for Rural Residents: Transportation and/or bus tokens will be provided to participants, as needed.

Program Performance Measures

ACCESS: Proposal cites various studies associated with the rise in opioid use disorders nationally and the Champaign County Drug Court reporting an increase in clients presenting with the disorder as well as clinical trials demonstrating effectiveness of Vivitrol in treating the disorder and early reports from other Illinois Drug Courts of successful outcomes using Vivitrol.

Referrals to the pilot will come from within the Champaign County Drug Court program. Following a diagnosis and client consent a medical examination will be completed within two days. Where detoxification is required, the examination will be delayed. A benchmark of 90% of clients will complete the medical examination within the two days following consent or completion of detoxification. Within one day of being found medically appropriate 100% of clients will receive their first monthly Vivitrol injection. Length of engagement is projected at six months.

CONSUMER OUTCOMES: Data to be collected and tracked by the Drug Court Coordinator are identified. As a pilot project no benchmark data is available. Data points include: number of participants; medical data including adherence to treatment and reported side effects resulting in discontinuation of the treatment; drug use including abstinence based on random urine drug screens, opioid cravings, treatment sessions attended; participation in support groups; and for criminal justice, rearrests/re-incarceration.

UTILIZATION: Service categories are well defined. Program will report number of clients engaging as Treatment Plan Clients (TPCs) and number of injections, physicals, and follow-up appointments. Because the pilot will begin in FY15, the target for FY16 includes continuing TPCs (10) as well as new

TPCs (20). These clients will also be receiving services through the Specialty Court program and be reported there as well. The FY16 target for Service Contacts is 180.

CCMHB FY16 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – ACCESS Initiative Sustainability: N/A

Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): N/A

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: The Vivitrol pilot project will expand the scope of treatment options available to Drug Court clients, specifically those in the program with opiate dependence.

Priority #5 – Wellness for People with Disabilities: N/A

Priority #6 - Local Funder Collaboration on Special Initiatives: Program is a new local initiative developed under the leadership of Judge Ford. In addition to CCMHB funding the project also receives contributions from Carle Foundation Hospital and Alkermes Pharmaceuticals.

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: Participation in the pilot is limited to Drug Court clients with a diagnosed opioid disorder and have passed required physical and laboratory tests.

Budget-Program Connectedness: Budget aligns with services and associated staffing pattern.

Realignment of FY15 Funding to FY16 Priorities: Is a new proposal for FY16.

Anti-Stigma Efforts: This criteria is not addressed in the application.

Technical Criteria:

Approach/Methods/Innovation: Utilizes medically assisted treatment – monthly injections of Vivitrol - accompanied by participation in other Drug Court services to treat opiate dependence.

Staff Credentials: Referenced for medical staff – physician and nurses.

Applicant Review and Input

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 PY16 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 ___

Type of Contract: Grant

Financial Information:

PY16 CCMHB Funding Request: \$306,498

PY16 Total Program Budget: \$306,948

Current Year Funding (PY15): \$291,903

Proposed Change in Funding - PY15 to PY16: \$14,595 (increase of 5%)

Program Staff – CCMHB Funds: 4.66 FTE

Total Program Staff: 4.66 FTE

Budget Analysis: The CCMHB is the sole source of support for the program. Personnel costs are 83% of expenses paid with CCMHB funds. The occupancy line combined with the consumables line account for 7% of the budgeted expenses. Consumables include purchase of required PLL workbooks and related materials and food for parent meetings and special events. 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 eight other expense lines.

Four staff work fulltime in the program: the lead PLL Therapist plus two other Therapists, positions currently vacant, and the PLL Case Manager. The remaining 0.66 FTE supports indirect staff for administration and clerical 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 _____

Target Population: Youth age 10 to 17 involved with the juvenile justice system and 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. Not appropriate for PLL are sex offenders, youth with severe developmental disabilities, or actively psychotic.

Service Locations(s)/Demographics: Groups are held at Prairie Center – Urbana Office, at the Juvenile Detention Center. Intake and family coaching sessions may be held in the home or other location.

Demographic and residency data is calculated on the 76 new youth/families served in FY14. Where identified, residency by zip code finds 43% were from Champaign, 24% from Urbana, 21% from Rantoul, and 13% from the balance of the county. Demographic data finds 26% of youth were age 12 or younger and 74% were age 13 to 18; where indicated 32% were white, 46% were black, and 22% were other races including bi/multi-racial; 3% were of Hispanic/Latino origin; and, 51% were male.

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 (coaching sessions).

Program Performance Measures

ACCESS: PLL collaborates with various juvenile justice system stakeholders as part of a coordinated referral process. Non-traditional approaches to contact and support the youth 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 FY14, 92% of referrals completing the intake process 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. In FY14, the Youth CBCL and FACES IV had completion rate was 92%.

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 presented to the Board in November, 2013. 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 18 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 five year average (FY10 through FY14) is 75 families initially engaging in the program although some may have an administrative discharge or drop out before completing all sessions. Over this five year period the program had a graduation rate of 77% surpassing the benchmark of 70%.

Data provided by SFI finds for FY14, the program served 76 youth and their families of which 64 completed the program for a graduation rate of 83%. All three therapists met their clinical minimums.

Treatment Plan Clients are number of youth/families to be served and has a target of 66 for FY15. Screening Contacts represent the number of referrals to the program and has a target of 160 for FY15.

CCMHB FY16 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – ACCESS Initiative Sustainability: Program is part of the ACCESS Initiative system of care.

Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): The Prairie Center PLL-EC program is one of two using the PLL model. This program targets youth having greater involvement with the criminal justice system.

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: N/A

Priority #5 – Wellness for People with Disabilities: N/A

Priority #6 - Local Funder Collaboration on Special Initiatives: The program originated as an initiative of the CCMHB. The Board is the sole source of support for the program.

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: Eligibility requires criminal justice system involvement. Services are delivered at PCHS office and Juvenile Detention Center although some may be held in the home/community.

Budget-Program Connectedness: Budget aligns with program and required staffing.

Realignment of FY15 Funding to FY16 Priorities: Program seeks an increase of 5% for FY16.

Anti-Stigma Efforts: Not a focus of the program.

Technical Criteria:

Approach/Methods/Innovation: PLL is an evidence based model. Pre and Post-test measures are used to track and report change in the family.

Staff Credentials: All staff have been trained in the PLL model.

Applicant Review and Input

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 PY16 PROGRAM SUMMARY

AGENCY: Prairie Center Health Systems, Inc.

Program Name: Prevention Program

Focus of Application: MH ___ SA X DD ___

Type of Contract: Grant

Financial Information:

PY16 CCMHB Funding Request: \$59,378

PY16 Total Program Budget: \$247,989

Current Year Funding (PY15): \$56,550

Proposed Change in Funding - PY15 to PY16: \$2,828 (increase of 5%)

Program Staff – CCMHB Funds: 1.02 FTE

Total Program Staff: 4.37 FTE

Budget Analysis: The funding requested from CCMHB is 24% of program revenue and the second largest source of support. The DHS Division of Alcohol and Substance Abuse prevention contract is the largest source of funding at 58% 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 adds another 4%. The remaining 3% of revenue come from agency contributions allocated to the program.

Personnel costs are 77% of expenses paid with CCMHB funds. The next largest expense is professional fees and consultants at 5% with another 5% allocated to consumables. The general operating and occupancy expenses lines are both 4% of costs. The remaining 7% is charged off across five other expense lines including local transportation for staff travel expenses. Personnel directly involved with services include the Prevention Coordinator and two Prevention Specialists with CCMHB funds supporting about one-third of each position (0.94 FTE). Remaining staff time (0.08 FTE) is for indirect support to the program including 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: 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, 48% were in Urbana, 27% were in Champaign, 12% were in St. Joseph, 11% were in Mahomet, with four other communities, primarily Rantoul and Ludlow, making up the remaining 2%.

Service Description/Type: Prevention. Services are designed to fit the audience – youth, parents and community. Classroom based youth 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. These are research/evidence based curricula that have been proven effective with diverse populations and are recognized by SAMHSA as model programs. Program plans to purchase the updated Too Good for Violence curriculum for 4th and 5th grades and the evidence based high school curriculum Project Towards No Drug Abuse.

Parent education occurs through materials shared with students as part of classroom based sessions. Parent workshops are held when requested by schools/community organizations or parent groups. The session(s) are designed to meet the needs of the requesting organization, with an emphasis on increasing parental knowledge of ATOD and parenting skills when dealing with ATOD issues. Community oriented activities include participation in events to increase awareness of the dangers associated with ATOD.

The communications campaign on the risk and harms associated with marijuana use at Urbana Middle School and Urbana High School will continue through FY16. This initiative is supported in large part with state funding.

Staff is trained in the curricula, participates in agency cultural competence training, and is encouraged to attend trainings on programming for diverse populations.

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 is done on request with sessions on life skills, substance abuse education or violence prevention. Program does afterschool programming at several schools in Urbana School District.

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 program also makes an observation regarding retention of information from one year to the next as students are exposed to advancing levels of material at the middle schools where sessions are typically held at each grade level. For schools where change from one year to the next was tracked, scores were 11% to14% higher from sixth grade to eighth 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 four schools reported an increase in knowledge ranging from 9% to 15%. The national average change from pre- to post test in scores is 10%.

Teacher satisfaction surveys cited for the Too Good for Violence from St. Joseph Grade School 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). FY16 target of is unchanged at 900 CSEs.

For FY14, program exceeded target of 900 by 29% reporting 1,159 events. Program is on track to meet target for FY15.

CCMHB FY16 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – ACCESS Initiative Sustainability: N/A

Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): N/A

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: N/A

Priority #5 – Wellness for People with Disabilities: Program educates youth about risk associated with use of alcohol, tobacco and other drugs as well as violence prevention.

Priority #6 - Local Funder Collaboration on Special Initiatives: N/A

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: Program is in various school districts around the county. Program reports adding Jefferson Middle School.

Budget-Program Connectedness: Budget aligns with services. CCMHB is second largest source of revenue at 24% of total program budget.

Realignment of FY15 Funding to FY16 Priorities: Program seeks 5% increase for FY16.

Anti-Stigma Efforts: Program includes prevention education activities in the community.

Technical Criteria:

Approach/Methods/Innovation: Evidence based curricula used in classrooms. Pre- and Post-tests used to measure change in students understanding/knowledge of risk from using alcohol, tobacco and other drugs.

Staff Credentials: Staff are trained in curricula.

Applicant Review and Input

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 PY16 PROGRAM SUMMARY

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

Program Name: Specialty Courts (previously Drug Court)

Focus of Application: MH ___ SA X DD ___

Type of Contract: Grant

Financial Information:

PY16 CCMHB Funding Request: \$187,425

PY16 Total Program Budget: \$338,431

Current Year Funding (PY15): \$187,425

Proposed Change in Funding - PY15 to PY16: 0

Program Staff – CCMHB Funds: 3.32 FTE

Total Program Staff: 5.8 FTE

Budget Analysis: There is a more balanced distribution of projected revenue in FY16. While the amount of funding requested from CCMHB is unchanged, as a percentage of the budget CCMHB funding drops from 78% in FY15 to 55% in FY16. An increase in projected revenue from billing Medicaid and DASA contracts increases total program budget as well as the percentage of revenue projected to 22% and 21% respectively, from the two contracts. The remaining 2% is client fess/co-payments.

Personnel costs account for 79% of expenses to be paid in part with CCMHB funds. The lease/rental expense line, primarily for office space, is 7% of costs charged to CCMHB. The remaining 14% of CCMHB funds are allocated across various other expense line with the highest amounts charged off to the professional fees/consultants line and the occupancy line.

Personnel positions supported in part by the CCMHB total 3.32 FTE of which 3.06 FTE are involved in direct service and .26 FTE for indirect staff for management/administration. Support for direct service staff include part of two fulltime counselor and one fulltime case manager positions (2.25 FTE/each at .75 FTE). Other personnel supported in lesser amounts, ranging from .1 FTE to .3 FTE, include another counselor, two clinical coordinators, and the clinical director. Very small amounts of time for two other counselor positions are also allocated to the CCMHB as a pay source.

The budget narrative states 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.

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 offenses, 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 89 clients in FY14. Residency by zip code finds 57% were from Champaign, 18% from Urbana, 13% from Rantoul, and 12% from the balance of the county. Demographic data finds all were adults (1 client age 60 or older); 51% were white, 47% were white, and 2% other races including Asian and bi-/multi-racial; none were of Hispanic/Latino origin; and 61% were male.

Service Description/Type: Assessment, Outpatient and Intensive Outpatient Counseling, and Case Management. Range of services, applying consumer driven, strength based, trauma informed and culturally sensitive approaches, includes evidence based assessments, individual and group counseling, and intensive case management. Evidence based treatment approaches used include modules from Matrix Model, Seeking Safety, and Hazelden Co-Occurring Disorders program. 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 and Six Key Principles of Trauma Informed Approach.

PCHS Drug Court staff work 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.

The intensive level of services associated with Drug Court requires greater collaboration and coordination than typically provided to non-Drug Court clients. Much of this additional activity falls outside billable treatment activity. Examples cited include time spent on weekly drug court reports for each client and documentation, weekly drug court staffings, case management, travel, and training. About one-third of participants were said to be enrolled in Medicaid or associated managed care plans that can be billed for regular treatment services. Others may qualify to have treatment paid through the DASA contract. For a client that does not qualify for one of these other pay sources or for any of the non-billable activities described above the CCMHB contract is charged.

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 training is on-going and includes drug court specific events.

Under separate application, PCHS requests funds to support medically assisted treatment for Drug Court participants with opiate/herion addiction. See Drug Court Vivitrol Program Summary for details.

Access to Services for Rural Residents: Participation is tied to involvement with Drug Court. Counseling provided at PCHS Urbana location, at Probation or at the jail. Case manager 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. 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 FY16 and include: client assessed within three days; client engaged in treatment within three days of assessment, if not incarcerated; will receive case management if barriers identified; and number of graduates. For FY14, reported results exceeded 95% for each measure. Drug Court graduates totaled 3. Low number is due in part to delay of graduation into first month of FY15.

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. Number of graduates was much lower than projected, in part but not entirely due to delay of graduation from June 2014 (FY14) to July 2014 (FY15). Graduation target has been set at 15 for FY16. All graduates met the two other measures.

Data on recidivism rate for graduates is prepared by the Drug Court Coordinator. Analysis prepared by the Coordinator, that tracked 163 graduates for a five year period through FY14 found 48 had recidivated one time and 8 others had recidivated two or more times over that period, for a recidivism rate of 34%.

Broader agency wide consumer outcome measures are evaluated using the Mental Health Statistics Improvement Program (MHSIP) Consumer Satisfaction Survey. 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) represent Drug Court clients served by Prairie Center and target is 90. Service contacts tracked are a mix of assessments (35), and hours of case management (700) and outpatient treatment (12,000). Community Service Events (CSEs) are set at 6 and represent number of media contacts and graduations. The “Other” category is used to project number of graduates – target is 15.

For the FY14 program, the program served 89 TPCs out of a projected 100. Service contacts came in at 12,300 beating the annual target of 11,720 and CSEs came in at 6 out of projected 5 events. Graduates totaled 3, well below target of 20.

CCMHB FY16 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – ACCESS Initiative Sustainability: N/A

Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): N/A

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: Specialty Court program serves participants of Champaign County Problem Solving Courts (Drug Court).

Priority #5 – Wellness for People with Disabilities: Service description mentions participating in SAMHSA 10x10 Wellness Campaign but does not go beyond that reference.

Priority #6 - Local Funder Collaboration on Special Initiatives: N/A

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: Services are contingent upon participation in Drug Court

Budget-Program Connectedness: Relationship of funding streams to services provided and use of CCMHB funds to support non-billable activity is explained. Primary staff positions supported in part with CCMHB funds.

Realignment of FY15 Funding to FY16 Priorities: Total budget increased through anticipated billing to Medicaid/DASA fee for service contract. CCMHB funding requested unchanged.

Anti-Stigma Efforts: This criteria is not addressed in the application.

Technical Criteria:

Approach/Methods/Innovation: Evidence based assessments/treatment models cited. Additional service/staffing activity required for this program are described.

Staff Credentials: Educations levels noted as well as license/certifications.

Applicant Review and Input

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 PY16 PROGRAM SUMMARY

AGENCY: Prairie Center Health Systems, Inc.

Program Name: Youth Services

Focus of Application: MH ___ SA X DD ___

Type of Contract: Grant

Financial Information:

PY16 CCMHB Funding Request: \$119,548

PY16 Total Program Budget: \$205,327

Current Year Funding (PY15): \$105,000

Proposed Change in Funding - PY15 to PY16: \$14,548 (increase of 14%)

Program Staff – CCMHB Funds: 2.29 FTE

Total Program Staff: 3.51 FTE

Budget Analysis: The CCMHB is the primary source of support at 58% of program revenue. State funding from DHS-Division of Alcohol and Substance Abuse contributes 25% of revenue with another 10% from Medicaid. The remaining 7% comes from Title XX Donated Funds Initiative monies. The CCMHB is the only grant based source of support and funds services or other expenses not covered by another funder/contract. The three other sources are fee for service contracts.

Personnel costs associated with supporting allocated staff time (2.29 FTE) account for 83% of expenses charged to CCMHB. Direct service staff time includes 75% of the two fulltime counselor positions, a similar percentage of a new half-time case manager, and 15% of the clinical director position. The remaining staff time (.26 FTE) is for indirect staff – agency administration and support staff. Other costs charged to CCMHB include the conference/staff development expense line (4% of funding) for the Seven Challenges license fee and technical assistance to assure fidelity to the model, the professional fees/consultants expense line (3%), local transportation (3%) for staff travel to schools or use of agency vehicle. The remaining 7% of CCMHB funds are allocated across four other expense lines.

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 12 to 18 with a substance abuse diagnosis. In addition to the diagnosis, many youth report having other issues and behaviors as well as barriers to treatment. Multiple referral sources are identified including criminal justice partners said to account for 30 to 40% of referrals.

Service Locations(s)/Demographics: Services provided at READY School, Champaign County Probation, and Prairie Center Urbana Office, and home visits as needed to build trust/engage the family.

Agency reported serving 118 youth in FY14. Residency by zip code finds 53% were from Champaign, 29% from Urbana, 3% from Rantoul, 3% from Mahomet and 12% were the balance of the county. Demographic data indicates all but one were youth between the ages of 13 and 18; 52% were white, 42% were black, and 4% were other races including bi-racial/multi-racial; 4% were of Latino/Hispanic origin; and 76% were males.

Service Description/Type: Outpatient Counseling and Case Management. The CRAFFT, a six question screening tool, to determine if an assessment is needed. Where indicated the Global Appraisal of Individual Need (GAIN-Q3), a culturally sensitive and strengths based assessment is completed followed by the treatment plan. Individual and group sessions using 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. The model has been proven to work effectively with a variety of cultures, races and ethnicities, genders, sexual orientation, and disabilities. Family members, teachers, social workers and others involved in the youths' lives may be educated about Seven Challenges as part of the youths' treatment in an effort to improve outcomes. To that end, the program will implement the Be Strong Families "Parent Café" model to engage parents with the intent of building protective factors.

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. Research supporting the involvement of a case manager in services is referenced.

Services will be provided by Masters level licensed staff and have been trained in the Seven Challenges model. Clinical supervision provided by experienced and licensed Clinical Director.

Access to Services for Rural Residents: Services are provided at READY School, Juvenile Probation, and at Prairie Centers Urbana Office where evening hours are offered four days per week. Some home visits are made. Assistance with transportation may be provided. The case manager position will work to address barriers experienced by rural clients.

Program Performance Measures

ACCESS: Three measures associated with access are identified. Youth referred to the program will be assessed within five days of referral is the first measure and engage in treatment within five days after an assessment is completed is the second measure. Access target for both measures in FY16 is set at 75% with case manager (65% without case manager position).

Results reported for the two measures in FY14 were 55% for assessment measure (target 65%) and 72% for engagement measure (target 65%). Barriers to access e.g. youth incarcerated following referral or suspended from school, no show for appointment, and unable to locate are essentially the same as reported last year.

The third measure for FY16 is 100% of youth with a potential barrier who receive case management, if position funded. Without the position responsibility will fall to the counselors and target drops to 90%. Results reported for FY14 was 92% with case management provided by the counselor.

CONSUMER OUTCOMES: Program implemented a pilot research study in FY14 in collaboration with the U of I School of Social Work. Data was collected at intake to establish baseline and established intervals thereafter for those youth choosing to participate. Baseline and case closure data was collected from those not choosing to participate. All youth are assessed with the GAIN-Q and have access to treatment through the Seven Challenges model.

Results reported from the FY14 study, based on period of past 90 days, found: number of days youth skipped school decreased; reported number of days with health problems increased; reported number days experiencing mental health problems decreased; reported number of days of substance use decreased; and youth involved with the juvenile justice system were involved in criminal/violent behavior decreased.

For FY16, the outcome measures and associated performance targets 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. 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 FY16 all increase from FY15 levels. Youth engaging in services following an assessment are Treatment Plan Clients (TPCs). Target is 125. Service Contacts represent screenings completed and is set at 135. Community Service Events (presentations at schools and in the community) is set at 16. Other (hours of service including screenings, assessment, treatment, and case management) is increased to 1,250 reflecting additional hours from case management services.

FY14 performance finds targets were exceeded in all but the Community Service Events category. Midway through FY15, the program appears on track to meet or exceed targets. Service contacts are at 59 of projected 75. TPCs reported stand at 55, including 33 continuing clients from FY14, out of projected 115 for the year. Service hours (Other category) are at 417 out of target of 900. CSEs are at 7 of the target of 12.

CCMHB FY16 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – ACCESS Initiative Sustainability: N/A

Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): Program uses the Seven Challenges model with youth that have a substance use disorder diagnosis.

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: N/A

Priority #5 – Wellness for People with Disabilities: N/A

Priority #6 - Local Funder Collaboration on Special Initiatives: N/A

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: Services delivered at PCHS Killarney Street location and at READY School in Champaign. For services at PCHS office some assistance with transportation is provided.

Budget-Program Connectedness: CCMHB is the only grant based contract. Allocation of funds support services and staffing pattern including addition of new case manager position.

Realignment of FY15 Funding to FY16 Priorities: Program seeks an increase of 15% over FY15 award.

Anti-Stigma Efforts: Not specifically addressed in the application.

Technical Criteria:

Approach/Methods/Innovation: Uses evidence based Seven Challenges Model and engages youth in school based setting (READY School), at PCHS Killarney St. office, and if needed in the community.

Staff Credentials: Services provided by Master level licensed staff trained in Seven Challenges model.

Applicant Review and Input

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 PY16 PROGRAM SUMMARY

AGENCY: Promise Healthcare

Program Name: Frances Nelson Wellness and Justice

Focus of Application: MH X SA DD

Type of Contract: Grant

Financial Information:

PY16 CCMHB Funding Request: \$40,000

PY16 Total Program Budget: \$84,641

Current Year Funding (PY15): \$20,000

Proposed Change in Funding - PY15 to PY16: \$20,000 (increase of 100%)

Program Staff – CCMHB Funds: 1.45 FTE

Total Program Staff: 2.40 FTE

Budget Analysis: At 47% of program revenue, the CCMHB is the primary source of support for the program. Funds allocated from the federal Health Resources and Services Administration (HRSA) grant awarded to Frances Nelson Health Center as a federally qualified health center (FQHC) accounts for 30% of revenue. The remaining 23% of revenue comes from agency contributions allocated to the program.

Personnel costs represent 100% of expenses to be paid with CCMHB funds. And accounts for 59% of the total personnel related expenses for the program as a whole. All of the staff time supported by the CCMHB (1.45 FTE) directly involved in services. This includes all of Wellness Coordinator time (.75 FTE) allocated to the program. This is the primary staff position and is responsible for case management. Other staff includes 25% of the Medical Records position and the Medication Program position and 10% of a Certified Nursing Assistant and the Program Coordinator.

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: Audit is pending. Agency uses the calendar year for its fiscal year. Agency has agreed to submit revenue and expenditure schedules specific to term of contract beginning with the close of the FY15 contract.

Target Population: Frances Nelson Health Center (FNHC) patients or prospective clients with a chronic medical condition and a mental health diagnosis. This includes those with criminal justice system involvement needing to establish a medical/mental health care home. Program also is involved in outreach and facilitating care provided at the FNHC satellite site at Community Elements Walnut Street location.

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Prospective clients of FNHC will have to select the agency as their medical home and enroll as a patient.

Service Locations(s)/Demographics: On-site at FNHC, coordination of support services for the satellite site at Community Elements, and education events in the community.

This program started in FY14. Data reported is based on 644 service contacts reported for the FY14 contract. Residency by zip code finds 49% were from Champaign, 24% from Urbana, 8% from Rantoul, 2% from Mahomet, 2% from Tolono, and 15% from other areas of the county. Demographic data finds all were adults with 22% age 60 or older; 50% were white, 47% were black, and 3% were other races including bi-/multi-racial; 5% were of Hispanic/Latino origin; and 57% were women.

Service Description/Type: Case Management, Outreach, and Support Services. The intent of the program is to remove barriers to patients achieving optimum physical and mental health. Program staff will collaborate with referring agencies/programs and other FNHC staff to identify patients whose wellness can be improved through case management.

Assistance provided by staff include enrolling in benefit plans and other social service programs, access the medication assistance program for help with prescriptions, 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.

Support services for patients scheduled for an appointment at FNHC satellite site at Community Elements are provided by program staff. The services represent advance work required at FNHC to facilitate a smooth patient flow at the satellite site.

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 reach 600 potential participants, reported as service contacts, including 30 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. Most are expected to have their presenting need met at time of contact. For potential participants with multiple needs, 50 are projected to engage in case management of which 20 will be involved with the justice system. To be considered enrolled in wellness case management services the patient will have to engage beyond the initial contact and have more than one need addressed. Staff activities also include support services to enable patients to access medical care at the Community Elements satellite site.

Effort will be made to identify patients involved with the jail or Department of Corrections. The Wellness Coordinator will review daily rosters for the jail for existing clients, noting justice involvement in the electronic medical records allowing the patient to be targeted for case management.

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.

CONSUMER OUTCOMES: Program references several measures. The first measure will track number of contacts with patients having a chronic medical condition and mental health diagnosis. Of those patients, the program will track the number of issues patients present with that require support or assistance compared to number of issues addressed. The last measure relates to support services for the satellite site. The program will track the number of appointments scheduled and then the number appointments that were kept by patients.

Program reports staff has been successful in maintaining patient's access to care and increasing the number of patients with Medicaid or other benefit plan coverage. As an indicator of that success, program references number of applications submitted and estimate of associated enrollments.

UTILIZATION: Service categories are defined in some fashion throughout the Program Performance Measures section of the application. Contacts, patients engaging in case management and those involved with criminal justice will be tracked.

Service contacts are patients referred with target set at 600 with 30 of these contacts being criminal justice involved cases. Patients engaging in case management will be reported as a Non-Treatment Plan Clients (NTPCs) with a target set at 60 including ten patients continuing from the prior year. Of those engaging in case management, 20 are expected to have criminal justice involvement. Community Service Events has a target of 27 for activity associated with promoting the program and collaborations with other entities. The Other category will be used to track appointments scheduled at the satellite site and has a target of 1,200.

During FY14 the program completed 644 service contacts, engaged 67 patients (NTPCs), and completed 31 CSEs (community events and collaborations).

CCMHB FY16 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – ACCESS Initiative Sustainability: N/A

Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): N/A

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: Criminal justice involved adults are part of the population to be served. Records for such clients will be flagged by the Wellness Coordinator for engagement when presenting for care at FNHC.

Priority #5 – Wellness for People with Disabilities: Proposal is aligned with this criteria. Case management intended to address barriers to medical care such as lack of Medicaid or access to

prescriptions but may also address other basic needs identified. Also provides support services to FNHC staff at their satellite site at Community Elements Walnut Street location.

Priority #6 - Local Funder Collaboration on Special Initiatives: The CCMHB is the only local funder. Program does collaborate with Community Elements for delivery of medical care.

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: Services are office based. Over 25% of patients live outside Champaign and Urbana.

Budget-Program Connectedness: The CCMHB is the primary funder, with all of requested funds allocated to personnel costs. All staff positions supported are involved in delivery of services.

Realignment of FY15 Funding to FY16 Priorities: Program seeks a \$20,000 increase for FY16. Full funding of the request likely requires some realignment of FY15 funding.

Anti-Stigma Efforts: This criteria is not identified as a focus of the program.

Technical Criteria:

Approach/Methods/Innovation: Proposal describes range of support services and collaborative activities.

Staff Credentials: Brief description of work experience and knowledge of community resources included for the Wellness Coordinator position.

Applicant Review and Input

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 PY16 PROGRAM SUMMARY

AGENCY: Promise Healthcare

Program Name: Mental Health Services at Frances Nelson

Focus of Application: MH X SA DD

Type of Contract: Grant

Financial Information:

PY16 CCMHB Funding Request: \$165,000

PY16 Total Program Budget: \$420,508

Current Year Funding (PY15): \$165,000

Proposed Change in Funding - PY15 to PY16: 0

Program Staff – CCMHB Funds: 1.97 FTE

Total Program Staff: 3.80 FTE

Budget Analysis: At 39% of total program revenue, the CCMHB is the single largest source of funding for the program. These funds cover the cost of services to self-pay patients, about 20% of total served, plus another 18% of costs not reimbursable but said to significantly increase the number of patients receiving care. About 8% of other funds – United Way designations, contributions, and fundraising – likely also provide flexibility for meeting costs not billable to other sources. Those other sources include a federal grant at 13% of program revenue, and projected Medicaid and Medicare billable services at 32% and 6% of program revenue. Frances Nelson Health Center is a federally qualified health center (FQHC)

Personnel costs are 97% of expenses to be paid with CCMHB funds. This represents 43% of personnel costs for the program. The other 3% of CCMHB funds are spread across three other expense lines. Staff positions supported in part with CCMHB funds include 1.12 FTE of two fulltime licensed therapists, .13 FTE of a part-time psychiatrist (.35 FTE), fifty percent of a fulltime registered nurse, and then small percentages (2%) of time for various primary care physicians, nurse practitioners, and the executive director. The time associated with the primary care positions reflects the integration of care and time spent providing behavioral health services to patients that cannot be billed to another pay source.

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: Audit is pending. Agency uses the calendar year for its fiscal year. Agency has agreed to submit revenue and expenditure schedules specific to term of contract beginning with the close of the FY15 contract.

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Target Population: To receive services the individual must be a medical or dental patient at Frances Nelson Health Center (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.

In 2014, FNHC served 9,433 patients. Of clients seen for counseling 24% 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 for depression accounts for 50% of encounters with an equal percentage related to anxiety including PTSD. Many patients have co-occurring disorders.

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: All services are provided on-site at FNHC. Program reported serving 542 clients in FY14.

Residency by zip code finds 43% were from Champaign, 28% from Urbana, 12% from Rantoul, 4% from Mahomet, 3% from Tolono, and 10% from other areas of the county.

Demographic data finds 9% were children and adolescents and 91% were adults including 6% age 60 or older; 74% were white, 23% were black, and 3% were other races including bi-/multi-racial; 21% were of Hispanic/Latino origin; and 67% were female.

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 .35 FTE psychiatrist. The amount of psychiatric time was .5 FTE in FY15. 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. A Registered Nurse (RN) assigned half-time to the program, provides support to the psychiatrist and assists patients with managing medication prescribed for various disorders. The RN will also triage patients under the psychiatrists care as well as primary care providers prescribing psychiatric medications.

Additional supports to patients receiving mental health services are provided through the medication assistance program, women's health, benefit enrollment, and prenatal care.

Access to Services for Rural Residents: Access is tied to patient status at FNHC. Over twenty-five percent of clients served in FY14 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 FY16 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. Target is increased from 75% based on past performance.

Results reported were 100% of English and Spanish speaking patients completed mental health assessments within established timeframe. And for psychiatry 100% of patients were scheduled within the defined timeframe exceeding the target of 75%.

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 or 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 exceeded the measures. All patients and 94% had a GAF score completed at start of treatment. Of those patients continuing to engage at the six month interval had a repeat score completed. Reported change in scores for 57 patients completing the six month GAF found 85% of scores increased.

UTILIZATION: Program sets clear targets for all services for FY16. For counseling, target is 320 TPCs including 80 continuing to engage from the prior year, completing 1500 service contacts, and reported as Other - 400 case management contacts. For bilingual counseling (Spanish speaking services), target is 100 TPCs including 40 continuing from the prior year, completing 400 service contacts, and reported as Other - 88 case management contacts. Counseling staff will also be involved in 4 community service events.

For psychiatric services, target is 110 TPCs including 70 continuing to engage from the prior year, completing 2,150 service contacts, and reported as Other - 130 case management contacts. Community Service Events listed at 10 represent Lunch and Learn sessions. The number of patients served and service contacts completed is decreased from FY15 due to the change in psychiatrist's time at the agency. However, this year the program will report patients receiving their medications from the primary care provider with support from the psychiatrist as Non-Treatment Plan Clients and has a target of 800.

Through the first half of FY15, all services appear on track to meet projected service levels with the exception of psychiatric services. Program reports engaging 194 patients in counseling out of an annual target of and another 54 Spanish speaking patients out of an annual target of 75. Counseling service contacts total 889 of projected 1,500 and another 240 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 99 out of an annual target of 165 and have completed 470 service contacts out of projected 1,150. Number of patients receiving their medication from primary care providers is not tracked for FY15.

CCMHB FY16 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – ACCESS Initiative Sustainability: N/A

Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): Program will serve children and youth, including the Spanish speaking population.

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: N/A

Priority #5 – Wellness for People with Disabilities: Additional supports to provided clients include prenatal care, women’s health, enrollment in benefit assistance

Priority #6 - Local Funder Collaboration on Special Initiatives: N/A

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: Services are office based. Over 25% of patients are from outside Champaign and Urbana.

Budget-Program Connectedness: CCMHB funding is primarily for staff related expenses. CCMHB funding allocated to personnel approximates ratio of CCMHB revenue to total budget.

Realignment of FY15 Funding to FY16 Priorities: Program does not request an increase for FY16.

Anti-Stigma Efforts: This criteria is not a focus of the program.

Technical Criteria:

Approach/Methods/Innovation: Program places strong emphasis on integration/collaboration of mental health care with primary care.

Staff Credentials: Clearly stated and appropriate to level of care provided.

Applicant Review and Input

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 PY16 PROGRAM SUMMARY

AGENCY: Rape Advocacy, Counseling, & Education Services

Program Name: Counseling & Crisis Services

Focus of Application: MH SA DD

Type of Contract: Grant

Financial Information:

PY16 CCMHB Funding Request: \$18,600

PY16 Total Program Budget: \$133,697

Current Year Funding (PY15): \$18,600

Proposed Change in Funding - PY15 to PY16: 0

Program Staff – CCMHB Funds: 0.40 FTE

Total Program Staff: 2.65 FTE

Budget Analysis: The primary source of support for the program is a grant from Illinois Coalition Against Sexual Assault (ICASA) projected to provide 74% of revenue. The amount requested from the CCMHB accounts for 14% of revenue and is the second largest source of funding. Other sources includes United Way at 7% of revenue, a City of Urbana/Cunningham Township grant at 3%, and proceeds from contributions and fundraising at 2%.

Funding requested from the CCMHB is almost entirely allocated to personnel related expense lines (salaries, payroll taxes, and benefits). Only 5% of CCMHB funding is allocated to another expense line - professional fees/consultants. The 95% of funds allocated to personnel supports 20% of two fulltime positions - Assistant Director and the Child and Adolescent Counselor – that provide counseling 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 _____

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 reported to CCMHB having served 45 clients in FY14. Residency data by zip code finds were from 49% from Urbana, 38% from Champaign, 7% from Rantoul, and 6% from other areas of the county.

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Demographic data finds 24% were age 18 or under, and 76% were adults; 60% were white, 22% were black, 7% were Asian, and 11% were other races including bi-/multi-racial; 4% were of Hispanic/Latino origin; and 89% 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 counselors existing caseloads. Program also operates the 24 hour Rape Crisis Hotline that is typically the first point of contact. Emergency medical advocacy is part of 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.

Counseling services are provided by the Assistant Director and the Child and Adolescent Counselor. The Assistant Director is an LPC and has completed various specialized training provided by ICASA and 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 has completed various specialized training by ICASA.

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. There is no specific screening or referral process for these services. Most medical advocacy contacts are referrals by emergency room personnel or law enforcement. Advocates will make a follow-up contact the day after to assist with referrals for additional support services.

In addition to regular business hours, 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 for counseling services at this time.

CONSUMER OUTCOMES: Agency reported last year the ICASA annual outcome evaluation on counseling services had been discontinued. As an alternative, RACES planned to use a survey to collect outcome data on crisis, medical advocacy, and counseling services but when implemented proved poorly designed. RACES plans to return to using the original ICASA instrument for counseling services and be able to compare results with past performance. There is continued interest in developing a survey to evaluate other services but no timeline has been established.

UTILIZATION: Service categories are well defined with targets identified for FY16 that are specific to the activity of CCMHB funded staff positions. Treatment Plan Clients (TPCs) are clients engaging in five or more sessions and has a target of 50. Non-Treatment Plan Clients (NTPCs) are clients engaging in fewer than five sessions and has a target of 15. Service contacts reported are limited to crisis intervention

contacts handled by CCMHB funded staff and has a target of 40. Community Service Events (CSEs) represent information and referral contacts by staff and has a target of 200 individuals assisted. Other category tracks Emergency Medical Advocacy contacts, with target of 8.

For FY14, TPCs had target of 50 clients served by CCMHB funded staff and served 35 including 16 clients that continued treatment from the prior year. NTPCs had a target of 25 and served 10. Service contacts had a target of 25 and completed 22. CSEs had a target of 150 and completed 188 information and referral contacts. Explanation for underperforming targets noted high number of continuing clients and new clients engaging for longer periods and use of interns to deliver services.

CCMHB FY16 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – ACCESS Initiative Sustainability: N/A

Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): Program provides counseling and other services to children and youth that are victims of sexual assault.

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: Program provides counseling and other services to adult victims of sexual assault.

Priority #5 – Wellness for People with Disabilities: N/A

Priority #6 - Local Funder Collaboration on Special Initiatives: N/A

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: Services include crisis line for victims of sexual assault.

Budget-Program Connectedness: ICASA is largest funder with CCMHB a distant second. CCMHB funds support part of two fulltime counselors.

Realignment of FY15 Funding to FY16 Priorities: Amount requested is same as FY15.

Anti-Stigma Efforts: Not specifically addressed in application. Medical advocates do work with victims presenting at the emergency rooms.

Technical Criteria:

Approach/Methods/Innovation: Meets standards set by ICASA.

Staff Credentials: Education and specialized ICASA training completed referenced in budget narrative.

Applicant Review and Input

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 PY16 PROGRAM SUMMARY

AGENCY: The UP Center of Champaign County

Program Name: Children, Youth & Families Program

Focus of Application: MH X SA ___ DD ___

Type of Contract: Grant

Financial Information:

PY16 CCMHB Funding Request: \$39,579

PY16 Total Program Budget: \$51,869

Current Year Funding (PY15): \$0

Proposed Change in Funding - PY15 to PY16: New program proposal for FY16

Program Staff – CCMHB Funds: 0.83 FTE

Total Program Staff: 0.88 FTE

Budget Analysis: The requested funding from CCMHB accounts for 76% of total program revenue. Proceeds allocated to the program from the contributions line and fundraising line combine for 15% of revenue. Two small contracts are 6% of revenue with the remaining 3% listed as in-kind contributions.

Regarding expenses, salaries and payroll taxes are 82% of the costs paid with CCMHB funds. An audit would be required at the requested level of funding. Six percent of CCMHB funds are allocated to the professional fees/consultants expense line to cover half the projected cost of an audit. The consumables expense line is also 6% of allocated costs. The remaining 6% is spread across five other expense lines.

Staff time allocated to the program include a .75 FTE Program Coordinator position funded entirely by the CCMHB. A small amount of administrative staff time (.08 FTE) is charged off to 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 X
Audit Requirement Waived _____
Audit in Compliance _____
Audit not in Compliance _____
Auditor Finding _____

Target Population: Lesbian, gay, bi-sexual, transgender, and queer (LGBTQ) individuals in Champaign County. This includes LGBTQ youth, LGBTQ families - any adult who identifies as part of an LGBTQ family - and children dealing with issues related to gender and sexuality. Youth support groups and events will be open to LGBTQ adolescents or those questioning gender/sexual identity, age 13 to 18.

Service Locations(s)/Demographics: At the UP Center office in Champaign or in the community. Application seeks to establish new program.

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Service Description/Type: Crisis Intervention, Case Management, Support Groups, and Community Building. Program offers LGBTQ identity specific resources/services. The Program Coordinator will have primary responsibility for services although an Administrator may assist with services.

Teen support groups will be reestablished. The coordinator will facilitate the support groups as well as be responsible for outreach including connecting with school based gay-straight alliances. Youth drop in hours will be available nine hours per week and staffed by either the coordinator or the administrator. Crisis intervention and case management will also be provided to any LGBTQ individual or family. "Need-based crisis intervention" will be accessible over the telephone, during drop-in hours, and by appointment. A clinical assessment will be completed followed by crisis services, as needed. Others may receive case management rather than crisis services. Community building events will include youth game nights or family picnics or similar activity, held in a safe and supportive environment.

Reference to staff credentials is limited to the Program Coordinator being a Bachelor's degree level position. No credentials are identified for the Administrator. No training or other qualifications associated with crisis intervention is provided.

Access to Services for Rural Residents: Parents and youth may be assisted with the cost of transportation/gas. Some meeting may be held in rural areas of the county.

Program Performance Measures

ACCESS: Services will be open to any LGBTQ individual or family from Champaign County free of charge. Referrals sources may include schools, social service agencies or other professionals, or as a self-referral.

Participation in youth support groups and community events will be will tracked using a program participation form. Length of engagement in groups is projected at one year or more. Individuals may initiate requests for crisis intervention or case management through e-mail or by telephone with the Administrator. The Program Coordinator will respond to any service request within one week or if in crisis within 24 hours. Engagement in crisis intervention services are projected to last 30 days or less and for case management services are projected to last three to six months. Referrals, demographic and engagement for crisis intervention and case management services will be tracked.

CONSUMER OUTCOMES: Method for collecting data is described. Anticipated outcomes for youth are increased ability to cope with bullying and peer pressure, decreased depression and suicidal ideation, and improved relationships with supportive adults. Participants in youth support groups will complete pre- and post-tests, administered quarterly, and will include use of the Depression, Anxiety, and Stress Scale. The same pre-test/post-test instrument will be used with youth engaged in crisis intervention or case management.

Adults receiving crisis intervention or case management will also complete a pre- and post-test survey to measure psychological distress, sense of belonging, and use of community resources. A satisfaction survey will be used to evaluate community building events. Employee performance will be evaluated using the Gay Affirmative Practice Scale.

UTILIZATION: Service categories are defined and targets established. Treatment Plan Clients (TPCs) represent anyone receiving case management and has a target of 20. Non-Treatment Plan Clients (NTPCs) will include youth attending support groups and others attending community building events.

Target is 50 NTPCs. Service contacts are the number individuals completing screening/assessments, receiving crisis services, or information and referral. Target for service contacts is 100. Community service events will include public presentations in various venues to educate the general public intended to increase sensitivity and tolerance toward the LGBTQ community.

CCMHB FY16 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board: N/A

Priority #2 – ACCESS Initiative Sustainability: N/A

Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): N/A

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface: N/A

Priority #5 – Wellness for People with Disabilities: N/A

Priority #6 - Local Funder Collaboration on Special Initiatives: N/A

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: Outreach to rural areas is planned and meetings/events may be held in outlying communities.

Budget-Program Connectedness: The CCMHB is the largest single source of support. Other funding is primarily from contributions and fundraising. Part-time program coordinator position is supported entirely with CCMHB funds.

Realignment of FY15 Funding to FY16 Priorities: Program is new proposal for FY16. A Youth and Volunteer program was funded in FY13 and FY14.

Anti-Stigma Efforts: Program offers support groups and community building activities to LGBTQ population and community service events for the general population to increase tolerance and sensitivity.

Technical Criteria:

Approach/Methods/Innovation: Various services targeted to LGBTQ population are described. Pre- and post-test survey will be used to measure outcomes.

Staff Credentials: Limited to education requirement for Program Coordinator position. No qualifications/training indicating capacity to deliver crisis intervention is referenced.

Applicant Review and Input

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

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DRAFT CCMHB PROGRAM SUMMARY 2016

Agency: United Cerebral Palsy – Land of Lincoln

Program Name: Vocational Services

Contract Format Requested: Grant

Funding Requested: \$86,475

Staff Assessment: could be organized as a fee-for-service contract; for 20 continuing and 30 new people, \$1,729.50 annual case rate or \$144.12 per member per month (or a rate for New and a rate for Continuing).

Target Population: adults of working age, who have Intellectual and/or Developmental Disabilities (ID/DD), and require vocational training or support to become and/or stay employed.

Staff Assessment: multiple referral sources listed.

Service Description/Type: extended job coaching and case management for those working; training (work readiness, soft skills, etc.), interest assessment, and job development for those seeking work or to improve skills. Often continues supports for those previously funded by Division of Rehabilitation Services (DRS.) Also offers 8 week janitorial program to those interested. Transportation not provided. Staff provide training and coaching services at work sites county wide, as well as transportation training.

Staff Assessment: no Medicaid funding.

Alignment with ID/DD Priorities, Through the “Lens of Integration.” Does the application:

- Focus on a person’s control of his/her day and life? *No.*
- Support a person building connections to the broader community? *Yes, by definition.*
- Support a person participating in community settings of their choice and in ways they desire? *Per interest inventory.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *No.*
- Systematically identify and mobilize a person’s capabilities and create access to community associations, workplaces, and learning spaces? *Yes.*
- Incorporate Employment First principles? *Yes.*
- Acknowledge support and encouragement of self-advocacy? *No.*
- Address cultural competence and outreach to underserved populations? *Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *No.*

Program Performance Measures:

Consumer Access: Multiple referral sources (providers, schools, Pre-Admission Screening/Independent Service Coordination unit); outreach/training events provided to those organizations); 100% of persons referred are contacted within 7 days, complete 4 assessment instruments, with collective score and attendance/participation during this phase used “to determine whether the candidate is accepted into the program,” and admission determined within 30 days (of assessment completion?); case file per active case contains an Individual Service Plan, documentation of qualifying diagnosis and need for service, monthly progress notes.

Staff Assessment: measurable, with good detail.

Consumer Outcomes: staff goals are related to agency strategic plan, monthly contact with employers (to maximize utilization, job placement); vocational training based on interests, with tracking of attendance and participation at least 3x/week in training and/or job finding activities, required for continuation of service.

Staff Assessment: contains detail on specific services.

Utilization/Production Data: *Targets for FY16:* initial staffing within 30 days of admission; barrier focused, staff driven; linkage and referral to other services. 70 Community Service Events (20 are inservice); 160 Service/Screening Contacts; 20 continuing and 30 new Treatment Plan Clients; 11,000 total Contact Hours (2 hrs 3x/week for 50 weeks = New; 2hrs/week for 50 weeks = Continuing)

At mid-year FY15, targets of 70 CSE (actual = 31), 120 SC (actual = 63), 30 TPC (actual = 10), and 9200 Hours (actual = 571). Agency reports increased referrals and activity for third quarter.

Staff Assessment: includes description on how data are collected and sorted.

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$ 86,475

PY16 Total Program Expenses: \$ 86,295

Program Staff – CCDDDB/CCMHB Funds: < 2.5 FTE Direct, with 2% of Indirect

Total Program Staff: < 2.5 FTE Direct, with 2% of Indirect

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?

Yes.

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? *Yes, but with errors (see below).*

Budget Narrative: Request is for 100% of program revenue. **Expense** form shows \$0 salaries, payroll taxes \$8,764, benefits \$6,900, consumables \$500. **Personnel** form shows no assignment of staff to program (error?). **Budget Narrative** clarifies Direct Staff salaries (Vocational Director, 1 FTE job coach, 1 part-time job coach) totaling \$66,223, Indirect Staff (2% of several admin positions, no part of their benefits are included) at \$3,908, and Consumables based on previous actual. Good detail on payroll tax computation. Expenses total \$86,295, with an unspent \$180. Staff

costs comprise 99% of total expenses. (Budget Narrative mentions Job Fair costs, but Job Fair is not described in narrative or reflected on Expense form.)

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

Contracting Considerations: If this application is approved by the CCDDDB or the CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.
2. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
3. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
4. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.

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 PY16 PROGRAM SUMMARY

AGENCY: University of Illinois, Psychological Services Center

Program Name: PSC - ACCESS Girls Advocacy Program

Focus of Application: MH X SA X DD _____

Type of Contract: Grant

Financial Information:

PY16 CCMHB Funding Request: \$25,683

PY16 Total Program Budget: \$25,683

Current Year Funding (PY15): \$25,000

Proposed Change in Funding - PY15 to PY16: \$683

Program Staff – CCMHB Funds: FTE 0.75

Total Program Staff: FTE 0.75

Budget Narrative: The budget narrative fully describes all of the budget line for anticipated costs.

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: None

Target Population:

Adolescent girls with or at-risk for multisystem involvement (child welfare, school discipline, juvenile justice). Historically, the girls are primarily African American (60-85%) with 90% of households earning less than \$21,000 per year.

Service Locations(s)/Demographics:

This is a countywide program which is primarily focused on minority youth who are over represented in the juvenile justice, child welfare, behavioral health, and alternative education systems. Referrals are accepted from schools and agencies coming in contact with girls throughout the county (e.g., the Youth Detention Center, Probation, and Choices, Inc.)

Service Description/Type:

The program used a SAMHSA registered evidence based practice known as the Advocacy Model. Services are provided by 10-12 trained advocates. For the nine-months the program operates each girl receives 6-8 hours per week of advocacy services. Evaluation of the advocacy services shows that strong therapeutic alliances are created between the undergraduate advocates and the girls. This model is effective and low cost because the advocates provide the services for college credits and CCMHB funding is used to provide training and ongoing supervision.

The services are strength based, youth guided, and culturally competent and are provided at locations chosen by and accessible to the clients.

Access to Services for Rural Residents:

This program is planned to be countywide.

Program Performance Measures

ACCESS:

The girls served by this program were from a variety of locations throughout the county. Eleven of the fourteen girls served were African American. In keeping with system-of-care principles, the program will continue to reach out to underserved populations who experience racial discrimination, mental health problems, and over representation in child serving systems (e.g., juvenile justice, child welfare).

CONSUMER OUTCOMES:

From pre-intervention to post-intervention the girls manifested increased self-efficacy, increased resilience, decreased symptoms of depression and anxiety, and decreased anger and anger expression. Satisfaction surveys show high levels of satisfaction with the advocacy services.

UTILIZATION:

A total of 14 girls were served last year and the anticipated number of girls to be served will be twelve.

CCMHB FY16 Decision Priorities and Decision Support Criteria

ACCESS Initiative Sustainability: This application will continue to support the system of care developed by the ACCESS Initiative. The population of interest includes multisystem involved youth.

Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): This application is closely linked to services/supports for children with SED and can be used as a follow up service following completion of PLL services.

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: Yes

Budget-Program Connectedness: Yes

Realignment of FY15 Funding to FY16 Priorities: Not necessary

Anti-Stigma Efforts: Not directly involved

Technical Criteria:

Approach/Methods/Innovation: highly innovative and evidence based

Staff Credentials: Adequate

Applicant Review and Input

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

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Draft CCMHB PY16 PROGRAM SUMMARY

AGENCY: Urbana Neighborhood Connections Center, Inc.

Program Name: Community Study Center

Focus of Application: MH X SA X DD _____

Type of Contract: Grant

Financial Information:

PY16 CCMHB Funding Request: \$15,000

PY16 Total Program Budget: \$126,500

Current Year Funding (PY15): \$15,000

Proposed Change in Funding - PY15 to PY16: N/A

Program Staff – CCMHB Funds: FTE 1.0

Total Program Staff: FTE 1.0

Budget Narrative: The budget narrative is for the entire program and doesn't break out the CCMHB contract. If funded, this will be addressed during the contract negotiation process.

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 _____

Comments: None

Target Population:

K-12 youth enrolled in the Urbana School District who would benefit from academic assistance, and social and emotional recreational enrichment activities. Youth involved are primarily African American from low income families.

Service Locations(s)/Demographics:

The Center is located in Urbana but also serves some youth from Champaign and Rantoul.

Program reported serving 190 youth in FY14. Residency by zip code data finds 86% were from Urbana, and 14% from Champaign. Demographic data reported finds 13% were age 6 or younger, 63% were age 7 to age 12, and 24% were age 13 or older; 87% were black, 3% were white, and 10% were other races including bi-/multi-racial; and 58% were female.

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Service Description/Type:

The overall goal of the Center is to provide access to services and supports to empower successful development. Youth participating at the Center will receive the following enrichment activities: Social/life groups; reading and relating book clubs; conflict resolution groups; family focused community events; and information and linkage to needed services/supports.

Access to Services for Rural Residents:

The Center will serve youth from Rantoul, but is primarily focused on Urbana and youth from the Urbana School District.

Program Performance Measures

ACCESS:

The Center offers bus tokens for middle school and older youth who know how to use public transportation. A total of 150 unduplicated youth have been served by the Center with 135 from Urbana, and 15 from Champaign. 100% of youth served were youth of color. Gender breakout was 85 girls and 65 boys.

CONSUMER OUTCOMES:

The program tracks daily attendance records, interviews parents and school personnel, monitors reports from parents, schools, and juvenile intervention agencies, collects client satisfaction surveys, and graduation information, verification of employment, and college admission letters.

UTILIZATION:

The Center anticipates services to 100 non-treatment plan clients during the next contract year.

Primary category for reporting service activity is Non-Treatment Plan Clients representing number of children and youth engaged in services at the center. Program has exceeded annual target after two quarters.

CCMHB FY16 Decision Priorities and Decision Support Criteria

ACCESS Initiative Sustainability: This application represents several of the primary components of the ACCESS Initiative sustainability plan. These include the family and youth organization (i.e., family-driven youth-guided) and other services and supports which could be part of a Wraparound Plan predicated by the CANS evaluation tool.

Behavioral Health Programs for Youth with Serious Emotional Disturbance/Parenting with Love and Limits (PLL): This application is closely linked to services/supports for children with SED and could be included as part of a Wraparound Plan.

Overarching Decision Support Criteria:

Cultural Competence Plan and Underserved Populations: Plan submitted and under review.

Countywide Access: yes

Budget-Program Connectedness: requires contract negotiation.

Realignment of FY15 Funding to FY16 Priorities: not necessary

Anti-Stigma Efforts: Not directly involved

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Technical Criteria:

Approach/Methods/Innovation: Adequate

Staff Credentials: Adequate

Applicant Review and Input

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



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

DECISION MEMORANDUM

DATE: April 22, 2015
TO: CCMHB Members
FROM: Mark Driscoll
SUBJECT: Approve FY2014 Annual Report

Attached for review and approval is the Annual Report for Fiscal year 2014. The preparation of the Annual Report is a collaborative effort of staff. The report presents a financial accounting of revenue and expenditures, program allocations as well as programmatic information including service totals by agency and program, and demographic and service sector charts for the past year. The Three Year Plan (FY 2013 – FY 2015) with One-Year Objectives for FY 2015 approved at the November 2014 meeting is included in the Annual Report as well.

Regarding the format of the Annual Report, the attached document has blank pages omitted that will be inserted prior to distribution. The table of contents may be adjusted to reflect the added pages but no change to content of the material presented will be made following approval by the Board.

Decision Section

Motion: Move to approve the Champaign County Mental Health Board Fiscal Year 2014 Annual Report.

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

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DRAFT

DRAFT

Champaign County Mental Health Board

In fulfillment of our responsibilities under the Community Mental Health Act, the Champaign County Mental Health Board (CCMHB) presents the following documents for public review:

The CCMHB's Annual Report provides an accounting to the citizens of Champaign County of the CCMHB's activities and expenditures during the period of December 1, 2013 through December 31, 2014.

The CCMHB's Three-Year Plan for the period December 1, 2012 through December 31, 2015 presents the CCMHB's goals for development of Champaign County's system of community mental health, intellectual and developmental disabilities, and substance use disorder services and facilities, with One-Year Objectives for January 1, 2015 through December 31, 2015.

Any questions or comments regarding the CCMHB's activities or the county's mental health services can be directed to the Champaign County Mental Health Board; 1776 E. Washington; Urbana, IL 61802; phone (217) 367-5703, fax (217) 367-5741.

Champaign County Mental Health Board

Fiscal Year 2014 Annual Report & Three-Year Plan 2013-2015

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LISTING OF 2014 BOARD MEMBERS AND STAFF

BOARD MEMBERS

Dr. Deloris Henry
(President)

Dr. Deborah Townsend
(Vice-President)

Ms. Astrid Berkson

Ms. Aillinn Dannave

Mr. William Gleason

Dr. Susan Fowler

Mr. Michael McClellan

Dr. Thom Moore

Dr. Julian Rappaport

STAFF

Peter Tracy
Executive Director

Lynn Canfield
Associate Director for Developmental Disabilities

Nancy K. Crawford
Business Unit Comptroller

Mark J. Driscoll
Associate Director for Mental Health and Substance Abuse Services

Stephanie Howard-Gallo
Developmental Disabilities Contract Specialist

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CCMHB President's Report

It is my pleasure, as the newly elected Board President, to present to the citizens of Champaign County the 2014 Champaign County Mental Health Board Annual Report. The first section of the Annual Report provides an accounting of the finances entrusted to the Board, contract awards issued for the 2014 contract year, and statistics on the number served and allocation of funds. The second section is the current Three Year Plan with Objectives for the 2015 fiscal year, adopted by the Board in November 2014.

Reflecting on the past year, significant progress has been achieved on two very important issues. In collaboration with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB), the two Boards authorized a request for proposals for Community Integrated Living Arrangements (CILA) to expand housing available to persons with an intellectual disability or a developmental disability. The action taken enables the CCMHB with the CCDDB as a partner to purchase up to four homes to serve up to sixteen individuals. Other collaborative efforts by the two Boards continue such as the Disability Resource Expo and Alliance for the Promotion of Acceptance, Inclusion, and Respect support for Ebertfest.

The other noteworthy achievement regards the plan approved by the CCMHB to sustain the ACCESS Initiative. As the SAMHSA cooperative agreement comes to a close later in 2015, the CCMHB has committed to continue support for the ACCESS Initiative by earmarking funds equal to the matching funds the Board allocated each year over the term of the cooperative agreement. The scope of work associated with the ACCESS Initiative sustainability plan is multifaceted and a natural extension of past progress.

As we look to the future, the issue of mental health services for adults involved with the criminal justice system continues to command the Board's attention. Partnerships with other stakeholders will be key to addressing the extent of the problem. Exacerbating this issue among others is the on-going fiscal crisis faced by the State of Illinois that has reduced investment in services for persons with mental illnesses, substance use disorders, or intellectual disability/developmental disabilities. The roll back of the state income is likely to add to the fiscal crisis resulting in further reductions in services and supports for these vulnerable populations that may have the unintended consequence of increasing their contact with and intervention by the police and the courts.

Last but not least, on behalf of the Board it is with deep gratitude that I recognize Mr. Michael McClellan and Mr. William Gleason for their many years of service to the citizens of Champaign County as they step down from the Board. And extend a warm welcome to newly appointed Champaign County Mental Health Board members Mrs. Judith O'Connor and Dr. Anne Robin.

Respectfully,

Dr. Deborah Townsend
CCMHB President, 2015

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SECTION I: Financial Reports and Service Data

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

ANNUAL FINANCIAL REPORT

12/01/13- 12/31/14

	2013	2014
	12 Months	13 Months
Beginning of the Year Fund Balance	\$ 2,146,111	\$ 2,064,614
 REVENUE		
General Property Taxes	\$ 3,815,995	\$ 4,037,720
Back Taxes, Mobile Home Tax & Payment in Lieu of Taxes	9,092	8,332
Local Government Revenue	1,000	-
Champ County Developmental Disabilities Board	317,517	337,536
Interest Earnings	915	1,016
Gifts and Donations	20,609	28,192
Miscellaneous	37,471	85,719
TOTAL REVENUE	\$ 4,202,599	\$ 4,498,515
 EXPENDITURES		
Administration & Operating Expenses:		
Personnel	478,541	532,909
Commodities	4,921	9,282
Services	334,146	375,735
Capital Outlay	-	-
Sub-Total	\$ 817,608	\$ 917,926
 Grants and Contributions:		
Program	3,466,488	3,673,967
Capital	-	-
Sub-Total	\$ 3,466,488	\$ 3,673,967
 TOTAL EXPENDITURES	 \$ 4,284,096	 \$ 4,591,893
 Fund Balance at the End of the Fiscal Year	 \$ 2,064,614	 \$ 1,971,236

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CHAMPAIGN COUNTY MENTAL HEALTH BOARD

PROGRAM ALLOCATIONS -- FY2014

12/01/13 - 11/30/14

AGENCY/PROGRAM	TOTAL PAID
CENTER FOR YOUTH & FAMILY SOLUTIONS - Counseling	4,665.00
CHAMPAIGN COUNTY CHILDREN'S ADVOCACY CENTER	40,170.00
CHAMPAIGN COUNTY REGIONAL PLANNING COMMISSION	
Youth Access Center	28,167.00
Head Start	44,448.00
Agency Total	<u>72,615.00</u>
COMMUNITY CHOICES - Self Determination	42,915.00
Community Living	27,498.00
Customized Employment	25,002.00
Agency Total	<u>95,415.00</u>
COMMUNITY ELEMENTS - CJ & Problem Solving Courts	79,752.00
Adult Recovery/Criminal Justice & Specialty Courts	87,461.00
Crisis/Access Benefits & Engagement	248,804.00
Psychiatric/Primary Care Services	45,143.00
Early Childhood Mental Health	116,788.00
CJ Integrated Behavioral Health	111,146.00
Parenting with Love and Limits - Front End Services	314,470.00
TIMES Center	39,862.00
Agency Total	<u>1,043,426.00</u>
COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY - Resource Connection	71,134.00
COURAGE CONNECTIONS - A Woman's Place	72,527.00
CRISIS NURSERY - Beyond Blue - Rural	75,833.00
DEVELOPMENTAL SERVICES CENTER	
Family Development Center	291,665.00
Integrated Site Based Services	178,158.00
Agency Total	<u>469,823.00</u>
DON MOYER BOYS & GIRLS CLUB - Intake Specialist	27,750.00
Community Home	146,250.00
Engagement & Social Marketing	32,502.00
Trauma Training	15,000.00
Wrap Flex Fund	31,112.00

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Agency Total	252,614.00
EAST CENTRAL ILLINOIS REFUGEE ASSISTANCE CENTER	
Refugee Support	14,083.00
FAMILY SERVICE - First Call for Help	17,500.00
Senior Resource Center (Senior Counseling and Advocacy)	154,198.00
Self-Help Center	31,049.00
Counseling	43,377.00
Agency Total	246,124.00
MAHOMET AREA YOUTH CLUB - Universal Screening	17,884.00
Bulldogs Learn & Succeed Together	7,500.00
Agency Total	25,384.00
PRAIRIE CENTER FOR SUBSTANCE ABUSE - Drug Court	104,125.00
CJ Substance Abuse	10,833.00
Specialty Courts	93,714.00
Parenting with Love and Limits - Extended Care	314,470.00
Prevention	61,262.00
Youth Services	113,750.00
Agency Total	698,154.00
PROMISE HEALTHCARE - Mental Health Services/Counseling	169,284.00
Wellness Campaign	30,996.00
Agency Total	200,280.00
RAPE ADVOCACY COUNSELING EDUCATIONS SERVICES	20,150.00
SOAR YOUTH PROGRAMS - Universal Screening	83,715.00
Family Engagement	98,579.00
Youth Move	33,462.00
Agency Total	215,756.00
TALKS - Men of Wisdom	5,484.00
UNIVERSITY OF ILLINOIS - PSYCHOLOGICAL SERVICES	
Girls Advocacy	20,965.00
Restorative Circles	4,302.00
Agency Total	25,267.00
UP CENTER OF CHAMPAIGN COUNTY	8,515.00
URBANA NEIGHBORHOOD CONNECTION-Community Study Center	16,548.00
GRAND TOTAL	3,673,967.00

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SERVICE TOTALS FOR CONTRACT YEAR 2014 (7/1/13 - 6/30/14)
BY TYPE OF SERVICE UNIT

CSE = Community Service Event. Non-client specific service, e.g. public presentation, consultation advocacy for a target population, media event, workshop or community development activity.

SC = Service Contact/Screening Contact. Encounter to provide information, referral, assessment, crisis intervention or general service.

TPC = Treatment Plan Client. Client has a written assessment and service plan.

NTPC = Non-Treatment Plan Client. Brief service is provided without a written service plan.

FFS = Fee for Service. Pre-determined fee paid for defined unit of service.

CONTRACTED AGENCIES & PROGRAMS

	<u>CSEs</u>	<u>SCs</u>	<u>TPCs</u>	<u>NTPCs</u>	<u>FFS Units</u>	<u>Type</u>
<u>Center for Women in Transition</u>						
A Woman's Place	189	707	278	15	----	----
<u>Center for Youth and Family Solutions</u>						
Family Counseling Program	----	----	33	----	47	Hours
<u>Champaign County Children's Advocacy Ctr.</u>						
	10	87	101	9	----	----
<u>Champaign County Head Start/Early Head Start</u>						
Social-Emotional Disabilities Services	----	676	106	104	----	----
<u>Champaign County Regional Planning Commission Social Services</u>						
Youth Assessment Center (Qc)	32	101	540	240	----	----
Youth Assessment Center (CCMHB)						
<u>Community Choices</u>						
Self-Determination Support	6	1093	----	136		
<u>Community Elements</u>						
AI Parenting with Love and Limits	----	----	76	----	----	----
AI School Based Services (SPARCS)**	----	----	52	19	----	----
Criminal Justice Problem Solving Courts			130	517		
Criminal Justice Integrated Behavioral Health			70	10		
Crisis, Access, Benefits and Engagement	33	4493	255	660	----	----
Early Childhood Mental Health and Dev.	138	253	209	----	----	----
Psychiatric/Primary Care Services	----	826	157	----	----	----
TIMES Center (Screening MI/SA)	----	220	----	182	924	Svc. Enc.
<u>Community Service Center of Northern CC</u>						
Resource Connection	----	6465	----	1396	----	----
<u>Crisis Nursery</u>						
Beyond Blue Champaign County	168	1285	43	143		
<u>Developmental Services Center</u>						
Family Development Center	519	223	680		----	----
	<u>CSEs</u>	<u>SCs</u>	<u>TPCs</u>	<u>NTPCs</u>	<u>FFS Units</u>	<u>Type</u>
<u>East Central Illinois Refugee Assistance Center (ECIRMAC)</u>						
Family Support and Strengthening	92	----	----	----	----	----

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Family Service of Champaign County

Counseling	----	510	67	----	548	Hours
First Call for Help	----	4056	----	----	----	----
Self-Help Center	266	----	----	----	----	----
Senior Counseling and Advocacy	----	9420	351	1161	----	----

Mahomet Area Youth Club

AI Universal Screening MAYC**	380	174		1367		
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Prairie Center Health Systems

AI Parenting with Love & Limits	----	----	68	----	----	----
Criminal Justice Substance Use Treatment		6	3	13		
Cultural & Linguistic Competence**	15					
Drug Court	6	12300	89			
Prevention Program	1159	----	----	----	----	----
Youth Services	11	95	118	----	----	----

Promise Healthcare

Frances Nelson Wellness and Justice	14	644		67		
Mental Health Services at Frances Nelson	----	----	1593	345	----	----

RACES Counseling & Crisis Services

	144	22	35	10		
--	-----	----	----	----	--	--

UP Center of Champaign County

Youth and Volunteers	24	3	----	31	----	----
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University of Illinois - Psychological Services Center

AI Girls Advocacy Program**		11	4			
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	<u>CSEs</u>	<u>SCs</u>	<u>TPCs</u>	<u>NTPCs</u>
TOTAL GENERIC SERVICE UNITS	3,206	43,670	5,058	6,425

	<u>Days</u>	<u>Hours</u>	<u>Service Encounters</u>
TOTAL FEE BASED UNITS		682	1,263

Notes on Service Data

** ACCESS Initiative data are reported in the Local and National Evaluation, as required by contract with Illinois Department of Human Services.

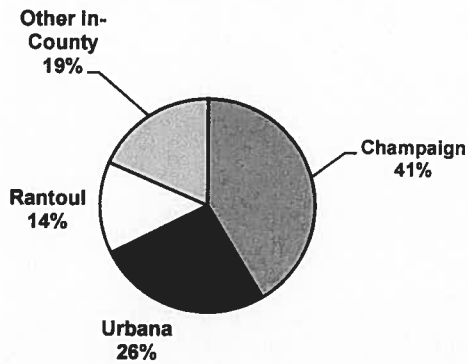
+ Data reported combined Quarter Cent and CCMHB funded services

Data are for the period of Contract Year 2014: July 1, 2013 to June 30, 2014.

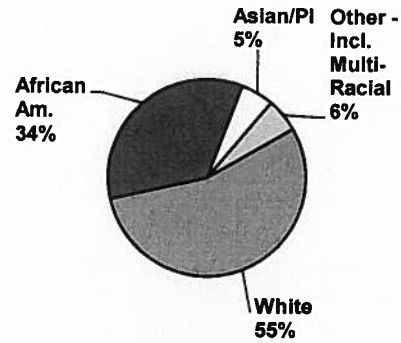
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Demographics of Persons Served in CY14

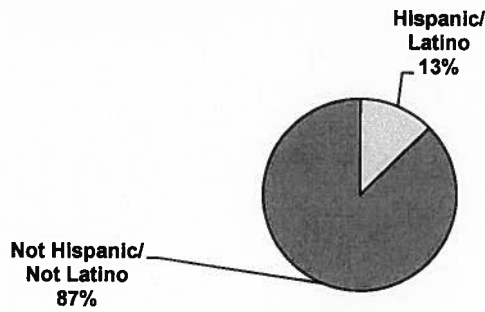
Residency of Persons Served



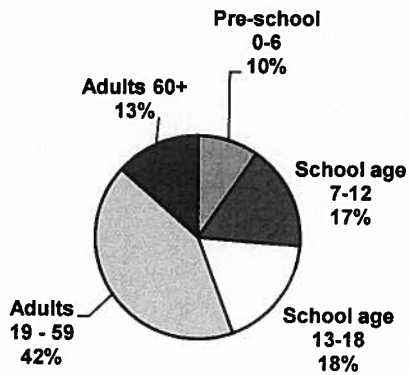
Race of Persons Served



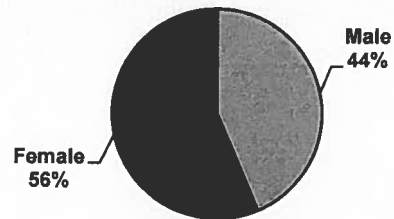
Ethnic Origin of Persons Served



Age Distribution of Persons Served



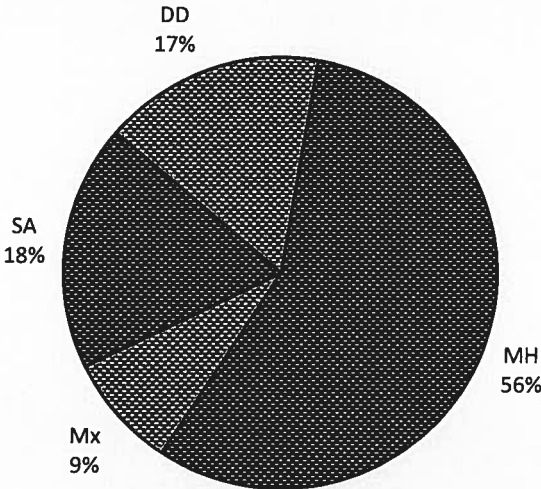
Gender Distribution of Persons Served



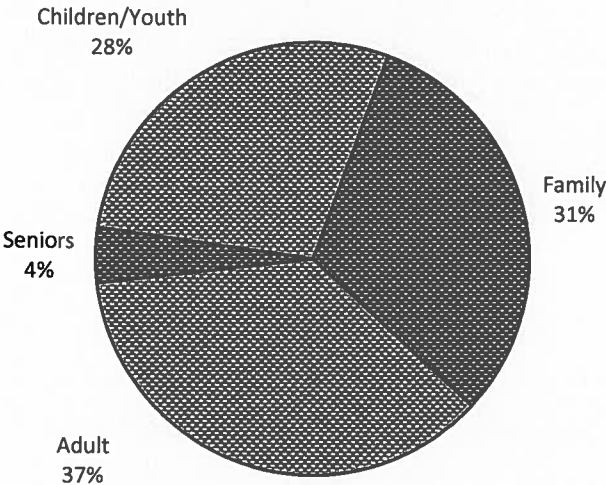
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Funding by Sector, Population, and Service in CY 2014

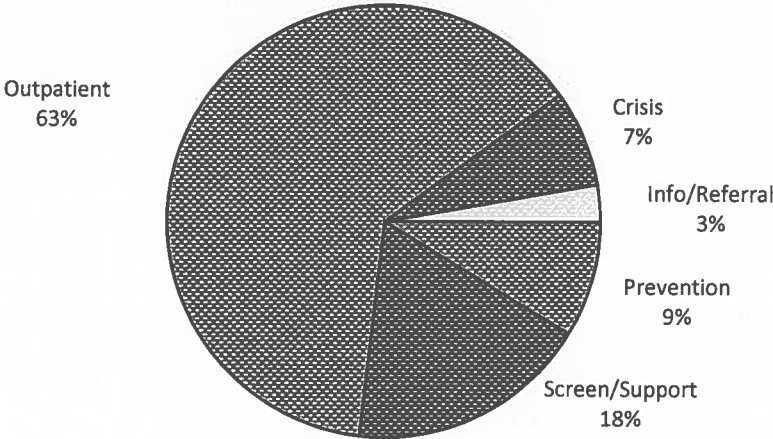
CCMHB CY14 Appropriation by Community Mental Health Sector



CCMHB CY14 Appropriation by Target Population



CCMHB CY14 Appropriation by Type of Service



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**SECTION II: Three-Year Plan 2013-2015
with FY 2015 One-Year Objectives**

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CHAMPAIGN COUNTY MENTAL HEALTH BOARD

THREE-YEAR PLAN

FOR

**FISCAL YEARS 2013 - 2015
(12/1/12 – 12/31/15)**

WITH

ONE YEAR OBJECTIVES

FOR

**FISCAL YEAR 2015
(1/1/15 – 12/31/15)**

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CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

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

MISSION STATEMENT

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

STATEMENT OF PURPOSES

1. To plan, coordinate, evaluate and allocate funds for the comprehensive local system of mental health, intellectual disabilities and developmental disabilities, and substance abuse services for Champaign County.
2. To promote family-friendly community support networks for the at-risk, underserved and general populations of Champaign County.
3. To increase support for the local system of services from public and private sources.
4. To further develop the systematic exchange of information about local services and needs between the public/private service systems and the CCMHB.

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

CHILDREN, ADOLESCENT, AND FAMILY FOCUSED PROGRAMS AND SERVICES

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

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

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

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

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

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

Objective #2: In collaboration with other units of local government and key stakeholders, implement an effective sustainability plan for the ACCESS Initiative beginning in October 2015. Elements of the sustainability plan should address systems-level coordination, availability of services and supports, cultural and linguistic competence, and viable family and youth organizations.

Objective #3: Reinforce Collaboration efforts with the City Of Champaign and other units of local government to support and expand the Champaign Community Coalition which will serve as the "systems level" for the post-ACCESS Initiative system of care for children and youth.

Objective #4: Support continued implementation of the Parenting with Love and Limits (PLL) program based on positive evaluation and feedback from community partners and stakeholders.

Objective #5: As practicable, leverage resources of juvenile justice system stakeholders and units of local government benefitting from the outcomes of youth and families engaged in PLL.

Objective #6: Maintain collaboration with juvenile justice system stakeholders on implementation and evaluation of the Quarter Cent for Public Safety Fund supported services and PLL and the integration of Quarter Cent funded services and PLL with the ACCESS Initiative.

Objective #7: Monitor evaluation of the ACCESS Initiative through engagement with evaluators on progress, including interim outcomes of the local and

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national evaluation, and through participation in the ACCESS Evaluation Collaboration Team.

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

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

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

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

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

Objective #5: Promote culturally responsive and family driven support networks for underrepresented populations, underserved populations and general populations of Champaign County.

COMMUNITY ENGAGEMENT & ADVOCACY

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

Objective #1: Continue support for and involvement in the Champaign County Alliance for the Promotion of Acceptance, Inclusion and Respect signature event at Roger Ebert's Film Festival and other community education events including disAbility Resource Expo: Reaching Out for Answers and the ACCESS Initiative Children's Mental Health Awareness Week.

Objective #2: Collaborate with NAMI on supportive educational programs and participate in other community based activities such as walks, forums, and presentations to raise awareness of cultural competence, acceptance, inclusion and respect.

Objective #3: Promote substance use disorder prevention initiatives as a community education tool targeting youth and young adults.

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

Objective #1: Monitor implementation of the Affordable Care Act and the expansion of Medicaid by the State of Illinois and advocate for increased

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service capacity sufficient to meet consumer demand through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHA) and other state and national associations.

Objective #2: Track state implementation of class action suit settlements involving persons with intellectual disabilities or developmental disabilities or mental illness, e.g. Ligas vs. Hamos Consent Decree and Williams vs. Quinn Consent Decree, and proposed closure of state facilities, and advocate for the allocation of state resources sufficient to meet needs of clients returning to home communities.

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

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

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

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

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

RESOURCE DEVELOPMENT & COLLABORATION

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

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

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

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

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

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

Objective #6: Evaluate potential for expansion of residential options for persons with behavioral health needs.

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

Objective #1: Implement the Intergovernmental Agreement between CCMHB and CCDDDB as amended.

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

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

Objective #4: In collaboration with the CCDDDB, implement contracts to expand the availability of Community Integrated Living Arrangement (CILA) housing opportunities for people with ID/DD from Champaign County.

Objective #5: Assure there is adequate collaboration and communication between the CCMHB and the CCDDDB by holding regular quarterly meetings between the Executive Director and the Presidents of the two Boards, sharing of information between the Boards, and co-sponsoring public hearings, trainings and anti-stigma events.

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

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

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

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

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

Objective #5: Support integrated planning and service coordination for adults involved in the criminal justice system through participation in the Champaign County Re-Entry Council.

ORGANIZATIONAL DEVELOPMENT, ADMINISTRATION, AND ACCOUNTABILITY

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

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

Objective #2: Realign resources to incorporate cultural competence efforts by prioritizing FY16 funding for cultural competence staff and/or consultation, continue to track funded agency progress on implementation of cultural competence plans and support efforts to address issues raised in the Surgeon General's Report Mental Health: Race, Culture, and Ethnicity, and use this information as a key component of the allocation decision-making structure.

Objective #3: Solicit input from the service network and community at large on proposed funding priorities prior to adoption.

Objective #4: Utilize a competitive application process to evaluate proposals in relation to annual priorities.

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

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

Objective #2: Implement the web-based billing system to support fee for service contracts and improvement of accountability utilizing the Proviso Reimbursement Tracking System in collaboration with the Proviso Township Mental Health Commission.

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

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

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

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Objective #2: Monitor the State of Illinois Department of Human Services budget pertaining to the elimination, reduction, or continuation of the temporary state income tax surcharge and the resulting impact on state funding for community based systems of care for mental health, substance use disorders and intellectual disabilities and developmental disabilities.

Objective #3: Continue efforts to separate local funding from State/Medicaid funded programs as a means of avoiding supplementation of Medicaid rates.

disABILITY Resource Expo: Reaching Out For Answers
Board Report
April, 2015

The 9th annual Expo will be held on Saturday, October 17, 2015 at the Fluid Event Center, 601 N. Country Fair Dr., Champaign.

The Expo Steering Committee held their first meeting of 2015 on April 7 to begin planning for the 9th annual Expo. Sadly, we said goodbye this year to three of our long-time committee members, Jon Dietrich, Dawn Schaefer and Bill Conlin. We are very pleased, however, to welcome Debra Ruesch with the CCDDDB and Hannah Sheets from CUSR as new members of the Steering Committee this year.

Exhibitors – The first Exhibitor sub-committee meeting will be April 22. We're happy to welcome three new members to this committee, and look forward to their input in identifying new potential exhibitors for the 9th annual Expo. Jim Mayer and Barb Bressner attended a Hunting Expo at the Fluid Event Center to look at the floor plan they use for this large expo, and determine if we might want to adopt some of their plans for ours. One big change we hope to implement is a different entrance into the Expo that would funnel folks through the Pride Room area first, thus increasing artist's visibility at the Expo. We will also change the exit door we will use to ensure a safe exit from the building. Booth fees for exhibitors will remain the same as last year, except that for-profit exhibitors will be asked to pay an additional \$200 if they wish to have double booth.

Marketing/Sponsorship – Several representatives of this sub-committee met with James Barham, owner of Indigo Gallery, to discuss the possibility of a fundraiser for the Expo. Plans have progressed with this idea, and we are now in process of planning two fundraisers. The first will be a wine tasting on June 11 at Art Mart in Urbana. Tickets are currently being sold for the wine tasting, as well as raffle tickets for basket drawings that will take place that evening. The wines will be provided at no cost to us through wine distributors and Art Mart. We invite any and all to come join us in support of this years' Expo. We will also have tickets available, should folks wish to assist us with those sales. Because of our work with Mr. Barham and the owner of Art Mart, we have been invited to be a beneficiary of a very large wine tasting fundraiser event at Krannert Center in late summer or early fall. A date for this event has not yet been set. More information to come!

Some of our promotional materials have been updated/revised. The Sponsorship Brochure is now available, and will begin to be distributed through several mailings beginning in May.

Accessibility/Entertainment –This committee has developed a list of potential entertainment for this years' Expo. Contacts will be made with these entertainers to determine interest. It is their hope to provide entertainment in the main exhibitor hall, as well as some live music in the Pride Room during the Expo. More information on entertainment will be forthcoming as those confirmations come in. A U. of I. student in the Special Education Program will be joining this sub-committee in the near future. In regard to accessibility, changes for entrance and exit to the Expo as described above will be very beneficial. The entrance we will use has a power door, which will be helpful, and the change in exiting the building should alleviate any safety concerns.

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Children's Activities –We are currently seeking additional members for this sub-committee, and a co-chair to assist Sally Mustered with planning for Children's Activities this year.

PRIDE Room –As noted above, we will be modifying our entrance to the Expo this year to provide better visibility to our Pride Room vendors. The Steering Committee is also entertaining a name change for the Pride Room. More information to come!

Volunteers – Jen Knapp has once again agreed to lead this effort. We are currently seeking an additional member to assist with volunteers.

Public Safety – No activity for 2015 yet.

Respectfully submitted
Barb Bressner, Consultant

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